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Abstract: This study investigated selected outcomes of adventure program participation by adolescents involved with psychiatric treatment. This study was one component of a larger study of adventure outcomes among adolescents in treatment. A random (N=42) sample of program participants at 12 sites (hospitals, treatment centers) were involved. The participants were asked a week after their involvement in adventure experiences, to indicate the extent to which they had shared information about the adventure experience with others and had applied attitudes and skills gained in the program. The findings suggested that adolescents in treatment talk about the adventure experience and apply it in other areas of their lives including group therapy, school and family meetings. The study provided a grounded perspective for further inquiry regarding the "transfer" of skills and attitudes from an adventure experience.

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The purpose of this study was to determine the impact of adventure program participation upon adolescents in treatment during the week following their participation. Specifically participants' communication about and application of the program experience were determined. The hypothesis of the study was that patients transfer or generalize aspects of the adventure experience to other life situations. Such transfer has been cited as critical to establishing the efficacy of adventure programming (Gass, 1985; Robb & Ewert, 1987; Schoel, Prouty, & Radcliffe, 1988) but has not been effectively documented (Ziven, 1988). Evidence of specific positive outcomes may be necessary to insure a role for adventure programming in a health care system that is increasingly governed by "managed care" decisions (Richmond, 1991).

Method

This study was one component of a larger study of adventure outcomes among adolescents in treatment (Witman, 1989). A random sample (N = 42) of program participants at twelve residential sites (hospitals, treatment centers) were involved. These participants were asked, a week following the conclusion of their adventure experiences, to indicate the extent to which they had shared information about the experience with others and had applied attitudes and skills gained in the program. These questions were asked by program leaders in individual interviews with participants.

Descriptive analysis of the responses was accomplished as well as determination of any effects of gender, age and diagnoses. The .05 level of significance was utilized in reporting these Chi Square comparisons. Characteristics of participants (N = 42) included: (a) an equal number (n = 21) of males and females; (b) varied age groups including ages 15-16 (n = 21), ages 17-19 (n = 15), and ages 12-14 (n = 6); and (c) diagnoses including substance abuse (n = 16) and other than substance abuse (n = 26). All of the adventure program sites utilized in the study approximated the Experiential Challenge Program (E.C.P.) model of adventure programming (Roland, Summers, Friedman, Barton & McCarthy, 1987). Goal setting, awareness, cooperative and trust activities, and group and

individual problem-solving were included in all programs. Participants' total hours of program participation ranged from 8-22 hours. All programs had co-leaders.

Results

Participants reported communicating about the adventure experience with peers (71.4%), family (57.1%), staff (28.6%), and others (11.9%). Only 7.1% did not communicate with anyone. Table 1 details each of the categories. Most frequently cited among peers were "other patients," among family was "mother," among staff was "psychologist/psychiatrist," and among others were "adult friends."

Table 1

Number of Participants Citing Communication with Particular Groups or Individuals (N = 42)

	n
PEERS	
Other patients	12
Friends	8
A friend	5
Other program participants	4
STAFF	
Psychologist/psychiatrist	7
Psychiatric aides/assistants	3
Social worker/case worker, nurse,teacher, staff member	2
Individual counselor, occupational therapist	1
FAMILY	
Mother	11
Parents	9
Sister	6
Whole family	3
Uncle	2
Grandmother, siblings, brother, step-father, other relatives	1
OTHERS	
Adult friends	2
A.A. attendees, pastor, instructor at other facility	1

The relationship of age to the communication with peers category was significant (Chi Square = 5.97, $p < .05$). While older (15-16 and 17-19 age groups) participants cited communication with peers at percentages of 71.4% and 86.7%, respectively, only 33.3% of younger (12-14 age group) participants cited this category.

All but one of the participants reported applications of the adventure experience in other life situations. The contexts of these applications included other treatment (66.7%), interaction with peers (47.6%), self-awareness (23.8%), and with family (16.7%). (Note:

"Self-awareness" was utilized to categorize those applications which participants cited as applying to all life situations or across settings. Examples include "can trust others" and "more independent/not clinging to others.") Table 2 provides examples of specific applications in each of these contexts. Applications in other treatment were most common and included changed behavior and attitudes in group therapy, individual therapy, community meetings, school and activity groups.

Table 2
Examples of Applications of the Adventure Program Experience in Various Contexts

Context	Setting/Application Examples
OTHER TREATMENT	Group Therapy - talked more openly and freely and more confident in ability to give feedback - trusted others in first session of new group Individual Therapy - more open and honest Community Meeting - ask questions, take a risk, get needs met - asked peers to respect her right to be listened to School - working harder at assignments - plan things more step-by-step Activity Groups - worked with others as a team - assumed activity leadership - reduced name-calling Treatment Generally - overcame fear of program - accept limits without argument
WITH PEERS	In Daily Living -supportive when others were having a hard time -talk with people more -do my share of chores -resisted peer pressure
SELF AWARENESS	All Settings - can communicate and solve problems better - feel more confident - belief that you can work together even with people you don't like
WITH FAMILIES	Visits and Meetings - open and honest with parents about drug history - trusted parents to assist with discharge plan - used problem-solving process from adventure in a family meeting

Some findings which compared applications by diagnoses, gender, and age were significant. Participants whose diagnoses included substance abuse more often cited applications "in other treatment" than did participants with diagnoses other than substance abuse (Chi Square = 3.65, $p < .05$). Percentages were 87.5% and 53.8%, respectively. While none of the male participants cited applications "with family," 33.3% of the female participants cited such applications (Chi Square = 6.17, $p < .01$). Finally, 73.3% of older (17-19 age group) participants cited applications with peers while only 33.3% of both 12-14 and 15-16 year-olds cited such applications (Chi Square = 6.19, $p < .04$).

Discussion

Findings specific to communication with others regarding the adventure program experience and application of the experience indicated a high and varied level of both. The hypothesis that aspects of the adventure experience transfer or generalize to other life situations was clearly supported. These situations included other treatment and suggest that adventure program participation both complements and supplements treatment. In several instances the adventure experience was reported to have a catalyst effect toward heightened or more positive involvement with peers, treatment staff and families. Roose's (1987) finding that investment in treatment has a high positive correlation with good treatment outcomes underscores the value of these positive findings on the treatment process.

Beyond treatment, the "parenting" (Durkin & Durkin, 1975) aspect of residential care seems to be positively affected by adventure programming. Participants cited, for example, better relations with roommates, a more cooperative approach to chores and an enhanced ability to accept limits and boundaries.

Findings of the study are limited to participants' discussion and application of the adventure experience in the week following their participation. Questions regarding latent effects and deterioration of effects are not addressed. Longitudinal studies regarding continued application of the program experience are needed. Ewert (1987) observed that research in adventure programming needs to move beyond what happens as a result of programs to determining how and why it occurred. Research linking program process and content to the specific applications discovered in this study would be consistent with this challenge. Also of value would be validation of these applications by others (e.g., therapists, family members) and at additional program settings.

Participants' discussion and application of the adventure experience in their family systems suggests that integration of the family into adventure programming may be warranted. Gillis and Simpson (1991) reported success with involving families in a component of an adventure based residential drug treatment program for youth. Adolescents bring to their work in groups a frame-of-reference shaped by the experience of their family system (Shapiro, Zinner, Berkowitz, & Shapiro, 1986). Adventure programs, which typically raise issues related to trust, fear, dependence/independence, problem-solving and intimacy, might provide an ideal forum for reversing this pattern. Concepts and attitudes developed in family group work in adventure programming might provide a revised frame-of-reference for the interaction of the family system.

Differences in age in the expressed perceptions of applications by participants in the study may be important to adventure program practice. Younger participants were found to have a different pattern of communication and application than did older (age 15 and above) participants. They were less likely to discuss the experience with peers or to apply it in peer-related situations. Whether these findings simply reflect developmental realities or are attributable to dominance of the process of groups by older members they suggest the need

for greater differentiation of programming by age. Formation of a pre-adolescent group would be one approach. More feasible, perhaps, would be consideration of age in any sub-grouping done during the adventure program.

Communication and application of the adventure experience was reported by most participants in the week following involvement. A vital question, however, is "how much longer did this communication and application last?" Participation in aftercare or outpatient programs of support (e.g., Narcotics Anonymous) or group therapy or individual therapy have all been linked to successful outcomes for adolescents following inpatient treatment (Gossett, Barnhart, Lewis & Phillips, 1977). Adventure programs should be added to the range of adolescent aftercare particularly for those individuals who have demonstrated an affinity for and development from them. Marx (1988) reported a model for such programs. One program leader in this study runs a distinct outpatient adventure program. Ex-patients return for services with a focus on their serving in leadership roles with the inpatient adventure program. More feasible, perhaps, would be an approach of matching and beginning the affiliation process of "graduating" adventure program participants with adventure-based activity or counseling programs in the community. While such programs are unevenly distributed across the United States their number and range of services appears to be growing. The more readily available generic (e.g., Outward Bound, YM/WCA's) adventure experiences provide another option.

Bettelheim (1985) stated that residential treatment is vital for many troubled youth and invaluable to therapists/caregivers not for the opportunity it provides for psychoanalysis or psychiatric treatment but for the opportunity it presents "to be there" when critical incidents occur. Relating this idea to Ann Sullivan's work with Helen Keller he stated "the learning could take place only because at that propitious moment when the water spurted on Helen's little hand, Sullivan was there to take advantage of this unique moment" (Bettelheim, 1985, p. 59).

Adventure programming, as this study suggested, is perceived by many participants as a unique "there" in the milieu of adolescent treatment. It is an experience that is based on a sequence of action and reflection and appears relevant to subsequent change in attitudes, affect, and behavior.

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