Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes.

by

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Abstract

This study evaluated a residential treatment center for youth with addictions that used processes of adventure therapy, family involvement, community, and relationships. The evaluation contributed to filling gaps in the literature by linking processes to proximate outcomes. A mixed methods design used quantitative data from 2005-2013 program statistics and 93 Resiliency Canada Questionnaires, as well as qualitative data from 17 formal interviews, 12 informal interviews, and observation of 12 participants. A program description was provided for context and transferability. Results indicated that (a) the program demonstrated fidelity with the logic model, (b) clients' had raised awareness of strengths, (c) youth shared experiences of the impact of addiction, (d) youth lived healthy, substance-free lives, (e) positive family relationships were promoted, (f) youth increased resiliency, and (g) youth in the program for longer than a month maintained sobriety immediately afterwards and the majority (n=2) had long-term reduction in substance misuse.

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Chapter I

A program evaluation of Base Camp, an experiential residential treatment program offered by Enviros Wilderness School Association (Enviros) in Alberta, Canada, is presented below. . The evaluation sought to analyze proximate outcomes of using an experiential, family-centered, residential treatment model with youth who have addictions. The following proximate outcomes, as defined in Base Camp's Program Logic Model (Enviros Wilderness School Association, 2009a), were used as a frame of reference: (a) Clients living in a substance free environment; (b) Clients building awareness of their own strengths; (c) Provision of a forum where clients (adolescents and families) are able to share their experience of the impact of addiction on their lives; (d) Clients living healthier lives defined through positive family and other supportive relationships (see Appendix A for Base Camp's Program Logic Model). The links between outcomes and key program processes were examined. Specifically, outcomes of using the following processes were focused on: (a) The use of adventure therapy in the form of experiential activities, wilderness trips, and presence in a wilderness environment; (b) The use of community and therapeutic relationships in the context of camp rituals, joint tasks (e.g. chores), and daily living; (c) Family involvement. Additionally, this evaluation sought to provide a description of the program, including its population, the role of adventure therapy, and community and therapeutic processes.

Data were collected using primarily qualitative methods, including formal and informal interviews, as well as direct observations. Quantitative methods were also used to analyze statistics that were gathered by Base Camp.

The purpose of this research was to contribute to the growing body of literature in the areas of adventure therapy, residential treatment, substance misuse, and family-centered practice, as well as improve programming in these areas.

Need for Current Research

Base Camp began in August 2005, and no program evaluation had been conducted. There was, therefore, a need to examine the program's fidelity, processes, and proximate outcomes. This examination sought to connect processes with outcomes and contribute to the development of best practices in adventure therapy. Information on program fidelity might also assist in clarifying Base Camp's goals, practices, and logic model (Tucker & Rheingold, 2010). Base Camp had three unique aspects that made it especially important to document and analyze. These included: (a) an emphasis on adventure therapy and experiential education; (b) use of isolated, community living; and (c) family centered practice.

Significance and contributions. This program evaluation was significant for future research, practice, and policy within residential treatment for youth with addictions. Evaluating key processes of Base Camp and their proximate outcomes directly impacts youth, their families, staff, and the program as a whole; knowing the outcomes of certain processes can lead to increases or decreases in their implementation, depending on clients' specific needs. Identifying agents of change also had the potential to contribute to practice by increasing knowledge regarding intervention length, sequencing of activities, and facilitation techniques that were most effective (Neill, 2003). In regard to the adventure therapy components of the program, Gass, Gillis, and Russell (2012) confirmed that more research was needed that isolated and identified

"what it is about [adventure therapy] that creates changes in individuals, behavior, cognition, or emotional states" (p. 298). Additionally, identifying agents of change had the potential to fill gaps in the literature on family-related outcomes and program processes within adolescent adventure therapy treatment (Harper, Russell, Cooley, & Cupples, 2007). The evaluation used a mixed method design to understand agents of change for youth and their families (Harper et al. 2007). Results gained from this evaluation had the potential to assist Base Camp and other programs that practice with the target population in residential treatment settings.

This research sought to contribute to filling identified gaps in adventure therapy literature by completing a program evaluation (Priest, 2001), which documented outcomes and processes in programming (Newes, 2001). Deane and Harré (2013) stated that there was a "critical need to understand the salient features of adventure therapy programs, the outcomes these are likely to generate, and how these are moderated by participant, instructor, and program delivery factors" (p. 2). A study conducted by Revell, Duncan, and Cooper (2013) concluded that there was a need for further research that examined the processes of adventure therapy programs to determine how outcomes were being reached. They also stated, "further exploration of therapists' perspectives and experiences could inform both training needs and highlight practice implications" (Revell et al., 2013, p. 6). Russell and Gillis (2012) released preliminary results regarding a study they were conducting at Enviros on a program similar to Base Camp, but for adults. The preliminary results identified a need for further research on the program that used a mixed method study to provide an "assessment of the process, particularly the adventure therapy aspects, to better understand the role AT plays in conjunction with the rural and

isolated residential living, therapeutic community, group and individual therapy process" (p. 85). Due to the similarities of this program to Base Camp, it was assumed that this recommendation had a high level of transferability.

This evaluation focused on the outcomes of using adventure therapy with community living, in conjunction with therapeutic relationships, and intensive family participation. The provision of a description of Base Camp assisted in documenting these processes of the program. Gass et al. (2012) stated that there was a need for "more complete and thorough descriptions of programs so that [adventure therapy] and its subsequent effects on participants can be more clearly understood" (p. 298). Additionally, , this evaluation sought to contribute towards addressing a question asked by Gass et al., which is: "If students were previously involved in residential treatment that included [adventure therapy] methods, which elements of their experience provided 'triggers' for change in their behavior?" (p. 90).

Examining program fidelity was also an important aspect of this evaluation that assisted in filling gaps in adventure therapy research (Tucker & Rheingold, 2010). Tucker and Rheingold (2010) define fidelity as "the consistency and quality in which interventions and programs are being implemented in reference to their prescribed model" (p. 260).

Since Base Camp uses various forms of treatment, this evaluation sought to contribute to the growing body of literature on how adventure therapy works in conjunction with other modalities, including a strengths-based approach, a solution focused approach, narrative therapy, the stages of change model, and a motivational interviewing method. Past outcome literature was used to establish benchmarks (Neill,

2006).

This evaluation is significant because of the increasing importance of proving the effectiveness of achieving goals through adventure therapy for funding, moral responsibility, best practices, and professionalism (Neill, 2011). Results of the study may be transferred to other residential treatment settings and programming that work with the target population. Results may also lead to identification of areas for further research and contributed to the field of adventure therapy by assisting in increasing accountability, improving current programing, promoting the field, and demonstrating professionalism (Priest, 2001).

This evaluation has the potential to affect policy because there has previously been limited research conducted on the effectiveness of residential treatment services (Butler & McPherson, 2007). It has been shown that children who have "emotional, behavioral, and relationship problems" (Nickerson, Colby, Brooks, Rickert, & Salamone, 2007, p.73) and have been unsuccessful in other treatment settings are the ones that enter residential treatment (Nickerson et al., 2007). Russell and Gillis (2010) estimate that residential treatment programs in Canada and the United States serve 500,000 adolescents a year and many use experiential learning in their treatment process. As there has been a historical demand for these programs and a lack of services, Russell and Gillis (2010) hypothesize that there will be an increasing need for innovative programming in this area.

Relevance to social work. This research is relevant as there are social workers using adventure therapy frequently in their practice, especially with children and adolescents (Tucker & Norton, 2012). Social workers are also inherently involved in addiction treatment and residential services. Yeager (2009) stated, "whether working in

child welfare, schools, hospital, community service, or mental health centers, social workers address the aftermath of alcohol and drug abuse and dependence on a daily basis"(p. 833). Substance misuse and social problems are often linked together, including crime, prostitution, mental and physical health problems, domestic violence, physical and sexual abuse, and child neglect (Pierson & Thomas, 2010). The social work field has taken an active role in providing treatment and prevention services for individuals misusing substances. According to Pierson and Thomas (2010) numerous reports from the Advisory Committee for the Misuse of Drugs "recommends that social work should play an important role in treatment" (p. 505). Social workers have worked collaboratively with the medical field to provide treatment and have created residential treatment facilities within communities (Pierson & Thomas, 2010). They conduct assessments, provide therapy, and create treatment plans (Yeager, 2009). The role of social workers within addiction services continues to "expand and transform to meet the ever increasing needs of those seeking treatment for substance dependence" (Yeager, 2009, p. 840). Due to the prominence of addiction assessment, treatment, and prevention within social work practice, it becomes critical "that all social workers have some familiarity with the various substances of abuse and with relevant clinical and policy issues" (Straussner & Isralowitz, 2008, p. 121).

Chapter II: Literature Review

This chapter provides definitions for the main constructs that are foundational to this research including adventure therapy, residential treatment, and substance misuse. It provides a brief discussion of the definitional debates in these fields and presents the context for the use of these terms in this program evaluation. A brief discussion is then

provided regarding the target population and imperatives for programming. The remainder of the literature review focuses on the theoretical foundation of adventure therapy and previous empirical research conducted in this area. Specifically, empirical research relating to adventure therapy and its relationship to substance misuse and residential treatment are reviewed. The literature review ends with a summary of findings and statement regarding how the program evaluation assisted in filling gaps in research.

Defining Constructs

Adventure therapy. Gillis (1995, as cited in Alvarez & Stauffer, 2001) stated that the field of adventure therapy is suffering from semantic confusion. This can be demonstrated by the numerous terms used in this field, including outdoor therapy, wilderness therapy, eco-therapy, nature therapy, bush adventure therapy, adventure-based counseling, recreation therapy, and camping therapy. Discussions about which term should be used, what it means, who is qualified to practice it, which profession it belongs to, and if it can even be considered a profession in its own right, are present in the literature and at national and international adventure therapy conferences (e.g. Itin, 1998; Harper, 2009).

Gass (1993a) coined the term adventure therapy within his edited book *Adventure Therapy: Therapeutic Applications of Adventure Programming* (Gass, 1993a). This book prompted research and academic discussion, as interest in this field increased and professionals began implementing the frameworks presented and responding to issues raised. More specifically, it increased awareness of the need to define adventure therapy, research its effectiveness and determine its future direction. This publication

was, and continues to be, the cornerstone of even the most recent writings on adventure therapy and the questions it raised continue to be debated.

Gass (1993b) defines adventure therapy as having many of its "origins, principles, and philosophies" (p. 3-4) rooted in the field of experiential education. He describes adventure therapy as implementing these in the forms of wilderness therapy, adventure-based therapy, and long-term residential camping (Gass, 1993b). Wilderness therapy is defined as an intensive and therapeutic experience that occurs once in a remote setting with a small group and has constant intervention (Gass, 1993b). Adventure-based therapy tends to occur within in-patient programs, near a therapeutic facility, and is only part of the therapeutic intervention (Gass, 1993b). Long term residential camping is similar to wilderness therapy, except it occurs for a longer duration and utilizes a camping facility (Gass, 1993b).

More recently, Alvarez & Stauffer (2001) examined past and present definitions of adventure therapy, and proceeded to develop their own, with hopes of contributing to advancement within the definitional debate. Alvarez & Stauffer (2001) stated that adventure therapy is "any intentional, facilitated use of adventure tools and techniques to guide personal change toward desired therapeutic goals" (p. 87). This definition was an attempt to accomplish four goals:

> 1) Leaving outcomes to the client, and not as a part of defining the modality; 2) Using the existing body of knowledge in our field to inform our practice rather than relying solely on other theoretical frameworks; 3) Divorcing the definition from *specific* techniques and tools of the field; and 4) Providing a concise

> definition that can be of practical use for practitioners in the field. (Alverez & Stauffer, 2001, p. 86-87).

This definition shifts from that provided by Gass (1993b) to a more exclusive approach. Gass (1993b) included therapeutic experiences (i.e. being present in the wilderness) and adventure therapy as an adjunct model to other therapeutic approaches in his definition. Alvarez & Stauffer's (2001) definition moves adventure therapy towards being recognized as its own therapeutic approach, which intentionally uses a therapeutic modality and identifies specific therapeutic outcomes. These therapeutic outcomes are achieved through the use of activities, which create a differentiating factor between adventure therapy and other therapeutic orientations (Newes & Bandoroff, 2004).

Newes and Bandoroff (2004) defined adventure therapy as "a therapeutic modality combining therapeutic benefits of the adventure experiences and activities with those of more traditional modes of therapy" (p. 4). Furthermore, they stated that adventure therapy "utilizes a therapeutic focus and integrates group level processing and individual psychotherapy sessions as part of an overall therapeutic milieu" (Newes & Bandoroff, 2004, p. 4). This definition built on Alvarez & Stuaffer's (2001) definition and solidified adventure therapy as its own, unique therapeutic approach that is rooted in more traditional theoretical concepts of group processing and psychotherapy. It also continued to add to the exclusiveness of adventure therapy, as it clearly distinguished it from programs that only provided an adventure aspect or the presence of wilderness as the sole healing element. Newes and Bandoroff (2004) clarified that it is not a requirement of adventure therapy to have an intensive, adrenaline fueled activity; rather it is the processing of the activity, which promoted the therapeutic process.

The latest definition to arise within this field stated that adventure therapy "is the prescriptive use of adventure experiences provided by mental health professionals, often conducted in natural settings, that kinesthetically engage clients on cognitive, affective, and behavioral levels" (Gass et al. 2012, p. 1). This definition built on those previously mentioned and exemplified the continuing trend towards defining adventure therapy as an individualized field with its own therapeutic approach. Evidenced here, is also the trend in definitions to place increasing emphasis on how the therapeutic process can be achieved through activity. According to Gass et al. their definition highlights key elements of adventure therapy in an effort to provide "a reference point for theory development, practice, and research" (p. 3). These key elements include:

- The positive influence of nature in the therapeutic healing process
- The use of eustress or the positive use of stress
- The active and direct use of client participation and responsibility in their therapeutic process
- The involvement in adventure experiences meaningful for the particular client, particularly in terms of natural consequences
- The focus on positive changes in the client's present and future functional behavior
- The strong ethic of care and support embraced throughout the therapeutic experience, particularly given the use of unfamiliar experiences in therapy

(Gass et al. 2012, p. 3).

Considering adventure therapy as a therapeutic modality in its own right raises questions of how and at what level change is occurring. This initiates debate regarding the difference between therapeutic adventure and adventure therapy. Itin (2001, as cited in Alvarz & Stauffer, 2001) defined the former as the use of "adventure-based practice to effect a change in behaviors" (p. 85). In contrast the definition that he used to define adventure therapy is the use "of adventure-based practice with change directed at a meta-process level (behaviors, cognitions, and unconscious processes that impede or support therapeutic change)" (Itin, 2001, as cited in Alvarez & Stauffer, 2001, p. 85). This corresponds to the definitional debate, in which what interventions should be categorized as adventure therapy are discussed.

This evaluation employed the term adventure therapy because it was used consistently in the literature, appeared to often be used as an umbrella term (for various levels of therapeutic interventions), and according to Newes and Bandoroff (2004), has become the standard term. Furthermore, Gass et al. (2012) recently sought to limit the definitional debate in this field by using adventure therapy as an umbrella term and then identifying various adventure therapy approaches that can be included under it. They identified spectrums of how and to what degree wilderness environments are used, how nature is utilized, how adventure therapy is viewed in relation to the whole therapeutic process, connection to existing therapeutic modalities, how time and resources affect the intervention, and if an individual or group approach is taken (Gass et al. 2012). It is acknowledged that there are limitations to using adventure therapy as an umbrella term, rather than assigning it a meaning that relates to specific interventions; which are causing change directed at a meta-process level, using intentional therapeutic outcomes.

However, in order to discuss relevant research, increase transferability and generalizability of the program evaluation, and be inclusive of all adventure-based interventions at Base Camp, a broad lens was employed.

Residential treatment. Similar to adventure therapy, residential treatment also lacks a consistent and concise definition. As there is currently no standardization in this field, residential treatment is often used as an umbrella term (Butler & McPherson, 2007). Simplistically, residential treatment provides basic necessities to residents, including food and housing, while also incorporating therapeutic services (Bates, English, & Kouidou-Giles, 1997). Residential treatment, however, can include services at any system level (i.e. micro, macro) and include any variety of treatment, duration of programing, and qualifications of staff (Butler & McPherson, 2007). Butler and McPherson (2007) quote a definition from the American Association of Children's Residential Centers (AACRC; 1999) that stated that residential treatment is considered as:

> An organization whose primary purpose is the provision of individually planned programs of mental health treatment, other than acute inpatient care, in conjunction with residential care for seriously emotionally disturbed children and youth, ages 17 and younger. It has a clinical program within the organization that is directed by a psychiatrist, psychologist, social worker or psychiatric nurse […] (p. 469).

This definition provided a more specific description of the areas outlined above, by stating what type of treatment should be provided and who should be providing it. Butler and McPherson (2007) provided their own definition of residential treatment, stating that it required "components of *a therapeutic milieu*, a *multidisciplinary care team, deliberate*

client supervision, intense staff supervision and training, and *consistent clinical/administrative oversight*" (p. 469). The rationale for this definition was that it provided the basis for future research, as it differentiated between programs consisting of these criteria and other types of treatment (Butler & McPherson, 2007).

Base Camp fits within the above definitions of residential treatment, except that it provides services to clients between 12 and 18-years-of-age and clients do not need to be "seriously emotionally disturbed" (AACRC, 1999, as cited in Butler & McPherson, 2007, p. 469). The camp can further be described as a residential treatment program that is short-term, uses a variety of therapeutic modalities, and is professionally staffed by an interdisciplinary team.

Substance misuse. There are numerous terms used to label the overuse of a substance, including addiction, substance abuse, and most recently, substance misuse. These terms are used interchangeably in this program evaluation, as addiction is the word commonly used by Enviros, but the majority of literature uses the term substance abuse or substance misuse.

Addiction can be defined as "physiological and psychological dependence on a behavior or substance" (Barker, 2003, p. 7). Substance abuse can be defined as "a maladaptive pattern of using certain drugs, alcohol, medications, and toxins despite their adverse consequences" (Barker, 2003, p. 422). Substance misuse can be defined as the "non-medical use of substances that when taken into the body can substantially affect psychological and physical functions" (Pierson & Thomas, 2010, p. 504). This term can include experimental, recreational and dependent use of substances (Pierson & Thomas, 2010).

An important debate within the area of substance misuse is whether the treatment goal should be abstinence or harm reduction. Abstinence is the voluntary avoidance of an addictive substance (Barker, 2003), whereas a harm reduction strategy can be defined as "a pragmatic, public health approach to reducing the negative consequences of some harmful behaviors rather than eliminating or curing the problem" (Barker, 2003, p. 190). The use of a harm reduction strategy would therefore not be focused on clients being abstinent, but rather on assisting clients in making healthier choices within their addiction (e.g. using clean needles, using less of the substance). Harm reduction strategies gained popularity beginning in 1988, as a response to the spread of Aids and Human Immunodeficiency Virus resulting from unsafe drug use, (Pierson & Thomas, 2010) and have since gained increasing attention. As mentioned previously, the overall goal of the Base Camp program is abstinence, however, the goal may shift to harm reduction depending on clients' needs (C. Godfrey, personal communication, December 20, 2011).

Population and Imperatives for Programming

Substance misuse among adolescents must be viewed within the context of adolescent development (Pryor, 2003). Youth were more likely to misuse substances if they had poor relationships with adults, had peers who were misusing, used substances as a coping mechanism, and/or used substances as a result of thrill-seeking behaviour (Gillis & Simpson, 1993). It is therefore important for programming to promote positive adult and peer relationships, a substance free environment, and an environment that includes perceived risk to fulfill the need for thrill-seeking behaviour. Additionally, it is important to note that youth are often unsuccessful in traditional substance use treatments and that those seeking adventure therapy are looking for an alternative treatment approach

(Russell, 2008). Adventure therapy may therefore be a good fit for youth developmentally and for those who are seeking to avoid the "barriers and stigma associated with traditional treatment" (Gass et al. 2012, p. 298).

Research and evaluation on programming for adolescents misusing substances is important because "more and more young people and at increasingly young ages" (Pierson & Thomas, 2010, p. 504) are using illegal drugs and alcohol. Russell (2008) stated that, "adolescent substance use remains a persistent and serious problem" (p.69) that "requires effective prevention and treatment programs that are suitable for adolescents' developmental needs" (p.69). Substance misuse could lead to dysfunction within the lives of adolescents, their families, and society (Pierson & Thomas, 2010). Since the 1980s alcohol has been the most frequently used drug among adolescents (Franke & De Anda, 2008). The use of alcohol has also been demonstrated to lead to the use of other drugs (Straussner & Isralowitz, 2008). Additionally, the use of alcohol or drugs at young ages has been associated with heavier abuse of these substances later in life (SAMHSA, 2005, as cited in Straussner & Isralowitz, 2008).

Adventure Therapy Intervention: Theoretical Foundation

As previously stated, adventure therapy was founded on the origins, principles, and philosophies of experiential education (Gass, 1993b). This foundation has an interdisciplinary framework that includes aspects of philosophy, psychology, and sociology (Warren et al., 1995, as cited in Carver, 1996). Experiential education is defined as "a philosophy that informs many methodologies in which educators purposefully engage with learners in direct experience and focused reflection in order to increase knowledge, develop skills, clarify values, and develop people's capacity to

contribute to their communities" (Association for Experiential Education (AEE), 2011, What is Experiential Education?, para. 2). In this modality behavioural change occurred through direct experiences and removal of individuals from "positions of comfort (e.g., homeostasis, acquiescence) and into states of dissonance" (Gass, 1993b, p. 4).

In addition to experiential education there were many theoretical influences that assisted in providing a foundation for adventure therapy. These included the "well-established premises of accepted psychological theory, including cognitive and cognitive behavioural theory, humanistic theory, and elements of the interpersonal aspects of object relations theory" (Newes & Bandoroff, 2004, p. 3). Therapies that these theories correlate with can be used eclectically with adventure therapy.

The incorporation of theory into practice was demonstrated in five principles Gass (1993b) adapted and reworked from experiential education, which were:

> 1) The client becomes a participant rather than a spectator in therapy. 2) Therapeutic activities require client motivation in the form of energy, involvement, and responsibility. 3) Therapeutic activities are real and meaningful in terms of natural consequences for the client. 4) Reflection is a critical element of the therapeutic process. 5) Functional change must have present as well as future relevance for clients and their society. (Gass, 1993b, p. 5).

These principles were enacted in the unique characteristics of adventure therapy. Placing clients in an unfamiliar environment created disequilibrium, which allowed for clients to become active members in their therapy and exposed hidden dynamics (Neill, 2004). Using metaphoric processing provided an opportunity for clients to process their experiences through reflection and apply this to their futures (Newes, 2001). Sequencing

events to increase in difficulty provided an opportunity for clients, who were at multiple skill and comfort levels, to participate, as they had a chance to build upon their skill set (Newes, 2001). Using tasks that appeared dangerous, but in reality were low risk, allowed clients to experience real and meaningful activities that had consequences (Newes, 2001). Concrete positive and negative consequences assisted clients in seeing changes in their behaviours (Newes, 2001). Conducting enjoyable activities enhanced clients' motivation to become invested and interested in their therapeutic process (Newes, 2001). A challenge by choice philosophy provided clients an opportunity to take responsibility in their treatment (Newes, 2001). The final, peak experience of the therapeutic process enabled clients to practice what they had learned and demonstrate changes (Newes, 2001).

There were many theoretical similarities between adventure therapy and social work, including ecological, experiential, structural, solution-focused, and narrative perspectives. The ecological perspective, which was considered to be unique to social work practice, was used within adventure therapy to place importance on the person and environment (Tucker, 2009). Mason (1987) linked adventure therapy to Whitaker's symbolic-experiential family therapy. This linkage was supported by the relevance of changing the family context through new and natural environments in order to allow family members to experience deeper levels of intimacy. Whitaker's symbolic-experiential family therapy was also used in the social work profession, especially when working in the area of marriage and family therapy (Burg, 2001). Gass (1993b, as cited in Burg, 2001) integrated structural family theory into adventure therapy by focusing on "inducing stress and highlighting the family system's roles, rules, and hierarchy" (Burg,

2001, p. 119). Solution-focused theory was integrated into adventure therapy by focusing on clients' strengths and searching for exceptions to the problem (Gillis & Gass, 1993; Gillis & Gass, 1995, as cited in Burg, 2001). Adventure therapy used narrative therapy and metaphors to assist clients in defining their realities and creating new stories (Gass, 1997, as cited in Burg, 2001). In addition to the above theoretical similarities, social work and adventure therapy both view treatment from a holistic approach; focusing on cognitive, physical, and affective influences on behaviour (Tucker, 2009; Schoel et al., 1988, as cited in Tucker, 2009).

In addition to theoretical similarities, social work and adventure therapy are linked through a shared importance of the use of group work practice. This link was based on social group work having its foundations in the Progressive Education movement and its belief in the use of groups for therapeutic purposes (Reid, 1981). In adventure therapy the group is often seen as being an essential element to a member's success (Itin, 2001); and its development was recognized as "one of the cornerstones of adventure therapy programs" (McPhee & Gass, 1993, p. 171).

Adventure Therapy Intervention: Empirical Research

Adventure therapy demonstrated effectiveness with a wide variety of populations experiencing an array of difficulties. Results of a meta-analysis supported that effects appeared to be positive (Neill, 2006). Literature reviews also revealed that adventure therapy has been shown "to have positive effects on self-concept and enhances the development of appropriate and adaptive social skills" (Russell, 2000, p. 171). Furthermore, in a recent review on the effectiveness of adventure therapy, results of 11 studies showed significant improvements and nine of these proved maintenance of

changes at 12-month follow-ups (Annerstedt & Währborg, 2011). Two other studies included were not found to produce significant results and another one was found to demonstrate no significant improvements (Annerstedt & Währborg, 2011).

Despite these overall positive results, comparative analysis among adventure therapy, outdoor education, and individual psychotherapy in a meta-analysis conducted by Neill (2006), indicted that there is capacity for adventure therapy to develop more effective practices and stronger, more consistent outcomes. This conclusion was formed on the basis of adventure therapy outcomes appearing stronger than those in outdoor education, but significantly weaker than outcomes in individual psychotherapy (Neill, 2006).

Research on the use of adventure therapy programming within substance misuse and residential treatments is described below. Studies chosen for review were selected based on their relevance to this program evaluation; therefore, they were required to include a sample that was 18-years-of-age or younger, used aspects of adventure therapy (i.e. therapeutic processing in outdoor environments, experiential activities, and/or wilderness trips), and had similar objectives to those of this research (i.e. focus on program fidelity, processes, and outcomes).

Residential treatment and adventure therapy. Empirical evidence provided support for the use of adventure therapy in residential treatment. Nickerson, Salamone, Brooks, & Colby (2004) conducted a review of empirical literature and found that adventure-based learning was used as a strength based approach in residential treatment. Behrens (2006, as cited in Behrens, Santa, & Gass, 2010) completed surveys of nine residential treatment programs, producing responses from almost 1000 youth and their

parents. The study used standardized measures developed by Achenbach (2011, as cited in Behrens et al. 2010), which focused on psychosocial functioning. Results demonstrated positive effects on a reduction of internalized problems, including depression, anxiety, and attention disorders. They also demonstrated positive effects on a reduction of external behaviours, such as aggression and rule breaking. Additionally, improvement was noted in academic functioning, interpersonal relationships, and overall functioning (Behrens, 2006, as cited in Behrens et al.). Findings from a follow-up study showed that effects were maintained 12 months later (Behrens, 2007; Behrens & Satterfield, 2007; as cited in Behrens et al.). Data that were especially important in this study were the findings on changes in levels of functioning. Upon completion of the programs, and in the follow-up study, participants demonstrated significant improvements in functioning; changing from an abnormal range to a normal range of behavioural and psychological functioning.

Gillis and Gass (2010) conducted a study to examine the effectiveness of using adventure programming, within a behavior management model, to treat juvenile sex offenders in residential treatment. This study was unique and filled gaps in previous research on the use of adventure therapy with offenders, as it focused on effectiveness, used a matched research design, and used two comparison groups. Participants in the adventure therapy program were matched on an individual basis to participants in other specialized treatment programs (Comparison Group 1) and participants incarcerated in youth development centers (Comparison Group 2). Matching criteria were "(a) age when the first offense was committed, (b) the most serious arresting offense type, and (c) race" (p. 25). The sample consisted of 95 participants (for each group) ranging from 8 to 18-

years-of-age. Each group consisted of 62 (65.3%) Caucasian males and 33 (34.7%) African American males. Quantitative information was gathered on participants from the Georgia Department of Juvenile Justice. Participants were tracked for three years after discharge from the programs. Data analysis was performed using an ANOVA to compare the difference in the mean number of days between releases and re-arrests for all three groups. Effects sizes were also computed and "Kaplan-Meier survival functions" (p. 26) were used to "estimate true differences in the probability of rearrest" (p. 26). Results of the study indicated that the adventure therapy group had significantly lower re-arrest rates and a longer average interval between release and re-arrest than the comparison groups. This demonstrated that the adventure based residential treatment was more effective than traditional methods. A noted limitation of this study was the lack of historical information regarding participants in the dataset, including their previous mental health, education, and supports at discharge.

Russell and Gillis (2010) conducted a study to determine, among other things, the part experiential activities play within residential treatment. They used a survey with open-ended questions to inquire about how experiential therapy was used within programming, including questions related to its theoretical basis and implementation. Responses to this survey were received from the clinical or program directors of 51 different residential treatment programs that provided services to adolescents. Surveys were analyzed using pattern coding. Agents of change were attributed to a therapeutic milieu that was "continuous and evolving" (p. 69), had an emphasis on relationships, and provided the experience of natural consequences. Changes attributed to the therapeutic process emphasized the use of activities, which provided "skill development, self-

development, insight, and motivation" (p. 69). Additionally, they provided metaphoric processing, the ability to connect with clients of different learning styles, and de-emphasized verbal communication. Results of this study also raised concern over the lack of services for adolescents and highlighted the growing demand for effective and innovative programming.

Substance misuse and adventure therapy. One of the first programs to use adventure therapy with clients who were abusing substances was established in 1978 by Outward Bound (Stich, 1984, as cited in Gass & McPhee, 1993). Since then the use of this treatment within private and government organizations has increased (Gass & McPhee, 1993). Unlike research on substance misuse and adolescents in general, limited research has been conducted on the use of adventure therapy with this population. Gass et al. (2012) stated that there is a need for further research in this area because of the limited number of studies conducted on the effects of adventure therapy on substance misuse.

Gass and McPhee (1993) conducted a study with the goal of providing a description of the use of adventure therapy with substance abuse populations. At the time of the study, 61 programs in the United States of America were utilizing this form of treatment. Fifty of the programs responded to a seven-page questionnaire regarding their clients, staff, funding, research findings, and programming. Data analysis resulted in the identification of three main issues. One was the acknowledgement of an inadequate research base, as only two programs that responded to the questionnaire had conducted research on the effectiveness of their programming. Another issue identified was the need for program specificity, as 88% of programs were also serving clients who were

receiving adventure therapy for reasons other than substance misuse. Gass and McPhee therefore highlighted the need for tailored adventure therapy programming to meet the needs of individuals misusing substances. There were also limited differentiations made in treatment planning between clients who varied according to demographics and substance misuse. The final issue identified was the need for appropriate goals and activities in treatment. The programs analyzed attempted to address and solve all clients' issues, rather than using intentional experiences to produce specific outcomes. A series of recommendations was issued as a result of this study:

> 1) The need to document the ability of adventure programs to help clients to achieve and maintain sobriety, including an understanding of the actual changes produced in the factors that contributed to the onset of substance abuse. 2) The need to develop specific treatment approaches in adventure programming for this particular population. […] 3) The need to identify which specific behavioral, psychosocial, and cognitive goals are best enhanced by therapeutic adventure programs for this specific population. […] 4) The need to determine the potential of certain adventure experiences to be an inappropriate or negative treatment for certain people under particular conditions. […] 5) The need to understand when substance-abuse clients should participate or be excluded from therapeutic adventure activities. (Gass & McPhee, 1993, p. 321).

Gillis and Simpson (1993) conducted a program evaluation of Project Choices, an 8 week, adventure based, residential treatment program for adolescents involved with the justice system and abusing drugs and/or alcohol. Data were collected from three groups that completed the program, resulting in a total of 29 participants. The evaluation used

program and client statistics, The Weschsler Intelligence Scale for Children-Revised (WISC-R, 1979, as cited in Gillis & Simpson, 1993), The Revised Behavior Problem Checklist (RBPC; Quay & Pererson, 1978, as cited in Gillis & Simpson, 1993), The Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1982, as cited in Gillis & Simpson, 1993), The Battle (1981, as cited in Gillis & Simpson, 1993), Culture-Free Self-Esteem Inventory, and a peer behavioral rating scale. Descriptive statistics, *t*-tests, and ANOVAs were used to analyze these data. The findings concluded that the program appeared to have a positive effect on clients' (n = 29) behaviour and rate of relapse. These results indicated a reduction in clients' substance misuse from their adventure therapy treatment. One of the limitations noted in this study was the lack of randomization of treatment, as clients were screened according to criteria from a specific population of incarcerated youth. Other limitations identified were the lack of a control group and the use of multiple scores from the same test for separate analysis. The final limitation noted in this study was the identification of possible history effects on outcomes. These effects may have occurred because of small changes in the program's format and content during the period of time in which three groups consecutively completed the program.

Russell (1999, as cited in Gass et al. 2012) conducted a case study of 12 participants, 4-months after they had completed a wilderness program. Findings indicated that 25% of participants relapsed on drugs and alcohol and 75% did not. In 2008 Russell conducted another study, which included a detailed case study of five residential treatment programs that used an outdoor behavioural healthcare approach based on the principles of wilderness therapy. Russell defined an outdoor behavioural

healthcare approach as a multimodal treatment that occurs in a wilderness setting and focuses on individual treatment goals. The programs averaged 45 days in duration. The study sought to understand pre-treatment substance-use characteristics of participants, participants' motivation to change, discharge stages of change, and the psychosocial factors relating to substance use and frequency of use. The study also sought to assess participants' frequency of substance use 6-months post-treatment. The sample for the study consisted of clients admitted to any of the five programs during one calendar year (2003-2004). Seven hundred, seventy-four participants consented to participate in the study. This sample consisted predominately of 16 to 17 year old (67%), Caucasian (81%) males (68%). Twenty-five percent of this sample had previously been diagnosed with a substance use disorder, 50% had a mental health and substance use diagnosis, and the remainder had only a mental health diagnosis. Participants in this sample had a high program completion rate of 93.2%. The University of Rhode Island Change Assessment Scale (URICA; Prochaska & Di Clemente, 1983, as cited in Russell, 2008) was used to assess participants' motivation to change. Analysis of the URICA was conducted using a hierarchical cluster analysis. This form of analysis was also used to determine the discharge stages of change. The Personal Experience Inventory (PEI; Winters & Henley, 1989, as cited in Russell, 2008) was used to assess substance use factors and frequency of use. Descriptive analysis was conducted on the sub-scales in the PEI. The 6-month follow-up study used a random sample, which included 243 clients from across all five programs. Similar methodology and analysis were used in this follow-up study. URICA *t*-scores were cluster-analyzed and a 2-way, within-subjects ANOVA, as well as post hoc pairwise comparisons were used on the PEI. Results of this study indicated a reduction

of substance use among participants and significant reduction in frequency of use in the 6-month follow-up study. Results also indicated a shift from unmotivated participants at admission to motivated participants at discharge, which is demonstrated by participants' desire to change and actively work on their issues at discharge. Additionally, 75% of participants were involved in aftercare programming. Limitations identified in this study were the lack of random assignment, lack of control group, and data being self-reported from program participants.

Harper et al. (2007) conducted a case study to determine the practical outcomes of a residential, adventure therapy program for adolescents and their families. These outcomes were viewed in relation to their transferability to clients' home environments and focus of their treatments (i.e. substance misuse). The case study was completed on a 3-week program that included families in the treatment process and had follow-up programming. Program processes included wilderness expeditions, individual and group counseling, communal outdoor living practices, and group activities. Two hundred and fifty-two adolescents between 13 and 18-years-of-age and their families participated in the study. Adolescents were receiving treatment for emotional, behavioural, and/or substance misuse issues. The primary reason for treatment was substance misuse (61%). A convenience sample was used to select adolescents according to the month in which they were admitted. Parents were responsible for completing a 60-item questionnaire prior to the commencement of treatment, 2-months post-treatment, and 12-months post-treatment. Analysis of these questionnaires was conducted using a post-hoc factor analysis, exploratory analysis, descriptive statistics, and pair-wise *t*-tests. Data demonstrated that males exhibited more extreme alcohol and drug use than females.

According to the mental health construct of the questionnaire and large effect sizes demonstrated, results indicated that substance abuse significantly improved after treatment. Limited improvement was shown for family functioning. It was therefore recommended that programming involve family members more intentionally and directly in the treatment process to improve outcomes. Results also demonstrated that overall the treatment significantly contributed to stabilizing clients and creating lasting change for adolescents and their families. Limitations identified in this study included a lack of control group and use of an instrument that was not psychometrically assessed.

Kim and Jackson (2009) completed a study to identify effective, culturally appropriate programming for Asian and Pacific Islander adolescents struggling with substance misuse. The study involved a program evaluation of a long-term residential treatment program, which provided adventure therapy, education, a spiritual component, counseling services, and intensive family involvement (i.e. bi-weekly therapy sessions, family days at the program site, therapeutic home visits by program staff after clients were discharged). The focus of the evaluation was on examining the program's effectiveness for improving clients' long-term outcomes, including substance use, academic achievement, attainment of employment, physical and mental health, and family and social functioning. Participants were recruited for the study through dissemination of program information and brochures. Respondents had to match sampling criteria, which included a psychological assessment and intake chemical dependency evaluation. Two hundred and fifty male and female participants between 13 and 18-years-of-age were included in the study. Measurement tools used in this evaluation included the Performance and Results Act (GPRA) and Global Appraisal of

Individual Needs (GAIN; Dennis, 1998, as cited in Kim & Jackson, 2009). These tools were used at intake and at 3-month, 6-month, and 12-month follow-ups. Analysis was conducted using SPSS computer software and consisted of a sequence of three MANOVAs, multivariate significance tests, *F*-test comparisons, and contingency table analysis. Results indicated improvement on substance misuse, educational achievement, attainment of employment, physical and mental health, and family and social functioning. In regard to family functioning, significant deterioration was found on 3-month and 12-month follow-up scales, but not on 6-month follow-up scales. The most significant limitation to this study was the lack of a control or comparison group.

Summary

According to the above literature review, substance misuse among adolescents is a growing phenomenon that requires effective treatment programs. Important components for programming were identified as the promotion of positive interpersonal relationships, provision of a substance free environment, and the use of innovative techniques. Adventure therapy has been demonstrated in the literature to be an effective approach for clients with various demographic characteristics who are struggling with numerous different treatment issues.

The empirical research relating to adventure therapy within adolescent substance misuse and residential treatment primarily demonstrated positive results. These included a reduction of substance misuse in each study and lower rates of relapse in follow-up studies. Adventure therapy treatment was shown to stabilize clients and created lasting change, demonstrated through 3-month, 6-month, and 12-month follow-up studies. Positive results also included a reduction of internalized problems (i.e. depression,

anxiety, and attention disorders) and external problems (i.e. aggression, rule breaking). Adolescents were shown to improve in their academic functioning, interpersonal relationships, behaviours, attainment of employment, physical and mental health, and family and social functioning. Changes in levels of functioning were significant enough to shift clients from an abnormal range of behavioural and psychological functioning at intake to a normal range at discharge. Additionally, levels of motivation to change at intake were significantly lower than motivation to change at discharge. Agents of change identified included: an evolving therapeutic milieu, emphasis on relationships, experience of natural consequences, metaphoric processing, use of activities, connection to various learning styles, and use of both verbal and non-verbal communication. These results indicated that residential treatment programming utilizing adventure therapy with this population might be more effective than traditional methods of treatment.

Despite these positive results, the empirical research also highlighted numerous areas for improvement. The lack of general studies in this area was criticized along with the lack of research on the effectiveness of using adventure therapy within this population and setting. The lack of services for adolescents was also noted, as well as the growing demand for effective and innovative programming for this population. Identified issues relating to adventure therapy programming were an inadequate research base, the need for program specificity, and the need for appropriate goals and activities in treatment. Recommendations for the future included: (a) documenting if adventure therapy can help clients to achieve and maintain their sobriety, (b) understanding what actual changes occurred to obtain this sobriety, (c) development of a specific treatment approach for this population, (d) determining what negative consequences could occur from using this

treatment with specific clients, conditions, etc., and (e) knowing which clients should be included in treatment.

Research methods used were primarily quantitative and consisted of surveys, questionnaires, and/or scales being distributed to programs, clients, and clients' family members. Methodological weaknesses identified in the studies reviewed included: use of assessments that have not been psychometrically tested, lack of control or comparison groups, lack of randomization of treatment, primarily self-reported assessments, an inadequate research base, and lack of generalizability. Only one of the studies reviewed above involved a rigorous experimental control.

This program evaluation sought to assist in filling gaps in the research on the use of adventure therapy within adolescent substance misuse and residential treatment by providing a study that primarily uses qualitative methodology. None of the studies reviewed above contained direct observations or interviews. Additionally, a study reviewed involving families, by Kim and Jackson (2009), demonstrated deterioration in family functioning on 3-month and 12-month follow-up scales. The other study reviewed which included families, by Harper et al. (2007), recommended that family members be more intentionally and directly involved in treatment to further improve clients' outcomes. This program evaluation sought to further explore the role that families play in adolescents' treatment of substance misuse.

Chapter III: Methodology

This program evaluation focused on analyzing Base Camp's fidelity by comparing what was actually occurring within the program to its' logic model, initial intentions, and practices and policies reasonably derived from current adventure therapy

literature. It also focused on analyzing key program processes and their proximate outcomes. Three key processes (i.e. adventure therapy, use of community and therapeutic relationships, and family involvement) were examined and linked to proximate outcomes listed in the program logic model. Additionally, processes and secondary outcomes that did not appear in the program logic model or plan, but were discovered during data collection were analyzed and linked to each other. Furthermore, this evaluation sought to provide a description of the program, including its population, role of adventure therapy, and community and therapeutic processes.

The evaluation used was predominately yielded through qualitative methods because of the small sample size available during the time constraints of the study. It was assumed that the sample size yielding quantitative data would be a maximum of 30 clients. This was estimated, as Base Camp's capacity was 10 clients at a time with a variable intake date. The minimum number of clients could not be accurately estimated because it was based on the number of referrals Base Camp received from Alberta Health Services (AHS). Qualitative methods of interviewing and direct observation were used to gather perspectives of youth, their families, and Base Camp staff, as well as to provide thick descriptions. Quantitative methods were used to analyze Resiliency Canada Questionnaires and program statistics on occupancy rates, quarterly reports, and client reports. These qualitative and quantitative methods assisted in leading towards identification of agents of change and proximate outcomes, which supported recommendations regarding treatment of the target population in an isolated, residential setting. This provided the premise for a discussion of the transferability of findings and their implications for practice, policy, and future research.

Table 1 provides an outline of data sources. The quantitative data category includes the number of Resiliency Canada Questionnaires and the time frame for occupancy rates, quarterly reports, and youth reports gathered. The qualitative data category includes the number of individuals that were interviewed and observed.

Table 1

Outline of data sources

Quantitative Data				Qualitative Data		
Questionnaires	Occupancy rates	Quarterly Reports	Client Reports	Formal Interviews	Direct Observations	Informal Interviews
93	2005-2013	April 2011-March 2012	January 2012-March 2013	Families 6 Youth 1 Staff 7	Trip 2 Day 4 Passage 6	Families 0 Youth 0 Staff Trip 2 Day 4 Passage 6

The evaluation occurred in five phases. The first phase involved becoming familiar with the program by reviewing the program logic model and related documents pertaining to program organization, structure, and development. These documents were accessed through the program's on-site material and Internet storage system, as well as having materials electronically mailed to me by the program manager. Resiliency Canada Questionnaires and general program statistics, which were gathered and complied by Base Camp, were also reviewed and used for quantitative analysis. The second phase of research involved direct observation of Base Camp staff during three different periods: a day of regular programming, a family intervention (e.g. Family Matters Experience), and a wilderness trip. Which family intervention was observed depended upon my availability and occurrence of these interventions during the research period. The intervention that fit this criterion was a Passage Day, which is a youth's final day in the program if he or she had been at Base Camp for 3-months. Informal interviews occurred

with Base Camp staff during these observations. The third phase involved formal interviews with program staff, youth, and youths' families. The second and third phases were planned to be concurrent, as the best time to formally interview family members might have been when they were at Base Camp for a family intervention. Formal interviews were planned to occur when there was no scheduled programming to ensure that interviews did not interfere with Base Camp programming or my direct observations. The fourth phase of research was data analysis, where qualitative information were coded into patterns and themes and quantitative information were expressed in descriptive statistics. Quantitative data were also analyzed using paired *t*-tests to determine the statistical significance of any changes between program entry and exit. The final stage of the evaluation was to present the findings, write a discussion, and disseminate these to audiences interested in social work, adventure therapy, residential treatment, and/or addictions. A brief one to three page summary of results was prepared for study participants and disseminated to them as identified in their informed consents (see Appendix B for consent and assent forms). Additionally, a brief summary of results and a list of recommendations were provided to the Executive Director of Enviros, Program Manager of Base Camp, and program funder, AHS.

Methodology used in the evaluation, including data gathering, measurement, and data analysis, are explained in detail below to assist in addressing issues of causality and transferability.

Research Questions

The evaluation was guided by eight research questions:

1. (a) Does the program process demonstrate fidelity with the program theory? (b) Is

the program theory consistent with the theory and principles of adventure therapy?

2. Is awareness of youths' strengths raised through adventure therapy, therapeutic relationships, and/or family involvement?
3. (a) Are clients (youth and families) able to share their experience of the impact of addiction on their lives? (b) What facilitated clients in sharing their experiences?
4. Are youth living a healthy, substance-free life while at camp?
5. How does the program promote positive family relationships?
6. Is there an increase in youths' resiliency between intake and discharge?
7. What effect do family interventions have on participants' experiences in the programing and personal feelings regarding areas of their lives?
8. Upon completion of the program and for up to 3-months afterwards, is there a reduction in youths' use of addictive behaviours or substances?

Research Question Number Seven was deleted during data collection due to a lack of data received from Base Camp and AHS. The question was based upon receiving data from family outcome scales, which were no longer available to me at the time of data collection. Further details regarding these scales are presented in the following sections.

Sampling

Since Base Camp is a small program, a sampling strategy was not used. Data were collected from all consenting youth and their families who were participating in the program at the time of data collection. Additionally, youth and their families who were participating in the program at any point 3-months prior to the start of data collection would also be interviewed, if possible. This criterion was formed to ensure the

participation of clients from various stages in the program, including those who had recently been admitted, were half way through their treatment, were nearing the end of their treatment, had recently graduated, and had transitioned to home. It was assumed that the maximum number of youth who could participate in the program evaluation would be 30. This number was estimated based on the capacity of Base Camp being 30 with a variable intake date. It was also based on the data collection period being 3-months with an additional 3-month backdate for youth who had been discharged. Youth defined who constituted their family in order to identify whom they would like to be involved in their treatment and transition plans. Those identified as family members were asked to participate in the program evaluation, if they had played an active role in youths' treatment. An active role was defined as their participation in family programming or frequent (i.e. once a week or more) correspondence with a youth while he or she was at Base Camp. Family members identified who were under 10-years-of-age were not included, as it was assumed that due to their age and limited involvement with the program, minimal data would be collected.

Data were also collected from all consenting Base Camp staff, including the program manager, program supervisor, shift supervisors, the family therapist, teachers, and youth and family support workers (YFSWs). Staff who had been involved with Base Camp, but were no longer employed or were on leave at the time of data collection, were initially excluded from the sample. When participant recruitment began I was informed that there was recently a 100% staff turnover at Base Camp. Due to this, an amendment was made to the Research Ethics Board Protocol on December 3, 2012 to include former staff, who had been employed at Base Camp since August 1, 2012 in the sample.

Recruitment

Recruitment was intended to occur through Participant Interest Forms (see Appendix C) circulated through Canada Post by Enviros, on my behalf. Participant Interest Forms were to be distributed to youths' family members who were over 18-years-of-age. These forms included a solicitation of their interest to participate, as well as a request for guardians to sanction participation of their children, who were Base Camp clients or identified family members less than 18-years-of-age, but over 10-years-of-age. Participant Interest Forms were also to be distributed to Base Camp staff. If interested, potential participants were to send a completed form directly to me. After a month Participant Interest Reminder Letters (see Appendix D) were be sent to potential participants.

In consultation with Base Camp's program manager it was determined that the agency had a larger database of electronic addresses for potential participants than mailing addresses, as their correspondence with staff and families occurred primarily through electronic mail. An amendment from the Research Ethics Board was therefore received on October 29, 2012 to change the distribution mode to electronic mail. The revised Participant Interest and Reminder Forms are contained in Appendix E and Appendix F respectively. Included in this amendment was a change of dates due to delays in the evaluation. Base Camp's program manager was sent a formal letter detailing the distribution of these forms and letters (See Appendix G). If the program did not have an electronic mailing address for potential participants they were sent the form and reminder letter through Canada Post.

Due to a lack of response from the Participant Interest Forms and Reminder Letters it was determined, in consultation with Base Camp's program manager, that telephoning potential families might yield more responses. An amendment to the Research Ethics Board Protocol was granted on January 23, 2013 to contact potential participants by telephone. The approved script for these telephone calls, conducted by Enviros, is contained in Appendix H. Since there was a lack of response to the initial recruitment and a new recruitment strategy needed to be implemented the population size was larger than anticipated. Recruitment began in November 2012 and continued, as new staff and clients entered the program, until May 2013.

I contacted potential participants who responded to the recruitment to arrange formal interviews with them and their children when applicable. The scripts for these telephone conversations are contained in Appendix I. Participants were also contacted one day prior to the interview to remind them of the date, time, and location. The scripts for these telephone conversations are contained in Appendix J.

Informed Consent was needed before an individual in the sample could become a participant in the study. Individuals were able to give separate consent for participating in the evaluation, interviews, direct observations, and audio recordings. Base Camp clients and their family members who were under 18-years-of-age, which is the age of majority in Alberta, were required to provide their assent after their legal guardians had provided informed consent for them to participate. If the youth was in the care of the child welfare system, consent was also required from their caseworker and designated child welfare authority.

Study Participants

No responses were received from families after the distribution of the Participant Interest Forms and Reminder Letters. Recruitment telephone calls yielded responses from eight families, including 11 guardians who expressed interest in being interviewed. When contacted for scheduling an interview, six guardians responded, were willing to make arrangements, and arrived for their interviews. From these families, two guardians provided consent for their youth, who had been clients at Base Camp, to be interviewed. Upon contacting these youth, only one was willing to arrange an interview time and provided assent. Data were therefore gathered from six guardians and one youth who had been involved in the Base Camp program. In total five families participated in the evaluation. No youth or families currently in the program consented to be involved with this evaluation.

Six responses were received from staff after the distribution of the Participant Interest Forms and Reminder Letters. Six additional responses were received verbally while conducting site visits. Eleven of these staff were current employees and one had previously been employed at Base Camp. Ten of these staff signed informed consents; the remaining two were unable to be contacted. All 10 staff were included in direct observations and informal interviews if they were present when observations occurred. I was able to arrange formal interviews with seven of the staff members, all of which were current employees. Approximately half (n = 4) of the staff interviewed were YFSWs and the remainder were from the management team.

Data Gathering

Quantitative. Base Camp had two electronic databases, one included youths' demographic information and the other included youths' outcome protocol. The former contained information inputted by staff, which was collected at intake and discharge. This information included age, gender, cultural background, academic status, and treatment issues (e.g. drug and alcohol use, mental health concerns, family functioning, medications, criminal involvement; C. Godfrey, personal communication, January 9, 2012). Portions of these data were anonymized and provided to me from Enviros in the forms of (a) Client Reports from January 2012 to June 2012 and April 2012 to March 2013, (b) Quarterly Reports from April 2011 to March 2012, and (c) Occupancy Rates from April 2005 to April 2013. Client reports were for individual youth. Quarterly Reports and Occupancy Rates were aggregated data.

The second database, for outcome protocol, included a tool created by Resiliency Canada that was linked to the National Child Welfare Outcome Matrix (C. Godfrey, personal communication, January 9, 2012). Enviros began using this tool two years ago (C. Godfrey, personal communication, January 9, 2012). Within the last year, Enviros changed the questionnaire by shortening it to 42 questions and asking program specific questions relating to community, family, and isolated living to be reflective of Base Camp (C. Godfrey, personal communication, December 20, 2011). Data collected from these questionnaires were intended to provide insight into youths' level of resiliency by assessing their internal and external strengths, which outlined protective factors and how these related to behaviours. Ninety-three Resiliency Canada Questionnaire Comparison Profiles, from July 2009 to May 2013, were anonymized and provided to me by Base

Camp. Each profile was specific to individual youth and contained their pre-test and post-test scores on the Resiliency Canada Questionnaire at intake and discharge respectively. The profiles outlined the pre-test and post-test score for all categories on the questionnaire, as well as indicating the percentage of change between them. Youth were asked the same questions on pre-test and post-test questionnaires (J. Couillard, personal communication, June 6, 2013). Pre-tests were completed within youths' first 10 days of treatment and post-tests were completed during youths' last week of treatment (J. Couillard, personal communication, June 6, 2013). If youth left the program within their first 4 to 6-weeks of treatment post-tests were not conducted (J. Couillard, personal communication, June 6, 2013). Scales varied in length and questions according to when they were distributed, due to the changes made to the scale by Enviros. Comparison profiles from 2009 to 2011 (n = 63) contained more factors; questionnaires (n = 30) afterwards were reduced in length.

During the formation of this evaluation I was informed that there was an outcome protocol database that contained two family programming outcome rating scales, one which explored individuals' experiences with a specific family programming component and the other which explored individuals' personal feelings regarding areas of their lives. I was informed that these scales were completed after each family programming session (C. Godfrey, personal communication, December 20, 2011). During data collection, these scales were requested from Base Camp and I was informed that they were now completed and stored by AHS. These data were then requested from AHS and the request was declined. Information received from Base Camp and AHS in response to these requests indicated that these scales were no longer used consistently as a

measurement for family programming outcomes. At the time of data collection the results from scales that were completed by AHS were not being communicated to Base Camp.

Qualitative. Recruitment began on November 19, 2012 and continued throughout the data collection period, as new clients entered the program. Site visits, interviews, and direct observations occurred from January 2013 to May 2013. Prior to my first site visit an email was distributed to all Base Camp staff, by the Program Manager, to inform that I would be at the camp. The email also included a description of my role as a researcher and what data would be collected during my site visits. Afterwards, each time I arrived for a site visit I was introduced to all staff and clients at the first meal that occurred at the camp. This introduction was conducted by a staff member who stated who I was, my role, and briefly stated what I was researching.

Interviews.

Formal interviews. Qualitative data were gathered through formal interviews, which were conducted with youth and their families involved in the program at the time of data collection and those who had been involved in the program within the last 3-months prior to the start of data collection (i.e. August 19, 2012). Formal interviews were also conducted with Base Camp staff. The purpose of these interviews was to gain interviewees' perspectives on program processes and proximate outcomes, as well as indirectly measure program fidelity (Gresham, 2005; Gresham et al., 2000; as cited in Tucker & Rheingold, 2010). Another purpose of these interviews was to gather data to create a description of the program, which would include the role of adventure therapy and community and therapeutic processes.

It was assumed that staff had busy schedules and limited availability; therefore I offered to interview them while they were at Base Camp or a location in or near Calgary, Alberta. The majority (n = 11) of staff who expressed interest in participating requested to be interviewed at Base Camp during their regular work hours. The one staff member who requested an alternative location was no longer an employee at Base Camp. When it was not possible to have an in-person interview, a telephone interview was arranged, however, the participant was still met with prior to the interview to complete the informed consent. The constraint of obtaining written informed consent prior to telephone interviews, as well as difficulties with arranging interview times with staff led to only seven staff being interviewed. Four staff were interviewed at Base Camp. Two staff who requested to be interviewed at Base Camp were interviewed at other alternative locations, as they were unable to find the opportunity to be interviewed during their shifts after multiple attempts were made. One of these staff did a portion of his interview at Base Camp and another portion at the Enviros office in Calgary. It was conducted in two different locations because it was difficult to find an opportunity to finish the interview while at Base Camp. Another interview was also conducted in two parts on different days to accommodate for a staff member's schedule. One telephone interview occurred using a computer program that had a video feature. This feature enabled me to document non-verbal communication.

I found interviews challenging to arrange. Staff interviewed while programming was occurring appeared distracted by what was happening outside of the interview room, preoccupied with what they would be doing after the interview, and concerned with the amount of time that the interview would take. Staff interviewed in the morning before

programming began or after programming ended for the day appeared tired. They were also concerned about the length of the interview, as they wanted to complete case notes or go to sleep. Staff were interviewed in locations that were familiar to them, had previously been introduced to me, and had been informed about the purpose of the evaluation, which assisting in them being comfortable during interviews.

Formal interviews with staff varied between 1-hour and 1-hour and 40-minutes in length. Staff appeared to find some interview questions challenging, especially those relating to adventure therapy, family programming, and the Youth Outcome Questionnaire (Burlingame, Wells, & Lambert, 1995, as cited by Russell, 2003). This could have been due to a lack of knowledge regarding these areas of programming and their outcomes. It could also have been due to the program's flexibility and constant evolution, which made it difficult for staff to generalize or provide a description of what occurred for any prolonged period of time. Additionally, the diverse client population made generalizations difficult. Staff appeared to be uncomfortable and apologized when they could not answer questions.

Since youths' families might be from various areas of Alberta that were inaccessible to me, I attempted to schedule interviews for them when families were present at Base Camp or in the Calgary area. Since no consents were received for youth and families currently involved in the program, arranging interviews was more difficult than anticipated. Families that were unable to travel to Base Camp or Calgary area were interviewed in their home communities, as it was not possible to complete telephone interviews without prior informed consent. Five family members were interviewed in Calgary. Two of these interviews occurred in participants' homes, one was at the AHS

office, and one was at a coffee shop. Two family members were interviewed in other communities. One of these was at the participant's home and the other one was at a coffee shop. Formal interviews with family members were between 16-minutes and 1-hour.

Youth attending Base Camp also had busy schedules to adhere to, as part of living in a structured environment. Interviews were, therefore, designed to be shorter and to occur at the residential facility. Since no youth currently involved in the program consented to participate, no interviews occurred at Base Camp. One interview did occur with a youth who had previously attended Base Camp. The interview occurred in Calgary, Alberta and was 23-minutes long.

Family members and the youth interviewed appeared eager to contribute to the evaluation through sharing their experiences and recommendations. Family members and the youth welcomed me into their homes and neighborhoods for interviews and were flexible with their ability to meet with me. Family members and the youth did not appear to be concerned with the length of interviews and seemed surprised that there were not more interview questions for them to answer.

Due to the assumed time constraints, interviews with youth and families were designed to be less than 1-hour in length and interviews with staff were designed to be less than 2-hours in length. Interviews were also designed to occur only once. Interviews contained standardized, open-ended interview questions, which assisted in ensuring that interviews were concise. It was hoped that if participants were assured of the limited time commitment involved, they would be more likely to participate in the

evaluation. This question format also contributed to increasing the validity of responses and allowed for limitations of interview questions to be known in advance.

Interviews sought to gain perspectives of participants through a variety of questions relating to key processes and proximate outcomes. Each interview question was directly correlated with a research question. Interview question sets are contained in Appendix K.

I conducted formal interviews and audio recorded them after interviewees provided consent. Two participants did not consent to being audio recorded; in this case detailed notes were taken and expanded upon immediately after the interviews. During interviews that were audio-recorded rough notes were taken to document important points and act as a backup for audio recordings. Notes were also written during interviews to document prominent non-verbal communication.

Informal interviews. In addition to structured, open-ended interviews, I conducted informal interviews in the context of direct observations. Informal interviews allowed me flexibility within the setting to interview participants based on what emerged during the observation (Patton, 2002). Since this interviewing was unstructured and based upon the setting, data gathered were different for each participant interviewed (Patton, 2002). Participants were interviewed once or multiple times, depending on their interactions within the setting, which might have resulted in changes or further reflection on their initial interview responses (Patton, 2002). On occasion I assumed the role of a participant observer and therefore interacted with research participants. Conducting informal interviews allowed for me to document these interactions. The use of informal interviews was consistent with a strength-based approach, as it values the individuality of

participants (Patton, 2002). Additionally, it was consistent with an adventure therapy approach, as it personalized the questions to accommodate for the setting (Patton, 2002).

Informal interviews occurred only with staff who provided consent. Informed consent was not received from any youth or families currently in the program. Informal interviews were less than 10-minutes in length, as they occurred during a break in programming or between two pieces of programing. Staff appeared to be preoccupied and rushed during these interviews because they were preparing for the next segment of programming.

The focus of informal interviews was on participants' perspectives of their experiences with the intervention. The purpose of using informal interviews was to provide a deeper, more accurate representation of events that were witnessed during direct observations. Participants in informal interviews were aware that data were being collected from the conversation. Depending on the situation, I planned to take rough notes and audio recordings during these interviews; however, due to the conditions during observations only rough notes were taken during informal interviews or completed immediately afterwards.

Direct observation. I conducted direct observations during a day of regular programming, a family intervention (i.e. Passage Day), and a wilderness trip. The purpose of these observations was to test program fidelity through direct measures, which contributed to determining "both the accuracy and quality of implementation" (Tucker & Rheingold, 2010, p. 266). Fidelity checklists (see Appendix M) were used to guide these observations. Information gathered related to the key processes of adventure therapy, community and therapeutic relationships, and family involvement. Specifically, attention

was given to how experiential activities, wilderness trips, and the environment were used to achieve client and program goals. Attention was also given to how camp rituals, joint tasks, daily living, and interactions between youth, staff, and family members contributed to these goals. This information assisted in creating a description of the program.

The decision of when direct observations would occur was based upon programming that occurred during the data collection period and the viability for me to attend programming due to my availability and the program's resources (e.g. transportation, gear). The observation for a day of regular programming was arranged to occur on a Wednesday, which was when the majority of staff, including teachers and the family therapist, were present at the facility. The wilderness trip observed was shorter than initially intended when the evaluation was planned. Since the observation was shorter and had unexpected weather, I was unable to observe staff facilitating sessions while on the trip. Preference would have been given to a wilderness trip that included the family therapist, however, the current therapist was not participating in any trips at the time of data collection. The wilderness trip observed occurred in Spring 2013 and involved 2-days of hiking and overnight camping. A Passage Day was observed rather than the intended Family Matters Experience or Progress Review because of program resources and lack of informed consents from staff and families. The family treatment observation was, therefore, shorter than initially intended and did not include observations of sessions. All direct observations lacked the intended amount of data due to a lack of informed consents from staff, youth, and families.

During observations of the Passage Day and a regular day of programming I primarily assumed the role of an onlooker. Depending on the activity (e.g. snowshoeing),

however, there were situations where I needed to take on the role of a participant observer. While observing the wilderness trip I primarily assumed the role of a participant observer. It was not possible for me to participate as a youth in the program due to age restrictions; therefore I assumed the role of a volunteer where I fully participated in tasks (e.g. carrying a pack, helping with camp chores). When individual therapy, group therapy, or processing of activities occurred, I switched to the role of a pure observer. My extent of participation, during direct observations, was therefore dynamic, depending on what was occurring in the setting.

All individuals present during observations had been informed of the evaluation and my role by staff. Research participants were aware that the observation was being documented and had provided their informed consent. The presence or involvement of individuals who did not provide consent was not documented. When a research participant mentioned individuals who had not provided consent during informal interviews or interacted with them during an observation all identifying information regarding those individuals was omitted from the data. Only staff who provided informed consent were observed. Informed consent was not received from any youth or families.

Rough field notes were taken throughout direct observations whenever it did not interfere with programming, impair the role of a participant observer, or act as a distraction for participants. Documentation of observations was also dependent on the weather (e.g. cold, snow). Notes were expanded upon as soon as possible, which was often in the evening after formal programming had finished.

During observation of a day of regular programming staff appeared uncomfortable and expressed concern that their skills were being evaluated. They also frequently asked if I was getting the data I needed. This did not seem to occur during other observations, in which staff appeared to notice my presence less and appeared less concerned about my involvement as a researcher. This could have been because the day of regular programming was my first observation. It could also have been because staff appeared busier during the Passage Day and wilderness trip than during the day of regular programming. Additionally, it could be because my ability to take rough notes during interventions was limited during the Passage Day and wilderness trip. Notes were taken immediately after the interventions, as note taking during them was difficult due to weather conditions or would have been distracting to youth, families, and staff.

I created checklists, prior to observations, to guide documentation. These checklists were based upon Lane, Bocian, MacMillan, and Gresham's (2004) four-step model for direct observations. The first step was to create a detailed list of the intervention's components. The second step was to develop operational definitions for these components. Interventions included in the checklist were from the schedule that staff at Base Camp had developed for the day of regular programming and Passage Day. Interventions included in the checklist for the wilderness trip were developed from the pre-trip form. Definitions of these interventions were based on program material that outlined interventions and consistencies (i.e. camp rules). Additionally, definitions for the wilderness trip were based on the pre-trip form. These checklists are contained in Appendix L. Since focus was given to program fidelity and specifically adventure therapy, community and therapeutic relationships, and family involvement, evaluation of

these were included in direct observations and were guided by the fidelity checklists. The fidelity checklist for adventure therapy was based upon literature in the field. The fidelity checklists for community and therapeutic relationships and family involvement were based on the program logic model. These checklists differed from the checklist used in formal interviews, as the latter was divided into two checklists, which were specific to what aspects pertained to community and therapeutic relationships and family involvement. These checklists are contained in Appendix L.

The third step was to document a component's presence or absence during the intervention. The final step was to calculate the occurrence or nonoccurrence for each component. Data gathered from direct observations were used to enhance information collected during interviews. Using direct observation, supplemented with qualitative description, allowed for a holistic view and provided an understanding for the context of the intervention (Patton, 2002). Context is essential in adventure therapy to the understanding of how participants were interacting and achieving outcomes, for example a client could describe in an interview what happened to her or him on a trip and how that affected her or his life; however direct observation could expose factors that assisted in reaching that state, such as weather. Direct observations also provided me an opportunity to describe intervention methods in detail. This could provide researchers and practitioners with the information they need to replicate this evaluation or apply findings to their own programs, as well as assisted in filling a gap for this information to be documented in adventure therapy research (Neill, 2002, as cited in Tucker & Rheingold, 2010). Additionally, direct observation allowed for my prior conceptualizations of the program to be challenged and replaced by my own experiences and knowledge (Patton,

2002). Furthermore, aspects of the program that might not have been mentioned during formal interviews because they were not noticed, had been normalized, or were taboo had the opportunity to become apparent during direct observations. (Patton, 2002).

Measurement

Quantitative.

Demographic database. Demographic information collected from the database and program statistics was used to assist in describing the program population. These data were also used to assist in describing the difference in academic and treatment issues between clients' intake and discharge. Additionally, these data assisted in addressing Research Question #1(a), which asked: does the program process demonstrate fidelity with the program theory? The data assisted in assessing program fidelity by comparing what was actually occurring in the program to the specifications outlined in the program model. For example, information on staffing was used to determine if the program was operating with limited, enough, or an excess of staff. This was measured by comparing information to the program model of one program manager, one program supervisor, three shift supervisors, nine YFSWs, two teachers, and one family therapist. The ability and qualifications of staff members to act as primary and secondary trip leaders, on wilderness trips, was also measured according to the program model. Information on youth was used to determine if the program was serving its target population, which was youth between 12-years-of-age and 18-years-of-age who were struggling with addictions. The number of youth participating in Base Camp indicated at what capacity the program was operating. For example, if there were fewer than 10 youth in the program at a time, it would be operating below capacity. Furthermore, data reflected if a dropout rate

existed and what its extent was. Information regarding clients' length of time in the program was measured according to Base Camp being a short-term, 3-month program.

Outcome protocol database. Information from the outcome protocol database was used to address research questions relating to proximate outcomes. Specifically, Research Question Six was addressed through analysis of Resiliency Canada Questionnaires and it was intended for Research Question Seven to be addressed through analysis of family outcome rating scales.

Resiliency Canada Questionnaires. It was intended that the results of Resiliency Canada Questionnaires would be quantitatively measured according to the scoring system of the assessment tool, however, the data supplied by Base Camp was comparison profiles of the pre-test and post-test scores for youth. Questionnaires had therefore already been scored and complied. Questionnaires were based on the assessment of external strengths of youths' community, family, school, and peers; and internal strengths of social sensitivity, empowerment, self-control, self-concept, and cultural sensitivity (Resiliency Canada, n.d).

The purpose of the questionnaire was to "provide a statistically sound and research-based approach to understanding the strengths that are related to long-term resiliency" (Donnon & Hammond, 2007b, p. 450). The questionnaire identified resiliency factors that promoted the well-being and healthy development of youth (Donnon & Hammond, 2007b). It provided a strength-based measurement tool that recognized the importance of individual differences (Donnon & Hammond, 2007b).

The questionnaire was designed for students at a Grade 7 reading level, but effectiveness had been found for its use with children from Grade 6 to Grade 12 (Donnon

& Hammond, 2007b). The questionnaire consisted of three sections: one assessed strengths, another measured frequencies of negative and positive behaviours, and the last one gathered demographic information to identify independent variables (Donnon & Hammond, 2007b). Items included in the questionnaire were based on extensive literature reviews conducted in the areas of youth resiliency and child and adolescent development (Donnon & Hammond, 2007b). Demographic and behavioural indicator items were adapted from various standardized instruments (Donnon & Hammond, 2007b).

The psychometric properties of the questionnaire have been ensured, while also allowing for the various needs of institutions and organizations to be met (Donnon & Hammond, 2007b). Face and content validity of the items were ensured by their basis in previous literature (Donnon & Hammond, 2007b). An exploratory factor analysis was conducted and results demonstrated that the strength items in the questionnaire were psychometrically related to the resiliency factors in the literature (Donnon & Hammond, 2007b). Additionally, moderately strong to strong internal reliability was shown for the resiliency factors (Donnon & Hammond, 2007a). Items on the questionnaire were measured using 5-point Likert scales (Donnon & Hammond, 2007b). Reliability of these scales was "determined using Cronbach's a coefficient or Spearman-Brown prophecy formula for two-item strength subscales" (Donnon & Hammond, 2007b, p. 456). Ninety percent of the subscales had reliability coefficients above 0.60 (Donnon & Hammond, 2007b). Internal reliability was improved by the continual testing and retesting of the questionnaire (Donnon & Hammond, 2007b). As previously discussed, Base Camp changed the Resiliency Canada Questionnaire to include questions that reflected camp

programming (C. Godfrey, personal communication, April 5, 2012). Resiliency Canada had baseline questions that adhered to the National Outcome Matrix with the Child Welfare League of Canada (C. Godfrey, personal communication, April 5, 2012). Since the baseline questions on the questionnaire were not modified (C. Godfrey, personal communication, April 5, 2012), it was assumed that the above literature review on psychometric properties was applicable.

Family outcome rating scales. The Outcome Rating Scale (ORS), adapted from Miller and Duncan (2002a), sought to address three aspects: "1. Personal or symptomatic distress (measuring individual well-being) 2. Interpersonal well-being (measuring how well the client is getting along in intimate relationships) 3. Social role (measuring satisfaction with work/school and relationships outside of the home)" (Miller & Duncan, 2008, The Outcome Rating Scale (ORS), para. 1). This tool was scored using a summation of the marks made on a scale by the client for each of these aspects (Miller & Duncan, 2008). The total score is 40; therefore the determining factor for if a client needed to be in a helping relationship was a score of 25 (Miller & Duncan, 2008). The ORS could be used with various client populations, as it was written at a Grade 8 level and took a minute to complete (Miller & Duncan, 2008).

The Session Rating Scale (SRS), adapted from Miller and Duncan (2002b), was a measurement of the client and therapist alliance (Miller & Duncan, 2008). It addressed the main elements of this alliance, including the relationship, goals and topics, and approach or method (Hafkenscheid, Duncan, & Miller, 2010). The SRS was rated similarly to the ORS by summing the marks on the scales, which were measured to the nearest millimeter (Hafkenscheid et al. 2010). The SRS also only took a minute to

complete (Miller & Duncan, 2008).

The brief nature of the ORS and SRS assured their administration by busy practitioners, who might not have time to implement more complex assessment tools (Miller, Duncan, Brown, Sparks, & Claud, 2003). Both tools contained four questions in a visual analogue format, which was user friendly (Hafkenscheid et al.).

Miller et al. (2003) conducted a study to test the psychometric properties of the ORS. They used a group comparison design with a nonclinical group (n=86) and clinical group (n=435). The nonclinical group consisted of masters-level students and therapists and staff from a community family service agency. Participants ranged from 22 to 65-years-of-age. The clinical group consisted of clients from the same community family service agency. These clients were participating in traditional talk therapy and needed to have completed between three to 10 sessions. Clients had to be over 18-years-of-age to participate in the study. Clients from the agency's substance abuse program were excluded from the study based on the fact that they were mandated clients. The nonclinical group received four concurrent administrations of both the ORS and the Outcome Questionnaire 45.2 (Lambert et al. 1996). The ORS was similar to the Outcome Questionnaire, as the ORS strove to be a briefer version of it. The clinical group was only administered the ORS. A two-tailed *t*-test comparing the ORS from both groups was found to be highly significant ($p < .00001$). Cronbach's coefficient alpha was calculated to determine internal consistency reliability. Results, using coefficient alpha (.93), demonstrated a high degree of internal consistency. Test-retest reliability was studied by correlating test scores from the first administration with three subsequent scores, which ranged in administration over a period of 10-days to 5-weeks. Results

demonstrated significantly lower test-retest reliability for the ORS than the OQ-45. Concurrent validity was tested using Pearson product-moment correlations between the ORS and OQ-45.2 scores. The score for the first administration was .69, the second was .53, the third was .54, and the last was .56, indicating a moderate degree of concurrent validity. A comparison of pre-test scores for both groups demonstrated construct validity because the ORS were able to discriminate between the two samples, as the initial scores were lower for the clinical group.

Hafkenscheid et al. (2010) conducted a study to test the psychometric properties of the Dutch translation of the ORS and SRS and compare these to the psychometric properties of the American translation. A heterogeneous convenience sampling method was used to collect data from 126 Dutch clients from an outpatient clinic. The following psychometric properties were analyzed: "normative data, inter-correlations, between both measures, homogeneity (internal consistencies of the ORS and SRS, stability (test-retest reliability) and convergence of client rating on the ORS and SRS with therapists' satisfaction" (Hafkenscheid et al. p. 4). Predictive validity of the alliance measure for outcomes status was also analyzed in a subgroup of clients (n = 68). The SRS was used as the predictor variable and the ORS was used as the criterion variable. Results demonstrated some evidence of predictive validity in the SRS scores, though most predictive validity analysis was not statistically significant. Further results from the study indicated that the Dutch translation was primarily consistent with the previous American data on psychometric properties. General weaknesses of the tools were identified as the lack of differing perspectives (i.e. clients' self-report only) and inability to discover clinical risk factors, such as suicidal ideation.

As previously stated, completed and anonymized family outcome scales were requested from Base Camp and AHS, as initially these data were stated to be available to me. Base Camp responded that they did not have these data or aggregate forms of them and AHS did not provide this information.

Qualitative.

Interviews. Sets of interview questions were developed for each of the following groups: youth, Base Camp staff (general), Base Camp family therapist, Base Camp teachers, youths' family members (over 18-years-of-age), and youths' family members (under 18-years-of-age). Interview questions were divided into four sections, including: demographics, opening questions, proximate outcomes and key processes, and closing questions. Furthermore, these sections were divided according to the research question they were addressing. Questions in interview sets might relate to more than one research question; however, each question was categorized under the research question that it predominately addressed.

Interviews began by collecting basic demographic information (e.g. age, gender, other treatments attended, length of time involved with Base Camp, education and training, and staff training and supervision). This information was important for describing the program population.

Interviews posed opening questions to help participants feel at ease and assisted them in adjusting from answering concrete demographic questions with responses that were a few words to answering more subjective, open-ended questions with responses that were longer and more in-depth. Opening questions also provided youth, as well as

their families, the opportunity to begin recalling the program if there had been significant time between the interview and their involvement with Base Camp (e.g. 3-months).

Research Question 1(a), which asked about program fidelity and theory, was addressed indirectly throughout all interview questions. Research Question 1(b), which related to adventure therapy and program fidelity was directly addressed in interviews with Base Camp staff (i.e. program manager, supervisor, YFSWs, and the family therapist). Additionally checklists, which were based on the program logic model and literature on adventure therapy, were used in interviews with staff to measure the degree of fidelity. The fidelity checklists are included in the interview sets in Appendix L. Youth and Base Camp staff (i.e. program manager, supervisors, YFSWs, family therapist) addressed Research Question Two through a series of interview questions directed to their specific roles in the program. All interviewees addressed the third research question. Youth, all Base Camp staff, and youths' family members, who were over 18- years-of-age, addressed Research Question Four. Data on Research Question Five was gathered from youth, Base Camp staff (i.e. program manager, supervisors, YFSWs, family therapist) and all family members. Base Camp staff were provided with specific questions related to families' problem solving abilities, communication skills, family member roles, emotional responses, and level of involvement. They were also provided with specific questions related to families' responses to psychobiological needs, interpersonal socializing, and activities with risk. These questions were asked to assist in measuring if the program was promoting positive family relationships. They were developed in accordance with the McMaster Family Assessment Device (Epstein, Baldwin, & Bishop, 1983), which uses six domains from the McMaster Model of Family

Functioning, including problem solving, communication, roles, affective responsiveness, affective involvement, and behavioural control (Epstein, Bishop, Ryan, Miller, & Keitner, 1993, as cited in Georgiades, Boyle, Jenkins, Sanford, & Lipman, 2008; Miller, Ryan, Keitner, Bishop, & Epstein, 2000). Miller, Ryan, Keitner, Bishop, and Epstein (2000) defined behavioural control as patterns of behaviours that a family used to deal with "physically dangerous situations" (p. 172), "psychobiological needs" (p. 172), and "interpersonal socializing behavior" (p. 172). (For interview questions please see Appendix K, Number 2, Section 3, Questions 3.4.4 – 3.4.12 and Appendix K, Number 3, Section 3, Questions 3.4.4 – 3.4.12). Responses to Research Question Eight were gathered from youth and all family members.

Interviews concluded with closing questions, which asked about challenges, successes, and effectiveness of working with the target population in an experiential, family-centered, residential treatment setting. The questions also asked if participants had recommendations for the Base Camp program.

Interview questions were slightly revised during data collection. Question 3.4.3, which stated, "How would you describe family relationships when clients are discharged?" was changed to, "(a) How would you describe family relationships when clients leave the program before 3months? (b) How would you describe them when clients have a Passage Day?" This question was revised, as research participants were requiring clarification for the term "discharge." Questions 3.4.9, 3.4.10, and 3.4.11 were removed from question sets, as staff were having difficulty answering the questions due to their lack of experience working with families while at Base Camp and families' limited involvement in the program. Staff who participated in a workshop at the 3rd

Canadian Adventure Therapy Symposium, where this evaluation was used as a case example, were asked an additional question during formal interviews, which was: After participating in the workshop, what are your thoughts on this evaluation and the preliminary results?

Regarding informal interviews, no set of predetermined questions was developed. Prior to entering the setting I was not be aware of what activities would be occurring, who would be present, or what would be pertinent to ask in the situation (Patton, 2002). Additionally, due to the changing nature of using an adventure therapy intervention (e.g. weather conditions, youths' response to treatment with challenge by choice and metaphoric processing) it was not possible to predict these factors.

Direct observation. Data gathered from direct observations on key processes (i.e. adventure therapy, community and therapeutic relationships, and family involvement) were compared with literature in the areas of adventure therapy, residential treatment, and substance misuse.

Literature relating to the Self Report -Youth Outcome Questionnaire (Burlingame, Wells, & Lambert, 1995, as cited by Russell, 2003) was used to measure behavioural differences in youth, which were outlined in Base Camp's Program Logic Model, including: clients are living healthier lives with positive family relationships and clients have an increased ability to make positive choices (Enviros Wilderness School Association, 2009a). It was also used to guide observations and informal interviews. Additionally, it was used in formal interview questions with Base Camp Staff (General) and Base Camp's Therapist (See Appendix K, Number 2, Section 3, Question 3.1.4 and Appendix K, Number 3, Section 3, Question 3.1.4). The Youth Outcome Questionnaire

(Burlingame, Wells, & Lambert, 1995, as cited by Russell, 2003) measures six domains of behaviour:

> Intrapersonal distress (e.g., anxiety, depression hopelessness; […]); somatic complaints (e.g., headaches, dizziness, stomachaches; […]); interpersonal relations (e.g., arguing, defiance, communication problems; […]); social problems (e.g., delinquent or aggressive behaviors; […]); behavioral dysfunction (e.g., organization, concentration, handling frustration, and ADHD-related symptoms; […]); and critical items (symptoms often found in youth receiving inpatient services, such as paranoid ideation, hallucinations, mania, and suicidal feelings. (Ridge, Warren, Burlingame, Wells, & Tumblin, 2009, p. 1117).

When research participants asked for clarification of one of the above domains the examples in the quotation were provided. This assessment tool had previously been used in adventure therapy research (Russell, 2003).

Literature relating to the working alliance in therapeutic relationships was used to measure if change was occurring through the therapeutic alliance, as stated in Base Camp's Program Logic Model (Enviros Wilderness School Association, 2009a). It was used to guide observations and informal interviews. It was also used in formal interview questions with youth (See Appendix K, Number 1 Section 3, Questions 3.4.8 – 3.4.11). According to a literature review conducted by Orsi, Lafortune, and Brochu (2010), the working alliance revolved around an interpersonal relationship, agreement on treatment objectives, and agreement on tasks to accomplish these (Bordin, 1994, as cited in Orsi, Lafortune, & Brochu, 2010). Additionally, it was essential that therapists presented information clearly, in a form that was easy to understand, and provided a reasonable

rationale (Orsi, Lafortune, & Brochu, 2010). A literature review conducted by Catonguay, Costantio, and Holtforth (2006) acknowledged that the quality of the working alliance positively correlated with client characteristics and behaviours, such as "psychological mindedness, expectation for change, quality of object relations and negatively with others (e.g., avoidance, interpersonal difficulties, depressogenic cognitions" (p. 272). The review also noted that therapist characteristics and behaviours also affected the quality of the working alliance (Catonguay, Costantio, Holtforth, 2006). Positive correlations were demonstrated for therapists who exhibited "warmth, flexibility, [and] accurate interpretation" (Catonguay, Costantio, Holtforth, 2006, p. 272). Negative correlations were demonstrated for therapists who exhibited "rigidity, criticalness, [and] inappropriate self-disclosure" (Catonguay, Costantio, Holtforth, 2006, p. 272). Furthermore, therapists' use of authoritarianism, "work ethic, technique, and perceived sensitivity to alliance" had an impact on outcome (Orsi, Lafortune, Brochu, 2010). It had been demonstrated in the literature that there was a connection between the quality of the working alliance and treatment outcomes (e.g. Orsi, Laortune, & Brochu, 2010; Castonguay, Costantio, & Haoltforth, 2006).

Focus was given, in the evaluation, to examining the consistency of Base Camp's program theory with the theory and principles of adventure therapy, for example, using the principle of metaphoric processing to transfer skills that clients learned for healthier, substance-free living during an adventure therapy intervention to their home lives was examined. Focus was also given to how processes demonstrated fidelity with the program theory more generally. For example, did the daily schedule match with what was actually occurring? The various therapeutic modalities employed were measured

against those in the program model and their content was compared to what was presented in the literature. Interventions were described as they occurred, with notes on how participants were engaging and reacting to them. The interventions were measured by reviewing the treatment themes and goals prior to entering the setting and then observing how they were addressed through the activity, environment, and/or relationships. Additionally, focus during observations was on relationships and interactions among all participants, including staff, youth, and youths' family members. Attention was given to both verbal and non-verbal interactions. This data was limited due to the lack of informed consent from youth and families for direct observation.

Analysis

Quantitative. Data gathered from databases were represented as descriptive statistics in the forms of measures of central tendency and measures of variation.

Ninety-three comparison profiles were provided. Forty-nine of these profiles contained only one test result (i.e. pre-test). These represented youth who did not remain in the program long enough to complete a post-test. All profiles were coded and entered into Statistical Package for the Social Sciences (SPSS). The data were then reviewed to check for errors in entry. Data were organized into 10 resiliency factors and nine factors that measured scores that were considered to reflect potentially negative and positive related behaviours. Independent sample *t*-tests was used to compare youth who stayed in the program with those who did not based on their pre-test scores. After this test, the profiles that contained only one test result (i.e. pre-test) were removed from the sample. They were removed, as their inclusion would deflect from finding if change occurred and if results were statistically significant. Once the profiles with only one test result were

removed the sample was reduced to 44. Data were then computed to derive descriptive statistics. A paired *t*-test was used, on all factors, to compare results from Resiliency Canada Questionnaires, completed at intake and discharge, to determine if changes were statistically significant.

Qualitative. Rough notes of interview content and direct observations, including non-verbal communication, were elaborated on shortly after an interview or observation occurred. During data collection information was organized and audio-recorded interviews were transcribed. Data were then coded and initial analysis was conducted. Coding consisted of creating specific patterns and themes through inductive analysis. Indigenous categories were sought to allow for unique aspects of the program to be described. Data gathered within a short period of time, for example, multiple observations and interviews occurring within a site visit, were considered a data set and analyzed together. This process of analyzing data as it was collected allowed for me to explore constructs that arose and assisted me in recognizing if data were saturated (Corbin & Strauss, 2008). Data were considered saturated when no new data or categories emerged and each category was developed (Corbin & Strauss, 2008). If the data had become saturated before the end of the data collection period, it would have been determined that sufficient interviews and direct observations had been completed. Data collection occurred for 5-months and ended due to the constraints of this evaluation and no new data were being collected due to lack of participants. It was determined that data were sufficient as themes and categories had been developed and no new data were being discovered for numerous research questions. Deductive analysis was then used to compare findings of the collected data. For example, data from direct observations was

compared to data from interviews to test the categories of patterns and themes. This was used as a form of cross-validation of the results. Quotations from qualitative data were used to present the evaluation's findings. A reference number or letter, to represent research participants, was not matched to quotations in order to maintain a high level of confidentiality. It was determined that due to the small sample size and response rate, especially for staff, including a reference would endanger confidentiality. If a reader, for example, was able to identify someone in one quotation then he or she would know the source of all quotations from that participant.

Chapter IV: Findings

The information presented below was collected from formal and informal interviews with Base Camp staff, youth, and families and direct observations. The source of information described below is specified. All staff indicated in interviews that the effects of Base Camp on clients were extremely individualistic, depending on a client and what he or she chose to focus on during treatment. Clients decided if and when they were ready, willing, and capable of working on specific aspects of themselves. Information was also collected from program material and Resiliency Canada Questionnaires. In the findings described below the term "client" can refer to youth and families; data pertaining specifically to youth or family members are described as such.

This chapter begins with a program description that includes (a) an overview, (b) larger context, (c) setting and location, (d) theory, logic, and interventive methods, (e) goals and objectives, (f) clients, (g) staff, (h) funding, and (i) planning and implementation (Smith, 2010). The descriptions of clients and staff includes general information as outlined in program expectations, as well as profiles of interview

participants. This chapter then presents data according to the research question being addressed. Qualitative data are outlined according to the categories and themes that arose. The categories and themes are often the same for different research questions; however, they are presented repeatedly to highlight the links between processes and outcomes. Quotations from the data set are provided to support analysis. Quantitative data are described and displayed with visual representations. Once all research questions are addressed, this chapter concludes with findings that arose, which were not directly related to a specific research question.

Program Description

The evaluation sought to provide a description of the program, which included its' population and therapeutic processes. The content areas for the description were based on those identified by Smith (2010) for use in program evaluations:

1. An overview of the program, the program rationale and purpose, the program setting, sponsorship, history, and the broad goals of the program
2. The broader program context and "state of the art" in the program's field, nationally and locally
3. The program setting and location
4. The program theory, program logic, and interventive methods
5. The goals and objectives of the program
6. The consumers, clients, or patients served
7. Characteristics of staff
8. Program cost and funding

9. Program planning and implementation issues

(p. 90)

Overview of program.

Hosting organization. Enviros is a charitable, non-profit organization in Alberta, Canada. It has been operating since 1976 and is accredited, through the Canadian Accreditation Council (Enviros Wilderness School Association, 2009b). Enviros offers a variety of residential and community services, which seek to assist populations involved with the criminal justice system, those adjusting to independent living, and those needing emergency foster care or family support services (Enviros Wilderness School Association, 2009c). There are also services to support individuals struggling with addiction, mental health, and with emotional, behavioural, and developmental issues (Enviros Wilderness School Association, 2009c). Enviros uses experiential therapeutic programming in all its services regardless of an urban or wilderness setting (Enviros Wilderness School Association, 2009c). The organization's mission statement is to enhance "the quality of family life in Alberta" (Enviros Wilderness School Association, 2009c, para. 1) by engaging "children, youth, adults and families in experiential-based opportunities to support them in learning and developing skills that foster independence" (Enviros Wilderness School Association, 2009c, para. 1). This mission statement is enhanced by the values of the organization, which seek to create a community of knowledge, experiential learning, positive relationships, and empathy that promoted meaning and growth through professionally guided practice (Enviros Wilderness School Association, 2009c).

The structure of the organization consists of 10 board members and one chief executive officer (Enviros Wilderness School Association, 2009b). Enviros offers seven residential programs, which receive funding from Alberta Health Services – Addiction and Mental Health, Region 3 Calgary and Area Child and Family Services Authority, Alberta Solicitor General Department and Public Security, and Safe Communities Innovation Fund (Enviros Wilderness School Association, 2009d). Enviros also offers seven community programs, which are funded through Calgary Fetal Alcohol Network, Alberta Government Cross Ministry Committee, Region 3 Calgary and Area Child and Family Services Authority, and Calgary Board of Education (Enviros Wilderness School Association, 2009d). Additionally, Enviros receives funding that is not program specific from supportive individuals, groups and corporations (Enviros Wilderness School Association, 2009d). An organizational chart (see Appendix N) depicts the different departments and number of staff positions in each one.

Base Camp. Base Camp is one of the residential treatment programs offered by Enviros. It is a voluntary "three month intensive adventure based wilderness program" (Enviros Wilderness School Association, 2009a, Program Description, para. 2) for males and females between 12 and 18-years-of-age who are struggling with addictions (Enviros Wilderness School Association, 2009e). The program is abstinence based, but can also focus on harm reduction. Base Camp's vision statement is that it "strives to be a North American leader in adventure based treatment for young people and their families" (Enviros Wilderness School Association, 2011, Section 1, Enviros Base Camp). The program's mission statement is that "Base Camp is a team of committed people who provide safe and intentional treatment in a wilderness setting. Through experiential

learning, young people and their families build the foundation to begin their healing journey" (Enviros Wilderness School Association, 2011, Section 1, Enviros Base Camp).

The program has capacity for 10 youth and, on average, serves eight, (C. Godfrey, personal communication, December 20, 2011) leading to approximately 32 clients a year. The referral and intake process is ongoing, except in the month of December because of Christmas break and staff training (C. Godfrey, personal communication, December 20, 2011). The program is family-centered, and therefore requires the support and commitment of youths' families (Enviros Wilderness School Association, 2009a). The residential facility is in a remote camp setting. At the camp there is a focus on simple living with basic accommodations, no electronics, and self-sufficiency (C. Godfrey, personal communication, December 20, 2011). Base Camp began in 2005, but different Enviros programming had previously existed at the site. The history of these programs affects Base Camp, as remnants of them remain in the forms of buildings, resources, and traditions. Since Base Camp was formed from and around these remnants there are fragmentations in the programming, which staff are now trying to resolve through the utilization of treatment models, such as the Circle of Courage® (Brendtro, Brokenleg, Van Bockern, 1990).

> Base Camp isn't one thing and there wasn't a vision or there's multiple visions and there's multiple generations of it and so to call it one thing and think it exists as "here's an intention and here's the results" is kind of missing something. So it started 30-years ago and it was different, different for programming and different people and different philosophies, and yet there's a continuity of it that seems to indicate that it's one thing. […] So when you have this quilted mismatch of legacies

> it can lead to a really fragmented program. […] So we have the legacies that are lingering around like ghosts, the unquestioned assumptions that we're questioning now. (Staff).

Program context. All families who participated in the evaluation stated that there is a lack of effective and appropriate resources for their youth in Alberta. One family member identified Base Camp as one of the few residential treatment programs offered in Alberta for adolescents with addictions. Using an Internet based service directory for Alberta (InformAlberta Partners, n.d.), it was found that the alternative to Base Camp is eight residential treatment programs operated by Wood's Homes (2010). Another family member interviewed had sent his child to other provinces in Canada and to the United States of America to find appropriate treatments.

AHS is responsible for providing referrals to Base Camp and ensuring that guardians seeking assistance for their youth are aware that Base Camp is a treatment option.

Base Camp is continuously evolving in response to staff, requests of AHS and Enviros, as well as advancements in the fields of adventure therapy, experiential education, addictions, and residential treatment. Each staff member employed in the program brings his or her unique ideas, skills, and education to the program. Management at Base Camp encourages staff to bring these to the program and for staff to leave a part of their gifts for the community to continue to enjoy after they have left. Examples provided included art projects, gardening, knowledge of wilderness areas, and communication strategies (C. Godfrey, personal communication, January 31, 2013). AHS, as a large government organization, is constantly changing according to funding it

receives, as well as new policies and procedures. One recent change included the transition of funding from the Alberta Alcohol and Drug Abuse Commission to Alberta Health Services – Addiction and Mental Health. Another recent change was the development of specific deliverables from programming, which Base Camp now uses as a framework. These deliverables are integrated into a 12-week program schedule with weekly themes. Additionally, funding for Base Camp may increase or decrease depending on government budgeting. Enviros is also a large organization and affects Base Camp through changes in policy and procedure. Advancements in fields that Base Camp works within affects the implementation and outcomes of the program. Base Camp staff share their expertise in fields with each other through recent peer reviewed articles, describing processing techniques, and discussing tools and resources that are needed to enhance programming. Base Camp has an email system that all staff has access to, which is where this sharing takes place. During data collection I was able to view this system and observe the sharing occurring.

Setting and location. Base Camp is located Northwest of Cochrane, Alberta, which is approximately 1-hour and 50-minutes, by vehicle, from Calgary, Alberta. Staff, youth, and family members are met in a parking lot and transported by four-wheel drive vehicles, another 40-minutes, to Base Camp. The road is rough and subjected to flooding at various times throughout the year. The camp has access to 20 acres of land in the foothills of the Rocky Mountains (C. Godfrey, personal communication, December 20, 2011). There is a lake on the property that is used for skating activities in the winter and swimming and canoeing in the summer. The camp has wooded areas and a meadow for hiking.

The camp has a main lodge where the dining room, kitchen, staff area, living room, and sunroom are located. There is a schoolhouse, which contains a computer room, classroom, and office for teachers. Inside the schoolhouse is also a gear room where equipment for wilderness trips is stored. Youth receive gear that is suitable to them upon their first introduction to wilderness trips and are provided with a locker in the gear room where they are responsible for storing their equipment. There are numerous sheds located on the property where additional equipment is stored, for example, a mountain bike shed where all bikes and related biking gear are kept. There is a garage where vehicles and extra equipment or food are stored. There is a designated staff cabin containing eight bedrooms, a shower, living room, kitchen, office, and yoga room. There is also a staff cabin in a remote area of the camp for staff on overnight shifts to sleep in during the day. Additionally, there is a designated family cabin that is available for families when they are on-site for their Family Matters Experience or visiting their youth. The cabin is designed for multiple families to stay in at one time. There are two wood heated cabins for youth, one for females and one for males. There is a separate shower house for youth and families, as there is no running water in the cabins. Compositing toilets are located throughout the site.

Base Camp has a high rope and low rope challenge course. The low rope course was not mentioned during interviews and was not used during direct observations. The high ropes course was mentioned repeatedly during interviews and was used frequently during direct observations. A teepee and a fire circle are located at Base Camp to provide a space for ritual and ceremony. The teepee has a fire circle inside it and is used frequently during the winter. The outside fire circle is frequently used during the summer

and is surrounded by signs of the four phases of clients' treatment, which were generosity, belonging, mastery, and independence. These phases are based on the Circle of Courage® model (Brendtro, Brokenleg, Van Bockern, 1990).

Painted rocks, left by youth who had a Passage Day, could be found throughout the camp. When youth and families arrive at Base Camp for the first time they are driven into the meadow and walk into the camp down a wooded trail. As youth and families walk they see signs with the four phases painted on them. When youth reach their Passage Day they and their family leave Base Camp by walking the same trail and are met in the meadow by a vehicle, which returns them to the parking lot.

Some remaining legacies described in the section on program context were observed within the setting of the program. The layout of the camp and some buildings are remaining from previous programs. The older buildings are mixed in with the newer buildings that were made specifically for Base Camp, such as the family cabin. Having these legacies can be challenging for Base Camp, as they try to utilize older buildings that were designed for other purposes for current programming. The isolation of Base Camp shapes programming through access to resources and accessibility for staff, youth, and families. Isolation also removes youth and families from their everyday life and limits their access to substances. The facilities at Base Camp demonstrate consciousness for the environment (e.g. compositing toilets) and an emphasis on simple living (e.g. wood stove heating). Designating specific areas for rituals and traditions demonstrates their importance in programming.

Program theory, program logic, and interventive methods. The program's theory is that by providing treatment that is residential, adventure-based, and family-

centered, youth 14 to 18-years-of-age, might be able to reduce or eliminate their substance misuse. The program uses a variety of methods including (a) experiential learning, (b) intentional programming, (c) wilderness programming, (d) group and individual counseling, (e) community living, and (f) family commitment and participation (Enviros Wilderness School Association, 2009a, Program Description, para. 1, 2, & 3; Enviros Wilderness School Association, 2011, p. 15). Base Camp's theory of change is that it "occurs by providing opportunities for growth and learning by engaging in therapeutic relationships, participating in experiential programming, and involvement of the youth's family and support systems" (Enviros Wilderness School Association, 2009a, Base Camp Logic Model: Theory of Change).

Treatment is completed within a context of "community-based substitute care, group living and community experiences" (Enviros Wilderness School Association, 2009a, Program Description, para. 1). Treatment occurs in individual and group settings (C. Godfrey, personal communication, December 20, 2011). It is interdisciplinary, involving academic learning, outdoor skills, and therapy sessions, which uses three predominant treatment modalities: experiential education, a strength based approach, and a solution focused approach (Enviros Wilderness School Association, 2009a). Other therapeutic modalities employed include narrative therapy, the stages of change model, and motivational interviewing (C. Godfrey, personal communication, December 20, 2011). Abstinence is the goal of treatment, however, a harm reduction approach is used when youth have difficulty maintaining abstinence (C. Godfrey, personal communication, December 20, 2011). Base Camp is a substance free site (C. Godfrey, personal communication, December 20, 2011). If a youth is found with substances he or she could

be immediately discharged (C. Godfrey, personal communication, December 20, 2011). Youth are allowed to leave Base Camp at any time, as it is a voluntary program (C. Godfrey, personal communication, December 20, 2011). They are also able to return home during holidays and weekends; however, the occurrence of this is often infrequent due to the distance of Base Camp from many clients' homes (C. Godfrey, personal communication, December 20, 2011). Staff discourages youth from misusing substances when they are away from Base Camp; however, it is impossible for staff to monitor use when youth are off site and not in the presence of staff (C. Godfrey, personal communication, December 20, 2011).

Youth are expected to participate in daily routines, chores, group sessions, family sessions, school, telephone conversations (e.g. with family members, caseworkers, therapists), and wilderness trips (Enviros Wilderness School Association, n.d.b). Clients are also expected to participate in home visits and case planning (Enviros Wilderness School Association, n.d.b). Rituals and ceremonies were described by staff as being one of the most important processes at Base Camp. The space and attitudes given to rituals and ceremonies during all three direct observations provided further validation of this. Rituals and ceremony highlighting community living are Sunday night fires and Fish Heads and Flowers[1] on Wednesday evenings. Staff also described reflection and debriefing as essential aspects of treatment. During observation of a day of regular

[1] Fish Heads and Flowers is a community meeting held every Wednesday night. Youth have the opportunity prior to the meeting to write down problems they are having within the community (i.e. fish heads) and possible solutions. These problems and solutions are kept in a folder, which a staff member reviews prior to the meeting. The staff member then sets the agenda for the meeting where these problems and solutions are presented for the community to discuss and come to a resolution. Everyone in the community also has an opportunity to share positive aspects (i.e. flowers) of living in community and community members at the meeting.

programming it was observed that there was reflection and debriefing during group sessions. There was also one time slot scheduled for reflection. During observation of a Passage Day reflection and debriefing occurred through a fire ritual. During observation of the wilderness trip debriefing and reflection occurred during check-ins with youth.

As mentioned earlier, Base Camp follows the Circle of Courage® model (Brendtro, Brokenleg, Van Bockern, 1990) to provide a framework for treatment. A youth tracks his or her progression through treatment in a binder that describes the four phases and lists related activities (e.g. home visits, telephone calls home, wilderness skills learned, interpersonal relationships).

In the context of Base Camp, experiential education includes such things as, music, art, sculpture, adventure therapy, and gardening (C. Godfrey, personal communication, December 20, 2011). This evaluation focused on adventure therapy, including using the wilderness as a healing environment, wilderness trips (e.g. backpacking, snowshoeing, paddling, skiing), challenge courses, and rock climbing (C. Godfrey, personal communication, December 20, 2011). Adventure therapy was used by Base Camp to create shared experiences, perceived risk, and opportunities for metaphoric processing (C. Godfrey, personal communication, December 20, 2011). During the summer, Base Camp programming was on a 5-day rotation between youth being at camp and on wilderness trips (C. Godfrey, personal communication, December 20, 2011). During the winter, Base Camp aims to do two wilderness trips a month (C. Godfrey, personal communication, December 20, 2011). Wilderness trips vary in length from 1 to 10-days (Enviros Wilderness School Association, n.d.b). Trip occurrence is dependent upon an assessment of youths' needs and risk management (C. Godfrey, personal

communication, December 20, 2011). Group sessions, with specific treatment themes, are planned for wilderness trips (C. Godfrey, personal communication, December 20, 2011).

Family-centered practice was described by staff as an important component for ensuring that clients successfully transitioned from the program and had supportive relationships to help them maintain substance free lives. Youth define who their family is, and could include any individuals who would support them after treatment in this definition (Enviros Wilderness School Association, n.d.a). Programming that includes family members are weekly telephone updates, "family therapy sessions every 2 weeks (called 'Progress Reviews'), periodic home-visits, and one weekend of family treatment, activities and fun that [the program calls] Family Matters Experience" (Enviros Wilderness School Association, n.d.b, p. 3).

Goals and objectives. The program's Impact Statement is that "youth in the program will develop the skills and abilities to reduce or eliminate the use of substances in their lives while enhancing relationships of support" (Enviros Wilderness School Association, 2009a, Base Camp Logic Model: Impact Statement). Base Camp has four short-term goals:

- Clients living free from substances environment.
- Awareness created within clients of own strengths.
- Provide a forum for clients (youth and families) to 'share' their experience with the impacts of addiction in their lives.

- Clients are living healthy lives with positive family/supportive relationships. (Enviros Wilderness School Association, 2009a, Base Camp Logic Model: Short Term Goal).

The program also has two mid-term goals, which are "reduced use of substances in client lives" and "increased ability to make positive choices" (Enviros Wilderness School Association, 2009a, Base Camp Logic Model, Mid Term Goal). Finally, Base Camp has two long-term goals of "substance free living" and the "ability to make healthy choices" (Enviros Wilderness School Association, 2009a, Base Camp Logic Model, Long Term Goal). Base Camp does not provide an aftercare program; however, the program seeks to assist clients' transition home by teaching about healthy relationships and attempting to build positive relationships between youth and their families (C. Godfrey, personal communication, December 20, 2011) Base Camp has additional goals which include, attempting to (a) offer a safe and structured environment where youth can receive "addiction treatment, traditional school, outdoor education, and community experiences" (Enviros Wilderness School Association, 2009e, para. 1), (b) support youth in making positive changes in their lives, (c) foster g "perseverance, cooperation, leadership, self-reliance, and trust" (Enviros Wilderness School Association, 2009e, para. 2), and (d) build youths' respect for each other through the use of common goals to overcome "fear, apathy and personal difference" (Enviros Wilderness School Association, 2009e, para. 2). These additional goals are considered in this evaluation, but are not a primary focus because they were not listed in the program's logic model.

The Program Logic Model is depicted in Appendix A. The logic model is coherent and rational with a clear impact statement, theory of change, short-term goals,

mid-term goals, and long-term goals, which build upon each other. The short-term goals focus on the impact statement and theory of change. These goals promote an awareness of strengths and sharing experiences as opportunities for growth and learning while framing them within the context of family involvement, therapeutic relationships, and a substance free environment. The mid-term goals and long-term goals focus on the impact statement. The Program Logic Model could include more details regarding program inputs (e.g. resources), such as activities and interventions (Smith, 2010). It could also include more specific and measurable details regarding program outcomes (Smith, 2010).

Clients.

General description. Youth eligible to attend Base Camp have minor addictions; however their misuse is occurring to an extent where it has a significant impact on their families and they are at risk of having to leave their homes (C. Godfrey, personal communication, April 5, 2012). Youth primarily misused substances, including drugs, alcohol, and cigarettes; but may also have addictive behaviours, such as gambling (C. Godfrey, personal communication, December 20, 2011). Base Camp defines addiction as the point when youths' substance misuse has an affect on their lives and family (C. Godfrey, personal communication, December 20, 2011). The program is open to males and females; however, there are typically more male participants (C. Godfrey, personal communication, December 20, 2011). At Base Camp youth remain under the legal guardianship of their parents or, if they are a ward of the province, their designated child welfare authority (C. Godfrey, personal communication, December 20, 2011).

Youth voluntarily attend to AHS because they acknowledge that they are misusing substances or have addictive behaviours (Enviros Wilderness School Association, n.d.a).

Intakes are received from youth located throughout the province of Alberta (C. Godfrey, personal communication, December 20, 2011). AHS conducts the intake process and provides youth the option of attending Base Camp or other treatment programs (C. Godfrey, personal communication, April 5, 2012). Youth can then make a voluntary and well-informed decision about which treatment they want to attend (Enviros Wilderness School Association, n.d.a). A pre-assessment is completed by AHS as part of the intake process to gather information regarding youths' family, substance use, academic performance, community involvement, criminal activity, and medical history (C. Godfrey, personal communication, April 5, 2012). This information is used to determine if a youth is eligible to attend Base Camp and is supposed to be provided to the camp if a referral is made. Youth who pass the screening criteria for Base Camp are deemed physically able to complete the program through a mandatory physical examination conducted by a health care professional. Those screened out of the program have a history of: arson, violent behaviour, use of psychotropic drugs, and/or sexual perpetration (C. Godfrey, personal communication, April 5, 2012). Youth are also screened out of the program if they require detoxification or are medically fragile (C. Godfrey, personal communication, April 5, 2012). Additionally, youth exhibiting behaviours that are harmful to themselves or others are not accepted into the program and are discharged if this behaviour developed while they were at camp. These criteria exist to ensure the safety of all staff and participants in the program; for example regarding arson, Base Camp is an isolated community that does not have immediate access to firefighters (C. Godfrey, personal communication, April 5, 2012). Base Camp tries to be as accommodating as possible for youth by assessing how the camp could support

various needs through the development of crisis and safety plans. Depending on this pre-assessment, a youth could be red flagged, meaning that he or she could still be accepted into the program, but a specific plan is needed to manage the youth's at-risk behaviour (C. Godfrey, personal communication, April 5, 2012). If a youth has violent behaviour, for example, Base Camp staff need to have a specific plan regarding their response if the youth acts violently while at camp (C. Godfrey, personal communication, April 5, 2012). Another example is if a youth is using psychotropic drugs, AHS ensures that these drugs are being administered consistently before the referral is accepted (C. Godfrey, personal communication, April 5, 2012). A further example is if a youth requires detoxification he or she is referred to an alternative program prior to the referral being accepted (C. Godfrey, personal communication, April 5, 2012).

Since the criteria for referral to Base Camp are broad, the program consists of youth from various backgrounds with various addictions, and from various family situations (C. Godfrey, personal communication, April 5, 2012). AHS tries to keep youth at home, rather than having them in residential treatment facilities, by providing in-home supports and connections to resources near youths' homes (C. Godfrey, personal communication, April 5, 2012). Youth residing in major cities, such as Calgary or Edmonton, are more likely to receive these supports whereas youth from smaller communities are more likely to attend residential treatments, as they do not have the resources in their own communities to support them in staying at home (C. Godfrey, personal communication, April 5, 2012). Base Camp therefore tends to have more clients from smaller communities.

Interview participants. Youth identified in interviews were between 15 to 17-years-of-age when they attended Base Camp. Four of the youth were male and one was female. The length of time clients remained at Base Camp ranged from 3-days to 2-months; therefore none of the youth or families interviewed had completed the program. Reasons for early discharge ranged from clients voluntarily leaving to attend other programming to youth being asked to leave because of safety concerns or possession of substances. Three youth were residing with their families at the time of data collection. The guardians of the remaining two youth did not know where their youth were residing. Youth and families stated that either Base Camp had no contact with them after discharge (n = 3) or they received a follow-up telephone call approximately 1-week after discharge (n = 2). There did not appear to be any significant difference between those who received these telephones calls and who did not. Parents explained that the telephone conversation included an offer to provide referrals to other resources and invited families and their youth to reapply for another intake date at Base Camp, if desired. Two youth, however, took the initiative to continue their contact with Base Camp staff. One of these youth contacted his previous worker on a regular basis by telephone. The other youth met with a previous Base Camp staff member through AHS every 2-weeks for a couple of months after discharge. In both cases it was the youth's responsibility to maintain this contact.

One youth interviewed stated that attending Base Camp was a personal choice, but that the decision was made in collaboration with her parents. The youth stated that she felt she needed to attend the program, as she was not living at home and was getting into trouble.

Prior to attending Base Camp the majority of youth (n = 4) had attended other treatments, including wilderness programming, residential treatments, detoxification, AHS programming, counseling, group homes, programs for co-current disorders, drug impact programs, adolescent addiction programs, Narcotics Anonymous, alternative schools, and behavioural programs. Parents also identified attending treatments, including counseling and support groups. One youth differentiated between her experiences at other wilderness programs and Base Camp by stating that other programs were stricter, survival based, and designed to break youth down and then build them up. On average, youth attended five to six programs before attending Base Camp. One youth stated that Base Camp was the program that made a difference for her because it was voluntary and she had acknowledged that she needed to make changes in her life.

> When you think you have a really strong community and then you find out that people, you know, are just there to please somebody else other than themselves, you know, like to please their parents or kind of just, you know, make someone else happy, other than, they're not doing it for themselves, you know. If you really want to get clean and sober you have to do it for yourself, you can't be doing it for someone else. (Youth).

After attending Base Camp the majority of clients (n = 4) attended treatments at AHS, including day programming, family therapy, aftercare, and outpatient programming. Clients also attended other programming, including alternative schools, detoxification centers, and sessions with trained mental health professionals (e.g. counselors, psychiatrists). Guardians received counseling and attended programs and support groups, as well as read literature on addiction.

Youth used a variety of substances, including marijuana, cocaine, amphetamines, ecstasy, tobacco, alcohol, and methamphetamines. They had histories of being absent without leave (AWOL) from their homes and involvement with the justice system. Youth also had numerous special needs, including, Fetal Alcohol Spectrum Disorder, Attention Deficit Disorder, depression, and General Anxiety Disorder. Depending on the youth, medication was being taken to assist with managing these needs.

Staff.

General description. Base Camp staff consists of a manager, supervisor, three shift supervisors, and nine YFSWs (C. Godfrey, personal communication, December 20, 2011). Staff stated that the ideal number of frontline staff is dependent on the number of clients at camp. One staff member stated that the ideal ratio is eight youth for four to five day staff and one night staff. This staff member stated, "that's like what it takes to be able to do paperwork and take breaks and make sure we have enough eyes supervising." Considering that Base Camp has a capacity of 10 clients and positions for nine YFSWs, the program plan has a lower than ideal number of staff. The average number of clients at Base Camp; however, is eight. Shift supervisors, teachers, and family therapist also often assist YFSWs with their roles.

According to the Canadian Accreditation Council's standards, every Base Camp employee is required to have a degree or diploma in human services or needs to complete 40-hours of training annually at an accredited institution (C. Godfrey, personal communication, April 5, 2012). During the hiring process Base Camp uses a grid to take into account education and years of previous experience in the areas of addictions, youth and child care, and outdoor pursuits (C. Godfrey, personal communication, April 5,

2012). Staff work 24-hour shifts for 4-days and then leave the residential camp for 3-days off (C. Godfrey, personal communication, December 20, 2011).

There are always three to six staff members present at Base Camp (C. Godfrey, personal communication, December 20, 2011). Each youth is assigned a "key worker" (C. Godfrey, personal communication, December 20, 2011) and a "point worker" is assigned to fill the role of the key worker when the latter is not working. Base Camp staff are responsible for assisting with many aspects of clients' treatment (e.g. consultations with therapist, conducting experiential activities), as well as completing documentation and daily chores (e.g. grocery shopping, transporting clients, testing water, chopping wood, cooking meals; C. Godfrey, personal communication, December 20, 2011). On wilderness trips one staff member is responsible for the role of trip leader and another is responsible for being a secondary trip leader (C. Godfrey, personal communication, December 20, 2011). Two teachers are present at Base Camp from Monday to Thursday (C. Godfrey, personal communication, December 20, 2011). A family therapist is also employed by Base Camp and is present at the facility 3-days a week (C. Godfrey, personal communication, December 20, 2011). The therapist is responsible for conducting sessions with clients, staff training, and staff consultation (C. Godfrey, personal communication, December 20, 2011). The family therapist also has the option of participating in wilderness trips (C. Godfrey, personal communication, December 20, 2011). The therapist currently employed has a Master of Psychology degree and is a registered therapist (C. Godfrey, personal communication, December 20, 2011). There are two staff training sessions a year, one at Christmas and one in spring (C. Godfrey, personal communication, December 20, 2011). Through direct observations

it was also indicated that further training is done throughout the year when opportunities become available.

Interview participants. Staff interviewed ranged from 20 to 45-years-of-age. Four male staff were interviewed and three female staff. All YFSWs interviewed had been employed at the program for less than a year. Staff who held other positions had significantly more experience within the program, ranging from 2 to 7-years. All staff held at least one Bachelor or Master Degree, the majority (n = 6) of which were directly related to their roles within the program. Staff education included a mix of hard and soft skill training in: outdoor recreation, therapeutic adventure, sociology, psychology, outdoor leadership, environmental management, geography, education, and leadership training. Two staff also had formal education from Outward Bound and the National Outdoor Leadership School. Additionally, staff had training that certified them as wilderness guides, paddling instructors, lifeguards, swift water rescue technicians, and climbers. Furthermore, while employed with Base Camp, staff received numerous technical and therapeutic trainings. Enviros required staff to receive training within their first 6-months of employment relating to the organization, suicide intervention, critical incident reporting, therapeutic crisis intervention, and Aboriginal awareness. Staff also received training in experiential education delivery, wilderness first aid, motivational interviewing, addiction counseling practices, trauma informed practice, counseling techniques, and challenge courses, as well as receiving sponsorships to attend conferences (e.g. International Association of Experiential Education Annual Conference). Staff attended workshops hosted by AHS on various topics they might encounter while working with the target population, including mental health, addiction,

gang violence, and homelessness. One staff member indicated that there used to be a series of addiction training modules on group and individual counseling, but this was no longer part of the mandatory training process.

Prior to employment at Base Camp staff had no experience within addiction services and limited experience working with youth who were struggling with addictions. Staff explained that they might have encountered youth with addictions while employed in youth programming; however addiction was not the focus of these programs and was not formally addressed. Prior to employment at Base Camp, staff also had limited experience working with families. Staff explained that they might have had contact with families while working in youth programming, but family involvement was not incorporated into or viewed as an important aspect of treatment. The majority of staff (n = 6) had no prior experience working within a residential treatment setting. All staff, however, had extensive experience working with youth in various capacities, including summer camps, recreation activities, education, mentorship programs, and youth justice. Staff also had extensive experience working within the areas of experiential education and adventure therapy, though this experience varied regarding age groups, length of activities, type of activities, and capacities enacted (e.g. outdoor educators, wilderness guides).

The majority (n = 5) of staff were classified by Enviros as wilderness trip leaders. The remaining two staff stated that they were not involved with the wilderness trip components of Base Camp. Staff involved in wilderness trips had extensive experience from previous jobs and personal experience. One trip leader stated, however, that prior to her employment at Enviros she had no experience leading trips and was relying on her

colleagues and personal wilderness experience to facilitate this area of programming. Staff explained that to be labeled a secondary trip leader at Enviros, they needed to complete two trips under supervision. In order to be classified as a trip leader, they needed to complete another two trips under supervision. Trip leaders stated that it was important for at least one staff member on the trip to have knowledge of the wilderness area and experience doing trips there prior to bringing clients to that location. One management staff stated that if conducted safely, it could be beneficial to the group process if staff and clients are experiencing a new area together. During observation of a wilderness trip it was noted that staff had not previously been to the wilderness area and had limited knowledge regarding it. In informal interviews after the trip this was identified as an issue, as staff stated that they did not know what resources would be available or the condition of the trail, and therefore had difficulty scheduling breaks and identifying opportunities for implementing interventions.

Staff described Base Camp as an important program and stated that it was beneficial for clients; however, the majority of staff (n = 5) lacked an overall confidence in programming. One staff member indicated that in order to improve confidence more program development was needed to increase the coherency of programming.

> […] create something that's coherent that our staff can have confidence in it and that's an ongoing project. (Staff).

Funding. Base Camp is funded and accessed by Alberta Health Services: Addiction and Mental Health. The academic program and teaching staff are provided through a partnership with Alberta Learning and the Calgary Board of Education (Enviros Wilderness School Association, 2009e). The program is therefore fully funded for all youth in the province of Alberta.

Implementation.

Roles. The data presented below were gathered from formal interviews with Base Camp staff. When asked to describe their role at Base Camp YFSWs stated that clarification was needed regarding if the question pertained to their job description or how they would personally describe their position. Staff were asked to provide their personal description. YFSWs had difficulty describing their role because of its breadth and the fact that it was constantly evolving. Their jobs consisted of many small tasks that contributed to daily operations. YFSWs stated that when they were hired it was a steep learning curve to discover what their job entailed, especially when working in a program with low staff retention. With the program having new staff continually, incoming staff did not have the support of experienced peers. Staff therefore stated that they had to figure out their role experientially. FYSWs were able to summarize their job description by stating that they were responsible for the delivery of the program and clients' treatment progression. YFSWs highlighted the importance of having a positive relationship with their clients. They described having various responsibilities, including being a key or point worker for clients and doing daily paperwork. YFSWs stated that part of their role was mediation between clients and their therapists, as well as other resources and external systems, including Child and Family Services and the justice

system. YFSWs were responsible for providing updates to these resources and assisted in advocating when necessary. They also described acting as a support for their colleagues, youth, and youths' families. YFSWs stated that they were responsible for ensuring consistency, facilitating group therapy, and implementing wilderness components. Additionally, they were responsible for many logistics, including maintaining facilities. Staff identified that they were responsible to their supervisors and AHS. Through direct observation of a day of regular programming it was observed that staff were also responsible for ensuring transportation into and out of the camp for (a) staff doing shift changes, (b) youth and families having visits or other family components, (c) client appointments, and (d) errands for Base Camp (e.g. grocery shopping, vehicle repair).

One staff described the shift supervisor's role as a "jack of all trades." Shift supervisors are responsible for program staff, the facility, daily logistics, program structure, contact with funders, and the experience of clients. Shift supervisors ensure YFSWs are receiving professional development, support them in making a safe community for clients, encourage self-care, and provide consultation. Shift supervisors are also responsible for ensuring clients have a safe environment where they can participate in their treatment and have fun. Additionally, they are responsible for providing structure through the daily designation of YFSWs to specific tasks and responsibilities. Through direct observation of a day of regular programming it was observed that shift supervisors host daily meetings with YFSWs to review the designation of tasks and responsibilities. Furthermore, shift supervisors maintain communication with AHS and facilitate consultation between AHS and YFSWs.

The family therapist at Base Camp holds a variety of roles, including mentorship of staff, program development, treatment, consultation, and living as part of the community. The therapist is responsible for conducting an initial assessment with clients and providing ongoing therapy according to Base Camp's daily treatment themes. The therapist discusses with individual clients what their needs and goals are. The family therapist is available to clients to discuss a range of therapeutic issues. Activities are done with an attempt to achieve therapeutic goals and often focus on building trust and improving communication skills. Activities also attempted to provide a space where what occurs in the home environment could become apparent in therapy sessions. The majority of family treatment occurs on the telephone. The therapist is responsible for consulting with YFSWs and treatment leaders regarding wilderness trips. The therapist is also responsible for consulting with external therapists. The therapist currently at Base Camp practices from a narrative perspective. The need for a second family therapist was expressed in qualitative data by two staff and one parent. Staff stated that if funding was available for a second family therapist there could be an opportunity for one therapist to participate in wilderness trips; whereas with one therapist the workload is too demanding for this option to be realistic. During one of my site visits a Master of Social Work student was completing a practicum through assisting the Base Camp family therapist. The feedback from one parent regarding having two therapists at Base Camp during this time was positive:

> It was too bad they didn't tag team and work together all the time because it worked very well because sometimes with the two of them if [Child] needed

calming down the one would talk while one was talking to me and that was very powerful. (Parent).

The program supervisor is responsible for scheduling and staffing the program, which includes supervision, hiring and termination, as well as disciplinary actions of staff members.

The program manager is responsible for program operations, funding, and staff supervision. Program operations include analyzing the current state of the program, goals of the program, and what resources are needed for future programming. The program manager is also responsible for programming and clinical oversight of Base Camp. He or she also ensures that the mandate of the program and requirements of the funders are being met. The program manager is responsible for ensuring the continued funding of the program. Supervision includes providing support and direction to the program supervisor and family therapist to ensure that they are healthy and reaching their performance benchmarks.

Supervision. Staff stated that Base Camp was a collaborative work environment where everyone provided each other feedback. The program manager, shift supervisor, family therapist, and facility manager supervise YFSWs. Through direct observation of a day of regular programming and interviews it was indicated that aspects of the program inherently encourage supervision of YFSWs, including daily documentation of clients' progress, a communication log where all actions are documented, and a checklist for clients' completing intake, as well as a whiteboard assigning daily responsibilities. YFSWs indicated that a shift supervisor is on-site 90-95% of the time and that supervision occurs on a continuous basis. During informal observation of a day of

regular programming, it was noted that when a shift supervisor is not present an acting shift supervisor is elected prior to his or her departure. YFSWs stated that the shift supervisor is an accessible individual with whom they could check in and approach with questions. YFSWs said that upon commencement of their employment they are paired with a more experienced staff member for mentorship and assistance with facilitating treatment groups. It was also identified that there is a need to expand this mentorship to be more formal. Staff stated that it takes approximately 6-months to become accustomed to the YFSW role and for YFSWs to have a sense of what their job entails. One YFSW stated that despite being supervised for 15-30% of her shift, there was limited coaching, consultation, and brainstorming occurring with her supervisors. YFSWs stated that they do not receive formal supervision while facilitating treatment groups. Management, however, stated that YFSWs are supervised in their facilitation of treatment groups and interventions. Management also stated that being on-site frequently allows them the opportunity to observe staff while treatment is being facilitated. YFSWs informed that they formally receive supervision from a shift supervisor once every three shifts for a case consultation, but that the scope of their discussion can be limited, considering the volume and depth of topics. YFSWs stated that they need to initiate discussions if their questions or concerns are not being addressed. One staff member stated:

> […] the scope of what we talk about is really- fairly limited considering all the aspects that we approach here in the work and I would say I try to approach my supervisors as often as possible when I have questions and whatnot so that, ah, all that has a coaching component; however, its not necessarily, its initiated by me it's not initiated by them. (Staff).

Staff stated that there are layers of supervision. Management interviewed identified that at camp there is a formal, base layer of supervision that is formatted as a peer supervision and consultation model. Management interviewed stated that supervision at camp is continuous and includes, daily meetings, weekly case conferences, and regular check-in. Shift supervisors indicated that informal weekly supervision meetings occur with the family therapist and other shift supervisors. The program supervisor is responsible for the supervision of approximately 12 staff in frontline positions, whereas the program manager is responsible for supervision of approximately three staff in management positions. The Director of Services at Enviros is responsible for supervising the program manager. The program manager receives supervision formally every 8-weeks and more frequent supervision informally. All staff are scheduled to have a formal evaluation entitled a 360 Evaluation. This evaluation occurs after staff members complete their first 3-months of employment and on an annual basis afterwards. The 360 Evaluation is a questionnaire completed anonymously by all staff regarding the member being evaluated. It asks questions relating to the staff member's strengths and areas for improvement. Responses are graphed and used during a discussion between the staff member and his or her supervisor. A formal review process occurs with each staff member within his or her first 3-months of employment. Management stated that this process could sometimes be delayed up to 6-months depending on the availability of the management personnel preforming the evaluation. Additionally, supervision from the program supervisor and all three shift supervisors is supposed to occur with an YFSW every 8-weeks. Management stated that if this meeting occurs depends on their availability. Furthermore, an evaluation occurs where a staff member and his or her

supervisor separately rate a series of competencies based on the staff member's performance. The staff member and supervisor then meet and compare their results. This provides the opportunity for discussion as the staff member and supervisor reconcile any differences in ratings, highlight areas for improvement, and discuss strategies for professional development.

YFSWs received supervision from numerous individuals, including the program manager, shift supervisor, family therapist, facility manager, and informal mentors. Management receives supervision from each other and Enviros' Director of Services. YFSWs are supervised while they are directly administering treatment and through a package of paperwork they complete daily, including client reports, communication log, and checklist for intake programming. They are also indirectly supervised through the designation of daily tasks and responsibilities. Additionally, they meet with their supervisors for case consultation, daily meetings, weekly case conferences, and frequent check-ins. Furthermore, YFSWs are scheduled to have a supervision meeting every 8-weeks and complete competency ratings as a formal evaluation. Management attends informal weekly meetings. The program manager has a formal meeting with the Director of Services every 8-weeks. YFSWs and management receive formal and informal supervision. Formal supervision for both groups includes the 360 Evaluation and yearly formal review.

Staff retention. Base Camp has a low staff retention rate, which affects program planning and processes. A low staff retention rate led to Base Camp often having a new staff team who required time, training, and mentorship to learn their roles. One staff member described this by stating:

> We're a new staff team, like I think the oldest staff is 2- years old at Base Camp and after that like all of the YFSWs we have right now I think the oldest of us is 6-months old here, which isn't- maybe sounds like a lot of time, but it's not for the- everything that happens here and trying to get a real handle on that, so I think that that's partly a function of time and just of training and mentorship. (Staff).

Staff stated that it takes YFSWs 6-months to understand their role in the program. This endangers the consistency of the program as new staff have to learn their roles experientially, rather than by observing peers who have been employed in the program longer or being able to receive mentorship from them. One staff described this as a negative cycle and expressed the need for increased program development to provide staff with material to guide them through their daily tasks rather than them relying on an oral tradition:

> Our staff disappears because they're always going away to do, you know, masters degrees and travel and whatnot, um, then all of a sudden there are people who don't know the program again, so this is the cycle we've gone through. [...] If we could in the immediate future create, like just get our core groups together so that youth workers know what they're doing on a day-to-day basis. Right now it's a little bit of an oral tradition. (Staff).

Since there is limited peer mentoring, this mentorship of a new staff team becomes the responsibility of program management who are then distracted from their roles and responsibilities. This creates a cycle, as program planning and development do not receive necessary attention, which affects how staff feels and could lead to lower retention if staff are feeling insecure in their roles. One staff member described this as,

"when our leadership team is trying to support [new staff] they're not spending time developing the program and when they're not developing the program it makes the front line staff more insecure."

Low staff retention rates negatively affected program processes and client success in programming, as new staff who were learning their roles and how to conduct treatment were unable to provide the same quality of treatment that experienced, qualified staff were able to provide. One staff member stated:

> When camp has good qualified, experienced people on the floor the quality of treatment improved dramatically and when we're in a, you know, short staff or learning or, you know, an environment where we don't have that experience the quality of treatment declines and so it becomes kind of the driving factor to client success. (Staff).

Staff who are experienced and qualified can also provide more in-depth treatments to clients rather than a mechanized set of treatments. One staff described these levels of treatments using colours as an analogy and suggested higher quality staff training to assist in providing more in-depth treatment to clients:

> Part of the problem is that we see staff come and go so quickly, so often and, you know, sometimes we can hold on to them for awhile and then we can really develop some facility of people can- they're not just using primary colours, now we're into the secondary colours and can really get creative with them, with the work, but at first, as they say, it's hard to grasp. And so it turns into this really mechanized, forced way of working that doesn't work. So, the better we can train it the more we can make use of it, the better kids will be. (Staff).

Low staff retention rates lead to Base Camp often being understaffed, which appeared to negatively affect staff and clients. Staff had lower levels of energy, as they attempted to fill more roles while on shift. Their shifts were also disrupted to accommodate for the lack of staff by ensuring that an appropriate number of staff were on site at all times. Clients received less individual time with staff members and appeared to receive lower levels of treatment because of staff's low energy levels and effort in facilitation. One staff stated:

> We're just really understaffed and I think that- it takes a toll on staff and our energy levels and that then affects how we're able to, like the effort that we're able to invest in a group or one-on-one conversations or just in being here. […] It seems to be weekend staff that we're having some trouble with and I'm not sure why, but yeah I think once we figure out that balance a bit more. (Staff).

A low retention rate also affects the quality of the program as a whole and the extent to which policies were followed. One YFSW stated, for example, that due to staff shortages, the policy for classifying trip leaders and secondary trip leaders had been expedited, as leaders were needed for wilderness trips. This meant that staff might not complete two supervised trips before they were elected as a secondary trip leader.

Reasons listed for the low staff retention rate included staff leaving to peruse higher education, travel, or receiving job offers with higher pay.

Location. The isolated location of Base Camp presented difficulties with logistics, family programming, and aftercare. Parents stated that it was difficult for them to travel to Base Camp, and therefore difficult for them to be involved. One parent stated, "it is kind of hard to have that involvement, I mean, that's a long drive to make all the time."

Staff expressed that it was difficult to include families in programming and develop relationships with them because of Base Camp's location. One staff member also stated that because of location it was hard for youth and families to maintain their relationships while youth were in treatment.

Conversely, isolation was seen as being a positive aspect of Base Camp, as it provided a break for families. One staff member stated, "I think it's a break. For lots of families sometimes they're like really at the end of their ropes with the kids." Isolation also gave clients time away from their issues. Staff stated that this time away assisted clients in making changes:

> If you're gonna [laughs] make changes that's a pretty good context in which to make change, just having the time away. I know there's a lot of sacrifice that goes with that and sometimes that's too much for a kid to handle, but having time away in order to have- make all these considerations is, is really vital. (Staff).

Target population. Table 2 depicts the quarterly statistics from April 2012 to March 2013 for clients who reached their Passage Day, were discharged from the program early, or were continuing the program. This demonstrates the high percentage of clients who did not complete the program.

Table 2

Quarterly statistics for passage, discharged, and continuing clients

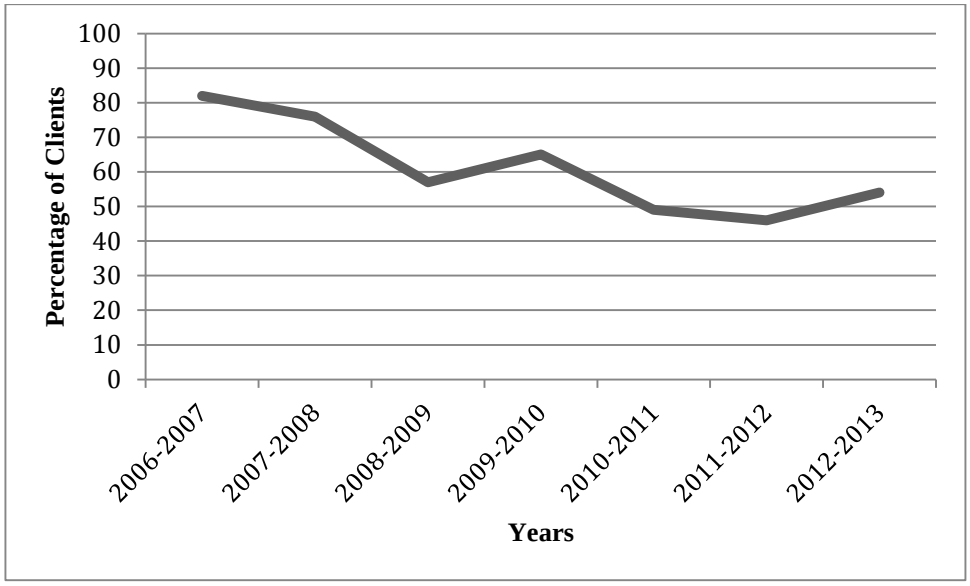
	Passage	Discharged	Continuing
April 2012 - June 2012	5	12	6
July 2012 – Sept. 2012	1	10	5
Oct. 2012 – March 2013	4	13	4

Examining the annual average occupancy rates over a 7-year period from April 2006 to March 2013 illustrated a decrease in percentage of occupancy. This is depicted in Figure 1 where the Y-axis is the percentage of occupancy and the X-axis represents years. The percentages indicate that Base Camp was operating below their maximum capacity. The decrease in annual average occupancy rates could be interpreted as a reduction in referrals. Data from the 2005-2006 and 2013-2014 fiscal years were removed due to an incomplete data set, as no yearly annual average occupancy was calculated.

Demographic information analyzed from April 2012 to March 2013 from 49 youth indicated that they all entered the program with the presenting issue of self-disclosed drug addiction. The age range of youth during this period was 13 to 18-years-of-age. The median is 16, mean is 16.02 and the standard deviation is 1.31. Data indicated that this program was not servicing clients who were 12-years-of-age. These data also indicated that Base Camp was serving youth in an older age bracket of the target population, as 71% of youth in this April 2012 to March 2013 data set were between 16 and 18-years-of-age. The most common age of clients was 17-years-of-age (n = 19). As stated in the client description, it was confirmed through this data set that the majority (61%) of youth at Base Camp were male. This was also confirmed during site visits and when interviewing the youth and families.

Figure 1

Client percentages of annual yearly occupancy rates



The ideal number of youth present at Base Camp, as described by staff, was eight. Staff and families stated that lower numbers of youth in the program meant that their youth received more intensive treatment and were able to participate in programming that would be difficult to do with larger groups of youth:

> There weren't many kids out there when he was out there. I think only three of them. […]. So, they did a lot more probably, more [adventure therapy] than they probably would have [with more youth]. (Parent).

Staff and families also stated that lower numbers of youth in programming meant that youths' special needs could be accommodated for and more individual time could be spent with them. One staff member stated, "with higher numbers, like, it's hard to be able to just like pay as much one-on-one attention to kids." Families and staff did not think that the capacity of Base Camp should be increased with its current resources.

It was also indicated by a youth that there needed to be a minimum number of clients in the program to maintain a community feeling and learn from peer relationships:

> I would just say maybe like umm keeping the group really community based. Umm, cause I remember that [was] really hard just being the only one there for a couple of days when [other youth] just decided to leave you know. (Youth).

Staff and parents stated that there was an ongoing need for Base Camp to increase its capacity to work with special needs youth. One parent stated, "[…] they just need to work more with, you know, FASD and ADHD *pause* and that's not an easy thing." The program might need to be longer in duration and more flexible to accommodate for this. One parent stated, "they really need to be more flexible with [special needs] because they're the kids that really need to be in those programs for a lot longer." To accommodate for special needs Base Camp would also need to increase its individualization of treatment plans. One staff stated:

> We're seeing a lot more co-current, you known, mental health diagnosis with the addiction piece and so we definitely try- you know, we try to be as individualized as we can and meet someone where they're at, but that can, that could be a challenge when you are, um, when you have a group of clients who are at, you know, various capacities. (Staff).

Staff and parents highlighted how Base Camp could be beneficial for clients with special needs. Associated with some special needs is the difficulty in understanding cause and effect (e.g. Fetal Alcohol Spectrum Disorder). The adventure therapy aspect of Base Camp was cited as assisting clients with this need. One staff stated:

> I've seen some clients have difficulty connecting sort of that cause and effect like "yes, we could keep going [on a hike], but then we would end up in this situation" and to me […] I associate that with like using drugs and getting into trouble or having family problems or going to jail or getting in trouble with the law, that sort of thing or getting into gangs. Like that cause and effect between […] like what choice we're making now to where that's gonna end us up. So I think it's just another way to present that causality. (Staff).

In contrast, staff stated that some traditional processing techniques might not be helpful with some clients who had special needs. One staff, as an example, stated, "if clients come through here with FASD then [metaphoric processing] is not as helpful of a technique." Youth with FASD may have difficulty with cause and effect reasoning, as well as inconsistency in linking words to actions. Staff and parents identified acknowledging youths' special needs and adjusting programming accordingly as an area for improvement. Staff also identified that expertise in this area was needed in order to provide this acknowledgement and proper adjustment. One staff stated:

> I would be very interested to see […] more opening up around […] depression and mental health […] I think that's an area for growth, but also an area of expertise that someone needs to have to do that well. (Staff).

Program development. The need for program development was highlighted throughout interviews with staff. One recurring need identified within this was the development of a list of tasks and activities to guide programming. One staff stated, "I don't know exactly what needs to happen, but having a coherent list of therapeutic activities would be very good." Another staff stated that even though the camp had

decided to follow the Circle of Courage® model (Brendtro, Brokenleg, Van Bockern, 1990), connecting the phases in this model to concrete tasks is difficult: "We've tried to have a philosophy that guides our work and that's the circle of courage, reclaiming youth model, um, but synthesizing that into concrete tasks has been an ongoing…effort."

Relationship with AHS. Base Camp's relationship with their funder, AHS, is important to the program and its future. Staff expressed that it was difficult at times to balance the agendas of Base Camp, Enviros, and AHS. As described earlier AHS is a large government organization and Enviros is a large private organization, that both have goals and objectives. Base Camp also has its' own goals and objectives and works directly with the clients. Staff spoke about the importance of maintaining a good working relationship with AHS and Enviros and having communication between these organizations. Staff, for example, stated that it was beneficial for clients if there was communication between Base Camp's family therapist, YFSWs, and therapists at AHS. YFSWs also referred to the referral process and stated that when a client entered the program they received very limited information regarding them. This indicates that client information was not being received by Base Camp as outlined in the program plan or that management was receiving this information, but was not communicating it to YFSWs. YFSWs stated that having this lack of information was difficult, but could also be beneficial, as it provided clients with the opportunity to have a worker that did not know their history. This lack of knowledge provided a stimulus for an immediate conversation as staff could ask basic questions about clients and begin building a therapeutic relationship.

AHS provided Base Camp with a series of program deliverables, which staff were required to present to clients. Staff expressed that they would be able to present these deliverables more effectively if they had a list of empirically validated objectives and practices to use with them. Staff also expressed that the planned presentation of these deliverables needed to be designed within the context of an isolated, residential treatment center that used experiential education as a foundation of treatment. Base Camp could then implement these deliverables using its resources and experiential education philosophy to provide a unique treatment that is different from other services available through AHS.

Camp Rituals. This component of the program was stated in interviews to be one of the most important; however, limitations in its implementation were also described. A limitation stated by staff was that rituals could be a stronger and more central aspect of the program. One staff stated, "even though I would like our rituals to get even stronger and [be an] even more central part of our program here, I think that's probably one of the things we do the best." Another limitation stated by staff was that strategies for involving clients in rituals and ceremonies could be developed. One staff member described that without this involvement rituals became less meaningful and that in order for rituals to be successful clients would need to want involvement in rituals. The staff member stated that Base Camp attempts to do this through scheduling and staff taking rituals seriously.

> When [ritual and ceremony are] not successful then they're just hollow and sometimes the difference between those two things [laughs] is very, you know, how do you create buy in, you know, over time though I think the rhythm of it and […] to know that there's a fire coming up tonight, to know it's happening does lead to a

> little bit of buy in and certainly the participation of the others tends to invite, tends to exert and invite an effect. When [staff] take it seriously then others tend to. (Staff).

Joint tasks. Clients and staff participated in joint tasks (e.g. chores); however, staff identified this as an area where more intention could be used to increase the therapeutic value of this participation. One staff stated that in order to be more intentional staff would need to have the time and energy to make the therapeutic value of joint tasks a higher priority.

> I don't feel like we are necessary intentional enough about how we use [joint tasks], but in order for us to be really intentional about that, would require for us to be on top of a lot of other aspects of our work here and then we could put energy on that. (Staff).

Family involvement. This component was part of the program's theory and was described as being an important aspect of treatment.

> The value of family involvement in a client's treatment was recognized from the onset of this program, and has been an important component every since. The lifestyle changes that need to occur are shared by the entire family, and as such it is important that regular communication be maintained between the client, key worker and the staff. (Enviros Wilderness School Association, 2013, Section 5 – Programming, Family Involvement).

While family involvement has remained important to programming and was indicated to be beneficial for clients, research participants described family programming as challenging and an area for improvement. One challenging identified was families being

removed from their youth's daily treatment, except during the Family Matters Experience. One staff described this as, "we work with the families, but they're so removed from the day to day, you know, intensive process of treatment. (Staff). Another challenge identified was the lack of knowledge YFSWs had about family programming. Staff, with the exception of the family therapist, stated that they had limited involvement with families.

Through direct observation and interviews with staff it was determined that YFSWs were rarely included in the Family Matters Experience and Progress Reviews. This did not demonstrate consistency with the program plan, which describes YFSWs being present and having a role in these interventions (Enviros Wilderness School Association, 2013b). The lack of involvement demonstrated led to YFSWs having difficulty responding to interview questions that related to family treatment. YFSWs contact with families was often regarding logistics and they would only occasionally facilitate treatment with youth and their families. One staff member described his role in family treatment as, "I have little involvement. Most of my involvement with families is either intake, […] passages, and a lot of it is on the phone." Another staff member described her role as, "I call around logistics and stuff and I think maybe I need to be calling like more often." According to interviews with participants from management, YFSWs not participating or facilitating family treatment components was because they did not want to and it was not part of their job descriptions. One management staff stated that even though YFSW did not want to participate in family therapy they might have to if family interventions arise during daily programming, for example, if a conflict occurs between a client and his or her family member during a telephone conversation.

The staff member described this as, "youth workers aren't wanting to do family therapy and that's not their role and yet issues may come up." During interviews with YFSWs, however, they expressed interest in participating or facilitating family programming, but were concerned with their lack of training and knowledge regarding this area.

According to research participants, families also had limited involvement with their youth while they were at Base Camp. The lack of family involvement was because of minimal programming for them, but was also dependent on families' commitment to participating in treatment. One staff described the different levels of family commitment and its' effect as:

> Sometimes families disengaged completely, clients will come out and we won't hear from families very much or it'll be difficult to even track them down and engage them in treatment. There might not be as much change, but when we have families who are fairly committed and engaged in the treatment process I would say that almost universally we see an increase in, you know, better communication and more trust and tighter relationships. (Staff).

The program was currently trying to address this need through increasing the amount of time that families were at Base Camp and providing families with opportunities to take ownership in the program. One staff member described how Base Camp started to do family barbeques to meet this need and explained that having a neutral space where youth and families could be together improved their communication:

> The last few years we obviously recognize a need, so we've done like family barbeque where families come out just to […] exist with each other, doing something fun, and the wilderness really allows for that process […] having a

> neutral playing ground and learning how to just exist with each other, if it's only for a couple days, is what a lot of these families, they aren't used to and a lot of the, the negative impacts of substance abuse have been highlighted for so long for them and there isn't really an opportunity to do that when they're just, you know, playing in the wilderness together […] I think that has a huge impact on learning how to communicate with each other. (Staff).

Another staff member described how Base Camp is encouraging families to help camp in practical ways to increase their investment in and ownership of the program, as well as contribute to the therapeutic process:

> We don't see the families as much as we might like to, but we've started and it kind of fluctuates depending on the staff and the interest of the family or the clients, but having family members pitch in around camp. […] I think we're moving more in that direction of having clients and families pitch in kind of practical ways to help keep the site running smoothly and using those as experiences that are just embedded in the treatment experience. (Staff).

Family programming included attending a Welcome Day and then, depending on youths' length of time in the program, a Family Matters Experience and Passage Day. Families also participated in Progress Reviews and telephone conversations with their youth.

The Family Matters Experience was described as being an important and positive experience for families. While attending the Family Matters Experiences, families had the opportunity to learn about everyday aspects of their youths' treatment and also

receive treatment. One staff member described the Family Matters Experience as giving families the opportunity to share about and work on their presenting concerns:

> Often times families are playing catch up a little bit to their young people so, you know, the teenager that's been at camp for two months already has done a lot of sharing and a lot of unloading of their stuff and working on it, but often times the family hasn't had that chance yet and so that often become a piece of the Family Matters [Experience], is giving voice to different people. (Staff).

Research participants had varied opinions regarding if the learning that occurred at the Family Matters Experience had transferred to the home environment and, if it had, if this change had a lasting effect. One staff member highlighted the limited amount of family programming that occurs, but stated that this amount of programming still had a lasting effect:

> I think that [family programming in] a small duration and short a time span as the Family Matters Experience is- and that progress reviews, when you tally them up they're a pretty short window of time, but I think they're pretty impactful for the long term success of clients. (Staff).

Another staff member stated that it is difficult to know the lasting effect of the Family Matters Experience, as staff did not have contact with families after they left the program. This staff member stated that after the Family Matters Experience families needed to be reminded about the work they had done during the weekend at future interventions:

> I've heard positive reports from families and clients about that experience and that it was good for them, as in, I mean, that happens across the themes of maybe they communicate better or maybe they understand a little more of what each other went

> through or, um, maybe it's just that they had fun together, things like that, um, the lastingness of that I'm unsure about because often I've seen that happen here that was said and a week later, not that that was gone, but it now had to be really reminded of like, "well what happened at the family matters experience that was positive' and 'what was strengths? What was good? What was communicated?" (Staff).

Staff, youth, and families also stated that Progress Reviews were an important component of programming where youth and families had the opportunity to share their treatment progress and collaborate together. One client described Progress Reviews as an opportunity to talk to his parents and update them about his treatment:

> They were good talking about what you've been doing, progress. It was just nice to talk to your parents every once and awhile and, you know, let them know how you are doing kinda thing like that. Yeah, what you're gonna work on, you know, what they can be doing to help. (Youth).

Additionally, staff, youth, and families stated that telephone conversations were an important component for maintaining contact between youth and families. One staff member, however, described that telephone contact could also create conflict between youth and families and stated that families doing site visits allowed for them to obtain a more holistic view of treatment:

> Phone conversations are not always the best because they can be sources of a lot of conflict and a lot of strain in the families and yeah [coming] on site allows families to see more what's happening, so to get a better sense of what's happening for the clients. (Staff).

Families have limited involvement and exposure to adventure therapy, as the program is not structured for families to participate in wilderness trips and limited experiential processing is used during family programming. The Family Matters Experience, is supposed to be an experiential weekend (Enviros Wilderness School Association, 2013); however, as one staff stated, "We don't necessary do a lot of adventure therapy experiences with families."

Research participants had various responses regarding home visits. Parents stated that home visits should not occur until youth had spent a prolonged period of time (e.g. two months) at Base Camp and made significant progress in their treatment. One parent explained that youth need this time away from their friends and substances to think about the choices that they want to make:

> It's just hard to say, you can't read the future, but I'm thinking that, you know, if she's about a month or two months away from her friends' drinking and stuff it be, it might be, it might have been better […] it's their choice eventually, but at least [youth] had that couple months to think. (Parent).

Parents also suggested that home visits be incorporated into youths' transition plans. As part of the transition plan, youth would have increasingly longer and more frequent home visits as they approached their Passage Day. Home visits provided youth with the opportunity to practice their new skills at home. One youth described this when he stated:

> I stayed around the house a lot. I didn't really want to, you know, go out to party or anything [laughs] not being prepared for what's gonna come, you know, I wasn't quite sure if I could handle that yet, be around certain friends and stuff. I tried to

> utilize my skill set, kind of like carry on that routine at home. You know, clean up after myself. Just try and live like a normal person I guess. (Youth).

During home visits youth might resort to previous routines and relapse. Parents also described that youth might not following their case plan while at home. One parent stated, "we were supposed to do stuff together and it never happened, she went to her friends."

Passage Days were viewed as an important ritual for acknowledging clients' accomplishments and transition from the program. They provided an opportunity for youth to see their support network and be publically acknowledged by these individuals for progress that they had made. One staff member described the support present at Passage Days as:

> I don't think we've ever really had many Passage Days where nobody showed up for a young person […] It's usually a time when more people come out of the woodwork to support a young person and celebrate their passage. (Staff).

This acknowledgement, however, was described as having possible negative effects on youth. One staff described these negative effects below and emphasized the need for transition planning and normalizing difficulties to mitigate these effects:

> So we have a kid who's done very well on site, but there's a, in addition to that emotion there's also this really interesting risky crust over it, a risky edge around it. What happens next? You're very successful now and now the stakes are high. You have to be successful then as well. You have to be successful afterwards so it's a dangerous place for youth to be, to be very successful here because it sets them up

> for failure when they go home. So transition is extremely important and normalizing the difficulties after treatment is very important as well. (Staff).

Family involvement was seen as an important aspect of programming that was beneficial for clients. This involvement, however, was limited and had a number of issues with implementation. Limitations included a) the isolation of Base Camp, which removed families from daily treatment, b) the lack of knowledge YFSWs had about family programming, c) minimal family programming, and d) families' commitment to the treatment process. The Family Matters Experience was described as being an important and positive experience for families. The opinions regarding if learning transferred to the home environment and if it had a lasting effect, however, were varied. Progress reviews were also described as an important component of programming where youth and families had the opportunity to share their treatment progress and collaborate together. Additionally, telephone conversations described as an important component for maintaining contact between youth and families. These telephone conversations, however, could also create conflict between youth and families. Families were stated to have limited involvement and exposure to adventure therapy. Home visits were described as an important component for clients to practice new skills. These visits, however, were an opportunity for youth to resort to previous routines, relapse, and/or not follow their case plans. Parents suggested that home visits should not occur until youth had spent a prolonged period of time (e.g. two months) at Base Camp and made significant progress in their treatment. Parents also suggested that home visits be incorporated into youths' transition plans. Passage Days were described as an important ritual for acknowledging clients' accomplishments and transition from the program.

They provided an opportunity for youth to see their support network and be publically acknowledged by these individuals for progress that they had made. Passage Days, however, also could have negative effects on youth. One staff suggested that there needed to be transition planning and normalizing of difficulties to mitigate these negative effects.

Adventure therapy. Base Camp incorporated adventure therapy into its programming and had the resources (e.g. high ropes course, wilderness setting) to provide it. The majority (n = 5) of staff, however, expressed a lack of confidence regarding having the necessary skills and knowledge to implement adventure therapy.

Staff had difficulty defining what adventure therapy was and describing where it was implemented in programming. One staff member stated, "I'm a little foggy on adventure therapy." Another staff member stated, "[…] of course just trying to figure out what [experiential learning] is." Furthermore, a staff member made the statement below in response to interview questions relating to adventure therapy:

> I kind of struggle to answer questions about adventure therapy because I don't always, I don't really know what that definition is or what that really means. I can only really speak to like my minimal experience of it out here. (Staff).

Staff questioned if Base Camp was doing adventure therapy and stated that if it was, it was not being practiced to its full potential. One staff member stated, "I don't feel like we're using that much adventure therapy here. The potential is there, but we're definitely not making the best use of our adventure therapy potential." Another staff member stated, "we are not using adventure therapy nearly as much as we could."

Furthermore, a staff member stated that adventure therapy is used, but is implemented at the same level as other therapeutic modalities the camp employs:

> We don't actually talk a lot about adventure therapy at camp. We talk a bit more about experiential learning and it's an underpinning of the foundation […] so we use adventure experiences as a therapeutic modality just in the same way we use art experiences or process groups or the challenge course anything like that. (Staff).

One staff member emphasized that there was a need for wilderness trips, "I'd like to see more trips, more wilderness time, and I think that's- I've seen that improve in the past two or three weeks, so yeah just really making that happen and that's tied to staff as well."

Despite staff having difficulty defining and identifying adventure therapy, when they were asked specific questions about programming they provided answers that demonstrated fidelity with the adventure therapy checklist (See Research Question One: Fidelity with Adventure Therapy). Staff stated that intention and clients having investment in the process were important components. One staff member described this as, "we usually try and really set intention for trips and why we're doing these trips, what our goals are." The need to continue to build intention in programming was highlighted by staff throughout the data. One staff member stated, "I think we can develop more intention around [adventure therapy] and have more training around that." Another staff member described the level of skill needed to use metaphors subtlety, but with intention to engage youth:

> The difference between a good group and a bad group is, can be enormous even though they look almost the same. […] A group that has an activity in it doesn't

> necessary make it [experiential learning]. An activity can be very forced metaphor, like here this is the way you should see it. It can be implicit in the activity and in the pre-briefing, de-briefing that go around it. So some tenderness or some subtlety in how you structure a group or […] how you talk about what goes on in the group as well can change it from something that a [youth] can engage with their whole self or something that feels like you had another adult telling them what to do. […] There needs to be a stake in there, something that [youth] want to get from it and when you have that then that's [experiential learning]. (Staff).

Limitations were noted regarding adventure therapy processes, including sequencing, reaching peak experiences, natural consequences, metaphors, reflection, and de-briefing. These limitations could be caused by a lack of staff training and experience, as well as intention. Regarding sequencing and peak experiences, one staff member stated, "I think it's one of those things that I don't really have a lot of experience doing those kinds of activities and sometimes I find that I can kind of like stumble upon [creating peak experiences]." Another staff member stated the importance of having intention and how this influences sequencing of events:

> When you're delivering an experiential education activity there's a lot of different levels of consciousness and awareness from just like delivery of the activity to like everything, like every little detail that will be part of the activity, like every piece of equipment you'll use, every words you're gonna use, every interaction that you see, that will influence how you sequence events and whatnot and we're definitely still very much at the service level. I'm not saying we have to get to the mastery level

> of depth, but I would definitely hope and wish for us to get to a deeper level of intention. (Staff).

Regarding natural consequences, one staff member referred to the need for intention and skilled facilitators to improve their use in programming and described how this could benefit clients:

> I wish we could see a significant improvement in [use of natural consequences] because we still reduce the amount of natural consequences significantly and we still fail to really facilitate strong connections or use different therapeutic approach to create deeper reflection with clients, from past experiences in other organizations natural consequences are amazing. I love natural consequences cause you can't lie to a natural consequence and then you can really talk about what's really happening and if the learning doesn't happen the consequence will happen over and over and over until the learning does happen, so I think they have incredible potential to help in the treatment process, you just need a very intentional and conscious facilitator to be able to deliver that. (Staff).

Staff also noted that improvement was needed regarding the use of metaphors. One staff member stated, "I feel the potency of the metaphors and how we use them lacks a little bit of coherence, so they're not as powerful as they could be." Another staff member stated:

> I wish that we could create better metaphors on our adventure components so that clients can do better pieces of transference to their own life, but I don't' feel that we're quite there yet. […] I don't feel that the groups that we run in adventure

> section of our program […] have much different impact then regular groups. (Staff).

Regarding reflection and de-briefing, one staff member explained that improvement was needed in intention, consciousness, and preparation:

> I feel that we are lacking coherence in our intention and our consciousness about reflections that we create here. Sometimes we're kind of good and other times we're just like dealing with that moment and talking, doing something, or asking questions just because it's the theme of the day and whatnot and even though there are no ways to fully control what clients reflect and how they reflect, I do think it's the facilitator's responsibility to show up to a reflection moment with questions that are enabling and nurturing for reflection. (Staff).

Another staff member stated that metaphors were used too frequently in reflection and de-briefing and that alternative methods should be utilized, "I often think [metaphors are] talked about way too much and we need to find better and different ways to debrief activites." A youth confirmed the frequent use of methpors when she stated, "I remember with rock climbing and stuff like that, there would always be so many metaphors you know, anything can be a metaphor really, if you try. *laughs* That was, that was a big thing there."

Enviros provided workshops on adventure therapy, but staff stated that these were not helpful in improving programming because they did not include practicing adventure therapy. One staff member expressed the need to actively practice adventure therapy in order to become a better facilitator of it:

> You don't just learn [adventure therapy] by [laughs] looking at it and so I find that the workshops become kind of cheerleading about [experiential learning] and then memorizing some groups, but it doesn't really help to absorb […] it till you do it. […] there's a spirit that has to go with it, there has to be a stake in it and I think that that's […] what we're always grasping for and wanting and when we get there it's a beautiful thing. (Staff).

Staff emphasized that adventure therapy did have an important role in treatment and that when it was used frequently, such as in the summer, there seemed to be a notable difference in clients. One staff described this by stating that, "in the summer we see some really amazing group dynamic stuff happen […] that really effects clients' improvement in substance abuse." Conversely, staff questioned the effectiveness of adventure therapy as it is currently being practiced at Base Camp. One staff member stated, "I think that [adventure therapy] is like pretty heavily used component and I actually don't know how effective it is either to be honest."

Adventure therapy was implemented at Base Camp, however, staff expressed a lack of confidence in facilitating it, questioned its effectiveness, stated it was not being used to its full potential, and identified a series of limitations to its practice at the camp. Conversely, staff described the adventure therapy aspects of Base Camp as having fidelity with the checklist and stated that it was an important aspect of treatment that created notable differences in clients.

Length of program. Base Camp was designed as a 3-month (90 days) treatment program. Demographic information was analyzed from April 2012 to March 2013 using a sample of 45 clients who had completed the program or been discharged.

The mean length of stay in the program was 45 days, the median length of stay was 35 days, and the standard deviation was 29.88. The shortest duration a client stayed in the program was 2 days and the longest duration was 93 days. The percentage of clients who reached their Passage Day was 22%. Completion of the program was defined as a client remaining in treatment for 80 days or longer. The minimal number of clients reaching their passage days was confirmed during interviews and direct observations. During formal interviews one staff member stated, "We have a lot of intakes and […] it's been three or four months since we've had a passage day." The Passage Day observed had four clients who were completing the program. During informal interviews staff stated that they thought this was the only time in the history of the program where so many clients had completed the program at the same time.

Staff explained in formal interviews that despite clients not completing the full three months of programming they still appeared to benefit from their time at Base Camp. One staff member stated, "I honestly think that clients that don't complete the program still derive a lot of benefit from the program." Another staff member stated, "we've had clients that obviously don't stay the whole 3-months and they leave in a really good space and it's supported by their family members because it seems logical and it seems that treatment is no longer warranted." Furthermore, a staff member stated, "it's not for everybody for 3-months and then that doesn't mean they are not getting quite a bit out of it. (Staff). Lastly, a staff member stated:

> In reality it isn't success to finish three months. Three months is kind of an arbitrary time period. It's just a period of time, you know, so who's to say one month is any less successful and certainly there are kids that get what they need

> from this place or now they need to practice, like they really get tired of being out here and when the real practice is at home. (Staff).

In contrast, parents stated in interviews that it was important for clients to remain in the program for the full 3-months. They also stated that the program would be more beneficial if the treatment was 6-months or 12-months rather than 3-months. Parents stated that clients should be assessed after 3-months to determine if they should remain in the program longer. One parent stated that youth "really need to finish the program and even sometimes be assessed to stay in the program longer." Other parents stated:

> […] putting these kids back out before they are done, is putting them right back out without the constant skills, like they need lots of repetition, that's why I said it really should, for some of these kids, be a year. 6 months to a year. For all the repetition and all of that to really sink in. (Parent).

> They need to come up with longer programs cause there is kids out there that 3-months isn't enough […] and I know that's a lot to ask for cause the government funding, but really that, to keep these kids from doing drugs and out of the jails that's what they're gonna end up having to do. (Parent).

One staff member acknowledged that clients not completing 3-months of programming could have negative results:

> I have been told that we have one of the best retention rates in this field; I have no idea if that's true. I see a lot of people leaving, but then again maybe they're ready to leave. I've seen people leaving that I feel like they're ready to leave [before 3-months] and I've seen other people leave that I'm like […] this is not good. (Staff).

Remaining in the program for a longer period of time would also provide the opportunity for clients to have more gradual transitions to their home environment. Parents stated that as the program progressed youth could have longer and more frequent home visits until they are ready to transition. Parents said that because Base Camp was a voluntary program it was easy for their youth to leave before it could be effective.

Data indicated that a few clients who enter the program reach their passage days. Staff indicated that even though the majority of clients do not complete the program they are still benefiting from it. In contrast, parents and one staff member stated that it was sometimes important for clients to remain in the program for the full 3-months. Parents stated that youth could be assessed to remain in the program longer than the 3-months if needed. Parents expressed that their youth remaining in the program for a longer period of time would provide them the opportunity to have more gradual transitions from camp to their home environment.

Transition and aftercare. Once clients are approximately 8 weeks into their treatment transition planning begins to occur (Enviros Wilderness School Association, 2013). This planning includes incorporating family involvement into treatment and connecting clients to resources and supports (Enviros Wilderness School Association, 2013). This includes numerous meetings with the clients' key or point worker, AHS staff, and potential schools (Enviros Wilderness School Association, 2013). It also includes beginning to attend possible aftercare treatments and an extended home visit (Enviros Wilderness School Association, 2013). One staff described the importance of informing clients that their work is not finished when they complete Base Camp, but is an ongoing process:

> Transition is really […] when we can get in there and really do some work, when AHS can get in there and do some work, it frames those moments as less, which we try to deconstruct failure/success polarity and say, there was a chuck of work that got done here and it's a piece of the picture and the picture isn't done. (Staff).

Another staff member emphasized the need to connect clients to resources outside of Base Camp by stating, "AHS talks a lot about the continuum of care, so we try and get kids into other aspects of care."

Parents stated that Base Camp could improve its transition planning through making the transition longer, connecting youth to addiction counseling that occurred frequently (e.g. daily), and hosting a weekend refresher at the camp for past clients. One parent explained that transition could be made longer by having home visits that increased in frequency and duration throughout treatment, "[…] sending them home for, you know, longer visits at a time, like shorter to begin with, longer and then finally so that, you know, they assimilate back in with the good skills.

At the time of this research, Base Camp had no aftercare program. It was therefore unknown to staff what happened to clients after their discharge. One staff member explained, "after they are discharged […] we're not privy to information about clients anymore." Clients were invited to contact Base Camp at any time however; it was rare that this actually occurred. One staff stated:

> I've seen lots and lots of people have very positive moments with each other, lots and lots, very, lots of feedback about the processes doing well, but not, you know, not many people let you know a year from now what's going on. (Staff).

Another staff member stated that because there was no aftercare program and clients often were not in contact to inform how they were doing, it was difficult to know what the lasting outcomes of Base Camp were. This staff member also stated that it was difficult to determine effects of the program, as staff did not see clients in their home environments:

> We see [youth and families] in such an artificial context out at Base Camp that not being in their living room to see what sticks around or how they interact with each other at home can be I guess just be challenging. (Staff).

Additionally, another staff member explained the difficulty of not knowing the effects of Base Camp on clients because sometimes they need to relapse and then make a decision to change:

> They almost needed to visit the problem again to really re-experience camp as a preference. You need to sometimes touch your toe into the problem in order to know what you really prefer, so a few months down the road then is really the Passage Day. (Staff).

Staff expressed that an aftercare program would be beneficial, however, they also stated that this programming could not be developed within the current scope and resources of the program. One staff member explained:

> I don't think we have enough […] ability to do that kind of thing yet, maybe we will at some point, it'll be written into our scope of practice, but I don't see that. You need a […] bigger place to be able to do that cause if you're contacting previous clients and are working with current clients, it's just too much work. (Staff).

At the time of data collection, Base Camp was attempting to have youth complete the Resiliency Canada Questionnaire 3-months after discharge. These questionnaires were being distributed; however, none of these questionnaires had been returned prior to the completion of this evaluation. The reason cited by staff for lack of responses was the difficulty in contacting clients after discharge.

Data indicated that there was a need for an aftercare program, which would assist in clients' transition and provide them with continued support. Having an aftercare program could also benefit Base Camp's current programming as they would have access to information regarding how clients are progressing in their treatment after camp, which would allow them to track long-term outcomes. Parents suggested that transition planning could be longer, youth could be connected to addiction counseling that occurred frequently (e.g. daily) and that Base Camp could host a weekend refresher for youth and families. Staff stated that an aftercare program could not be developed within the current scope and resources of the program.

Summary. A number of issues were raised during this description, including fragmentation in programming, balancing of organizations' agendas, and staffing (amount, retention, experience, confidence, description of roles). Issues were also raised regarding the program's implementation, including staff supervision, isolation, decrease in occupancy rates, high numbers of clients not completing the program, program operating below capacity, majority of clients are male and in an older age bracket, accommodation of special needs, development of tasks and activities, relationship with funder, AHS deliverables, camp rituals, joint tasks, family programming, adventure therapy, transition planning, and aftercare. Issues with implementation regarding staff

retention, isolation, and AHS deliverables continue to be addressed under Further Findings – Challenges in Chapter IV. Research Question Three, under the heading Key Processes in Chapter IV, further discusses the issues in implementation of camp rituals and joint tasks. Research Question Five and the Further Findings – Challenges section in Chapter IV continues to discuss issues in implementation of family programming. Issues with implementing adventure therapy continue to be discussed in Chapter IV in the sections on Research Question One: Fidelity with Adventure Therapy and Further Findings – Challenges.

Research Question One: Program Fidelity

Part one of Research Question One asked if the program process demonstrated fidelity with the program theory. Findings from interviews, direct observations, and Resiliency Canada Questionnaires demonstrated that the program demonstrated an overall fidelity with the program theory.

A summary of the fidelity checklists used during formal staff interviews to measure the program's fidelity with the logic model is contained in Table 3. Numbers in the left column represented staff whose answers suggested strong fidelity with the proximate outcome. Questions contained in formal interviews demonstrated each of these outcomes. Staff had to reflect outcomes when answering these questions to receive a checkmark. All results were based on responses from the seven staff interviewed, except for the outcome regarding clients having an increased ability to make positive choices, which was based on responses from six staff members. This difference occurred as a different interview question set was used for one staff member due to his or her position in the program and the set used did not address this proximate outcome.

Though the program was found to have high fidelity, areas for improvement were listed in the program description and findings relating to research questions.

Table 3

Fidelity Checklist – Program Logic Model

# of Staff	Outcomes and Related Interview Questions
7	Youth are developing skills and abilities to reduce or eliminate the use of substances in their lives (Interview Questions 3.2; 3.3; 3.4).
7	Youth are building supportive relationships while developing skills and abilities to be abstinent or reduce their use of substances (Interview Questions 3.2; 3.3.2; 3.3.5; 3.4).
7	Youth are living in a substance free environment (Interview Questions 3.1).
7	Clients are aware of their strengths (Interview Questions 3.3).
7	Clients are able to share experiences of the impacts of addiction on their lives (Interview Questions 3.2).
7	Clients are living healthier lives with positive family relationships (Interview Questions 3.1.2; 3.1.4; 3.4).
7	Youth are reducing the use of substances in their lives (Interview Questions 3.1.3).
6	Clients have an increased ability to make positive choices (Interview Questions 3.1.4; 3.4.4).
7	Change is occurring through the therapeutic alliance (Interview Questions 3.2.2; 3.3.2).
7	Change is occurring through experiential programming (Interview Questions 3.2.1; 3.1.3; 3.3.1; 3.4.2; 3.4.9; 3.5).
7	Change is occurring through involvement of youths' families (Interview Questions 3.1.3; 3.2.6; 3.3.5; 3.4).

The data relating to each of these proximate outcomes is presented below in the findings from research questions. Data regarding the proximate outcome "youth are developing skills and abilities to reduce or eliminate the use of substances in their lives" can be found under Research Question Two, Research Question Three, and Research Question Five. Findings regarding the proximate outcome "Youth are building supportive relationships while developing skills and abilities to be abstinent or reduce their use of substances" can be found under Research Question Two, Research Question Three, and Research Question Five. Information regarding the proximate outcome "youth are living in a substance free environment" can be found under Research Question Four. The proximate outcome, "clients are aware of their strengths" is described under Research Question Two. Data regarding the proximate outcome "clients are able to share

experiences of the impacts of addiction on their lives" can be found under Research Question Three. Another proximate outcome, "clients are living healthier lives with positive family relationships" is described in Research Question Four and Research Question Five. Findings in Research Question Four describe the proximate outcome "youth are reducing the use of substances in their lives." Data in Research Questions Four and Research Question Five provide information regarding the proximate outcome "clients have an increased ability to make positive choices." The proximate outcome "change is occurring through the therapeutic alliance" is addressed under Research Question Three and Research Question Two. Findings regarding the proximate outcome "change is occurring through experiential programming" can be found under Research Question – Fidelity with Adventure Therapy, Research Question Two, Research Question Three, Research Question Four, and Research Question Five. Finally, data regarding the proximate outcome of "change is occurring through involvement of youths' families" is found under Research Question Two, Research Question Three, Research Question Four, and Research Question Five.

The fidelity checklists and Wilderness Trip Checklist (See Appendix M & L) used during the direct observation of a wilderness trip demonstrated that there was an overall fidelity with adventure therapy, as well as community and therapeutic relationships. Since there was no family involvement and families were not discussed during this intervention no fidelity was found with family involvement. The details regarding the fidelity with adventure therapy can be found in the section below under Research Question One: Fidelity with Adventure Therapy. Fidelity was demonstrated for community and therapeutic relationships, though it had a low scoring on the wilderness

trip checklist. Community and therapeutic relationships were formally integrated into wilderness trip programming; however, due to the weather these formal sessions did not occur.

The fidelity checklists and Day of Programming Checklist (see Appendix M & L) used during the direct observation of a day of regular programming demonstrated that there was an overall fidelity with adventure therapy and family involvement, as well as community and therapeutic relationships. The details regarding the fidelity with adventure therapy can be found in the section below under Research Question One: Fidelity with Adventure Therapy. Fidelity was found for community therapeutic relationships. It was also found that aspects of this process were present during meals and snacks, chores, school, treatment groups, reflection times, and free time, as well as Fish Heads and Flowers. Fidelity was found for all aspects of family involvement except for the outcome of change occurring through involvement of youths' families. This outcome received a low fidelity score because youth were able to speak with their families on the telephone; however, this was the only opportunity where change could occur through involvement of youths' families during a day of programming. Aspects of programming that focused on families and encouraged transferring of learning included the 10-day intake session, treatment groups, and reflection time. The afternoon treatment group involved role-playing members of clients' families. High fidelity was demonstrated with the Day of Programming Checklist. Table 4 presents two columns of the checklist that compared the schedule with what was actually completed during the observation.

Table 4

Schedule verses completion on the Day of Programming Checklist

Schedule (Intervention/Task)	**Completed**
7:30am Wake Up -Staff member assigned will wake up youth.	☑
7:45-8:00am Shower Supervision -Staff member assigned -Youth go to shower house	☑ ☑
8:00am-8:30am Breakfast & Check In -Quote -Respectful conversation -Table manners -Staff assigned to check- in develops a question and facilitates discussion	☑ ☑ ☑ ☑
8:45-9:00am Morning Exercise -Assigned staff plans and facilitates a physical activity -Youth would participate in activity	☒ ☒
Shift Exchange -Outgoing staff would provide incoming staff with an update on clients, facility, and tasks that needed to be completed.	☑
8:30-8:45am Chores -Staff would supervise youth and assist them with chores -Youth would complete chores	☑ ☑
9:00-10:30am School -Teachers would provide material for youth to study and supervise them -Teachers would be accommodating of youths' needs -Youth would complete the work assigned to them.	☑ ☑ ☑
9:00-10:30am Ten Day Intake Schedule -Assigned staff to plan treatment session on theme: S.M.A.R.T. Goals -Assigned staff to facilitate session -Youth would participate	☑ ☑ ☑
110:30am Snack -Staff assigned would make snack and supervise youth.	☑
10:45am-12:00pm Group -Assigned staff to plan treatment session on theme: Building Community and Family -Assigned staff to facilitate session -Youth would participate	☑ ☑ ☑
12:00pm Lunch -Quote -Respectful conversation -Table manners	☑ ☑ ☑

1:00-2:00pm Rec. -Teachers will plan and facilitate a physical activity for youth -Youth will participate in this activity.	☒ ☒
2:00-3:00pm School -Teachers would provide material for youth to study and supervise them -Teachers would be accommodating of youths' needs -Youth would complete the work assigned to them.	☑ ☑ ☑
3:00-3:15pm Snack -Staff assigned would make snack and supervise youth.	☑
3:15-4:30pm Group -Assigned staff to plan treatment session on theme: Building Community and Family -Assigned staff to facilitate session -Youth would participate	☑ ☑ ☑
4:30-5:00pm Reflection time -Assigned staff to develop a question for youth to reflect on. -Youth to find spots to spend time by themselves reflecting on the question.	☑ ☑
5:00-6:00pm Free time -Assigned staff to supervise youth. -Youth will pick an activity. -Assigned staff will provide assistance if required for the activity	☑ ☒ ☒
6:00-6:45pm Dinner -Quote -Respectful conversation -Table manners	☑ ☑ ☑
6:45-7:30pm Chores -Staff would supervise youth and assist them with chores -Youth would complete chores	☑ ☑
8:00-9:15pm Fish Heads & Flowers -Youth write down problems and solutions. -Staff review these and set agenda for meeting -Issue is discussed in community meeting. -Staff follow up if needed. -Youth and staff share nice and supportive things about each other. -Youth and staff speak only when they are holding the talking stick.	☑ ☑ ☑ ☑ ☑ ☑
8:30pm Check out -Staff assigned to check- out develops a question and facilitates discussion	☑
9:00pm Snack -Staff assigned would make snack and supervise youth.	☑
9:30-10:30pm Cabins -Staff escort youth to their cabins.	☑
Total Score	46 of 54

The fidelity checklists and Passage Day Checklist (see Appendix M & L) used during the direct observation of a family intervention demonstrated that there was an overall fidelity with adventure therapy and family involvement, as well as community and therapeutic relationships. The details regarding the fidelity with adventure therapy can be found in the section below under Research Question One: Fidelity with Adventure Therapy. This process was used during community tasks and the high ropes course. Fidelity was found for community therapeutic relationships. This process was used during all interventions and tasks scheduled. Fidelity was found for family involvement. This process was included in all interventions and tasks scheduled for the day, except for the "wake up" before families arrived at the camp. Fidelity was demonstrated with the Passage Day Checklist. Table 5 presents two columns of the checklist that compared the schedule with what was actually completed during the observation.

Table 5

Schedule verses completion on the Passage Day Checklist

Schedule (Intervention/Task)	**Completed**
7:30am Wake Up -Staff member assigned will wake up youth.	☑
8:00am-8:30am Breakfast & Check In -Quote -Respectful conversation -Table manners -Staff assigned to check- in develops a question and facilitates discussion	☑ ☑ ☑ ☑
9:00am Community tasks -Staff would supervise youth and assist them with chores -Youth would complete chores	☑ ☑
11:30am Lunch -Quote -Respectful conversation	☑ ☑ ☑

-Table manners	
12:30pm Fire -Sharing by staff -Sharing by families -Sharing by clients -Presentation of rocks	☑ ☑ ☑ ☑
2:00pm Cake	☑
2:00pm Swing -Clients and families participate in high ropes initiative. -Staff facilitate	☑ ☑
Total Score	17 out of 17

Research Question One: Fidelity with Adventure Therapy

Part two of Research Question One asked if the program theory was consistent with the theory and principles of adventure therapy. The results described below are from six formal interviews with staff, 12 informal interviews with staff, and 12 staff being observed during direct observations. One staff member who participated in formal interviews was not asked questions relating to the fidelity of adventure therapy, as they did not have any involvement with this aspect of the program.

The theory and principles of adventure therapy analyzed in interview questions were clients becoming participants rather than spectators in their treatment, motivation of clients throughout treatment, natural consequences, debriefing and reflection, metaphoric processing, unfamiliar environments, sequencing, risk, response to adventure therapy, and a challenge by choice philosophy. Table 6 presents the fidelity checklist for adventure therapy that was used during formal interviews with staff. The left column indicates the number of staff that described the theory or principle when asked related interview questions. A checkmark was given if the staff member stated that the theory or principle could occur intentionally and described an example of its use. The table demonstrates that there was a high fidelity between Base Camp programming and

adventure therapy literature. Outcomes with the least fidelity were natural consequences and peak experiences. Even if a staff member scored high on checklist, he or she might still have identified areas of improvement within this component.

Table 6

Fidelity Checklist – Adventure Therapy

# of Staff	Outcome and Related Literature
5	Clients are participants rather than spectators in their treatment (Gass, 1933b; Neill, 2004).
5	Clients are motivated to participate in treatment (Gass, 1993b).
2	Natural consequences are used to enhance the therapeutic process (Gass 1993b; Neill, 2004).
6	Metaphoric processing is used (Neill, 2004; Gass, 1997, as cited in Burg, 2001).
6	Sessions are debriefed and reflected upon (Gass, 1993b; Neill, 2004).
6	Unfamiliar environment is used to enhance the therapeutic process (Neill, 2004).
6	Events are sequenced (Neill, 2004).
1	Peak experience is reached where clients can demonstrate changes (Neill, 2004).
6	Sessions are designed to create perceived risk, which leads to eustress (Neill, 2004).
6	Activities are enjoyable for clients and increase engagement (Neill, 2004).
6	A "challenge by choice" philosophy is used (Neill, 2004).

Fidelity checklists were also used during direct observations. Data gathered from direct observation of a 2-day wilderness trip indicated that there was a high degree of fidelity with the Adventure Therapy Checklist (See Table 7). Fidelity was not found for four outcomes, including, sessions are debriefed and reflected upon, a peak experience is reached where clients can demonstrate changes, sessions are designed to create perceived risk, and activities are enjoyable for clients and increase engagement. Sessions being debriefed and reflected upon received a score of no fidelity, as sessions were not completed during the wilderness trip. Staff did, however, have informal conversations with youth that provided them the opportunity to reflect and de-brief what they were experiencing. The outcome of a peak experience received a score of no fidelity, as since this was youths' first trip a peak experience had not been designed. Elements of perceived risk were present during the wilderness trip; however it received a score of no

fidelity since this experience was not designed. Enjoyment and increased engagement received a score of no fidelity, as youth were cold and wanted to return to the camp.

Table 7

Adventure therapy fidelity checklist for wilderness trip

Checkmark	Outcomes and Related Literature
☑	Clients are participants rather than spectators in their treatment (Gass, 1933b; Neill, 2004).
☑	Clients are motivated to participate in treatment (Gass, 1993b).
☑	Natural consequences are used to enhance the therapeutic process (Gass 1993b; Neill, 2004).
☑	Metaphoric processing is used (Neill, 2004; Gass, 1997, as cited in Burg, 2001).
☒	Sessions are debriefed and reflected upon (Gass, 1993b; Neill, 2004).
☑	Unfamiliar environment is used to enhance the therapeutic process (Neill, 2004).
☑	Events are sequenced (Neill, 2004).
☒	Peak experience is reached where clients can demonstrate changes (Neill, 2004).
☒	Sessions are designed to create perceived risk, which leads to eustress (Neill, 2004).
☒	Activities are enjoyable for clients and increase engagement (Neill, 2004).
☑	A "challenge by choice" philosophy is used (Neill, 2004).

Low fidelity was demonstrated with the Wilderness Trip Checklist. Table 8 presents two columns of the checklist that compare the trip schedule with what was actually completed. A 2-day hiking trip did occur; however, staff and youth were not prepared for weather conditions, risks were not frontloaded[2] to clients, there was a lack of clothing preparation, and the themes and goals planned were not delivered. The trip did not go as planned because of a spring snowstorm that changed the expectations and difficulties of the trip.

[2] Frontloading is the introduction of an activity using a metaphoric context that relates to clients' treatment (Martin & Ashby, 2008).

Table 8

Schedule verses completion on the wilderness trip checklist

Schedule (Intervention/Task)	**Completed**
Check of conditions -Staff facilitating trip check weather prior to leaving -Staff prepare clients for weather conditions.	✓ ✕
Frontload real risks and plan -Staff inform clients of risks and the plan for managing these prior to leaving on the trip	✕
Clothing preparation -Staff ensure that clients have packed appropriate clothing for activity and weather	✕
Intro to tripping -Staff provide information to clients on hiking, camping, clothing.	✕
Intro to Leave No Trace -Staff inform clients about the seven principles of Leave No Trace.	✕
Intro to map and compass -Staff instruct clients on use of map and compass -Clients have opportunity to practice	✕ ✕
Group theme: Relationships -Discussion, facilitated by staff, on how we impact our environment (i.e. family and wilderness).	✕
Goals/Life maps -Clients complete life maps and review with staff. -Learning is connected to map and compass introduction.	✕ ✕
Hiking -Complete a two day hike	✓
Camping -Camp in the wilderness for one night	✓
Total Score	3 of 13

Direct observation of a day of regular programming indicated a high degree of fidelity with the Adventure Therapy Checklist (See Table 9). Fidelity was not found for three outcomes, including, natural consequences were not being used to enhance the therapeutic process, peak experiences were not being created, and sessions were not designed to create perceived risk. Adventure therapy was used during the intake session, group treatment, reflection time, and free time.

Table 9

Adventure therapy fidelity checklist for day of programming

Checkmark	Outcomes and Related Literature
☑	Clients are participants rather than spectators in their treatment (Gass, 1933b; Neill, 2004).
☑	Clients are motivated to participate in treatment (Gass, 1993b).
☒	Natural consequences are used to enhance the therapeutic process (Gass 1993b; Neill, 2004).
☑	Metaphoric processing is used (Neill, 2004; Gass, 1997, as cited in Burg, 2001).
☑	Sessions are debriefed and reflected upon (Gass, 1993b; Neill, 2004).
☑	Unfamiliar environment is used to enhance the therapeutic process (Neill, 2004).
☑	Events are sequenced (Neill, 2004).
☒	Peak experience is reached where clients can demonstrate changes (Neill, 2004).
☒	Sessions are designed to create perceived risk, which leads to eustress (Neill, 2004).
☑	Activities are enjoyable for clients and increase engagement (Neill, 2004).
☑	A "challenge by choice" philosophy is used (Neill, 2004).

Direct observation of a Passage Day indicated that the two adventure therapy components used during community tasks and a high ropes activity had a high degree of fidelity with the Adventure Therapy Checklist (see Table 10). Fidelity was not found for three outcomes, including, natural consequences were not being used to enhance the therapeutic process, metaphoric processing was not used, and sessions were not debriefed and reflected upon. The short duration of adventure therapy components and their occurrence in a large group lead to the scoring of no fidelity for these components. Findings from formal interviews with staff indicated a high degree of fidelity between Base Camp programming and adventure therapy literature, except in the areas of natural consequences and peak experiences. Despite high fidelity with the literature staff identified areas for improvement within each element in the checklist. Findings from direct observation of a 2-day wilderness trip indicated that there was a high degree of fidelity between programming and the adventure therapy literature.

Table 10

Adventure therapy fidelity checklist for Passage Day

Checkmark	Outcomes and Related Literature
☑	Clients are participants rather than spectators in their treatment (Gass, 1933b; Neill, 2004).
☑	Clients are motivated to participate in treatment (Gass, 1993b).
☒	Natural consequences are used to enhance the therapeutic process (Gass 1993b; Neill, 2004).
☒	Metaphoric processing is used (Neill, 2004; Gass, 1997, as cited in Burg, 2001).
☒	Sessions are debriefed and reflected upon (Gass, 1993b; Neill, 2004).
☑	Unfamiliar environment is used to enhance the therapeutic process (Neill, 2004).
☑	Events are sequenced (Neill, 2004).
☑	Peak experience is reached where clients can demonstrate changes (Neill, 2004).
☑	Sessions are designed to create perceived risk, which leads to eustress (Neill, 2004).
☑	Activities are enjoyable for clients and increase engagement (Neill, 2004).
☑	A "challenge by choice" philosophy is used (Neill, 2004).

Fidelity, however, was not found for four outcomes, including, (a) sessions are debriefed and reflected upon, (b) a peak experience is reached where clients can demonstrate changes, (c) sessions are designed to create perceived risk, and (d) activities are enjoyable for clients and increase engagement. Low fidelity was found between what was scheduled to occur during the wilderness trip and what actually occurred. Findings from direct observation of a day of regular programming indicated that there was a high degree of fidelity between programming and adventure therapy literature. Fidelity, however, was not found for three outcomes, including, (a) natural consequences are being used to enhance the therapeutic process, (b) peak experiences are being created, and (c) sessions are designed to create perceived risk. Findings from direct observation of a Passage Day indicated that there was a high degree of fidelity between programming and adventure therapy literature. Fidelity, however, was not found for three outcomes, including, (a) natural consequences were being used to enhance the therapeutic process, (b) metaphoric processing was used, and (c) sessions were debriefed and reflected upon.

Cross-validation of findings from interviews and direct observations occurred and lead to confirmation that areas lacking fidelity were the elements of natural consequences and peak experiences. The data described below provides the findings which support the amounts of fidelity found.

Participants verses spectators. Clients' being participants rather than spectators in their treatment was primarily consistent with the program theory. Aspects of the program that demonstrated this were individualized case planning that was client directed, how staff facilitated treatment, and participation in activities. These aspects are described below.

Youth and families participated in creating their own individual case plans and had control in their treatment. Youth assisted in designing home visits and deciding which wilderness trips would be done. Families were able to determine their level of participation in treatment; for example, they could decide how often they wanted to attend Base Camp. Clients were constantly asked by staff why they wanted to be in treatment so that case plans could be developed and modified accordingly. One staff member described this by stating:

> [If I] see a client spinning their wheels out there, that's just kind of passing the time, it comes down to a conversation about 'why are you here?' and returning to sort of those goals that they form early on in treatment and really re-challenging those, using things called ambivalence charts, where they're really going through like, for them, what are the pros and cons of being in treatment and what are the pros and cons of being out of treatment. (Staff).

Staff facilitated treatment in a manner that was supportive and guided by clients. One staff member described this by stating:

> The work is really all up to them [laughs] I mean staff don't work harder than the kids or the families, and so the process isn't guided by us, it's guided by what clients are sharing and what families are sharing, and we're really just, you know, supporting them through that process and their doing all the work. (Staff).

Clients actively participated in their treatment through activities, which provided real moments for clients. These moments provided opportunities for clients to experience risk, have emotional involvement, realize the consequences of actions, and rely on resources. Staff stated that these elements inherently required participation from clients and were foundational to adventure therapy.

Motivation. Staff differentiated between youth having internal and external motivation. Since the program is voluntary staff assumed that youth had internal motivation for attending Base Camp; however, acknowledged that some youth were externally motivated. Youth could change from being externally motivated to internally motivated as treatment progressed. One explained this by stating:

> It's a voluntary program, so there does need to be some element of internal motivation. We do have clients who come into the program that are completely externally motivated, whether it's like, you know, they'll go to jail if they don't finish the program or so and so is going to give them a financial reward for finishing the program. Sometimes that motivation changes in the 3 months to a more internal motivation, but it completely depends on the situation they're coming from at home. (Staff).

When youth enjoyed their treatment and felt they were making changes, their motivation increased. One staff described youths' enjoyment as them being present in the moment, engaged, and discovering that they loved what they were doing:

> I've heard of maybe some situations with clients, especially around the high ropes course, where they have been just like really in the moment, engaged, and challenged by loving what they're doing. (Staff).

Responses indicated that youths' motivation to participate in treatment could increase, decrease, or stay the same depending on the youth, his or her circumstances, and the stage of the program he or she was participating in. Staff described motivation as constantly changing. One staff stated that youths' motivation could change daily depending on the challenges that they were encountering in treatment:

> Every day is a challenge to their motivation, there's things that we can do and there's supports and options and setting up visits and listening to what those clients specific needs are, that we could do that help to motivate, but most kids [are] more of a roller coaster than others. (Staff).

Staff stated that, generally, youth were motivated to participate in treatment and that this motivation increased as treatment progressed. One staff member stated:

> I think the change is huge in their levels of motivation and I think by the time they passage they realize that they aren't done changing. They've just made a big step of change, but they're not done cause they haven't fully applied it to their daily lives out of Base Camp. (Staff).

Staff also stated, that, generally clients experienced a period where their motivation decreased. One staff member stated:

> I think the crux point or the most difficult point is around two weeks, usually when the clients, most of the clients, consider seriously the question of "what the hell am I doing here." […] they're questioning the whole relevance of this place and their life and whatnot. So after that two weeks is past you can see that clients will get into that stage where they usually tend to go a little deeper or explore other aspects of their treatment process. Now their motivation can go down again depending if they're facing what seems to them way too big to experience and they want to leave the place and then they can move through and stay or sometimes clients are just done with this place and they leave. (Staff).

Staff described two patterns that outlined possible stages of motivation that youth appeared to progress through during treatment. Youth could follow the Stages of Change Model where they were pre-contemplative at intake, committed to change as treatment progressed, and then displayed change (See Figure 2; Prochaska, Norcross, & DiClemente, 2002). One staff member stated:

> [Youth] can be very pre-contemplative when they're in intake on whether or not they wanna use still, whether or not they want to be here, whether or not they want to be in school […] Once clients put in months they've committed to change. They're not just thinking about it anymore, they've put it in practice and they have changed. (Staff).

Figure 2

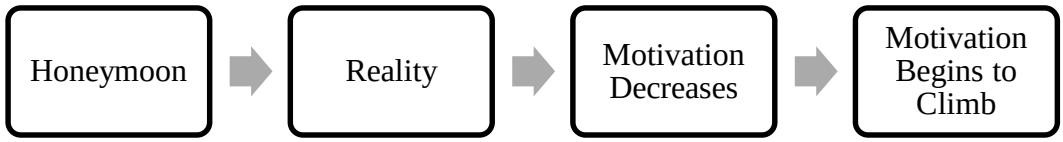
Pattern of Change (1)

Youth could enter the program with high motivation and then, when the reality of being in treatment was experienced, their motivation decreased. Youth who stayed in the program after this decrease, could experience their motivation slowly start to increase again as treatment progressed (See Figure 3). One staff member stated:

> Most clients come in here like 'whooo' honeymooning and then reality of being in the wilderness hits and it goes down and then I find really the rest of treatment is them figuring out like what that slow climb back up to where they wanna be looks like. (Staff).

Figure 3

Pattern of Change (2)



These findings demonstrated that youth experience changes in their levels of motivation and if their motivation was internal or external throughout treatment.

Natural consequences. Staff described numerous consequences that occurred during treatment; however, often these consequences were created through staff facilitation or programming. The majority (n = 4) of staff tended to label these consequences as natural consequences. An example of a mislabeled natural consequence is:

> We did a really cool group today around commitment and it was using a mouse trap and laying your hand flat on a set mouse trap and talking about like "well you're committed because you have your hand on a mouse trap, but the follow through is to like actually lift your hand off of that mouse trap" and talking about like "what does it take to get you to commit and what does it take for you to actually follow through" […] And we did some stuff around like helping, um, other people. Other people helping you lift your hand off the mouse trap or holding it down while you took your hand off the mouse trap and that was like, yeah there was some real natural consequences there cause if they weren't willing to follow through and lift their hand off the mouse trap they were stuck. (Staff).

Natural consequences were therefore often not used to enhance the therapeutic process and when they were used it was often without intention. Staff stated that natural consequences were sometimes avoided to ensure the safety of clients. One staff member stated, "there's some natural consequences that we can let kids experience and there's some that we can't responsibly let them experience." When natural consequences were used intentionally they could be processed through metaphors. One staff member explained that natural consequences "becomes a bit of a mirror for clients that they can look into and see 'is this, you know, can I relate this experience to something at home?'

So it's that metaphoric transfer of learning." Natural consequences could also be frontloaded to clients and framed to have them work together to make decisions regarding consequences. Part of this process was allowing clients the opportunity to be unsuccessful. One staff member stated, "sometimes we allow activities to not be successful or to not reach our destination because there's lots of learning to be done in that in terms of what expectations mean and what does it mean to fail." On the second day of the direct observation of a wilderness trip youth were provided with the option of returning back to the parking lot or summiting the mountain. The natural consequences of youths' decision were frontloaded to them by staff who described the weather conditions, length of trail, emotional state of group, and possible outcomes. Youth then had to discuss what they preferred to do and came to the consensus to return to the parking lot.

Metaphoric processing. Metaphors were used frequently throughout treatment, especially during reflections and debriefing, experiential activities, group sessions, solos[3], reading books, adventure therapy, art therapy, ritual and ceremony, school, individual sessions, and while acquiring technical skills. One staff described the role of metaphors in programming by stating:

> Typically in an experiential activity, in a group session, is a metaphorical activity, so it's doing something, you know, there's some sort of meaning behind that they're then gonna relate back to their personal lives. When the clients do solo

[3] Solos are when a youth experiences being present in the wilderness by himself or herself, for a maximum of 24-hours, in order to reflect on his or her treatment, life, and desired changes (Enviros Wilderness School Association, 2013). Staff assist youth in preparing for their solo and provide any required facilitation (Enviros Wilderness School Association, 2013).

> activities it might be giving them a metaphor to think about that relates to their lives. We read books and, you know, and a lot of the time these have some sort of symbolism or meaning or metaphor that we can then relate back to their lives, you know, adventure therapy, that's like a big metaphor […] there's metaphors all over the wilderness that we use […] that's where the treatment's coming from a lot of the times. (Staff).

Another staff member described the amount metaphors are used:

> I think they're used a lot and we're going on a hike tomorrow and like the whole metaphor around getting to the top of the mountain is huge […] around like achieving goals and what does it mean to not get to the top of mountain. (Staff).

Metaphors could be framed in a reality-based activity or created by staff. One staff member described this by stating:

> It's framed in different ways from like a reality based way, like on a challenging trip you can draw parallels there, to creating something totally imaginary and doing it in experiential educational activity. (Staff).

Metaphors were used to transfer youths' learning at Base Camp to their lives through staff facilitation. One staff explained this by stating:

> […] it's about helping clients transfer that learning and so being fairly explicit about "what does this mean for you?" and "how does this impact you in your treatment, in your life outside of this experience?" Tends to be kind of a guiding framework for staff for when their formulating the debrief is "how am I gonna help the client transfer this learning or create this space for them to transfer the learning?" (Staff).

Metaphors were important to make the learning that occurred applicable to youths' lives outside of Base Camp. One staff member stated:

> […] so a lot of the learning transfer is metaphoric. Obviously being out in the woods and doing experiences that [they] have no context for, and probably won't do again outside of that experience, kinda demands that we […] help them create metaphors that can be applied in any different scenarios. (Staff).

Another staff member stated:

> So much of what we do out here is metaphors […] it's a huge part of what we do because, like honestly, like [Base Camp] is a metaphor for life cause this isn't their real lives being out here and being able to see these like skills almost and like all these different things that they're experiencing can be a reflection of what's happening in their life. (Staff).

These data describe the high degree of fidelity that metaphors used at Base Camp have with adventure therapy. Staff demonstrated that metaphors occurred during programing and could provide examples regarding where metaphors were implemented, how they were framed, and their purpose. This fidelity does not negate the limitations regarding metaphors that were presented in the program description.

Debriefing and reflection. Staff stated that debriefing and reflection were used frequently and that reflection was a never-ending process. Sessions were debriefed and reflected upon in numerous formats and locations. Staff stated that there was no set process for how they were supposed to conduct debriefing and reflections. Staff stated that metaphoric processing was frequently used. Discussions were often conducted in a circle after activities and provided an opportunity for everyone in the group to speak.

Clients were asked questions by staff and were provided the opportunity to discover links between the activity and their realities. One staff member stated that clients discovering links on their own was more effective than a staff member connecting links for them:

> Some of it is staff talking, but a lot of it is us just asking questions and I guess instead of telling them how that relationship is between the activity and the greater treatment themes or real life or whatever, I think it's about […] guiding them there through asking questions versus just telling them. And I think that if they can answer those questions for themselves that's a lot more important and effective. (Staff).

Reflections could occur at the beginning of a session in situations where staff frontloaded the activity and presented questions for clients to think about during it. After the activity was introduced, youth would participate in it, and debriefing would be an internal process, as the youth reflected on the questions. Sessions sometimes had no formal debriefing or reflection and it was assumed that processing occurred as part of the experience. Debriefing and reflection could occur through a solo[3], at Base Camp or on a wilderness trip, where youth were provided with a series of written questions to think about. These questions and corresponding answers could then be discussed as a group, individually with staff, or could be reflected on at a later stage in treatment. The latter would occur if a treatment theme or goal was continuing to be addressed in another activity. Clients could also request a reflection period and identify a goal that he or she wanted to reflect upon at Base Camp (i.e. how they were going to transition home, what changes they needed to make in their lives). Additionally, an on-site reflection could occur as an immediate response to a youth having substances or being under an influence

while at Base Camp. Furthermore, reflections could occur when clients were having home visits or if they were temporarily discharged from Base Camp.

Unfamiliar environments. Youth often found that living at Base Camp and going on wilderness trips were unfamiliar environments. Families also found Base Camp to be an unfamiliar environment. One staff member stated that youth and families being in an unfamiliar environment provided an opportunity for learning:

> When somebody is just outside of their comfort zone, that's usually where learning happens, you know, when we're in our comfort zone things are really great and that's fabulous, but we're not necessarily learning anything new about ourselves because it's comfortable, so yeah, I would say once you're not in that danger zone of feeling unsafe because you're too much out of your comfort zone, but you're just outside of it. (Staff).

Another staff member described how being in unfamiliar environments enhanced the therapeutic process by teaching resiliency through the building of strengths, as well as reminding clients about what is important in their lives:

> Sometimes simply being at camp is an unfamiliar environment […] based on our location, other times being on trip and having to have just the bare necessities is an unfamiliar environment and it teaches resiliency, but I think it also teaches what those few really important necessities for each kid in their life is too, like those few things that they don't want to live without. […] it definitely creates a sense of skills, gaining skills, and that's what I meant with resiliency before, building up those strengths that they didn't know they had. (Staff).

Environments that were unfamiliar to clients were often frightening, challenging, and stressful. One staff member explained that these responses could contribute to the therapeutic process: "[…] to have clients interact with those stressful responses is therapeutic in the sense of self-exploration." Clients were able to learn new things about themselves and gain skills as they discovered that their patterns no longer worked and needed to be revised to fit the new environment. Clients were also able to create new stories and disconnect from past experiences. One staff member stated:

> […] you learn something new about yourself, you know, or you're maybe trying to perpetuate old patterns that just won't work in a new situation, so that's being reflected to you and so all of those learnings that are coming out of that are facilitated by staff and, you know, reflected back to the clients to have conversations about, you know, that they are perpetuating old patterns, maybe they're not ready to make those changes and that's learning in itself as well because then it's meeting clients where their at and, you know, figuring out what support they need. (Staff).

Unfamiliar environments provided a context for building relationships in an accelerated manner as clients had to rely on each other and work together. When staff and clients were placed in environments that were unfamiliar to both of them the same effect occurred on their relationships. One staff member provided the following example:

> Some of the best trips that I've had or some of the best experiences that I've been a part of is when everyone is in an unfamiliar context and it truly does become a bit more adventurous. […] We've done some very intentional trips where everyone gets dropped off in a cut block with a compass and a map and, you

> know, staff will roughly know about where they are, but they've never been there before and so it adds something to the experience when you actually do need to rely on each other to work together. (Staff).

Staff facilitated learning and discovery in these environments through feedback, support, phases of treatment, and assessing clients' readiness for change. Processing of unfamiliar environments was conducting through frontloading and transferring learning to clients' lives. One staff described frontloading and transfer of learning by stating:

> We sort of frontload [unfamiliar environments] right from the intake day, like this is a totally new environment because you (a) haven't been here before and (b) it's not your daily life, and talk about that. […] It's just like a way for […] clients to sort of test themselves and try new things that they haven't done before and then if those things that they've tried and have worked, how do you take those and transfer them into your real life outside of Base Camp? (Staff).

Data indicated that though unfamiliar environments were acknowledged and being used intentionally, there could be further improvement in this area. One staff member described the need for this improvement amidst the program's strengths:

> I would say, as a team, probably some individuals use [unfamiliar environments] consciously, but as a team or as a program, we're not very conscious of our approach on that. I think by default it is creating a state of dissonance in a client, which is an important opportunity for adaptation and growth, an opportunity to disconnect with past experiences and recreate a new story, um, but it also has the potential to increase stress and anxiety […] that part we're definitely addressing. (Staff).

Sequencing. Data indicated that events were sequenced during adventure therapy; however, areas for improvement within this were also identified. One staff member explained that though activity plans and the program provided a sequence of events, this sequencing could occur with more intention, leading to more in-depth treatment:

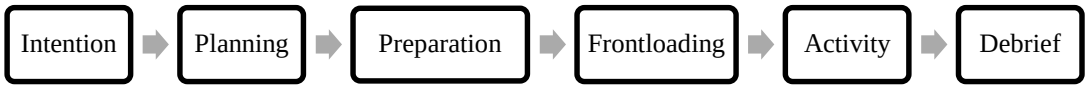
> We're following activity plans and things like that, so there is some sort of sequencing that is relevant to the activity at the time, that being said it's still relatively surface level. (Staff).

Staff stated that sequencing occurred in different formats and that there were no formal Base Camp guidelines regarding this. In responses to formal interview questions, staff differentiated between the sequencing of single sessions and clients' whole treatment. Sequencing of a single session could be done by creating an intention, planning the activity, preparing for the activity, frontloading the activity to clients, conducting the activity, and then debriefing. This was described by a staff member and illustrated below (See Figure 4):

> There's an intention created for what you want that activity to try and be about, from the intention we usually create an experiential […] activity […], put together a plan. You frontload the clients with sometimes little bits of information and sometimes you want them to know exactly what they're getting into. […] you do the activity and then you debrief the activity. (Staff).

Figure 4

Sequencing of a single session



The intention created might be part of a treatment theme or it could be a reflection of what was occurring in the community. One staff member described the creation of an intention for a session and how it related to the treatment whole by stating:

> A lot of our [experiential learning] activities can be kind of like spur of the moment, like not as planned out as a progression of trips or the 10-day intake, more based on like what we're seeing in the community. […] [We] give some thought to where we want to take that with next groups, so thinking about kinda the outcome whether it's just awareness or changing behaviours. (Staff).

Numerous elements contributed to the sequencing of treatment for clients, including a 10-day intake schedule, deliverables from AHS, wilderness tripping, and the ability to reach peak experiences. These elements are described below to outline their role in program sequencing.

Intake schedule. The 10-day intake schedule differs from regular programming and is for youth who had been admitted to the program. This schedule provided youth with the opportunity to explore what they wanted to accomplish and develop an action plan. This foundation was then used to sequence clients' treatment.

AHS deliverables. AHS provided Base Camp with a list of deliverables that every client needed to receive during treatment. These deliverables set treatment themes and what would be discussed during sessions. The content of these deliverable were

formatted to build upon each other as clients progressed through treatment, which created inherent sequencing.

Wilderness tripping. Treatment is sequenced for clients to first focus on themselves as individuals and then on themselves in the community. Wilderness tripping provided clients the opportunity to transfer this learning about themselves to a new setting. Wilderness trips were also sequenced to increase in difficulty from intake to discharge. At the time of data collection Base Camp was in the process of redeveloping the progression of their trips and was attempting to be more intentional with their sequencing. One staff member described this by stating:

> We've been sort of redeveloping like a progression of trips […] so those are intentionally building on one another, so it's more achievable and realistic for clients to accomplish and to feel like they're gaining some sort of mastery and enjoyment out of it versus like 'hi, it's first day let's go up [mountain].' […] So really being intentional about how we build on things and pull things from other groups or past groups and like building on them in the next group. (Staff).

Peak experience. Staff described opportunities where clients demonstrated changes; however, when asked specifically about providing peak experiences for clients during formal interviews, staff had difficulty identifying what these were and examples of their implementation. Staff that asked for a definition of the term had it described to them as a planned series of activities or sessions that led to an outcome or goal where clients could demonstrate changes. Staff suggested that despite lack of planning or intention of these peak experiences there could inherently be opportunities for them in programming. One staff described this by stating:

> I don't really feel like we're designing [a] progression that has pre-assigned peak experiences. […] that being said in the very structure of the program there are opportunities for peak experiences […], but we're not really using them in that context. […] There's also the potential for a lot of peak experiences to just happen by themselves and create a very strong emotional connection for the clients depending on what they live in the moment and what activity they do. (Staff).

Staff also suggested that opportunities for these inherent peak experiences might occur when clients were placed outside their comfort zones or during ceremonies and rituals.

One staff member was able to identify and describe peak experiences. This staff member stated that Base Camp staff attempted to create peak experiences, but had difficulty doing this because of client diversity:

> We try and craft experiences that have the potential to be peak experiences for clients, but some clients reach that peak experience much sooner than others do in any given activity and so it's hard to design for, but peak experience, I would say, is reached when there's, you know, it's that pinnacle of experiential learning when you got, you know, great investment in the outcome and you're right at that intersection of […] perceived risk and perceived competency. (Staff).

The desired outcomes of sequencing and creating peak experiences were described by staff as the intentional creation of metaphors and a more enjoyable experience for clients, as well as an opportunity for clients to achieve mastery of goals through skill building. The latter could involve technical or emotional skill building. One staff member described this by stating:

> [That] ladder approach where we can, you know have a nice progression from one activity to another allows clients to build upon the skills of the previous […] and with that comes that self-esteem and confidence piece. […] So if we take them on a challenge course before we go rock climbing, rock climbing becomes a jumping point to transfer some of that level of learning to the new environment. (Staff).

Risk. Formal interview questions asked staff how real risks were managed and if perceived risks were created. Responses indicated that real risks were managed and that sessions were designed to create perceived risk that could lead to eustress. The use of real and perceived risk in programming gathered from these responses is further described below.

Real. Risks were managed through adherence to Base Camp and Enviros policies and procedures. This included wilderness policies that provided guidelines for trip leader evaluations and approval of trip plans. It also provided guidelines for what activities and wilderness trips could occur, instructions for how these could be conducted, and who could lead them; based on industry standards, certification, and experience. Base Camp staff were certified by professional bodies relating to their industry specialization and were responsible for following their industries' (e.g. climbing, canoeing) best practices. Real risks were also managed through staff having knowledge and understanding of what risks were in situations. This knowledge provided staff with the ability to plan how risks would be managed and could frontload the plan to clients. One staff member described the importance of "being really aware of what those risks are, having a good plan in their eventuality and frontloading that to clients, cause it's easier to manage a group if they know what the boundaries are." Staff frontloading risks and having clients aware of them

allowed clients the opportunity to enact a challenge by choice philosophy regarding their level of participation in an activity. One staff member described the importance of "being clear at the beginning of an activity if there are some real risk so that clients, you know, have an opportunity to decide what level of participation they want to participate at." Additionally, staff having knowledge and understanding of clients was important in managing risks, as staff were able to design appropriate activities and trips. One staff member stated, "there's that piece of really understanding who the client group is and what activities you should or shouldn't be doing. It's not every activity is going to fit with every individual or every group." Furthermore, having a positive therapeutic relationship with clients was important to their emotional safety. One staff member described emotional risks and how to manage them by stating:

> There's obviously an assessment of the physical location that you're gonna be in, and the weather and all those kinds of very real risks, but that therapeutic relationship would also enable us to be able to understand the emotional risks of running an activity as well and what frame of mind a lot of our clients are in on that day or what their past experiences are. (Staff).

Perceived. This risk was described as often being inherent in activities and its' severity was individualized to clients and their previous experiences. One staff member described this inherent perceived risk by stating:

> Especially for the population of clients that we support, most of them haven't done the types of wilderness tripping that we do and that in itself, you know there are perceived risks about that […] existing in the wilderness for some families is perceived risk. (Staff).

Another staff member described the individualization of perceived risks as:

> Perceived risk depends a lot on the person that's perceiving the risk, so maybe we're creating an activity that for us seems like there's very little perceived risk, but for them there is a lot of perceived risk. (Staff).

Additionally, a staff member described both the inherent nature of perceived risk and its' individualization to clients:

> I think that perceived risks are just inherent in life and how we view things […] so I don't think we necessary go out of our way to increase perceived risk, but I think that each client will have a different idea of what the risk might be based on their own perceived risk. (Staff).

Perceived risks were created when clients were placed in an unfamiliar environment. These perceived risks could be designed intentionally and framed according to the treatment theme. The high ropes course was the most frequent example used to describe when perceived risks were created for clients. One staff member explained this example by stating, "the heights are like a pretty obvious perceived risk and they're perceived because the safety measures that we take and the training we have."

The purpose of creating perceived risk was to promote a broad range of emotional experiences for clients, such as discomfort, and a biological response of adrenaline. One staff member described the use of discomfort as, "it's about that piece of going beyond your comfort zone because that is that learning area." Another staff member described the use of adrenaline by stating:

> […] trying to provide experience that still give clients a healthy rush and adrenaline because a lot of the experiences that clients are involved in with drugs and alcohol they do because it's risky and there's an adrenaline rush with that, so it's about trying to give clients that same feeling, but in a healthy way. (Staff).

Perceived risks were also created to accelerate relationship building. One staff member described perceived risks as accelerating relationship building, which led to a realization of strengths:

> It's that acceleration of relationship building […] that strength based approach where you can create experiences where people have to overcome something challenging so that they can discover or find that strength within themselves and so you can't necessary do that in the same way sitting in a classroom at a desk in a really safe place. (Staff).

Additionally, perceived risks were created to engage clients in treatment. One staff member described this engagement by stating:

> […] it's very real for them in that moment and being able to tie treatment related things to say an experience on the high ropes, I think that brings the message home in a way that they can really feel [laughs] be it the fear or the adrenaline rush, yeah, and that I guess perceived level of risk, like that makes it really real in a way that someone standing and talking to them couldn't. (Staff).

Staff might avoid creating perceived risks because they feared that these risks might become real risks. The target population was vulnerable and staff were concerned about causing clients unmanageable stress. One staff member described creating perceived risk and managing its intensity by stating:

> I would say that the intensity of adventure experiences that we offer here is relatively low because we do have a population that has a higher trauma likelihood, so we want to reduce chances of creating more trauma. So we don't want to create stressful situations for clients if we can, we do want to create some level of discomfort, but we're also very, very careful as to not push people beyond their comfort zone and not create unhealthy stress. (Staff).

Another staff member stated that on wilderness trips staff are "not gonna create [perceived risk] *pause* and these are choices that we're making, so that we don't end up in an emergency situation."

Clients had opportunities through perceived risk to experience eustress and overcome fear, anxiety, and obstacles, which led to a sense of accomplishment. Clients could explore how they were able to overcome these challenges, including strategies of asking for help, self-talk, and using their strengths. One staff member described these strategies by stating:

> Self-talk is probably a huge skill that comes from [perceived risk], learning how to ask for help, and what it looks like for them in themselves to be able to face something scary and come out on the other side okay, what that process looks like and feels like so they can translate that to maybe something that's not high ropes, but you know, picking up the phone and calling [a family member]. (Staff).

Clients could transfer these strategies and what they learned through perceived risk to their lives through metaphoric processing. One staff member stated that dealing with perceived risk at Base Camp was a metaphor for trying to maintain sobriety once discharged:

> […] there's something to work through, usually fear or low skills level to begin with and yeah, clients being able to work through that perceived level of risk is like a big metaphor for having to go home and deal with life sober whether it's making new friends or moving to a new city or transitioning into like semi-independent living, getting jobs, yeah, it's important to have that so that you can create a sense of mastery and achievement. (Staff).

Response. Clients' responses to adventure therapy varied day to day and could be dependent on clients' preferences regarding the activity. One staff member provided an example of this by stating, "if a client doesn't like heights they aren't going to like high ropes and may not engage with it." Responses also varied according to what treatment theme was matched to the activity and how this theme related to clients' lives. A staff member described an example of this:

> It will depend on the theme of the activity. I mean if somebody has a lot of issues about their family and we're making the treatment theme about family we'll see a shutdown […] they might engage in the activity part of the experiential activity, but not necessarily engage in the debrief. (Staff).

Additionally, clients' responses depended on the facilitation of the intervention and how well it was matched to clients. One staff member described this as, "it varies a lot depending on the engagement of the facilitator and how well [he or she] matched the activity to where the clients are at." Additionally, Furthermore, clients' response was dependent on their motivation and engagement in treatment.

Clients, however, did appear to find adventure therapy enjoyable and there were indications of increased engagement through the creation of commonalities among clients

and memorable events, as well as providing clients opportunities to be active. One staff member stated that he's "seen clients really respond, like be really engaged in [adventure therapy]." Another staff member stated that "for the most part [clients] respond really well because they're, you know, active and doing something verses sitting around and talking about the same [treatment] theme." Additionally, a staff member stated that adventure therapy "creates this other level of memory around the concept of whatever the intention was."

Challenge by choice. A challenge by choice philosophy was used throughout treatment, but especially during activities with elements of perceived risk. During formal interviews with staff, the high ropes course was frequently described as an example where this philosophy would be used. One staff member described this by stating:

> Anything with a perceived level of risk is challenge by choice and an example of that is the high ropes course, like we don't force people up there and it's however high you want to go. If you don't want to leave the ground like "thanks for being here and helping [other] people." (Staff).

The challenge by choice philosophy was described as occurring on a spectrum where optimal participation was invited from clients. One staff member used the high ropes course to describe differing levels of participation for clients depending on how they wanted to challenge themselves:

> Some clients would choose not to go up [the high ropes course] and they would help […] or they'd be an active observer and provide feedback, things like that. They're still engaged in it, but they're choosing the degree to which they wanna challenge themselves. (Staff).

During an activity real and perceived risks were frontloaded to clients. Clients could then make an informed decision about their level of participation and staff would support their choice. One staff member described this process as:

> We really go through all of the safety measures and depending on what, you know, if we're doing a specific element or if we're doing the static course, really being clear with clients about what they're gonna be participating in and then giving them an opportunity to take on different roles depending on their level of comfort and, you know, challenging themselves. (Staff).

Staff supported clients in their choice by acknowledging that each client interprets what is challenging differently and celebrating when clients accomplished their goals. One staff member described this by stating:

> […] being able to explain that challenge for you and for me looks very different because of where we each come from and what we've both experience in our lives, so challenge by choice is just essentially, in my perspective, is celebrating whatever it means to accomplish a goal. […] If your goal is simply to just put the harness on and maybe walk up to the [high ropes] platform, not even to secure yourself, that's, you know, that's your challenge and that's your goal and that's what should be celebrated. Just because that wouldn't be what I would do for myself doesn't make it any less of an accomplishment. (Staff).

Staff described difficulties in implementing a challenge by choice philosophy during some activities, for example during mountain biking, where there were limited opportunities for various levels of involvement. One staff member stated, "the more

roominess for varying levels of participation then the challenge by choice tends to work a bit easier."

Research Question Two

Research Question Two asked if clients' awareness of their strengths was raised through the program components of adventure therapy, therapeutic relationships, and family involvement. Responses indicated that all of these components assisted in raising clients' awareness of their strengths, as well as highlighting three secondary components, including camp rituals, joint tasks, and daily living in an isolated residential facility. The results described below are from formal and informal interviews with Base Camp employees, clients, and clients' family members. Data that were not mentioned in interviews, but gathered from direct observations are specified as such. Table 11 provides an outline of the categories and themes that address this research question.

Table 11

Categories and themes for Research Question Two

Categories	Themes
Adventure Therapy	1) Challenge 2) Risk 3) Reflection 4) Relationship 5) Fun 6) Intention
Therapeutic Relationships	1) Feedback 2) Trust 3) Support
Family Involvement	1) Space for dialogue 2) Changes in roles 3) Feedback
Camp Rituals	1) Recognition 2) Accountability 3) Practice 4) Safety
Joint Tasks	
Daily Living	1) Safety 2) Feedback 3) New environment 4) Reflection 5) Routine

Adventure therapy. Six themes arose to illustrate how adventure therapy raised clients' awareness of their strengths, including challenge, risk, reflection, relationship, fun, and intention. These themes are described below.

Challenge. Adventure therapy provided clients unfamiliar environments, which placed them outside of their comfort zones and into situations of real and perceived risks. One staff member stated, "[…] within adventure therapy the themes of personal challenge, struggle, discomfort, communication, trust […] those are so much a part of it that I do think that it helps them […] identity their strengths." Through these challenges clients were able to identify and build upon their strengths. These strengths included increased confidence and self-esteem as clients learned more about themselves and learned new skills to overcome these challenges. One client explained the challenge of being on a wilderness trip and how he had to learn "a lot about like how to survive […] I know how to make a fire, learned a bunch of little like trick stuff like that. Like fire sticks and twig bundles, how to make a shelter." One staff member described that being placed in unfamiliar environments has the potential to highlight strengths and, if clients are not aware of them, staff assist in reflecting the strengths back to clients:

> I think [adventure therapy] puts clients in a new situation or scenario that they've never experienced before, just in that itself highlights, you know, characteristics and qualities of who you are and then staff who are facilitating those trips have the experience to reflect that back to the clients. (Staff).

Another staff member described how participating in activities enabled clients to identify their strengths and how these strengths could be highlighted in challenging situations:

> [Clients] can identify those [strengths] within themselves when they're simply

> doing it. It doesn't have to be through conversation and it's just, you know, like feeling accomplishment, feeling perseverance, feeling the ability to push through things, like those kinds of really incredible strengths that young people, many of [them] possess, but don't necessary see within themselves. I think those can really be highlighted in challenging situations that occur climbing a mountain or reaching a next level on a high ropes course. (Staff).

Risk. Staff spoke about clients being in real situations, which provided insight into who they were rather than how they wanted to portray themselves. Staff stated that these real situations highlighted both the strengths and weaknesses of clients. One staff described this by stating:

> [Adventure therapy] has the potential to put [clients] in a situation that is real for them, so facades are less likely and then they show up to the situation […] there's both strengths and weaknesses, but the strengths […] are true strengths. They're not wishful strengths. […] It's "I have behaved in ways that display that strength. (Staff).

Reflection. A client described how reflections occurred during adventure therapy and stated that these assisted in raising awareness of strengths through metaphoric processing. The client highlighted the amount of group work that occurred and stated that one of the most powerful experiential activities was making a Tree of Life, which provided the opportunity for reflection on clients' past and future, as well as important people and aspects of their lives. This included a reflection on strengths. The client stated that another powerful experiential activity that reflected strengths was making a

mask that represented various aspects of who he was and what he was hiding behind his mask.

Relationship. Adventure therapy promoted relationships among clients, which led to clients recognizing their strengths through increased communication, learning to help each other, and pushing each other to new edges of their comfort zones. Clients became aware of strengths that they did not realize they had, as they explored these new aspects of themselves. One staff explained this by stating, " it allows [clients] to help each other I guess and experience that part of themselves cause, you know, often times […] drug life is very self-absorbed and not about relatedness on that level, so [adventure therapy] creates relationships."

Fun. Clients had fun while participating in adventure therapy and realized that they had found something new that they enjoyed and could be good at. One youth stated:

> I realized I was pretty good at rock climbing, like, I love outdoor activities like canoeing. Did whitewater canoeing that was awesome, I loved that, I was pretty good at that. I dunno. I just realized that I'm a lot more athletic than I thought I was, maybe, you know, there's other ways to have fun than doing drugs all the time. I dunno, I just realized I have a lot more potential than I thought I did. (Youth).

Intention. Staff spoke about elements of adventure therapy that naturally assisted clients in recognizing their strengths, but also acknowledged the importance of building intention into treatment. Clients could identify areas for improvement and could practice and build these into strengths that they could demonstrate. One staff member provided the following example:

> There's those kinds of things that just come out naturally and there's also adventure therapy can be approached in a very intentional ways too. So say a client really wants to work on patience that can be identified at the beginning of […] an adventure or your time outside and strategies can be put in place to have them work on that specific skill. […] That could be just another example of how you could use adventure therapy to identify those strengths and also show them, display them, work on them. (Staff).

Therapeutic relationship. Staff stated that raising awareness of clients' strengths was embedded in the program through the use of narrative therapy and a strength-based approach. An important aspect of implementing these orientations was having a therapeutic relationship with clients. Three themes arose regarding how therapeutic relationships raised clients' awareness of strengths, including feedback, trust, and support. These themes are described below.

Feedback. When staff had a positive relationship with their clients they were able to provide them with honest feedback and assist them in recognizing their strengths when they were enacted. One staff member stated, "It's up to us to reflect [strengths] back and for the clients to do that with each other […] I mean they're living with each other so we really encourage that feedback among peers." Additionally, through a positive relationship staff were able to ask clients questions that were pertinent to their situations and build upon their relationship to recognize more strengths. One staff member explained this by stating:

> Point out [clients'] strengths definitely helps the relationship and the relationship also allows to point out more strengths and you start to see more strengths the

> better the relationship you have them because if you have a bad relationship it's a lot easier to go into judgment. (Staff).

Trust. A therapeutic relationship had an implied level of trust, therefore when staff acknowledged strengths clients had, they trusted that staff were identifying real strengths. One staff member explained this by stating:

> There's that level of trust there that they have with us and trust that we're not gonna tell things that aren't true, so if we're telling them that this is a strength we're seeing in them and we're honouring that in the community then I think that's hugely how we help them to see their strengths. (Staff).

Supportive. Key workers supported clients in their treatment by meeting with them weekly to discuss treatment goals (i.e. S.M.A.R.T. goals[4]). They also assisted clients through the phases of the program. One client explained that receiving support allowed him to explore his strengths by learning more about his emotions and trying new things. He stated that staff "being really supportive and kind of motivating you to, you know, dig deeper into your emotions and kind of dig deep and try new things." Staff confirmed that having a supportive relationship with their clients allowed them to reach a deeper level of treatment. Staff stated that having a supportive relationship with clients allowed them to facilitate activities that would challenge clients to recognize their strengths while still remaining within clients' skill levels. One staff member explained this by stating:

> If I have a good relationship with somebody I can put them in a situation that's a bit more challenging and be confident that they can either do it and if they can't

[4] Goals are S.M.A.R.T. when they are specific, measurable, achievable, realistic, and timely (Enviros Wilderness School Association, 2012).

do it I can be there to support them in a healthy way. (Staff).

Family involvement. Three themes arose with regard to how family involvement raised clients' awareness of strengths, including having a space for dialogue, changes in roles, and feedback. Each of these themes is described below.

Space for dialogue. Program components that involved families created a space for dialogue among family members that was intentional and honest. This led families to having empathy for each other and increased communication, which assisted in raising awareness of strengths in the families and provided an opportunity for family members to reflect these strengths to each other. One staff member stated that a space for dialogue provided an opportunity "so that the young person could hear those [strengths] and the family can hear those [strengths]." Another staff member provided an example of having a fire where families could reflect strengths to clients, which raised their awareness of what their strengths were:

> Having fires at the end of a family programming event and having that time and space to reflect [strengths] back to the client, so I think it's a good opportunity for those strengths to be reflected back to a client by people that know them best. (Staff).

Changes in roles. Family members could observe each other's interactions with the Base Camp community and this provided an opportunity for previous opinions of each other to change. Staff stated that parents were able to update their view of youth when they saw them at Base Camp, as their children presented themselves differently, displayed strengths, and were able to assume new roles within the family system. One staff member explained this by stating:

> Our program is really intentional so it gives families an opportunity to experience each other in a new way […] that gives them opportunities to learn something new about themselves and then be able to reflect back to each other what strengths they see in these specific moments and how to carry them forward. (Staff).

Feedback. Staff provided feedback to clients and their family members. While families were participating in programming clients had the opportunity to demonstrate their strengths and changes that they were making at Base Camp. Staff provided feedback and taught communication skills to ensure that families' awareness of these strengths was raised. One staff member explained that "a youth is demonstrating a type of competency or commitment usually and if their parents can't see it then it's our job to coach it."

Camp rituals. Four themes arose to describe how camp rituals raised clients' awareness of strengths, including recognition, accountability, practice, and safety. These themes are described below.

Recognition. Camp rituals provided public recognition of strengths, which reinforced them to clients. This recognition included peers and staff speaking honestly about a youth and he or she learning about him or herself through this reflection from others. During rituals every member of the community was provided an opportunity to share about the client being honoured. Clients being acknowledged for their contribution to the community gave them a sense of importance. They also received a sense of importance as rituals were separated from the everyday schedule of camp and often did not occur according to a regular schedule, but occurred when a youth needed to be acknowledged. Clients were able to see that their strengths were valued and were able to

have confidence that they could apply these strengths to their home environment. One staff member explained the recognition of strengths during ritual by providing an example of what occurs during a bead ceremony:

> Our bead ceremonies are usually pretty powerful symbols of [rituals raising awareness of strengths] because there's a whole chorus of voices that are speaking to one talent. […] Everybody has their own perspectives and has their own like values that they see in that other person, all those different strengths, you know, everybody can see a very different side of the same person and when you're in a fire you have, everybody has the opportunity to speak to that person and during those ceremonies lots of times there are many different strengths that are brought forth and I would say that would probably be the biggest ritual that speaks to being able to highlight those strengths. (Staff).

One client stated that having others in the community recognize his strengths assisted in him acknowledging that he did have strengths:

> Just being able to talk about [strengths], like just like almost realizing that you do have strengths. […] You don't really go in there thinking well, you know, I can do this; I have all these good things about myself. They just kind of help you realize all the good things that you do have and you can use, you know, what tools you have to be able to, you know, prevent relapse and stuff like that. (Youth).

Accountability. Sunday night fires and Fish Heads and Flowers were rituals that provided a forum where clients and staff could address issues in the community and hold each other accountable for changes that needed to be made. During these discussions strengths continued to be highlighted in feedback from others. One staff member stated

"once the forum [Sunday night fire] was opened up clients were giving each other feedback and, you know, really supporting each others' strengths from the past week, challenging experience, holding each other accountable to different things." Another staff member stated that the idea behind Fish Heads and Flowers was to "provide a forum for any grievances, but also for giving, you know, strengths based compliments to each other."

Practice. In addition to recognizing strengths, rituals provided a space for clients to practice their strengths. One staff member explained this by stating:

> It's an opportunity to say to someone who's a leader in the group to, you know, run the fire or say a specific poem, so I guess it requires a little bit more of those conversations we've had with clients beforehand about their strengths and then using ritual and ceremony just to support those. So it's like reinforcing. (Staff).

Safety. The space created for ritual was intended to be a safe environment where community members could trust each other and share honestly. This environment provided a forum where issues could be addressed and strengths shared. One staff member explained this by stating:

> We've just really made it clear from the beginning that those places around the fire are […] places of safety and trust and honesty and so by setting that ground work I think it just makes a space for where we address big issues be it changes that need to happen in the community or things that are going really well in the community and that's where we gather to honour people's strengths and their successes and the challenges that they've gone through. (Staff).

Joint tasks. Participation in joint tasks provided clients an opportunity to

recognize and use their strengths. One youth stated that through joint tasks he became aware that he had the strengths of staying motivated, focused, and organized. The client stated that he was able to practice these strengths through joint tasks and they have since increased. He stated that his strengths were "just keeping myself motivated, staying focused, keeping on task, staying organized" and that "those are definitely three things that have gone way up."

Daily living in an isolated residential facility. Five themes arose to highlight how this category raised clients' awareness of their strengths, including safety, feedback, new environment, reflection, and routine. These themes are described below.

Safety. Base Camp provided a safe environment where clients were able to try new things and gain awareness of their strengths. One client stated that after participating in Base Camp he was more aware of himself, including his strengths. He stated, "I'd say I'm definitely a lot more mentally aware of like what I'm doing, kind of, you know, I have a sense of right and wrong. I'm just a lot better of a person." The safe environment at Base camp also provided clients an opportunity to focus on areas for improvement and change these into strengths. One staff member explained this by stating that Base Camp "provides a really safe place to try new things and not to be good at them, but then to keep working at something until you become proficient at it." A safe environment also encouraged clients to be focused and aware of what was occurring in their lives, which enabled them to make decisions with more clarity. One staff member described this by stating:

> They're not on drugs, they're not watching TV, they're not playing a computer game, they are living the moment, maybe they're thinking their past or thinking

> their future, but they're still living the moment and addressing the moment as themselves, so I think it increases awareness of themselves and strengths are part of that. (Staff).

Feedback. Living in an isolated environment provided an opportunity for peers and staff to give feedback to clients. An aspect of this feedback was reflecting strengths. One staff member described clients' awareness of strengths being raised through feedback within the medium of an isolated environment by stating:

> It provides opportunity for other clients to identify strengths […] there's ongoing discussions about things like strengths, while somebody's, you know, really awesome at rinsing and racking their dishes or really great at cleaning an outhouse or really good at supporting another client when they're having a rough go or really good at motivating people on trip, then because the, that isolated living is the medium through which all that's happening I think it jut provides easy opportunity to identify that. (Staff).

New environment. Living in an isolated residential facility was often a new experience for clients. This new environment created challenges where clients could have the opportunity to recognize strengths, through the feedback of others, that they might not have noticed before. One staff member explained this by stating:

> It's a new way of living for most of the clients and so a lot of […] strengths are highlighted and then its, it's up to us to reflect those back and um, and for the clients to do that with each other, as well, especially in group care, I mean they're living with each other, um so we really encourage that feedback among their peers. (Staff).

Reflection. A component of daily living at Base Camp is scheduled times for reflections. During this time staff sometimes provided clients with questions about their strengths, which allowed for client to reflect upon and become more aware of them. One staff member explained this by stating:

> It's a time for clients, especially when we give them reflection questions directly around their strengths, it's a time for them to reflect […] find that answer to what their strengths are in them, in their own time, without us telling them or anyone else telling them. (Staff).

Routine. A daily routine provided clients an opportunity to observe an example of a healthy, sober lifestyle. Clients could notice changes in themselves because of a schedule that remained constant. Noticing changes provided the opportunity for clients' to recognize their strengths and any increases in them to be highlighted. One staff member explained this by stating:

> Because you're in a routine of something you can observe when there are little changes in yourself and clients being given that opportunity to just sort of reflect of how each day is different for themselves, yeah that might be able to help them see their strengths. (Staff).

Research Question Three

Research Question Three contained two parts. Part one addressed the proximate outcome regarding if youth and families were able to share their experiences of the impact of addiction on their lives. Part two examined key processes by asking what facilitated youth and families in sharing these experiences. The results described below are from formal and informal interviews with staff, youth, and families.

Data not mentioned in interviews, but gathered from direct observations are specified as such.

Proximate outcome. Youth and families were able to share the impact of substance misuse on their lives to me during interviews. One youth shared the impact substance misuse had on his life by stating:

> It affected my family, my schooling, everything really. I wasn't going to school, I'm still trying to catch up on my schooling, and I wasn't in school for quite a while. It affected my friend group. Probably my family is the biggest though. I totally just threw them off, would leave the house whenever I felt like it, wouldn't listen to anybody. Didn't have a job or anything like that. (Youth).

One parent shared the impact of substance misuse on her family by stating, "its been hard, it's been hard on the marriage, it's hard on us financially, it's on [child]." Staff also expressed in formal interviews that youth and families were able to share about the impact of substance misuse on their lives through a series of key processes, which are described below.

Data from families indicated that the amount of sharing was related to how long youth spent in the program. Parents, whose youth left the program within their first few weeks of treatment, stated that their youth were not in the program long enough to be able to share their experiences of the impact of substance misuse on their lives. Additionally, staff stated that families had limited opportunities to share about their experiences because of the location of Base Camp and minimal family interventions in programming. One parent confirmed that there were limitations to families' sharing by stating:

> We did talk about […] stuff […] but not to that extent. […] We did their activities and stuff with them, which was fun […] We talked about stuff […] what can help and stuff like that, but we didn't really get into, you know, like the how it hurts us. (Parent).

Key processes. Components of the program addressed in interview questions that were confirmed to facilitate clients in sharing about their experiences included adventure therapy, therapeutic relationships, camp rituals, isolated community living, residential care and daily living, joint tasks, and family programming. An additional category was added to accommodate for findings that arose during interviews, which acknowledged the space Base Camp provided for clients.

Table 12

Categories and themes for Research Question Three

Categories	Themes
Adventure Therapy	1) Enjoyment 2) Relationships 3) Experiential learning
Therapeutic Relationships	1) Facilitation 2) Safe environment
Camp Rituals	1) Community 2) Space 3) Safety
Isolated Community Living	1) Safety 2) Separation 3) Relationships 4) Voluntary program 5) Family involvement
Residential Care & Daily Living	
Joint Tasks	1) Relationships 2) Safety 3) Structure
Family Programming	1) Learning 2) Voice 3) Witnessing 4) Activity 5) Safety 6) Inclusion
Space	

The sharing identified in findings referred to clients speaking about their lives, which included substance misuse, its' impact, and its' underlying causes. Table 12 provides an outline of the categories and themes that address this research question.

Adventure therapy. The majority of research participants (n = 13) interviewed stated that adventure therapy provided an opportunity for clients to share their experiences of the impact of substance misuse on their lives; one research participant stated that clients were not provided this opportunity. Aspects of adventure therapy that contributed to clients sharing their experiences were placed into three themes, including, enjoyment, relationships, and experiential learning. Each of these themes is described below.

Enjoyment. Adventure therapy provided clients an opportunity to play and have fun, which assisted them in sharing their experiences. One staff member explained that if clients were enjoying their treatment this increased their senses of belonging and attachment to the program, which resulted in them sharing about their drug use:

> [Activities] weren't necessarily therapeutic in their approach or in their framing, but they're within a therapeutic program so [those] increases of fun factor and adventure factor can definitely help clients increase a sense of belonging and a sense of attachment to this place, which can also help opening up and reflecting about drugs. (Staff).

Relationships. Adventure therapy accelerated the formation of relationships and group cohesion, which provided a community where youth felt comfortable sharing about their substance misuse. One staff member described this by stating:

> Base Camp itself is a really close knit community that really accelerates kind of group cohesion and bonding, […] on the river or on the trail, you know, it's that much faster. […] I think the proximity and intimacy of those experiences combined with the heightened emotional state that you'd often find in […] a true adventure experience. […] There's a distinct difference between the relationships that are formed there and their ability to share, you know, whether it's their addiction background or just share about their life in general. (Staff).

Experiential learning. Clients' participated in numerous activities that were used to facilitate sharing. One staff member explained that an activity "opens up not defensive doors to talk about important matters, including substance use." Staff members also stated that sharing experiences of the impact of substance misuse was important; however, they emphasized that clients needed to share about the underlying factors of misuse and that this was less likely to be achieved if treatment was always focused on addiction. Staff explained that Base Camp approached treatment from a holistic perspective. One staff member described this need to operate from a holistic perspective to address substance misuse by stating:

> So, I see, I see um experiential learning as a way of talking about any important matter and drug use isn't the only [important matter] and um often it's not the most important one, yet it seems like a lot of youth use substances in order to um get through or to suffice themselves some human need or to cope with something else. Um and when we talk about those other things then it's easier to talk about the drugs. But I find that if we're talking about drugs all the time we're talking about a symptom […] So if we're constantly talking about substance use while

> family are on site they're, it creates the impression, it magnifies the idea that the substance use is the problem when often it's the attempt to solve the problem and if we stay there we never address the problem. So we have to talk about more than just the substance use. (Staff).

Therapeutic relationship. Staff stated that relationships were a central aspect of Base Camp and the most important aspect of treatment. Staff therefore stated that having a positive relationship with clients increased their capacity to share. One staff member described this by stating:

> I think if you have a positive and healthy relationship with your clients the amount of stuff that they're willing to go through and the amount of openness that they're willing show and vulnerability that they're willing to show is […] noticeably different then when you don't have a good relationship with your client. (Staff).

Staff and clients having positive therapeutic relationships enabled sharing of experiences through staff's facilitation of treatment and provision of a safe environment. These themes are described below.

Facilitation. Staff facilitated treatment so that everyone could have an opportunity to share their experiences. Staff ensured that families were given an opportunity to share by communicating with them regularly and creating an environment where they felt comfortable to share. One staff described this process and stated that it is important in facilitating change:

> [Staff] call at least once per shift with the family that they're a key or point person with, so having that open communication […] I think for parents to feel like they

> have a voice in this process too, it's really just facilitating that, um, that process, so if they can feel comfortable talking about whatever's going on […] that's like making huge steps towards change. (Staff).

Safe environment. A safe environment that encouraged sharing was created through a community where staff and clients respected and trusted each other without making judgments. One youth described this environment by stating:

> If you're sitting around with a bunch of other people who have been addicted to substances and they're all trying to act hard and stuff like that, you don't really want to share anything, right? You're just gonna kind of try to match their level of, you know, how much they're going to share. But when everybody's kinda like can share everything they can without like feeling that you're going to be judged or anything like that, it's a lot easier to, you know, share what you're thinking about and […] what's going on. (Youth).

One staff member described the sharing in this environment by stating that clients' "ability to talk about the things that relate to their substance use is […] made increasingly easier as the relationship grows and there's trust and respect and support." Staff and clients' peers also assisted in creating a safe environment where sharing was encouraged by making clients feel comfortable. One youth stated that he "felt comfortable telling [staff] almost anything." One staff member described that when clients felt safe they were able to share about what they wanted to focus on during their treatment:

> It's not the modality that you use, it's the relationship that you have with clients and so the stronger that relationship is the more space and opportunity there is for

clients to feel safe and then to start working on what they want to work on. (Staff).

Camp rituals. Rituals provided a safe space for clients and a designated time of sharing as a community. Youth and families were able to share their experiences of the impact of substance misuse on their lives; however, findings indicated that families did not share to the same extent as youth. This was lack of sharing by families was explained as being due to the limited amount of time families spent at Base Camp. One staff member explained that families' "exposure to our rituals […] is pretty limited considering the amount we actually do here." Another staff member explained, "there's not a lot of times that the families actually experience [camp rituals]."

Themes identified for how camp rituals increased capacity for sharing included community, space, and safety. These are described below.

Community. Camp rituals assisted in building community as everyone shared in an experience and were able to witness each other's lives. Every member of the community had an opportunity to share and was listened to respectfully, which increased clients' capacity to share. One staff member stated that this time of sharing was facilitated using "like a talking rock or a feather or something and whoever's holding that, that's their time to talk and I guess there's a lot of respect around that." Community also increased clients' capacity to share by creating connections between clients. One staff member stated that "a big piece of sharing is being able to create connections and a lot of [clients] find they have very similar challenges as other youth do."

Space. Creating a space for ritual brought importance to an event and provided a framework for intention, listening, reflection, and honesty. One staff member described

that creating a space that was intentional increased clients' capacity to share about their addiction:

> Ceremony and ritual creates a space that clients really open up to because it's intentional. […] It's not objective right? So it's not like there's something concrete that you can say about it because it's almost, it's magic. Ritual is magic for sure and a big piece behind that is the intention behind it, so how are you creating space for that ritual makes huge impacts and by doing that clients open up way more than they would in a structured group. […] They're sharing stories and they're needing to listen to each other and it's relating […] to people and it's really the stuff that they're sharing is again like beyond what drugs they're using, it's about the stuff, you know, why they started using. (Staff).

Another staff member stated that creating an intentional space provided the opportunity for clients to be reflective and share honesty:

> [Rituals] are different spaces. Very intentionally crafted spaces that are different from being in the family room or being in the schoolhouse or even just being outside in general. So it's the intention of those rituals and ceremonies that the staff brings into it that really create the space for clients to talk openly and honestly and to be reflective and then just invites just a different mental space for staff and for clients. (Staff).

Safety. Rituals created an environment that was emotionally safe through facilitating intentional listening, respectfulness, and a lack of judgment. When clients felt emotionally safe it increased their capacity to share. One staff member described this by stating:

> [Rituals] creates a place for an intentional listening and I think maybe that's the most important part of safety. You know you're not going to be argued with or judged by what you say. That your words are important. So the more places that we have […] for people to know that their words are important the more that they'll talk. (Staff).

Fires and Welcome Days were mentioned frequently in the data, as rituals that assisted clients in sharing their experiences. These rituals and how they increased capacity for sharing are described below. The sharing described is clients speaking about their lives, which included substance misuse, its' impact, and its' underlying causes.

Fire. Staff stated that fire was an important component in the majority of rituals and that it provided an opportunity for clients to share. Fire was used intentionally to create a space for community sharing or to acknowledge a client's progression in treatment. One staff member stated that "Sunday night fires are really good for [community building] and a lot of […] talk about impact of substance abuse comes out." A staff member also stated, "it feels like a safe place around the fire especially" and when clients felt safe it increased their capacity to share. Another staff member described the safety families feel around the fire by stating, "I've seen a lot of family members around like the campfire on a Passage Day or a Family Matters Experience, you know, feel that same sense of safety around the fire to express what they need to."

Welcome Day. This ritual was an opportunity for youth and families to be welcomed into the community. It also provided an opportunity for youth and families to share and to have this witnessed by a community where others had similar experiences. One staff member described this by stating:

> For [youth and families] to see the rest of the community as part of the ritual, welcoming that person in their shared experience was important and also having air time for those two people, the client and the parent, to air their experience in front of others and having those people bear witness to that […] allowed the client and the parent to make meaning of the other person's experience. (Staff).

Isolated community living. Aspects of living in an isolated community contributed to clients sharing about their experiences of the impact of substance misuse on their lives. Themes that arose within this category were safety, separation, relationships, voluntary program, and family involvement. These themes are described below.

Safety. Depending on clients' situations, being isolated from their home environments could create a feeling of safety. An example provided was that clients felt safer sharing their experiences because they did not know anyone else in the program:

> Typically speaking they're not gonna know each other unless they've seen each other in detox or program coming in, but often times we'll have groups of kids from all over the province and they don't know each other from a hole in the ground and probably won't be seeing each other after treatment, so that creates a bit of a level of safety where what you say there, you know, the chances of it leaking back to your friends or family or whatever, is greatly reduced. (Staff).

When clients felt safe it increased their capacity to share about experiences. One staff member explained, "when [clients] feel safe it's okay to talk about whatever comes up."

Separation. Base Camp provided an opportunity for clients to be in a different context, where they were separated from their former environment and could focus on

their treatment. One staff member described that this separation provided an opportunity for clients to reflect on their former environment and compare this to the environment at Base Camp. The staff member stated this comparison assisted clients in sharing their experiences:

> I think that just being in a different place allows you to reflect on your former place. […] It's just the adjacency, the juxtaposition of camp life too; if this was very similar to home life then I don't know if it would have the same affect [on sharing]. (Staff).

One staff member stated that this separation provided clients an environment where there were no distractions and clients' reality became treatment. The staff member made this statement within the context of what enabled clients to share the impacts of addictions on their lives. He stated, "there's nothing but here. There's no people walking on the street, there's no cars, there's no other buildings, it's camp, so their whole reality is nothing but treatment." Another staff member stated that the separation "just sort of focuses people and brings them into the present moment and there are less distractions and things vying for their attention."

Relationships. Living in an isolated community provided an opportunity for real interactions, sharing of common experiences, and practicing communication. One staff member stated that "interaction[s] can be so real, but managed in a therapeutic way, I think that very much helps clients share their misuse story." The isolation provided an environment that focused on simple living, which allowed clients to focus on relationships and practice their communication skills. On staff member stated:

> It's also a simple living. All their basic needs and much more are met, but, you

> know, clients don't come in here with all their personal belongings, usually they don't come in here with cell phones and iPod […] you could call them distractions […] lots of those things that are in our lives that keep us from connecting with one another. (Staff)

Practicing this skill led to clients being equipped to share the experiences of the impact of substance misuse on their lives.

Various families were often present at Base Camp together for family interventions. Families were able to connect and form relationships as they shared their experiences regarding the impact of substance misuse on their lives and realized they were not alone in these experiences. This sharing assisted in normalizing experiences, as one staff member stated, "when we can hear from other people's perspectives it makes our life seem less pathological. There's less guilt and less shame around it potentially."

Voluntary program. Clients that attended Base Camp were voluntarily entering the program and had agreed to live in an isolated community. Clients wanted to be there and were isolated with others who wanted to be there. This facilitated sharing of experiences, as it was assumed that clients were committed to the therapeutic process and therefore willing to share about their lives. One staff member stated, "it's a voluntary program, everybody that's here wants to be here, on some level, for some reason they want to be here and make a change in their lives."

Family involvement. When families attended Base Camp to visit their youth they were present in an isolated environment together. This enabled clients to share about the impact of substance misuse on their lives by providing an opportunity for dialogue.

One staff member explained that this dialogue had "a space for both clients and their families to air that and for that subject to get some air time."

Residential care and daily living components. This component enabled youth to share about the experiences of the impact of substance misuse on their lives by providing them an opportunity to form more intimate relationships than those formed in day treatment programs. These relationships included increased levels of trust and allowed for clients to have in-depth conversations regarding choices they made about substance misuse. One staff member described relationships in residential treatment by stating:

> I think that having to function in a tight nit community. It brings [clients] together closer and creates more trust and stronger relationships than in say a day program where [they] don't have to brush their teeth next to other clients and they […] have to sleep in the same cabins and eat with [each other] …it just allows for that trust, level of trust, and it provides more opportunity for deeper conversations and there are surface conversations as well. […] I feel like people are really moving past the surface and being really open about choices they've made around gangs or substance abuse or how they treated their families. […] The friction that's caused by being with so many people all the time, the same people all the time, it really allows for that depth that allows us to get at sort of the root of things. (Staff).

Joint tasks. Themes that arose regarding how participation in joint tasks enabled clients to share about the impact of substance misuse on their lives included relationships, safety, and structure. These themes are described below. When families were at Base Camp they decided their level of participation in tasks, or if they would watch their youth

taking part in tasks. Families, therefore, determined how much sharing could be facilitated through this process.

Relationship. The power dynamics present in a relationship between staff and clients were reduced when they were participating in joint tasks together. This reduction of power dynamics enabled clients to share with staff about the impact of substance misuse on their lives. One staff member explained the lessening of power dynamics and how this affected sharing by stating:

> Partnership in an activity loosens something up and makes it less formal and decreases the defensiveness around a topic. […] It doesn't flatten the hierarchy, but it levels the power dynamics a little when participating and sitting alongside youth and maybe that's one of our biggest tools that we use here. […] these are the things that dismantle the power and that's when the relationship forms and that's when we start to hear more about a person's life. (Staff).

Safety. Clients and staff needed to work together to complete tasks and this required a joint respect. When clients and staff were respectful of each other it contributed to creating a safe environment, which had the potential to build stronger relationships. One staff member stated, "working together in an environment where there's […] little bullying and little put-downs and little swearing it's relatively emotionally safe […] it does create an environment where the potential for stronger connections is there." Clients feeling emotionally safe and having strong connections with staff enables them to share about the impact of substance misuse on their lives.

Structure. Having joint tasks structured into programming provided an opportunity for clients to share about the impact of substance misuse on their lives.

Clients' positive or negative responses to joint tasks were often connected to reasons for substance misuse. When these responses arose it provided clients an opportunity to share. One staff member further explained that clients do joint tasks "in the context of the things they've attached to their substance misuse, whether that's communication problems or angry out breaks or relationships with their family or whatever […] it provides a medium that those interactions can happen."

Family programming. The inclusion of families was stated to be an important aspect of Base Camp for enabling clients to share about the impact of substance misuse on their lives. Themes that arose regarding how family programming enabled this sharing included learning, voice, witnessing, activity, safety, and inclusion. Youth and families learned about listening, understanding, and trusting each other through facilitation of activities and group sessions. During programming everyone was given a voice, through which they could share their hopes for the future and encourage each other in their treatment progression. Families were able to witness their youth participating in rituals and chores. Participation in activities provided youth and families with an opportunity to have fun together. Youth and families were able to feel safe in sharing their experiences.

Specific programming that was stated to be relevant to enacting these themes included the Family Matters Experience, family therapy, Progress Reviews, and Passage Days. One family stated that they participated in writing impact letters; however, their youth did not remain in the program long enough for them to share these letters with each other as planned. Families, staff, and the youth interviewed stated that sharing at the Family Matters Experience occurred during treatment sessions, activities, and around

evening fires. One youth interviewed stated that during this experience clients "went in pretty deep with sharing some like hard emotions to deal with." During family therapy sessions families learned how to communicate with each other and had a forum where they could share and be heard. One staff member stated that family therapy gave families "a venue to talk about what's important and to be heard." Progress reviews occurred every 2 weeks and provided an opportunity for families to share about the impact of substance misuse on their lives. One staff member stated that "a lot of sharing comes from that; it's really talking about their progress in treatment, involving their families in that process." Staff stated that Passage Days enabled families to share about the impact of substance misuse on their youths' lives and celebrate progress they were making in treatment. One staff member stated that families talked "about sort of being able to see that child as who they really are versus who they are when they're on drugs and lying, cheating, stealing, to feed that habit."

The space. Base camp created a space that enabled clients to share the impact of substance misuse on their lives. One staff member described this by stating:

> The fact that we have Base Camp as it is with that structure, with the adventure, with the groups, with the school, with the chores, with the rituals, and all of that together does create a lot of potential for clients to share. (Staff).

Base Camp created a space where a substance-free lifestyle could be compared with clients' previous lifestyles. In this space clients had an opportunity to reflect on the impact of substance misuse on their lives and decide what lifestyle they wanted to live. One staff member described this by stating:

> The drug lifestyle stands in relief, so we create a lifestyle here that might be

> preferable, and now kids can see "[…] this isn't what I thought I'd like but I do like it." Now there's a context for talking. (Staff).

One staff member explained that flexibility allowed for clients to experience a variety of processes and discover which ones enabled them to share:

> […] there's also a certain sense of […] being laid back *pause* and flexible, so I think that also helps in that whole process. The thing is, what is gonna bring a person to share can look very different from one person to another and some of it, something that can bring one person to share that I would have no clue or, or once they tell me "oh this is what really made me feel comfortable" I would never have imagined that thing would have done. So, in, to really answer your question, there's probably a thousand other things, little things that I could mention that are not part of those bigger things that we have no control over, that we have not necessary intention, um, or conscious rationale behind but it just is part of the place and maybe that's the part of the magic. (Staff).

Research Question Four

Research Question Four asked if clients were living a healthy, substance-free life while at Base Camp. The results described below are from formal and informal interviews with staff, youth, and families. Data that were not mentioned in interviews, but gathered from direct observations are specified as such. Findings indicated that clients were living a healthy, substance-free life and five categories emerged to describe this, including, substance-free, holistic perspective, community, adventure therapy, and structure. An additional category was created to accommodate responses to interview questions that were based on the literature relating to the Self Report - Youth Outcome

Questionnaire (Burlingame, Wells, & Lambert, 1995, as cited by Russell, 2003). Table 13 provides an outline of the categories and themes that address this research question.

Table 13

Categories and themes for Research Question Four

Categories	Themes
Substance-free	1) Searches 2) Swoops 3) Supervision 4) Consequences 5) Isolation
Holistic Perspective	1) Physical 2) Spiritual 3) Mental 4) Emotional 5) Transition planning 6) Treatment
Community	
Adventure Therapy	
Structure	
Youth Outcome Questionnaire	1) Intrapersonal distress 2) Somatic complaints 3) Interpersonal relationships 4) Social problems 5) Behaviour dysfunction

Substance-free. This category was divided into five themes, including searches, swoops, supervision, consequences, and isolation. These themes are described below.

Searches. Mandatory searches were conducted at intake and when youth had been away from Base Camp and unsupervised (e.g. home visits, appointments). When clients arrived on their intake day, they and their belongings were searched and items were inventoried. Searches were not invasive (e.g. checking clothing); therefore it was possible that substances were not detected and could enter camp. Site checks were conducted daily for staff to observe if anything was unordinary and search for substances. YFSWs did a rotation to determine who was on night shift. During this shift staff were

required to do checks of the site, including searching the buildings. Through direct observation of a day of regular programming it was noted that when there was a shortage of staff at camp all YFSWs were required to work during the day and staff would then rotate throughout the night to ensure that site checks were completed. Youth's mail was also searched.

Swoops. These occurred when there was suspicion of substances at Base Camp. Since swoops were based on suspicions that arose, they could occur multiple times during a short duration or there could be prolonged periods of time between them. Staff described that conducting a swoop was intensive. Once it was decided that a swoop was necessary, staff developed a plan for conducting it, especially regarding how youth would be approached about the suspicions. Youth were separated at the beginning of the swoop to avoid them collaborating about what they were going to tell staff. After this separation youth were interviewed individually. Based on the information received during these interviews, area searches were conducted and continued until substances were found or suspicions were proved unfounded.

Supervision. The number of staff at Base Camp allowed for 24-hour supervision of youth. This level of supervision allowed for staff to notice changes in youths' behaviours and patterns, as well as monitor these to identify further changes or develop suspicions of substance use. At least one staff member was responsible for sleeping in youths' cabins. Youth had to be accountable to staff at all times regarding their whereabouts. During direct observations of a day of regular programming and a Passage Day it was noted that staff used hand held radios to communicate about where clients were. Youth, for example, were allowed to walk between two locations where staff were

present, but staff radioed to each other to communicate about when the youth left one location and arrived at the next location. Radios were brought on the wilderness trip, but were not used.

***Consequences*.** There were consequences for youth using or possessing substances while in the program. Youth were immediately placed in an on-site reflection, where they were isolated from their peers. This could be followed by an off-site reflection and next step meeting where youths' actions would be addressed and plans for future treatment discussed. The next-step meeting would typically include the youth, his or her family, Base Camp staff members, and representatives from AHS. Depending on the severity of the situation, youth could be discharged from Base Camp immediately without further follow-up or they could be discharged at any point during the off-site reflection and next-step meeting depending on clients' responses. When a youth is discharged from Base Camp he or she was referred back to AHS, which was responsible for ensuring that clients were able to access another service that would be more appropriate for them. This whole process was done within the context of what was best for youths' treatment. One staff member explained this by stating:

> We're supporting them because it is treatment and they're coming here for the same reasons why they brought [substances] into the program, so we try and be as intentional as possible in the entire process so it is always coming from a treatment related approach. (Staff).

These consequences provided motivation, for youth who enjoyed being in the program, to not use or possess substances while at Base Camp. One staff member explained this by stating:

> So a lot of it comes down to that motivation piece and building those relationships so that it really becomes about a choice that a client doesn't want to make because it will have all of these other consequences to it. (Staff).

Isolation. The isolated location of Base Camp allowed for limited access to substances, which provided youth an opportunity to experience sobriety and clarity of thought. One staff member described this by stating:

> Clients like the separation, like being away. I think that's […] a big thing and being able to just live day to day for at least the 2 or 3weeks before they go on their first home visit without temptation. […] I've heard a lot of [youth] talk about wanting to experience life sober and see what that's like and so I think that's really important is giving them that opportunity to just like be away from it and be away from a lot of the pressures or triggers that lead them to use […] whether they go back to use or not. (Staff).

When a youth was triggered to use while at Base Camp the isolation ensured that they could not easily access substances. One staff member described this by stating:

> That ability to separate and slow things down is I think a strength of Base Camp and I think that's a strength for a number of reasons, like dealing with anger, dealing with like wanting to leave and wanting to use. I think that that's like a really powerful part of this, is they can't just go hop on a train, like they can't just really walk out the door because they know that they can't survive out there. (Staff).

Holistic perspective. Base Camp used a holistic perspective to create an environment where youth could live a healthy and substance-free life. One staff member

described this by stating:

> We actually hear a lot of clients say that we don't often talk a lot about drugs while they're out here and they're like, 'that doesn't make any sense' and it's usually from clients who haven't been here for very long. And what the clients who stay for the 3-months find is that "oh, okay well my substance abuse is not just about getting information about drugs and […] their affect on my brain or my body or whatnot." It's looking at addictions in a holistic perspective and understanding that "oh okay substance abuse is affect[ing] multiple areas of my life" […] and those are the areas we focus on here. And so when we're meeting the needs of the client, that they're saying they want to work on […] that's been a success in supporting them to not use again [because] it's really those underlying needs that we're trying to meet and not just talking drugs and addiction it's what's behind that. (Staff).

This category was divided into six themes, including physical, spiritual, mental, emotional, transition planning, and treatment. These themes are discussed below.

Physical. Staff stated that meeting youths' basic needs was the most important aspect of programming and that once these were met there was a foundation for further treatment. Basic physical needs that were described in interviews included healthy eating, sleeping, and exercising. Staff stated that Base Camp provided healthy, balanced meals on a regular basis. Youth were also taught about nutrition and cooking. Youth had a set time that they went to bed and woke up, which provided them with a regular sleep schedule. Youth had many opportunities to be outside and physically active. They also had a recreation block scheduled during school for a physical education component.

Youth were taken to health care appointments and administered medications if needed. When youth learned how to meet their basic needs it assisted in preparing them to enact a healthy lifestyle outside of Base Camp.

Spiritual. Staff identified that rituals, ceremonies, and solos could be beneficial to fulfilling youths' spiritual needs. Parents also stated that they noticed and appreciated the spiritual aspect of Base Camp. Spiritual needs being addressed assisted youth in living a healthier lifestyle.

Mental. Solos were identified in interviews with staff, youth, and families as a component that was important to benefiting clients' mental health, which assisted in youth living a healthier lifestyle.

Emotional. Base Camp was stated to be an emotionally safe place for clients because of the care and support from staff and peers. Staff described that clients were able to normalize their experiences through discussions with peers and this promoted feelings of safety. A safe environment provided an opportunity for youth to share about their withdrawal symptoms and feelings on substance misuse. It also provided them an alternative perspective. A staff member explained this by stating that a safe environment "helps really create […] a way for [youth] to take a step back from their drug use and take a look at the whole big picture." Feeling emotionally safe assisted youth in living a healthier lifestyle.

Transition planning. Transition planning was done throughout treatment. Youth and families participating in and planning aspects of their treatment together (e.g. home visits) assisted with transition planning, as this involvement made it easier to transfer learning to the home environment. Youth and families learned to communicate with each

other through treatment, which was identified by staff as an aspect of Base Camp that contributed to youths' reduction of substance misuse. Staff also identified youth being connected to resources in their communities as an aspect of Base Camp that contributed to youths' reduction of substance misuse. Youth were encouraged to begin using these resources in the final stage of their treatment if possible to ensure a smooth transition to these aftercare programs. Additionally, staff identified that youth learning activities and hobbies was an aspect of base Camp that contributed to youths' reduction of substance misuse.

Treatment. Base Camp had different aspects of formal treatment, including group sessions, which were governed by AHS deliverables. As described earlier, these deliverables were pre-set treatment objectives that were mandatory to deliver to every client. Through treatments youth had the opportunity to build healthier lives and coping mechanisms, which could lead to a long-term reduction in substance misuse. One staff member described this by stating:

> I think that the, the treatment program itself, um, does well for sustaining, we hope, hopefully sustaining clean time or at least reduced use after the fact when, when clients get a chance to be healthier and to learn some coping mechanisms and to, kind of, walk through treatment and, and come out the other side of it, I think that piece of it helps for long term use reduction. (Staff).

Community. An important aspect of Base Camp, which assisted clients in building a healthy lifestyle, was their relationships within the community. Relationships with peers and staff were stated to be essential to building trust, which led to meaningful conversations. Relationships were also stated to mimic the same culture that youth could

encounter outside of the program. At Base Camp, however, youth had healthy role models and were learning strategies for addressing conflicts when they arose. Staff identified themselves and parents as being healthy role models for youth. Staff were described by parents as encouraging youth to achieve their case plans and continue working on their treatment while on home visits. Staff were also described as encouraging youth to acknowledge their potential. One staff member described the connection between positive role models and a healthy lifestyle by stating, "having a healthy lifestyle is also about having healthy people that you're surrounded by."

Adventure therapy. The adventure therapy aspects of Base Camp assisted clients in living healthier, substance-free lives by providing youth with a treatment approach that created natural highs. Youth could realize that there were healthier ways of separating from reality and achieving an adrenaline rush than using substances. One staff member described this by stating:

> I really believe in […] learning how to find those natural highs, so like going on the ropes course or skating and being in a beautiful place, or climbing a mountain, or cross-country skiing, like I think that's super important and knowing that there's other ways to find release or kind of escapism and that rush. (Staff).

Structure. The structure of the program assisted in creating a healthy, substance-free life for clients while they were at Base Camp. One staff member stated, "I think the structure is what really helps [youth] become healthy." This was explained through the program structure creating regularity, which assisted youth in relaxing because they knew what would be occurring next. It also created a sense of security and maintained consistencies (i.e. camp rules). Additionally, the program structure kept youth busy and

provided them something to think about besides misusing substances. One staff member summarized how program structure created a healthy, substance-free by referring to its' provision of regularity, safety, positive role models, and treatment groups:

> Simply the fact that we are trying to create a stable life. So a lot of people that we have here come from the street […] come from environments where there's lots of family tension and family violence […] lots of drugs, lots of unstable sleep patterns, unstable eating patterns, so considering that the simple fact of taking somebody in an environment where there's no drugs, there's good food, […] there's no violence, or very little verbal violence and […] a limited amount of bullying and there's a pretty solid structure, yet at the same time there's flexibility within it and […] people around them that can give them positive role models and […] do a little bit of treatment group work with them, so talk […] about drugs and talk about their feelings about drugs even if it's on the surface level. So just […] that structure […] creates a […] healthy living space for clients and gives them a chance to actually live a life without drugs. (Staff).

Youth Outcome Questionnaire. As explained in Chapter III literature relating to the Self Report - Youth Outcome Questionnaire (Burlingame, Wells, & Lambert, 1995, as cited by Russell, 2003) was used to measure behavioural differences in youth, which were outlined in Base Camp's Program Logic Model and included: clients are living healthier lives with positive family relationships and clients have an increased ability to make positive choices (Enviros Wilderness School Association, 2009a). This category was divided into five themes that outlined the domains of behaviour measured in the scale, including intrapersonal distress, somatic complaints, interpersonal relationships,

social problems, and behaviour dysfunction (Ridge, Warren, Burlingame, Wells, & Tumblin, 2009). These five themes are described below.

Intrapersonal distress. Findings indicated that participation in Base Camp could increase or decrease intrapersonal distress. Base Camp was described as having positive effects on intrapersonal distress through the schedule, physical activity, healthy diet, and regular sleep. It was also stated to have positive effects because youth were encouraged to explore and access resources outside of Base Camp, especially when they were focusing on transition planning. Additionally, youth had the opportunity to work with the family therapist on their intrapersonal distress. This could include learning strategies to manage this distress and practicing them in various situations. Furthermore, staff explained that youth were separated from potentially stressful home situations, which could reduce intrapersonal distress. One staff summarized how Base Camp could reduce intrapersonal distress by stating:

> You see a lot of clients starting to work on some of that mental health stuff while they're at camp in conjunction with working on addiction stuff and often it […] might be underlying some of the addiction stuff and so we'll often get into that realm of helping clients learn how to cope with their anxiety or […] getting to see someone about their depression. (Staff).

Base Camp could have negative effects on clients' intrapersonal distress based on their interactions with the setting and relationships. One staff member explained that a client's interaction with the setting could create "anxiety depending on what [youths'] comfort zones are and wilderness isn't everybody's cup of tea." Another staff member explained that clients' interactions with peers could have negative effects because

"putting a whole bunch of teenagers together under one roof definitely creates situations that can be stressful." One staff member also identified that youths' relationships with staff could cause anxiety because they were asking difficult questions about youths' lives. This staff member stated that anxiety could also increase for youth from a lack of consistency in rules depending on who was implementing them:

> If I tried to put myself in a teenagers' shoes and imagine myself in a program for three months where I can't swear, I can't touch other people, I have to follow rules all the time, and […] I can have one staff tell me something and then a few hours later another staff tell something that sounds pretty opposite, that I'm under supervision 24/7 […] I have to say if I'm going to the bathroom […]. That's definitely one source of anxiety for teenagers. It's a lack of freedom and also not just a lack of freedom it's just that what the rule is and the expectation is not always clear and it's not always consistent between staff. (Staff).

Staff attempted to manage these negative effects through facilitation and by creating an environment that encouraged exploration.

Youth might have intrapersonal distresses described in their files, however, since treatment is client directed, Base Camp might not address these unless youth share about them or identify them in their treatment plans.

Somatic complaints. Staff stated that Base Camp had a positive effect on clients' somatic complaints because of regular eating and sleeping patterns, which provided an opportunity for their body to heal. One staff member stated that youth might have an increase in somatic complaints at the beginning of their participation in the program as "sometimes part of creating balance is having headaches or […] having stomach pains

because you're just re-creating balance in your body." This staff member explained that after youth adjusted to the regularity of Base Camp these complaints decreased. Staff also stated that Base Camp had a positive effect on somatic complaints because if you desired they could easily access services and resources while in the program that would assist them in managing these complaints. Staff stated that if any complaints were outside of their certified level of first aid they would bring youth to a health care professional.

Interpersonal relationships. Staff stated that community living had positive effects on interpersonal relationships. One staff member described this by stating that staff "are able to help facilitate and create an environment where interpersonal relationships are not bad things and they can actually be very healthy things and part of all of our lives." Daily group therapy addressed communication styles and assisted youth in understanding their thought processes. Clients could use interactions with staff and peers as opportunities to experiment with different communication skills. Community meetings, for example, provided an opportunity for everyone to share about difficulties they were having in the community and youth could try to use specific tools they had been taught by staff to express themselves and manage conflicts. VOMP (Enviros Wilderness School Association, 2012) was an acronym for a conflict resolution tool used frequently at Base Camp to resolve interpersonal conflicts. One staff member stated that "if nothing else that is one of the most important things that we do with families and [youth] is introducing [VOMP] and helping them to use that." VOMP (Enviros Wilderness School Association, 2012) is described in more detail below in results from Research Question Five in the category McMaster Family Assessment Device (Epstein et

al., 1983) and the theme of problem-solving abilities. Clients were also exposed to the concept of non-violent communication, including using "I" statements. These tools, which were practiced at Base Camp, could then be transferred to clients' home environments. One staff member described her observation of youth improving their communication skills and beginning to transfer this learning by stating, "I've seen [communication] really change in clients and really improve and them starting to really use those tools on their own even unprompted by staff, especially with their families." Communication tools also assisted youth in assuming leadership roles in the group, as they possessed skills to interact with others and realized the power and effect of communication. Staff stated that they used Base Camp's family therapist and individuals at AHS as a resource if consultation was needed regarding youths' interpersonal relationships.

Social problems. Staff noted a reduction of youths' social problems while they were at Base Camp. Staff accounted for this by stating that youth might receive different reactions from staff in relation to their social problems than they had previously received from others. Youth also learned strategies at Base Camp for managing their social problems. Additionally, youth learned that there were consequences for certain social problems at Base Camp. If a youth, for example, was physically harming a peer or staff member they would be discharged. Youth who recognized this consequence and valued being in treatment were motivated to change their behavioural patterns. Staff and clients discussed youths' social problems and created crisis and safety plans when necessary. One staff provided an example of a youth who would have angry outbursts and described the process of creating plans and the need for youth's motivation to be successful:

> Understanding the functions of that [anger] and the triggers and […] why the behaviour is happening so that we can create some plans around supporting whatever need isn't being filled. […] There's definitely that piece that we can do to support clients through it and then it's also what they're willing to put into that process as well. If they're willing to work through that stuff with us then it's great and we've seen great successes with it. (Staff).

Behaviour dysfunction. Responses varied regarding if Base Camp was beneficial for youth with behavioural dysfunctions. Staff stated that Base Camp had the potential to increase already existing behavioural dysfunctions. One staff member stated, "I've never seen [Base Camp] create more problems in [behaviour dysfunctions], but I think the dynamic of being a group residential program just adds another level that is more difficult for some of the [behaviour dysfunctions]." Another staff member stated that Base Camp was "a pretty intense environment and stress happens a lot. […] You see a lot of [youth] when they're stressed out acting out, whatever that is like: throwing things, slamming doors, being rude to one another, being rude to staff." Staff described attempting to manage behaviour dysfunctions and trying to be as individualized as possible for youth. Staff stated that depending on the severity of the behaviour dysfunction this could be challenging.

Staff stated that Base Camp could have positive effects on behaviour dysfunctions and that staff could be creative about how to support youth with various dysfunctions. Youth were provided an opportunity at Base Camp to explore their behaviour dysfunctions. One staff member explained this by stating that youth at Base Camp "often have a chance to […] express those aspects of themselves more than [in other

environments] before they get a reprimand of some sort." Wilderness trips and community living provided stressors for youth, which provided them a space to reflect on how their behaviour worked in these situations while having the support to change these behaviours if they desired. Additionally, youth could explore the root causes of their dysfunctions and how to manage them, as well as have the opportunity to practice their behavioural management. One staff member described this process as "sometimes this is the first place a client [has] been where some really interesting questions are being asked around these things to support clients and they can get tools."

A recurring sub-theme was that Base Camp worked well for youth with ADHD. If youth were having difficulty concentrating in a treatment group, for example, they would be provided with fidget toys to manage this behaviour. Staff also stated that Base Camp worked well with youth who had difficulties with impulsivity, as the setting was slow paced and provided youth the opportunity to gain patience and perspective to manage this behaviour.

The occupancy rate of Base Camp was identified as a factor in determining what effect treatment had on behavioural dysfunctions. Higher occupancy rates were correlated with staff spending less individual time with clients and therefore had less opportunity to facilitate individualized programming.

Research Question Five

Research Question Five asked how Base Camp promoted positive family relationships. Interview questions asked provided insight into the state of family relationships (a) at the beginning of treatment, (b) after the Family Matters Experience, (c) when a youth was discharged early, (d) at Passage Days, and (e) after youth had

resided in their home environment for up to 3 months after discharge.

Responses from interviews with youth, families, and staff indicated that family relationships at the beginning of treatment were strained. The youth interviewed stated that interactions were awkward and that there was a lack of communication, honesty, and trust. He explained that his family "didn't really talk too much, you know, [I] didn't want to share anything with them." Families stated that relationships were characterized by constant fighting. Staff stated that family relationships varied because of the diversity of clients that attended Base Camp. One staff member explained, "it's very dependent. Some [relationships] are very, um, heated and conflicted and others are very much in denial and in a honeymoon phase." Another staff member stated that relationships were "extremely dependent, it's easier to remember those that are strained because those are the most dramatic, […] but I have the impression that within most families that come here there's some sort of strain in their relationship." Staff said that, generally, there was a lot of tensions, conflict, focus on problems, and unhealthy patterns. Staff also said that there was a lack of trust. One staff member explained:

> It's not an easy road to get to residential drug treatment and so there's a lot of tension usually and a fair bit of conflict in the history. […] Obviously lots of enabling something from different family members and so pretty complex relationships […] then just different levels of trust within the various relationships, but generally fairly conflict ridden. (Staff).

Another staff member explained that families tended to be orientated to their problems and that a goal throughout treatment was to assist clients in moving from this to an awareness of strengths:

> Just orientated to problems […] so at the beginning of course they're all talking about the addiction and they're all talking about the problems and the crimes and whatever the kids are involved with and the kids are only talking the parents […] having too high of expectations so we usually shift from there to […] noticing each other's strengths. (Staff).

Additionally, a staff member explained that there was a lack of communication and understanding at the beginning of clients' treatment.

> There's maybe less communication in the beginning with each other and understanding each other's needs and strengths and, you know, we obviously hope that no matter what type of family comes in that at the end there's more awareness of that stuff. (Staff).

Staff further informed that families entering the program expressed hope that their youth would change.

> There's a lot of hope that's always expressed, hope for change. […] Families being in a kind of a state of crisis, I think, and they're coming here and really looking at this as a way to make change and I think that sometimes families come in and they express wanting their child to change and maybe not understanding or appreciating fully that it's not just the client that needs to make changes […] to be successful it has to be, everyone needs to make changes. (Staff).

Responses from interviews with youth, families, and staff indicated that after the Family Matters Experience family relationships improved, but still required on-going support. Families improved their communication and learned about each other, which led

to an increased understanding and empathy for one another. One staff member explained that "there's more of an understanding of each other's strengths and giving space for people to use their voice in a way that, you know, is healthy and there's some compassion and empathy there." Families also were able to partake in experiences where they could overcome challenges together and witness changes occurring in each other. One staff member described this by stating:

> They've got a chance to […] really not just to know something about each other, hear something about each other, but see it and they get a chance to communicate in a way that they can feel happy about, they can feel proud of facing hard things together. I think that togetherness is probably a big deal cause families don't do a lot together anymore for lots of reasons, but you get them on a high ropes course and now they're having to participate together and experience fear together and communicate and that just has an effect. (Staff).

When youth left the program prior to the end of their 3-month commitment findings indicated that families had various reactions. Early discharge could be viewed positively if youth were leaving the program because the treatment no longer appeared warranted or they had arranged to attend a different treatment. Findings indicated that families supporting their youths' decisions were an important factor in viewing if the discharge was positive. A youth, for example, could leave Base Camp to attend school in his or her home community and this could be viewed positively if the family supported this choice. Early discharge could be viewed negatively if youth did not have their families' support. It could also be viewed negatively if youth had been asked to leave the program for violating a rule or presenting a safety concern. In these situations family

relationships were often strained, as families might feel disappointed regarding their youths' actions and unprepared to have them at home. One staff member stated that the program tries to resolve this strain by highlighting strengths, "It can be tense. […] So we work on trying to again get them to see each other strengths." Families might also determine that their youth had not changed and there could be frustration when old patterns were observed. One staff member explained this caused strain because "the client isn't following through and they're just perpetuating the same patterns that parents have seen before and so that's really frustrating and feel like there's no change." Staff interviewed stated that clients could experience positive effects from their time in treatment; however, clients could have gained more from the program if they had continued. One staff member described this by stating:

> Family relationships they're different, but they're almost like unfinished. I find that they're not necessary worse, they're not necessary very conflicted and there probably has been lots of progress made, but I think that clients that leave here before 3 months haven't taken full advantage and it's almost they leave a little unresolved. (Staff).

If youth remained in the program for 3 months and families had been engaged in the treatment process family relationships appeared to have improved when youth reached their Passage Day. Youth and families appeared to have increased positive communication and trust in each other. Families appeared supportive of their youth and expressed pride in the work that their youth had accomplished. One staff member explained this pride by stating:

> [Passage Days] are really emotional experience for parents to be able to see their

> kids as having finished something is huge, it's huge and for kids to know they've been seen in that respect and acknowledged in that respect. […] For their achievements to have been registered as significant is a big deal and so we see lots of tears around the fire. (Staff).

Families also acknowledged the changes that they had made while their youth was in treatment. Families were joyful about being reunited with their youth, but also acknowledged a degree of trepidation regarding if the work that occurred during treatment would transfer home. One staff summarized these results when she stated:

> There was a lot of expression of pride and expression of families admitting or talking about the changes that they've made among themselves and then also recognizing the change that an individual client has made out here as well […] there's been expression of like relief to have the whole family back together again, sort of some, I guess, trepidation. (Staff).

At Passage Days families stated a commitment to continuing the treatment process with their youth after they left Base Camp. Youth and families were asked about the state of their relationships at the time of formal interviews. Three out of five youth were still residing with their families. Youth and families who resided together described that their relationships were improved, but remained strained. The youth interviewed stated that there was a strong improvement in his family relationships:

> We carried on family meetings for like a couple weeks after we came back from Base Camp, but there's really no need for them anymore. I mean we're pretty strong as a family now. […] We'll argue sometimes, but that's family, that'll happen. (Youth).

Parents described trust slowly coming back into their family relationships. They also described feeling fear when they noticed their youth reverting to old patterns. Parents provided numerous examples of how they still observed behaviours that reflected what their youth learned at Base Camp. One parents described this by stating:

> We talk a lot. He gave me a huge compliment the other day, he says, mom "I know you know you listen to me and you hear me." He says, "you may not understand me all the time, but you always listen to me." So, and that's a big thing cause that wasn't there before. (Parent).

Categories were developed to describe findings in the data that impacted the promotion of positive family relationships, including contact with family members, impact letters, progress reviews, telephone calls, home visits, community fires, the Family Matters Experience, Passage Days, adventure therapy, and family therapy were program components that assisted in promoting positive family relationships. These components were stated in interviews with youth, families, and staff as having the potential to promote positive family relationships; however, if they did have an impact or not was dependent on individual families. These categories are described below. In addition to the above categories, a category was created to include responses to interview questions that were based on the literature related to the McMaster Family Assessment Device (Epstein et al., 1983).

Responses that were not included in categories indicated that youth having an opportunity to be sober and demonstrate commitment to the program promoted positive family relationships. Responses also described Base Camp as having spiritual elements, which benefited relationships. Additionally, staff stated that families having a break from

each other and an opportunity to reflect was beneficial.

The results described below are from formal and informal interviews with Base Camp employees, youth, and families. Data not mentioned in interviews, but gathered from direct observations are specified as such.

During interviews participants clarified their responses by stating that (a) every family was unique in their treatment progress, (b) staff do not see youth and families in their homes, (c) staff do not have contact with most youth and families after discharge, and (d) frontline staff were not present during most family programming. Staff informed that in relation to the McMaster Family Assessment Device (Epstein et al, 1983) they witnessed the themes of problem-solving and communication skills the most because they monitored and facilitated telephone conversations between youth and families.

Contact. Family programming and contact with family members was stated throughout interviews as being an important aspect of Base Camp. Families informed that they had a great deal of contact with their youth while they were in the program. They stated that when their youths were at camp they could telephone them at any time. They also stated that their youths had designated telephone nights twice a week where they could have a 10 minute, monitored telephone call with family members. Youth attended home visits and families were invited to visit Base Camp, especially for the Family Matters Experience. Parents and staff had varying levels of contact with each other. One parent stated that she spoke with her youth's key or point worker approximately three times a week and other parents reported a lower level of contact with staff.

Impact letters. These letters promoted positive family relationships by building trust and confidence, as well as providing an opportunity for family members to support each other. One staff member described this growth in relationships by stating that "for the client [the impact letter] was cathartic, um, to hear the things that were delivered in the letter, um, and so in that it was very supportive, trusting, confidence [building]."

Progress reviews. This component occurred on a weekly to bi-weekly basis, with youth, their families, and a family therapist. Progress reviews were short and provided a safe environment. The family therapist mediated conversation and facilitated the use of new skills by youth and their families to improve communication and provide feedback to each other. Families were also provided an opportunity to analyze roles they played. One staff member described this analysis of roles by stating, "during progress reviews there would be an emphasis on role clarification of what youth are responsible for and what parents are responsible for." These aspects of progress reviews promoted positive family relationships.

Telephone calls. During direct observation of a day of regular programming it was determined that youth had an approved list of individuals who they could contact during their scheduled telephone time. The majority of these individuals were family members because Base Camp wanted youth to focus on their treatment and families rather than their friends. One staff explained this by stating that youth are "only allowed to have family on their contact list cause the focus is on family and not friends and, you know, to distract yourself with. So that's built into the structure of the program so that families are focusing on each other for that time." Parents and staff had telephone conversations regarding youth for the purpose of keeping the family informed about their

youths' progression in treatment. One parent stated that they "had lots of contact from Base Camp to […] keep us up on what was going on and that sort of thing so I found it was very, very good, like we knew exactly what was going on." Parents expressed that they wanted to have increased communication with Base Camp and a more collaborative relationship with staff. One parent explained this by stating:

> I wish though when they were having problems, they would have said more. That was the one thing because all of a sudden at the end it was like "we're having all these problems" and it was like, "but the last time I talked to you, you said everything was going really good" and it's like okay if they had phoned I could have said "okay, these are the things we see at home and maybe these are the things that worked for him here at home." (Parent).

Home visits. Youth and families were provided opportunities to practice new skills during home visits, which had the potential to lead to self-assessment of changes and rebuilding of trust. One staff member explained the practical component of home visits and highlighted its' importance by stating that "home visit is not about talking, it's about doing and to the extent that they can translate whatever their changes are to the home context. […] So success in the home is the most important thing."

Community fires. When an intake fire occurred youth and their families were welcomed into the community. Staff stated that during this fire youth and families were provided with a forum to share their hopes, impressions, and readiness to change. Staff stated that when families attended a Passage Fire they had an opportunity to provide youth with feedback regarding their progress and could be reassured about changes their

youth were making, as they listened to the Base Camp community providing their youth with feedback.

Family Matters Experience. The Family Matters Experience was stated to be a powerful component of programming for youth and their families. One staff member described this by stating that he had repeatedly "heard positive reports from families and clients about [the Family Matters Experience] and that it was good for them." During the Family Matters Experience youth and families participated in experiential education, had fun, and shared in common experiences. The weekend was described in interviews as providing opportunities for everyone in the family to share and improve their communication skills. Youth and families having these opportunities to share created a space for openness and honesty. Through this youth and families were able to gain empathy and respect. One staff member described this by stating:

> […] the Family Matters Experience, they're getting lots of opportunity to work on communication and to say the things that they might not have said to each other or say things in a different way or hear things differently than they otherwise would. (Staff).

Families were able to spend time at Base Camp, which provided them opportunities to observe their youth participating in all aspects of treatment. Youth were able to demonstrate progress they had made to their families and together they could be proud of these changes. One staff member described this by stating:

> Family Matters Experience is great for our families to kind of see that side of treatment that they don't get to see otherwise on the telephone or when their clients come home or the opportunity to come home, um, they get to sit down at

> the table and sit around the fire and they kind of experience what their young person's experienced, which is usually quite helpful. (Staff).

Involving families in a treatment weekend invited them to experience and participate in the process. Families were able to realize that they had to make changes, too, in order for treatment to be effective. One parent described her experience by stating:

> It was awesome. I enjoyed the whole weekend. I was so tired when I was done because you had to do so much thinking, but it was so good. I think it helped. […] I can't speak for [the youth], but for [partner] and I it was phenomenal. It not only helped with the kids, it helped us communicate better, you know, it really helped in a lot of different ways. (Parent).

Another parent provided an example of how she participated in the process by stating that during an experiential activity she had to close her eyes and have members of her family guide her to a location. The parent stated that through participating in this she realized that she had trust issues with members of her family. She stated, "we had to close our eyes and trust each other that we were going to, they were gonna guide, that was so hard. […] I had trust issues."

Parents interviewed stated that they noticed changes that occurred during the Family Matters Experience being transferred to their home environments. One parent stated, "it must've helped with the kids because in some respects we're finding a lot of the stuff being used by them more now."

Passage Day. Families spent a day at Base Camp when their youth completed the program. They, therefore, were able to share in the process of celebrating changes their

youth had made during the 3-months and act as a support. This component provided a sense of closure for youth and families. Staff described Passage Days as an emotional and cathartic experience for youth and families because it provided families an opportunity to share about changes they had made and to recognize their youths' accomplishments, as well as develop a sense of pride. Staff stated that families were given an opportunity to provide feedback to each other where they could demonstrate their trust and respect. Staff also stated that families shared trepidation regarding their youths' transition home and stated their hope, commitment to, and support of the on-going treatment progress.

Adventure therapy. Families participated in a limited amount of adventure therapy; however, it was stated to be an important aspect of the program for promoting positive family relationships. Families were placed in an unfamiliar environment where they were able to share in a variety of experiences together and learn new skills. The most frequently used adventure therapy tool used during family treatment was the high ropes course. During informal interviews it was shared that specific elements of the high ropes course are only used during the Family Matters Experience and Passage Days. These experiences were, therefore, new to youth, even though they have been at Base Camp for an extended period of time and had previously been on the high ropes course. Youth and families participating in an unfamiliar task provided them an opportunity to overcome a challenge and develop pride in each other's skills and strengths. Youth and families also had an opportunity to update views of each other, as they demonstrated aspects of themselves. This could include family members' acting independently, depending on each other, and having to trust each other. One parent described his

experiences by stating "we did the ropes course [pause] and that was great [pause] where you kind of had to depend on everybody else and that kind of thing."

Participating in adventure therapy components provided opportunities for families to have fun together because they shared excitement, joy, and energy. One parent described his experiences by stating, "we had a good time doing […] like the high ropes and stuff like that […] it's pretty scary […] but really fun." Another parent described her experiences by stating, "I notice so much difference in [Child] with all the activities and excitement he brought and he was just so much happier and he felt so much better, you could just see the joy in him."

Family therapy. Youth and families participated in family therapy sessions at Base Camp. During these sessions families had opportunities to practice healthy communication and work on problems through the mediation of a family therapist. Family therapy at Base Camp occurred through a narrative therapy and strength-based approach. One staff member described a strength-based approach as being beneficial to family therapy because "when you focus on [addiction] all the time, that's what grows. When you focus on what's good with someone, I mean, that's what grows and it chokes out the weeds." The youth interviewed described his experience with family therapy at Base Camp by stating:

> […] working on things together instead of the other programs where I just felt like, you know, everything was wrong with me, you know, I'm the problem, you know, I'm a bad person kind of thing, you know, everybody was attacking you with questions […] It was just more like everybody wants to help. Everybody has their problems and you can work on them together. (Youth).

McMaster Family Assessment Device. As explained in Chapter III, the McMaster Family Assessment Device (Epstein et al., 1983) and literature relating to the McMaster Model of Family Functioning were used to contribute to findings on how Base Camp promoted positive family relationships. This category was divided into five themes that were based on the domains from the McMaster Model of Family Functioning (Epstein, Bishop, Ryan, Miller, & Keitner, 1993, as cited in Georgiades, Boyle, Jenkins, Sanford, & Lipman, 2008; Miller, Ryan, Keitner, Bishop, & Epstein, 2000). These five themes are described below and include, problem solving abilities, communication skills, family members' roles, emotional responses, and level of involvement.

Problem solving abilities. Responses from interviews indicated that the majority of families demonstrated an improvement in problem solving abilities throughout treatment because of increased communication, respect, and trust. Base Camp created a space and structure for families to practice active listening, which led to increased understanding and empathy for each other. One staff member explained that family members listening to each other and increasing understanding was beneficial, as "when you have a greater understanding of where that other person might be coming from it helps to really be able to create a much more pleasing self-solution for that situation that benefits everybody." Staff provided feedback to families and facilitated experiences that enabled families to explore their communication. One staff member described this by stating:

> I certainly think that they experience change in [problem solving abilities] it's facilitated by a therapist, or youth and family support worker, or shift supervisor. Somebody will help them explore different ways of communication and perhaps

> describe how, ways in which the communication pattern that they do have has begun. (Staff).

Staff also provided families with tools for conflict resolution and techniques to de-escalate situations. One staff member described this by stating:

> […] from conflict resolution to, you know, better communication, I think that's something that families pick up through their experiences, so some actual, practical tools and techniques to slow things down and calm themselves down and to deal with things in a better way. (Staff).

Tools and techniques included "I" statements and VOMP. The latter is a non-violent conflict resolution tool that Base Camp used frequently to help clients through problems. One staff member provided a detailed description of this tool:

> "V" is for vent, […] "O" is for ownership, "M" is for moccasins and "P" is for planning, so it's really giving structure to use your voice, you know, own the pieces that you have in whatever's going on and be able to empathize with the other person and recognize their side of things then "P" is more planning, so moving forward what needs to happen out of this and that's like our go to, it works all the time. Some families it takes, you know, you have to do it more frequently, but it really gives space to learn to talk to each other and problem solve. (Staff).

Using these tools and techniques provided families an opportunity to build confidence in their ability to solve their problems in a healthy manner. One staff member stated that families built confidence through "the idea that they can solve their problems; that they have the skills, they have the strengths to talk openly and to talk about solutions and to

still see each other's strengths." Another staff member described how she observed families using these skills when she stated, "I've seen a lot of families work on not escalating situations or conversations into arguments."

Communication skills. Responses from interviews indicated that the majority of families increased their communication skills throughout treatment. Families were able to react to each other with more maturity and less elevation in their tone of voice. Staff facilitated families' communication through feedback and mediation. They also provided families with skills and techniques, including VOMP, "I" statements, and active listening. Families were able to practice these skills and techniques to de-escalate situations, express their feelings, and advocate for themselves. One staff member described active listening as "People being able to hear another family member out, not interrupt them and then to address behaviours that were causing problems." One parent described active listening as:

> […] listening to each other's point of view, whether we liked it or not. […] Just to listen and how to relay the message, what we'd heard back to make sure that the other knew that we'd heard. […] How to listen, to really listen to others' point of view, you know, and respect it. It's a huge thing. (Parent).

Staff stated that families increased their empathy, compassion, and patience for each other. Staff also stated that families were slowly learning to trust one another again. One staff member described the need for trust and empathy to create changes by stating, "trust and empathy open those doors to be able to create those changes in communication."

Home visits, progress reviews, safe letters, and the Family Matters Experience

were listed as program components that assisted in increasing communication through providing families with an opportunity to practice their skills. One staff member described these opportunities by stating, "families have lots of opportunities in programming to work on communication and it significantly improves."

Family member roles. Responses from interviews indicated that there was a change in family members' roles, especially after clients completed 3-months of treatment. One staff member stated that this change was mostly an awareness "of what roles clients take in their families and vice versa." These changes were linked to Progress Reviews and Base Camp mimicking a family environment. One staff member described this stating, "we really mimic what it's like to be in a family. We eat meals together, you know, staff are supervising chores." Another staff member described this by stating, "I've seen [Base Camp] act as kind of a really cool microcosm for like lives outside of Base camp kind of and their home life […]. Be that like mom is taking over their chore or the client is letting their parent do it for them."

After family members became aware of which roles they played they were able to try filling their appropriate roles and respecting the roles of others. One staff member described that the success of this change in roles, as "some families get that there should be a parent and there should be child, other families don't get that." Staff stated that for the majority of families awareness resulted in an exchange of roles. One staff member described a possible role change by stating that "the child is a little bit less like a kid and the parent is a little bit less like an over protective and micro managing […] person in their relationship." Staff described that youth demonstrated independence and an ability to advocate for their role in the family unit. One staff member stated that she observed "a

lot of independence from clients, um, finding healthier ways to enact those [roles] with their family […] Their ability to advocate for themselves in healthy, respectful ways."

Emotional responses. Staff stated that changes occurring in emotional responses were dependent upon each family and were difficult to generalize. Staff also stated that it was difficult to determine if changes in emotional responses were occurring in some families. One staff member explained this by stating:

> I think the families, they're working on problem solving and communication skills and you're needing to empathize with someone, even if its, you know, making really small changes through the entire 3 months that impacts the emotional change in response to each other for sure, so I mean unless clients and families are really vocalizing that change it's hard for us to measure that. (Staff).

Staff noted a trend that families tended to be less reactive to each other as treatment progressed. This appeared to be occurring as clients took more time and space to process their emotions before reacting. One staff member described this trend by stating, "often it's a lot less reactive. There's time for people to process I think." Another staff member stated that clients are "able to, maybe take a step back from their emotions in that second where they're triggered and, yeah so that plays into communication as well and just able to listen to one another despite whatever emotions they're feeling." Additionally, a staff member stated that "there's a noticeable difference in emotional tension, so there's an ability to not get right away to emotions and spend either a little bit more or a lot more time into a relational, solution focused and empathy orientated approach."

Through their participation in Base Camp families learned strategies to handle their frustrations, emotions, and conflicts. Youth and families were able to practice these strategies and staff were able to provide them with feedback and coaching. One staff member described this by stating:

> I think families really know, or don't know, but can really push those buttons that can make some of our clients very, very reactive and throughout their time here they've sort of learned strategies and seen ways and practice on a very small scale of like having conflicts with their peers to handling those kinds of conflicts so they can then, in turn, learn how to handle conflicts with their families. (Staff).

When families used these strategies they had the opportunity to have insight into each other's lives, which led to an increase in empathy and acceptance. One staff member described this by stating:

> […] a new level of acceptance or a different kind of acceptance as to how and why people might react and act the way that they do within the context of the relationships, um, you know, perhaps just more insight into each other's emotional states helps kinda with people's own emotional regulation in that kind of circumstance. (Staff).

Level of involvement. Staff stated that changes occurring in levels of involvement were dependent on the relationship that families had when they entered the program. One staff member described this by stating:

> It varies and is all over the place from, you know, parents that we can't get ahold of […] to fairly involved that we talk to on a, you know, twice weekly basis and

> see lots of and they come out and spend some time at camp and the client goes on lots of home visits, so it really is kind of all over. (Staff).

Responses indicated, however, that there was at least an expressed interest and commitment to participation from families. One staff member described this by stating:

> On average I'd say most families express quite a bit of interest, whether that interest materializes into follow up, showing up for Family Matters or, you know, really trying to coordinate those logistic for home visits that's specific to each families, some families don't have that follow through. (Staff).

Research Question Six

Research Question Six asked if there was an increase in clients' resiliency between intake and discharge. Descriptive statistics and *t*-tests were computed based on the pre-test and post-test scores of the Resiliency Canada Questionnaire. *z*-scores were used to identify outliers and histograms were created to explore skew in the data. Normality of data distribution was tested using P-P plots and Kolmigrov-Smirnov tests. Thirty-two profiles included the variables of community cohesiveness, cultural sensitivity, cognitive impairment, non-constructive behaviour, and self-actualization. Twelve profiles included the variable of satisfaction/engagement. Forty-four of the profiles contained all remaining variables, which are shown in Table 1.

Descriptive statistics. Ranges, means, and standard deviations for all 19 variables are shown in Table 14. The mean for the five external resiliency factors (family support/expectation, peer relationship/influence, commitment to learning, school culture, community cohesiveness), increased in post-tests when compared with pre-tests by 5.97, 3.12, 12.48, 6.31, and 6.53 respectively. This indicates an improvement in external

resiliency factors. The mean for the five internal resiliency factors (cultural sensitivity, self-control, empowerment, self-concept, social sensitivity) increased in post-tests when compared with pre-tests by 6.69, 13.46, 5.73, 8.32, and 3.89 respectively.

Table 14

Ranges, means, and standard deviations for pre-test and post-test scores of variables

Variable	Range	Mean	Std. Deviation
Family: Pre-Test	87	64.14	21.96
Family: Post-Test	91	70.11	22.65
Peer: Pre-Test	83	58.11	17.36
Peer: Post-Test	68	61.23	16.62
Learning: Pre-Test	75	44.57	17.73
Learning: Post-Test	63	57.05	18.13
School: Pre-Test	91	61.55	17.32
School: Post-Test	87	67.86	20.27
Community: Pre-Test	59	43.66	16.23
Community: Post-Test	63	50.19	16.78
Cultural: Pre-Test	75	49.19	17.95
Cultural: Post-Test	84	55.88	20.45
Self-Control: Pre-Test	87	51.09	18.90
Self-Control: Post-Test	75	64.55	17.34
Empowerment: Pre-Test	100	71.77	24.45
Empowerment: Post-Test	75	77.50	18.93
Self-Concept: Pre-Test	67	67.82	15.59
Self-Concept: Post-Test	79	76.14	18.42
Social: Pre-Test	50	77.11	13.83
Social: Post-Test	62	81.00	14.12
Cognitive: Pre-Test	70	57.50	14.99
Cognitive: Post-Test	62	64.78	15.04
Attention: Pre-Test	71	51.07	14.78
Attention: Post-Test	54	56.52	13.90
Non-Constructive: Pre-Test	91	43.56	16.35
Non-Constructive: Post-Test	70	52.22	16.01
Interpersonal: Pre-Test	66	71.89	17.19
Interpersonal: Post-Test	70	80.09	18.69

Psychological: Pre-Test	91	47.66	25.63
Psychological: Post-Test	100	52.23	22.06
Self-Actualization: Pre-Test	54	63.94	13.66
Self-Actualization: Post-Test	62	73.53	15.66
Satisfaction: Pre-Test	50	78.08	15.76
Satisfaction: Post-Test	42	86.08	15.71
At Risk: Pre-Test	79	49.93	22.55
At Risk: Post-Test	100	31.89	20.38
Pro-social: Pre-Test	95	40.56	20.03
Pro-social: Post-Test	76	45.49	18.42

This indicates an improvement in internal resiliency factors. The mean for the seven outcome indicators increased in post-tests when compared with pre-tests by 7.28, 5.45, 8.66, 8.20, 4.57, 9.59, and 8.00 respectively. This indicates an improvement in outcome indicators. The mean for at-risk behaviours decreased by 18.04, which indicates a decrease in these behaviours. The mean for pro-social behaviours increased by 4.93, which indicates an improvement in these behaviours. The degree of change in means ranged from 3.12 to 18.04. The range results are high with the lowest score being 42 on a scale of 100. The standard deviations are low in comparison to the mean indicating little variability in the sample.

***z*-scores.** In order to identify outliers, scores from the Resiliency Canada Questionnaires were converted to *z*-scores. Tabachnick and Fidell's (2001) guidelines were used to measure if *z*-scores were larger than 3.29 or -3.29. One outlier was identified from a post-test score on at-risk behaviours. A histogram was created (see Figure 5) to explore if and how much the data were skewed. The histogram demonstrated a positive (i.e. right) skew of 1.015. The variable was transformed to adjust the skew to -.053 and the new *z*-scores fell within the appropriate range (see Figure 6). Since the post-

test score was adjusted, the pre-test score for at-risk behaviours was also adjusted. These transformed variables were used in the paired *t*-tests.

Figure 5

Histogram of at-risk behaviours variable

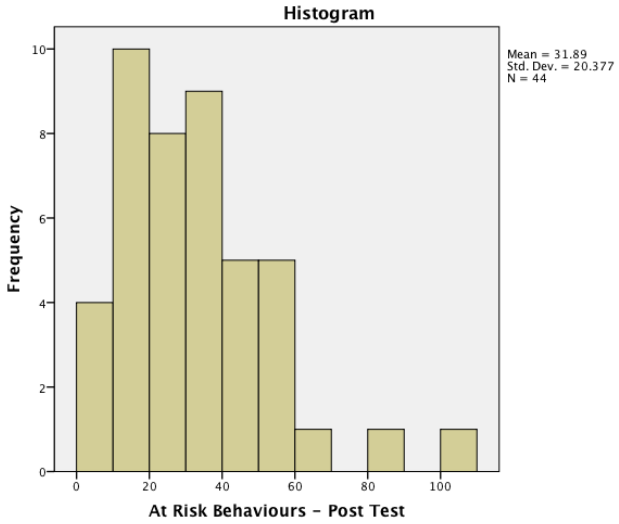
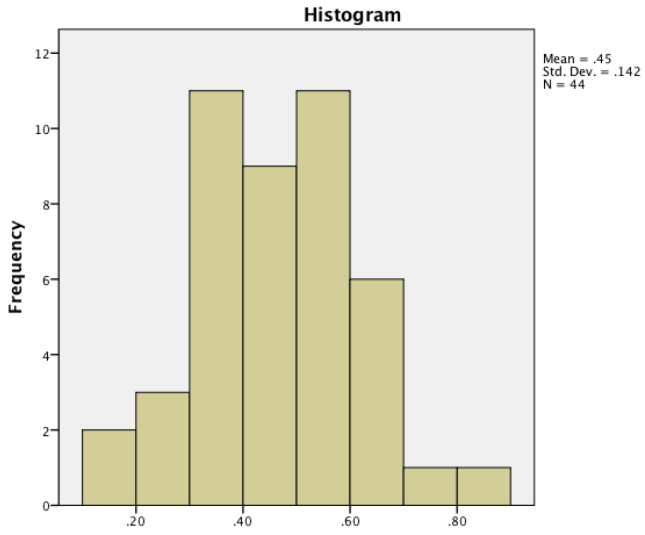


Figure 6

Histogram of transformed at-risk behaviours variable



Normality. P-P plots were used to test the data for normality. Distribution appeared to be normal. To confirm this Kolmigrov-Smirnov tests were conducted. A .05 alpha level was used to detect if results were significant. All tests were not statistically significant (see Appendix P) indicating that the data was normally distributed.

***t*-tests.** Paired *t*-tests were conducted to determine the statistical significance of changes between pre-test and post-test scores. One-tail tests were completed to explore if there was an increase in clients' resiliency between intake and discharge. Independent *t*-tests were conducted to compare youth who stayed in the program with those who did not based on pre-test scores. Cohen's (1988) guidelines were used to measure effect sizes.

Paired samples *t*-tests were conducted on the pre-test and post-test scores of the five external resiliency factors in Resiliency Canada Questionnaires. Table 15 depicts the results by outlining the *t* score, degrees of freedom, and significance. Youth had significantly higher family support on their post-tests, t (43) = -3.04, p = .002, d = 0.46. This difference is statistically significant, however, is a small to medium effect size. Youth demonstrated no statistically significant changes from pre-test to post-test regarding their peer relationships, t (43) = -1.07, p = .147. Youth had significantly higher commitment to learning on their post-test, t (43) = -4.67, p = .000, d = 0.70. This difference is statistically significant and has a medium to large effect size. Youths had significantly higher school culture on their post-tests, t (43) = -1.88, p = .034. Youth had significantly higher community cohesiveness on their post-test, t (31) = -2.78, p = .005, d = 0.49. This difference although statistically significant has a small to medium effect size.

Table 15

t-test results for five external resiliency factors

Variable	*t*	*p*
Family	(43) = -3.04	.002
Peer Relationship/Influence	(43) = -1.07	.147
Commitment to Learning	(43) = -4.67	.000
School Culture	(43) = -1.88	.034
Community Cohesiveness	(31) = -2.78	.005

Paired samples *t*-tests were conducted on the pre-test and post-test scores of the five internal resiliency factors in Resiliency Canada Questionnaires. Table 16 depicts the results by outlining the *t* score, degrees of freedom, and significance. Youth had significantly higher cultural sensitivity on their post-tests, t (31) = -3.39, p = .001, d = 0.60. This difference has a medium to large effect size. Youth had significantly higher self-control on their post-tests, t (43) = -4.90, p = .000, d = 0.74. This difference has a medium to large effect size. Youths demonstrated significantly higher empowerment from pre-tests to post-tests, t (43) = -1.92, p = .031. Youth had significantly higher self-concept on their post-test, t (43) = -3.61, p = .001, d = 0.54. This difference has a medium effect size. Youths demonstrated significantly higher social sensitivity from pre-tests to post-tests, t (43) = -1.746, p = .044.

Table 16

t-tests results for five internal resiliency factors

Variable	*t*	*p*
Cultural Sensitivity	(31) = -3.39	.001
Self-Control	(43) = -4.90	.000
Empowerment	(43) = -1.92	.031
Self-Concept	(43) = -3.61	.001
Social Sensitivity	(43) = -1.746	.044

Paired samples *t*-tests were conducted on the pre-test and post-test scores of the seven outcome indicators in the Resiliency Canada Questionnaire. Table 17 depicts the results by outlining the *t* score, degrees of freedom, and significance. Youth scored significantly higher regarding cognitive impairment on their post-tests, demonstrating improvement t (31) = -3.05, p = .003, d = 0.54. This difference has a medium effect size. Youth also scored significantly higher regarding attention problems on their post-test, demonstrating an improvement t (43) = -2.53, p = .008, d = 0.38. Despite this difference being statistically significant it has a small to medium effect. Youth scored higher regarding non-constructive behaviour on their post-tests, demonstrating improvement t (31) = -2.85, p = .004, d = 0.50. This difference has a medium effect size. Additionally, youth scored higher regarding interpersonal interactions on their post-tests, t (43) = -3.166, p = .002, d = 0.48. This difference, although statistically significant, has a small to medium effect size. Youth demonstrated no statistically significant change on psychological discomfort between pre-tests and post-tests, t (43) = -1.49, p = .072. Youth scored significantly higher regarding self-actualization on their post-tests, t (31) = -3.93, p = .000, d = 0.70. This difference has a medium to large effect. Youths demonstrated significantly higher satisfaction and engagement between their pre-tests and post-tests, t (11) = -2.08, p = .031.

Table 17

t-tests results for seven outcome indicators

Variable	*t*	*p*
Cognitive	(31) = -3.05	.003
Attention	(43) = -2.53	.008
Non-Constructive	(31) = -2.85	.004

Interpersonal	(43) = -3.166	.002
Psychological	(43) = -1.49	.072
Self-Actualization	(31) = -3.93	.000
Satisfaction	(11) = -2.08	.031

A paired samples *t*-test was conducted on the pre-test and post-test scores of risk factors in the Resiliency Canada Questionnaire. Youth scored significantly higher regarding at-risk behaviours on their pre-tests, demonstrating improvement, t (43) = 4.28, p = .000, d = 0.64. This difference has a medium to large effect.

A paired samples *t*-test was conducted on the pre-test and post-test scores of pro-social behaviours in the Resiliency Canada Questionnaire. Youth scored higher regarding pro-social behaviours on their post-tests, t (44) = -2.0, p = .026, d = 0.30. Despite this difference being statistically significant the affect size is small to medium.

Independent *t*-tests were conducted for each variable to compare youth who stayed in the program with those who did not based on their pre-test scores. F-tests revealed equal variances for all the variables. One variable out of the 19 that demonstrated statistical significance was peer relationship/influence, t (91) = -2.420, p = .018. This indicates that youth who stay in the program have higher levels of peer relationship/influence as an external resiliency factor. See Appendix O for a table that contains the *t*-score, degrees of freedom, and significance for all variables.

Summary. An increase in youths' resiliency between intake and discharge was indicated through these data analysis. Through descriptive statistics increases were demonstrated for external resiliency factors, internal resiliency factors, outcome indictors, and pro-social behaviours. A decrease was also demonstrated through descriptive statistics for at-risk behaviours. Paired *t*-tests were conducted to determine the statistical

significance of these increases and decreases. The statistical significance of changes was demonstrated for the factors of external resiliency, at-risk behaviours, and pro-social behaviours. Statistically significant change was also demonstrated for the majority of internal resiliency factors; however, no statistically significant change was noted for the factor of peer relationship and influence. Statistically significant changes were also demonstrated for the majority (n = 6) of outcome indicators; however, the variable of psychological discomfort did not demonstrate statistically significant change. Independent *t*-tests conducted demonstrated no differences between intake and clients who stayed in the program for the majority of variables. A difference was detected in the variable of peer relationship/influence. This difference indicated that youth who stay in the program for longer durations have higher levels of peer relationship/influence.

Research Question Seven

Research Question Seven asked if clients, upon completion of the program and for up to three months afterwards, reduced their addictive behaviour or substance misuse. Responses to interview questions on this subject varied and appeared to be correlated to the length of time that youth spent at Base Camp. Youth who were discharged from the program within 2 weeks demonstrated no improvement or an increase in substance misuse. Parents of these youth associated this outcome with youth not wanting to change and not staying in the program. Youth who stayed in the program for a longer duration (i.e. 1 month or 2 months) appeared to do well immediately after the program and demonstrated sobriety. After youth had been in their home environment for a significant amount of time (i.e. 3 weeks, 1 month, 4 months) they began misusing substances, but the majority (n = 2) had a reduction in substance misuse. The youth who had no reduction in

substance misuse had maintained sobriety for four months, which was the longest duration he had been sober in 2-years.

An aspect of Base Camp that assisted in creating change in long-term clients was that the program was voluntary. Youth and families stated that clients needed to be ready for change. Another aspect of Base Camp that assisted in creating change was the program staff who appeared friendly and relaxed. One youth interviewed stated that his change was associated with Base Camp being "really laid back and friendly and […] it's voluntary." Additional aspects that were cited as contributing to change were clients being in a different environment and living in a community.

Further Findings.

Families' experiences. Youth and families had overall positive responses regarding how they felt about their participation in Base Camp. Themes in the data that described contributors to these positive experiences, included staff, food, safety, sobriety, adventure therapy, and the Family Matters Experience. Youth and families stated that staff were flexible, skilled in the outdoors, energetic, and positive role models. They also stated that the food at Base Camp was good. Families said that while participating in Base Camp they knew where their youth were and that they were safe and sober. Families informed that adventure therapy was one of the reasons they and their youth decided on Base Camp for treatment. One parent, for example, described their choice in treatment by stating, "I think that is one of the reasons we picked that camp for [child] was because he's a very active person and we figured activity by far for him would be the best possible. […] And he just loved that. He wanted to live up there." Parents stated that the Family Matters Experience was a positive experience for the whole family, as

they were able to learn about communication, family dynamics, and family members, as well as strategies for addressing their difficulties.

Three parents, whose youth left the program early, stated that despite their overall positive experience, the memory that was prominent in their minds was their youths' discharge. These youth were discharged from the program for breaking rules and presenting safety concerns. One parent described the experience of her youth's discharge as a public "walk of shame." These three parents further described their experiences with their youths' discharges as occurring quickly without Base Camp understanding their youths' individual needs. They stated that Base Camp did not adjust programming to accommodate their youth or work with the family to determine if there were alternative ways that youth could be assisted in order to remain in the program. They also stated that there was miscommunication between the family and Base Camp. Parents provided examples which included reasons for discharge not being fully explained and a lack of consistency between what various staff members communicated.

Successes. Data indicated that staff thought Base Camp was an effective treatment for the target population. One staff member stated, "I think clients say that it helps and that goes a long way into saying that it's effective." Another staff member stated that though Base Camp was effective, the amount of effectiveness was dependent upon individual clients and their interactions with staff:

> We know fairly conclusively from a lot of, you know, recent research that the therapist matters more than the type of therapy and so the relationship that people have, that therapeutic alliance that they have with the professional, is kind of that key factor in determining treatment outcome and I haven't stumbled across a better

way to make a relationship with someone then to tie into the same rope and go rock climbing. (Staff).

Families had positive responses regarding the Base Camp program. One parent stated, "I think it's a good program. I wish they had that when I was younger. [laughs] I would go out there in a minute." Another parent stated that his youth's "been through so many programs and done so many things, that I dunno if it was his age or what, but this seemed to be the [program] that helped him the most in the end. The majority of family members (n = 4), however, stated that Base Camp was not an effective treatment for their youth. These families stated that Base Camp had the potential to be an effective treatment for their youth if they had remained in the program for a longer duration. One parent, who stated that Base Camp was an effective treatment, said that it would have been even more effective if the program had been longer. Another family described Base Camp as the "brightest spot" for their youth in 3-years.

Numerous successes in programming were described in the data. These were organized into 10 themes, which included the program being voluntary, staff, community, isolation, environment, treatment, client, interpersonal relationships, policies, education, and change. The variable intake date for Base Camp was also described in the data as having successful elements because clients could act as role models and an inspiration for each other.

Voluntary. Since the program was voluntary it was assumed that clients were making a conscious investment towards their treatment. One staff member described this investment by stating, "the entire process is driven by the family and the young person

that there's a choice that they're making by coming into the program and that puts a lot of ownership on them."

Staff. Data indicated that youth and families thought Base Camp staff were professional, approachable, capable, skilled in the outdoors, and flexible. Two parents stated that staff were "awesome." Staff stated that they worked well together and Base Camp provided an environment that focused on community and supporting each other. Staff also stated that Base Camp had a collaborative work environment where they could voice their suggestions for improvements and ask questions. One staff member described this working environment by stating:

> There's a really awesome vibe of community and support and out here that, um, if you have questions about the way things are going or if you, um, have suggestions for creating improvements, like it's a very, um, open and collaborative atmosphere […] that's what Base Camp is all about. (Staff).

During the data collection period, Base Camp was in the process of hiring more staff to fill vacant positions. It was assumed that this was an on-going process due to the program's low staff retention rate.

Community. Base Camp created a sense of community for staff, youth, and families. In this community staff and clients felt safe and could experience healthy living and positive relationships. Clients could feel a sense of belonging and had an opportunity to improve their communication and problem-solving skills. They also had an opportunity to understand roles, raise awareness of their strengths, and learn about living cooperatively with others. One staff member described the community at Base Camp and how skills are practiced within it:

> […] in that community it's like everything we've talked about, you know, relationships, communication, problem solving, um understanding roles, um understanding strengths, like all of that stuff just by being in our program, being in a community, you have to work through all that stuff in order to keep that community healthy and safe and so that just relates, you know, it's all pieces of our program and it works really well. (Staff).

Isolation. The location of Base Camp provided an opportunity for youth to be separated from their lives at home and have time away from some of their problems. Base Camp's location was also helpful for families, as they were able to have a break from their youth and could use this time to reflect and make their own changes.

Environment. The overall space at Base Camp provided an environment that appeared to be beneficial. Clients had the opportunity to be outside in a quiet, isolated place. In this environment clients had the opportunity to think and process aspects of their treatment and reflect on what was occurring in their lives. Clients had the opportunity to be in a substance-free environment, which provided them with mental clarity allowing them to reflect on choices they had made and what choices they wanted to make in the future. Base Camp provided a healthy living environment where clients had regular meals and sleep schedules. This environment also attempted to be inclusive of all clients and had limited bullying and inappropriate language. Clients had a chance to explore new aspects of themselves as they took part in activities, made daily decisions, and took on leadership roles.

Treatment. Aspects of treatment that had recurring themes of success were relationships, increased communication and problem-solving skills. Other aspects of

treatment that were indicated to be successful were a client directed program and clients having access to resources through the program. The length of the program (i.e. 90 days) was indicated to be a successful aspect of programming. Data also indicated, however, that the program could have more effective results if clients remained in the program for its full duration or if clients could be assessed to remain in the program longer than 90 days. Additionally, the residential treatment aspect of Base Camp appeared to be a successful component, as clients had the ability to experience living in community rather than attending a day treatment program.

Designated times of reflection appeared to be successful elements of treatment, as clients could reflect on the changes they were making and explore their values. Reflections could also occur during solos and treatment time-outs and appeared to be successful elements. One staff member provided an example of what happened to a client when they went on a solo and the effect it had on his interactions:

> […] that was like a huge turning point for that client […] it was time for them to sort of figure out where they were and where they wanted to go and what they'd accomplished here and I saw that client be really like elated after that experience and I saw a huge change in how that client interacted with staff, with other clients, with their family. (Staff).

Data indicated that family programming was an important component of treatment and had the potential to be more successful. Base Camp had a family cabin on-site which was rarely used, except during the Family Matters Experience. This resource was important to Base Camp and could be further utilized as family programming develops. One staff stated that having families on-site for holidays is being considered.

It was suggested by staff that families being at camp to visit their youth and not necessarily for formal treatment could be therapeutic, as families could use this time to observe changes in their youth and practice communication skills.

Client. Findings indicated that Base Camp was successful for clients who were active and extraverted. One parent stated, "I think that especially kids that are more outgoing and need to be more active, that's an excellent place for them to be; where they can be out and doing things outside is a great way for a lot of kids to learn." Data from interviews with staff also indicated that Base Camp did well at supporting clients who had experienced trauma.

Base Camp appeared to be successful at building clients' self-awareness and self-confidence. One staff member explained how this self-awareness and self-confidence could lead to positive choices:

> […] if we can get clients being really aware and making new choices out of interventions that's the best that we can do cause that's just reinforcing a positive experience of making a different choice and um hoping that that plants seeds for them to continue to do that. (Staff).

Staff stated that Base Camp also provided a unique experience where clients' transition from youth into adulthood was acknowledged through ritual and ceremony. One staff member described this by stating:

> […] with the ceremony we have here I think there's a bit about like coming of age and transiting into adulthood […], I think that in today's society like that's, there isn't a clear transition into adulthood and I think that here, um, we help, I hope we

> help clients to sort of define what that is to be an adult, if it's just an age number or if there's some things you have to do to achieve that. (Staff)

Interpersonal relationships. Relationships were a recurring theme throughout the data and were stated to be one of the most important aspects of Base Camp. Data indicated that this process should continue to be a focus and that this area of programming could improve to create even more effective outcomes. One staff member described this by stating:

> So if a relationship is kind of critical then, you know, I think that we should look at ways to accelerate the formation of positive and healthy, working therapeutic relationships between clients and staff and do that as quickly as we can so that we kind of get to the meat of things done a faster way. (Staff).

Policies. Families described Base Camp as being successful in following its' policies and maintaining a strict adherence to rules regarding safety and a substance-free environment.

Education. Youth were required to attend school while they were at Base Camp. The school at Base Camp was described, as engaging youth and providing an opportunity for them to be successful in a small, accommodating setting.

Change. At Base Camp clients were aware of changes that they had made partially through the recognition of others during rituals and ceremonies, as well as through interpersonal relationships. One staff member explained the importance of interpersonal relationships in assisting clients to change:

> I think [interpersonal relationships] is one of the areas that camp does a great job at and really excels at providing space to work and opportunity for clients to work

> on that stuff, whether it's in a family context or a peer group context or just a relationship with an adult context, we start working on that almost as soon as they walk in the door and when they leave 9, or 3-months later, 90-days later, a lot of them have made pretty significant gains in that areas as far as being able to react non-violently to things or cope with conflict. (Staff).

Clients were also able to recognize their changes when they reflected upon their reactions in real situations that occurred at Base Camp. As clients gained skills and were able to recognize changes they were making their self-confidence improved. This confidence was stated in interviews to assist clients in making new choices in their lives. The program as a whole was described, by staff, youth, and families, as assisting in creating change. One staff member stated:

> I've been able to bear witness to some really big changes within individual clients coming through here and being able to see them deal with a situation at the beginning and deal with a similar situation towards the end, to me is the huge gauge of change and I don't know if there's one specific [experiential learning] activity or one, you know, specific [Progress Review] that contributed to that change. I think it's the whole program, in my opinion, and all the different elements of what it means to come out and live here away from your family. (Staff).

Challenges. Numerous challenges were identified in the data regarding the implementation of Base Camp, including isolation, staff retention, funding, individualized treatment, client motivation, AHS deliverables, creating advocates, role

clarification, adventure therapy, client readiness, intention, family programming, and confidence in programming. These challenges are described below.

Isolation. This aspect of Base Camp could be challenging in terms of logistics and access to resources. It was also challenging in regards to family programming, as it was difficult for parents to visit and maintain contact with their youth and program staff. Parents interviewed suggested that in order to improve contact YFSWs and youth could be in regular (i.e. weekly or more) contact with their families to provide them updates on treatment progression.

Staff retention. Base Camp had difficulty retaining staff, which led to the program being understaffed and continually having to train, mentor, and supervise new staff. Staff interviewed suggested that in order to improve staff retention the program would need to provide more vacation, shorter shifts, increased professional development opportunities, and staff salaries that were competitive with the addictions treatment field.

Funding. Funding was secured through AHS; however, attempting to fund new staff positions or obtain new resources could be challenging. Findings, for example, indicated that Base Camp having two family therapists might be beneficial to programming, as there could be increased clinical supervision and assistance with program development. A second therapist could also provide opportunities for one therapist to be on wilderness trips with clients while the other therapist remained at camp to complete paperwork. During interviews staff spoke about having a lack of resources at Base Camp. One staff member, for example, stated that it was difficult to obtain certain craft supplies or processing tools for experiential learning. Staff also spoke about the need to care and respect the resources that Base Camp. One staff member explained that

there was a need for "greater emphasis on respect for the buildings, and the resources and the equipment." This included the need to maintain cleanliness, which YFSW stated was sometimes challenging because it was not realistic for them to clean and manage the facilities along with their other roles and responsibilities. At the time of data collection Base Camp had recently hired a staff member to manage the facilities, which could lead to an improvement in this area.

Individualized treatment. Staff identified difficulties in balancing individualizing treatment for clients, ensuring clients had a voice, and working towards clients' best interest in the context of larger systems. Staff stated that it was especially difficult to individualize treatment because of the amount of group therapy that occurred at Base Camp. Staff suggested that knowing mental health diagnoses of youth would assist them in individualizing treatment.

Client motivation. Motivation was stated in interviews to be an important component for client success. One staff member stated, "I'd say that it really comes down to clients' motivation to work through whatever is coming up for them." Staff, however, stated that they sometimes had difficulty motivating clients.

AHS deliverables. During formal interviews staff stated that they sometimes felt constricted by AHS deliverables. Staff explained that sometimes youth requested certain topics for group sessions or something would be happening in the community that staff wanted to address; however, these topics might need to be shifted to a later treatment group in order to make the treatment group fit with the daily theme, as outlined by the deliverables.

Creating advocates. Staff stated that one of their goals for the program was to empower youth to be their own advocates. One staff member stated that a "huge part of working with adolescents is teaching them to become their own advocates." Another staff member stated:

> I would love to see us in all the decision making we do and all of the interventions we do, trying to keep that idea of allowing them and creating them, creating spaces for them to use their own voices. (Staff).

Staff explained that it was challenging to balance empowering youth while working with them in a residential setting, as they were responsible for providing daily care. One staff member further explained this by stating, "I think as a program we want to produce advocates and not necessarily just kids that have been taken care of."

Role clarification. Staff sometimes struggled with what their role was and had difficulty describing their jobs. Staff stated that they felt that they were juggling different roles, encroaching on others' responsibilities, and that they did not have time to complete everything they felt needed to be done.

Adventure therapy. The majority (n = 5) of staff expressed a lack of confidence regarding having the necessary skills and knowledge to implement adventure therapy. During interviews staff suggested that more training in adventure therapy was needed in order for them to learn how to facilitate these interventions and increase their confidence.

Client readiness. Staff stated that it was challenging to know when clients were ready for certain interventions. One staff member described this challenge by stating:

> […] biggest challenges that we face is client readiness for the intervention and determining, you know, matching where they're at with where the program's at or

> where the peer group is at, you know, group therapy in that context gets, you know, somebody will often find their needs not being met or not ready to engage in a certain way and so although we're a voluntary program, just cause we're voluntary doesn't mean that the readiness to change, to participate is the same across the board. (Staff).

Intention. Staff stated that there was a need for increased consciousness and intention in delivering treatment outcomes. One staff member described this by stating:

> Intention, intention, intention. When you ask a question you have an intention behind it and you need to ask the right question. And in order to ask the right question you need to be conscious of what you're trying to do and that process only happens by being, by instead of like letting it [happen] by fostering it, by thinking about it, by talking about it. (Staff).

One staff member suggested that in order to increase consciousness and intention at Base Camp staff could have a formal meeting to discuss this topic. After this meeting, smaller group discussions could occur on a daily basis. The idea behind this meeting was to create a formal structure for discussions of consciousness and intention, as well as to foster an environment where this discussion was welcome. The staff member stated that this discussion was especially important for frontline staff, as they were facilitating treatment; however, it would also be beneficial for management and AHS to be involved. The staff member described what would be important to discuss at the meeting:

> We need to sit down, talk about what our values are, how are we being conscious in what we do, how do we create intention in what we do, how do we be, how are we coherent from one intervention to another. (Staff).

Family programming. Staff stated that it would be beneficial to increase family programming and have families on-site more often; however, this was stated to be challenging due to resources and location of Base Camp in comparison to families' homes. One staff member explained the importance of family involvement, as it is linked to change:

> It's [youths'] treatment process, so it does need to be more intensive for them, um, the involvement of whoever family is for the young person and the more intensive that can be, is just the more that we can support those relationships to change. (Staff).

One staff suggested that the family cabin be utilized for families to stay overnight in on Welcome Day. The staff explained that families would be able to experience Base Camp when their youth enters the program rather than waiting until the Family Matters Experience. Another suggestion made by staff was that instead of clients going home for their first home visit, families could stay at Base Camp for a day or weekend. Further suggestions from staff included having family barbeques and inviting families to Base Camp for designated holidays.

Confidence in programming. Staff lacked confidence in programming. One staff member explained that before he could feel confident in the program there was a need for higher quality in programming, facilitation, and experience:

> My hope would be that as a staff team once we finish a day […],whenever we look back on what we have done so far we can look back and be like "you know what? We have delivered what we consider a high quality program and a high quality, high level of facilitation, and high level, high quality level of experience."

> Which I don't feel we're there, right now, and I have the impression that if we get to that level, then probably the potential of this place will increase even more. (Staff).

Suggestions made by staff for increasing confidence were to (a) train and mentor staff in facilitation, (b) provide frontline staff with more control of programming, (c) adjust schedules to have staff who consistently work as a team together, and (d) increased communication at shift changes. One staff member explained the challenges of not having control in treatment and working shifts:

> I have very little control over the progression of a day, of a progression of intervention on a client. […In past employments when I facilitate on trail with groups, I see the progression, I create the progression, I, either, me or my co-instructor that I talk to all the time. So I know what has happened, I know what people are struggling with, I know what people are saying and I know what I want to bring to the group and I have pretty much full control over what happens, but here you need to run it by other people, ah, different people have different responsibilities, so you can't always do everything and you leave off shift and you come back and things can be completely different and you disconnect, so it's extremely, ah it's in different compartments, each moment is in a different compartment that can be completely disconnected from another moment and that is my biggest struggle. (Staff).

Chapter V: Discussion

This chapter begins with a summary of findings regarding the program description, research questions, and further findings. The chapter then provides a

comparison of the evaluation's findings with the literature review conducted in Chapter II, as well as literature on outcomes and processes in adventure therapy. The implications for policy, practice, theory, and social work are then presented. This is followed by an exploration of the limitations of this evaluation.

Summary of Findings

Program Description. A detailed program description of Base Camp was provided in Chapter VI. The purpose of this description was to document processes of the program so that links could be made between interventions and outcomes, which assisted in filling a gap in adventure therapy literature (Gass et al., 2012). The isolated location of Base Camp was found to have positive and negative outcomes. Negative outcomes included difficulties with logistics, family programming, and aftercare. A positive outcome for families was having a break from their youth and a positive outcome for youth was having time away from issues at home. Base Camp's focus on developing individualized case plans was viewed as a positive intervention, especially for youth with special needs, as some processing techniques were not helpful for them. Staff needed to recognize this and adjust processing and programming accordingly. Staff also needed to have expertise regarding special needs. Natural consequences experienced at Base Camp assisted some special needs youth, such as those with FASD, in understanding cause and effect. Families were supposed to be a central part of programming at Base Camp; however, in actuality they had limited involvement due to the location of Base Camp, lack of programming, and their limited commitment to participating in treatment. When families were committed and engaged in treatment there appeared to be an increase in positive communication, trust, and closer relationships. The Family Matters Experiences

was stated to be an important and positive experience for families, as they had an opportunity to participate in treatment and learn about the daily aspects of being at Base Camp. Progress Reviews were stated to be an important component of programming where youth and families could share their treatment progress and collaborate together. Telephone conversations were stated to be important for maintaining contact between youth and their families; this contact could sometimes lead to conflicts between youth and families. Home visits provided clients an opportunity to practice skills they were learning in their home environments. Passage Day was an important ritual to acknowledge clients' accomplishments and transition from the program. This acknowledgement could have positive and negative effects. Youth had an opportunity to view their support network, as it was present and showing support through publically acknowledging progress that had been made in treatment. When youth did well in treatment they could feel failure after discharge because of the high expectations set during treatment that they might not be able to meet. Transition planning and normalizing difficulties encountered after treatment were therefore important during treatment. Adventure therapy was stated to have an important role in treatment and was described as creating notable differences in clients.

In addition to linking interventions and outcomes, other findings arose from the program description. The extensive history of Base Camp led to fragmentation within programming and intention rather than creating a comprehensive whole. Program development was suggested to address this concern. Research participants stated that there was a lack of residential treatment programs for youth with addictions in Alberta, which highlighted the importance of Base Camp and need for this programming.

The continuously evolving nature of Base Camp was identified as a challenge and cited to be a result of difficulties with staff retention, changes in policy by AHS and Enviros, and changes advised through advancements in related fields.

Concerns with staff included their lack of confidence, the need for more staff, improvement in staff retention rates, and the need for formal mentorship, supervision, and evaluation. Staff retention rates had an effect on program planning and processes, as the management team needed to mentor and supervise new staff constantly. This distracted them from their own roles and responsibilities, which included program planning and development. Overall, the high staff turnover affected the quality of the programming and the extent to which policies were being followed.

Base Camp had a low completion rate, on which families and staff had different perspectives. Staff stated that even though youth did not stay in the program for 3-months they appeared to still be benefiting from programming, whereas families stated that it was important for youth to remain in the program for the full 3-months. Families also suggested that the program be longer in duration and advised that an assessment could be completed at three months to determine if a youth should remain in the program longer. Families stated that remaining in the program longer could provide youth with an opportunity to have more gradual transitions back home.

Base Camp, on average, did not operate at capacity. Staff and families viewed this as being positive for programming and outcomes; staff stated that the ideal number of youth with the current resources and funding was eight. A need for program development was emphasized that included the creation of a list of tasks and therapeutic activities, as well as increases in wilderness trips. Base Camp having a positive working

relationship with AHS was emphasized for effective client treatment, along with the importance of having regular communication and sharing of information between the two organizations. Base Camp staff might be able to provide more effective presentation of AHS deliverables if they had a list of related researched objectives and empirically validated practices. Presentation of these deliverables needed to be designed within the context of an isolated, residential treatment center that used Base Camp's resources and experiential education philosophy to provide a treatment that was unique from other AHS services. YFSWs were not involved in many family components of the program. Staff expressed a lack of confidence regarding possessing the necessary skills and knowledge to implement adventure therapy. Staff stated that intention and clients having investment in the process were important components of for using adventure therapy in treatment. Staff had difficulty defining what adventure therapy was and describing where it was implemented at Base Camp. The amount of adventure therapy being conducted and its quality relied on the skills of the frontline staff.

A series of recommendations also arose from the program description. According to staff, rituals could be stronger and a more central aspect of Base Camp. Staff suggested that strategies for involving clients in rituals and ceremonies could be developed, including proving a schedule of rituals, a space for seriousness during these times, and inviting the participation of multiple individuals. The need for increased intentionality in joint tasks was also suggested. Families were distanced from the day-to-day intensive treatment process, as the majority of the time they were not on-site with their youth. Families also did not participate in wilderness trips and had limited exposure and involvement with adventure therapy. It was suggested that families could have more

opportunities to interact with their youth while in treatment and be able to take ownership in aspects of programming. Further incorporation of home visits into treatment and transition plans was suggested. Time could be provided for youth to make significant progress in their treatment before attending their first home visits. Proceeding home visits could increase in duration and frequency as youth approached their Passage Day. A number of limitations in the implementation of adventure therapy were noted, including sequences, peak experiences, natural consequences, metaphors, reflection, debriefing, and intentionality. Further transition planning for clients was suggested. Base Camp attempted to connect clients to resources and supports near their homes; however, parents suggested that transitions could occur during a longer duration, clients could be connected to addiction counseling that occurred frequently (e.g. daily), and a weekend refresher could be provided at Base Camp sometime after discharge. Staff expressed that an aftercare program would be beneficial, but advised that it could not be done within the current scope, resources, and funding of the program.

Research Question One: Program Fidelity. This research question explored if the program processes demonstrated fidelity with the program theory. Findings indicated an overall fidelity within programming. One significant variation from the program theory included limited family involvement, though this was stated to be a family centered program. Though the program did have some family programming and operated from a holistic perspective during youths' treatment, family components were isolated and further development was required to increase their effectiveness. Another significant finding was that despite the program being for youth 12-year-olds to 18-years-old, the program did not serve any 12-year-olds, within this data set, and appeared to serve youth

in an older age bracket (i.e. 16-years-old to18-years-old). A further significant finding regarding demographics was that despite being a program for youth addicted to substances or behaviours, youth only self-identified as having a substance addiction.

Base Camp's primary goals, as outlined in the program's logic model, were compared with the evaluations' findings and appeared to have high fidelity. Findings indicated that clients lived in a substance free environment, became aware of their strengths, were able to share their experiences, and were attempting to live healthy lives with supportive relationships. Base Camp's mid-term goals were "reduced use of substances in client lives" and "increased ability to make positive choices" (Enviros Wilderness School Association, 2009a, Base Camp Logic Model, Mid Term Goal). These were compared with the evaluations' findings and also appeared to have high fidelity. Youth who remained in the program for at least 1-month or 2-months appeared to be able to make more positive choices (e.g. staying home rather than AWOL) and reduced their use of substances immediately after discharge. Base Camp's long-term goals of "substance free living" and the "ability to make healthy choices" (Enviros Wilderness School Association, 2009a, Base Camp Logic Mode, Long Term Goal) were compared with the findings and appeared to have low fidelity. After youth had been in their home environment for a significant period of time (i.e. 3-weeks, 1-month, 4-months) they were misusing substances; however for the majority (n = 2) there was still a reduction in use. Base Camp's secondary goals were compared with the evaluation's findings and were found to have high fidelity. At Base Camp there was a focus on simplicity with basic accommodations, no electronics, and self-sufficiency (C. Godfrey, personal communication, December 20, 2011). The camp also offered youth a safe and

structured environment where they could receive treatment and education, as well as experience community and wilderness (Enviros Wilderness School Association, 2009e). This environment was provided with the goal of assisting youth in making positive changes in their lives. Youth were also able to focus on fostering "perseverance, cooperation, leadership, self-reliance, and trust" (Enviros Wilderness School Association, 2009e, para. 2). Through a focus on relationships, youth were also able to develop a respect for their peers by using common goals to overcome "fear, apathy and personal difference" (Enviros Wilderness School Association, 2009e, para. 2). These findings are further discussed below.

Research Question One: Fidelity with Adventure Therapy. Part two of the research question explored if the program theory was consistent with the theory and principles of adventure therapy. The key elements of adventure therapy were described in Chapter II and included nature as a healing component, eustress, client participation, natural consequences, and focus on positive changes, as well as provision of care and support (Gass et al. 2012). Nature and being isolated in it were viewed as being an important component in the treatment process. A high degree of fidelity was found for the use of eustress, especially in the area of perceived risk. Clients were expected to actively participate and had the responsibility to assist in planning their own treatment. Though clients found adventure therapy meaningful and experienced natural consequences, there was a lack of intention in this using these elements. Base Camp demonstrated a commitment to focusing on positive changes for clients', especially in their present and immediate future. More focus and intention, however, could be given to transition planning, aftercare, and long-term positive changes. Findings from formal

interviews indicated that staff, youth, and families thought that Base Camp provided care and support to youth, especially when clients were experiencing unfamiliar environments. Reviewing program material and preparing for direct observation also indicated a finding of care and support. Findings from direct observation, however, especially during the wilderness trip did not highlight this care and support. The wilderness trip observed was supposed to be an introduction to wilderness trips, however, limited assistance was provided to youth as they prepared for their trip and while on the trip youth had to ask questions when they were insecure or lacked knowledge regarding an aspect of tripping rather than being provided with this information. Staff had planned to provide information to youth while on the trip, however, the unexpected snowstorm created an environment where staff were managing the situation and were distracted from pre-trip goals. Staff also met after the trip and acknowledged areas for improvement and made plans for future programming. These findings are further discussed below.

The five principles used to incorporate the theory of adventure therapy into practice were described in Chapter II and included clients participating in treatment, client motivation, real situations where there are natural consequences, reflection, and functional change with future relevance needs to be present (Gass 1993b). These principles were stated in Chapter II to be enacted through placement in an unfamiliar environment (Neill, 2004), use of metaphoric processing, sequencing of events, perceived risk, natural consequences, enjoyment, challenge by choice, and peak experience (Newes 2001). The program theory demonstrated a high consistency with metaphoric processing, debriefing and reflection, using unfamiliar environments, sequencing of events, creating perceived risk, enjoyment, and "challenge by choice" philosophy. Areas that showed

slightly lower consistency were clients participating in their treatment and motivation. Areas that demonstrated the lowest consistency were the use of natural consequences and peak experiences. Clients became participants rather than spectators in their treatment through individualized case plans, clients and families having control in their treatment, staff facilitation, and participation in activities. Clients' motivation to participate in treatment was described as constantly changing. It could increase, decrease, or stay the same depending on the individual, their circumstances, and the stage of the program in which they were participating. In the findings, a differentiation was made between internal and external motivation. Staff described numerous motivational sets that youth could experience. Staff had difficulty identifying what natural consequences were; therefore these consequences were rarely used intentionally to enhance the therapeutic process. When intentional, they were often processed through metaphor or used to practice decision-making skills. They could also be used intentionally to create unsuccessful experiences and use this as a space for learning. Staff stated that natural consequences were often monitored or eliminated for safety reasons. Metaphoric processing was used frequently to provide clients the opportunity to reflect and transfer their learning; it was especially used during ceremonies, rituals, and treatment groups. It was also used during reflections, debriefing, experiential activities, group sessions, adventure therapy, art therapy, school, and while acquiring technical skills. The majority of metaphoric processing occurred by reflecting upon an experience at camp and applying these thoughts to experiences outside of camp. There were times, however, when reverse metaphoric processing occurred where clients reflected upon experiences outside of camp and applied these thoughts to experiences at camp. This appeared to be

especially helpful when youth and families were practicing skills. Debriefing and reflection were used frequently and considered to be an important component of the therapeutic process. Since there were no set processes at Base Camp for how to conduct debriefing and reflection they occurred in numerous formats, including metaphors, solos, and during frontloading. Unfamiliar environments were used throughout the program to enhance the therapeutic process. The amount of intention in using unfamiliar environments varied depending on facilitators. When intentional, the environment might be frontloaded to clients and learning would be transferred to clients' lives. Findings indicated that these environments were therapeutic as clients could be in situations that were frightening, challenging, and stressful; this led to self-exploration and resiliency. Unfamiliar environments also provided a context for relationships to build in a different and accelerated manner through reliance on each other and working together to reach common goals. Events were sequenced, however, this process often lacked depth and intention. Staff described numerous strategies that they implemented to sequence events. They also listed numerous elements that contributed to sequencing, including a 10-day intake schedule, deliverables from AHS, wilderness tripping, and the ability to reach peak experiences. The desired outcome of sequencing was to create metaphors, enjoyable experiences, and mastery through skill building; which led to increased self-esteem and confidence. Real risks were managed through adherence to Base Camp and Enviros' policies and procedures. They were also managed through staff understanding of these risks and their clients' limits. Risks were frontloaded to clients who could use a challenge by choice philosophy and their relationship with staff to determine how they wanted to participate. Perceived risks were created for clients, often through the use of

unfamiliar environments. These risks were often inherent in activities and the level of perceived risk would depend on clients and their previous experiences. Staff stated that they used caution when creating perceived risks because they were concerned that they would become real risks, as the target population was vulnerable and staff wanted to avoid creating stress. When they were created, the purpose of them was to promote a broad range of emotional experiences for clients, including discomfort and adrenaline. Clients had the opportunity to overcome their fear, anxiety, and obstacles to achieve a sense of accomplishment. They also had the opportunity to learn how they overcame these challenges. Another purpose of creating perceived risk was to accelerate relationship building, identify clients' strengths, and engage clients in treatment. Adventure therapy created commonalities among clients, made events memorable, and provided clients the opportunity to be active. Though clients' response to treatment had a high fidelity with enjoyment and increased motivation, data indicated that clients' responses to adventure therapy depended on the day, client preferences, facilitation, and engagement in the overall treatment process. Challenge by choice was described as occurring on a spectrum where optimal participation was invited from clients. Staff described difficulties in implementing a challenge by choice philosophy in some activities that had limited opportunities for varying levels of involvement.

Research Question Two. This question asked if awareness of clients' strengths was raised through adventure therapy, therapeutic relationships, and/or family involvement. Findings indicated that all of these components assisted in raising clients' awareness of strengths. Three secondary components were added, including camp rituals, joint tasks, and daily living in an isolated residential facility. The information

described below explained how clients' strengths were raised through these processes and their outcomes.

Adventure therapy. Six themes arose to illustrate how adventure therapy raised clients' awareness of their strengths, including challenge, risk, reflection, relationship, fun, and intention. Challenge was provided to clients when they were placed in unfamiliar environments where they were outside their comfort zones and in situations of real and perceived risks. This led to increased confidence and self-esteem, as clients were able to overcome these challenges and learn new skills. Risk placed clients in real situations where they could view themselves in terms of how they responded in situations rather than how they chose to portray themselves. Risk also made clients take responsibility for managing situations and through this they were able to realize and practice their strengths. Reflection occurred through metaphoric processing. Adventure therapy assisted clients in building relationships through increased communication, learning to help each other, and pushing each other to new edges of their comfort zones where clients were able to recognize their own strengths. Clients had fun while participating in adventure therapy and realized that they had found something new that they could be good at and enjoyed. Intention was used in adventure therapy to assist clients in identifying areas for improvement. Clients could work on these areas and practice them in order to build them into strengths that they could demonstrate.

Therapeutic relationship. Three themes arose regarding how therapeutic relationships raised clients' awareness of their strengths including feedback, trust, and support. In addition to these themes, awareness of strengths was raised through the use of narrative therapy and a strength-based approach. When staff had positive relationships

with clients they were able to provide honest feedback upon seeing clients' strengths enacted. They were also able to use their relationships as a foundation for asking clients' questions about their situations, which often led to clients' recognizing more of their strengths. A therapeutic relationship contained an implied level of trust; therefore when staff acknowledged strengths, clients trusted that genuine strengths were being identified. Assigned YFSWs met with their clients regularly to support them in proceeding through the treatment process, which included a discussion of treatment goals.

Family involvement. Three themes arose regarding how family involvement raised clients' awareness of their strengths, including having a space for dialogue, change in roles, and feedback. During family components space was intentionally created for families to honesty share with each other, which led towards increased empathy and communication. This dialogue combined with a supportive community assisted families in developing strengths and encouraged family members to reflect strengths to each other.

Family members could observe each other's interactions within the community at Base Camp; families were able to update their view of each other as they observed members' presenting themselves differently, enacting strengths, and trying new roles in the family system. Staff provided feedback to families and taught communication skills to ensure families were observing the changes and strengths being presented.

***Camp rituals*.** Four themes arose to describe how camp rituals raised clients' awareness of their strengths, including recognition, accountability, practice, and safety. Rituals provided public recognition of strengths, which reinforced them to clients. Clients learned about themselves through the reflection and sharing of others.

They could see that their strengths were valued, which increased confidence in their ability to apply strengths at home. Rituals provided a forum where clients and staff were accountable to each other and issues in the community could be addressed. Clients were able to utilize their strengths during rituals, which demonstrated community support of these strengths and assisted in reinforcing them. Having a safe environment created a forum for trust and honesty where issues could be addressed and real strengths shared.

***Joint tasks*.** Participation in joint tasks provided clients the opportunity to recognize if they had strengths related to motivation, focus, and organization.

***Daily living in an isolated residential facility*.** Five themes arose to describe how daily living in an isolated residential facility raised clients' awareness of their strengths, including safety, feedback, new environment, reflection, and routine. In a safe environment clients were able to try new things and realize the strengths they had in experimenting with these things. Clients could focus on their lives and through this gain awareness of what was occurring and begin making decisions towards what they wanted. Living in an isolated residential facility was often a new experience for youth and created challenges. Through these challenges, youth were able to recognize strengths that they might not have noticed in a familiar environment. During reflections staff could provide youth with questions that related to strengths and youth were given opportunities to think about these, either in a solo or group session. The daily routine of living at Base Camp provided youth with an example of a healthy and sober lifestyle. Youth were able to notice small changes and strengths they possessed because of a schedule that remained constant.

Research Question Three.

Proximate outcome. The first part of this research question asked if youth and families were able to share their experiences of the impact of addiction on their lives. Findings indicated that youth were able to share these experiences; however, the amount of sharing was correlated to youths' duration of stay at Base Camp. Youth in treatment for a few weeks or less were not in the program long enough to enable this in-depth sharing. Families had limited opportunities to share about their experiences because of minimal family programming and the isolated location of Base Camp.

Key processes. The second part of this research question asked what facilitated clients in sharing their experiences. Seven primary categories were developed to describe which programming components facilitated sharing: (a) adventure therapy, (b) isolated community living, (c) therapeutic relationships, (d) residential care and daily living, (e) camp rituals, (f) joint tasks, and (g) family programming. Two secondary categories were developed to describe further aspects of programing that facilitated sharing: (a) formal treatment, and (b) the space Base Camp created.

Adventure therapy. Three themes arose to describe what facilitated clients to share their experiences, including enjoyment, relationships, and experiential learning. Having the opportunity to play and have fun assisted clients in sharing their experiences. Relationship building was accelerated through adventure therapy and provided clients with the opportunity to learn from each other, increase communication, and share in an experience. Experiential learning facilitated clients to share through an approach of learning by doing.

Therapeutic relationship. Staff stated that relationships were a central aspect of Base Camp and the most important aspect of treatment. Staff having positive therapeutic relationships contributed to clients' sharing about experiences through facilitation of treatment and provision of a safe environment. Staff facilitated treatment transparently by explaining what was occurring at Base Camp and in particular activities. Staff also facilitated treatment so that everyone could have an opportunity to share their experiences. A safe environment was created through a community where staff and clients respected and trusted each other. The community of staff and clients also tried to be non-judgmental and make each other feel comfortable.

Camp rituals. Rituals facilitated sharing through the presence of a caring community, which provided a space where clients felt safe and could build confidence. Camp rituals assisted in building community as everyone shared in an experience and were able to witness each other's lives. They also provided an opportunity to recognize particular clients and highlight their strengths. During rituals every member of the community had an opportunity to speak. Creating a space for sharing brought importance to an event and provided a framework for reflection, honesty, intention, and listening. Rituals created a sense of safety through intentional listening, respect, and a lack of judgment. As staff, youth, and families shared during rituals, clients were empowered and enabled to share more of their own experiences as their confidence increased.

Fire was an important aspect in the majority of rituals and was used intentionally for community sharing or to acknowledge a client's progression in treatment. Passage Days provided families an opportunity to observe changes their youth made while at Base Camp. It also provided families and youth an opportunity to acknowledge the transition

in treatment from Base Camp to their home environment. Additionally, Passage Days provided a forum for families to hear about their youths' experiences at Base Camp and how they impacted the community. Welcome Day was an opportunity for youth and families to be welcomed into the community. It also provided an opportunity for youth and families to share and to have this witnessed by a community of individuals who had similar experiences.

Isolated community living. Four themes arose to describe aspects of living in an isolated community that facilitated clients to share about their experiences, including safety, separation, voluntary program, and family involvement. Depending on clients' situations, being isolated from home environments could create a feeling of safety because no one knew who they were or had preconceived opinions and judgments of them. Base Camp placed youth in a different context, which provided them the opportunity to focus on their treatment and reflect on their former environment. This separation also removed youth from access to substances and many of their triggers, patterns, and friends. Families being separated from their youth provided them a break and opportunity to reflect. When families were present at Base Camp with their youth the separation from home assisted in focusing them on treatment. Since Base Camp was a voluntary program it was assumed that clients wanted to be there. Families attending Base Camp and being in an isolated community with their youth provided an opportunity for dialogue about the impact of substance misuse to occur.

Residential care and daily living components. Sharing was facilitated through the provision of a community where clients could feel safe, valued, and understood by their peers. This community also provided an opportunity for clients to learn about themselves

through treatment groups, school, and adventure therapy. Additionally, this community provided clients with the opportunity to experience a healthy and sober lifestyle. Sharing was also facilitated through the provision of a daily structure that had regulatory functions, such as school and chores. Living in residential care offered youth an opportunity to form deeper relationships than those formed in day treatment programs.

Joint tasks. Three themes arose to describe aspects of engaging in joint tasks that facilitated clients to share about their experiences, including relationships, safety, and structure. The relationship between staff and clients was affected by completing tasks together, as it lessened power dynamics and improved communication skills. Youth and staff needed to work together to complete tasks and this required respect. When there was respect in the community it contributed to creating a safe environment, which could build stronger relationships. The structure of having joint tasks created a space and an intention for sharing.

Family programming. Six themes arose to describe aspects of family programming that facilitated clients to share about their experiences, including learning, voice, witnessing, activity, safety, and inclusion. Youth and families learned through facilitation of activities and treatment groups about listening, understanding, and trust. All individuals were given a voice where they could share their hopes and encourage each other. Families were able to witness youth participating in rituals and chores. Activities provided youth and families with the opportunity to have fun together. Youth and families were able to feel safe. The inclusion of families was stated to be a very important aspect of Base Camp. Specific programming highlighted for enacting these themes included the Family Matters Experience, family therapy, progress reviews, impact

letters, and Passage Days. During the Family Matters Experience sharing occurred during sessions, activities, and around evening fires. Through therapy, families learned how to communicate and had a forum where they could share and be heard. Progress Reviews provided an opportunity for the family therapist to consult with families about their needs and wants. The therapist was then able to integrate these as an important part of the therapeutic process. Passage Days enabled family members to share about the progress they saw in their youth.

The space. Sharing about the impact of substance misuse occurred through formal groups, case planning, and individual sessions with staff, as well as reflection and solo times. Base Camp also created a space that facilitated sharing through flexibility in programming.

Research Question Four. This research question asked if youth were living a healthy, substance-free life while at Base Camp. Findings indicated that youth were and four categories were developed to describe how this was occurring. These categories included substance-free, holistic perspective, adventure therapy, and structure. An additional category was created to accommodate responses to interview questions that were based on literature relating to the Self Report – Youth Outcome Questionnaire (Burlingame, Wells, & Lambert, 1995, as cited by Russell, 2003).

Substance-free. Five themes arose to demonstrate why Base Camp was a substance free environment, including searches, swoops, supervision, consequences, and isolation. Clients' belongings were inventoried upon their arrival and mandatory searches were conducted whenever a client arrived at Base Camp. Site checks were conducted daily, during the day and night, to assist in ensuring that no substances were

on site. When there was a suspicion that substances were on site a swoop was conducted. This involved separating clients and interviewing them separately; then, based on information gathered in these interviews, area searches were conducted until substances were found or the suspicion was proved unfounded. Youth had 24-hour supervision while at Base Camp. Staff could, therefore, notice changes in clients' patterns or behaviours and monitor these to determine if there was suspicions of substance use. Youth were accountable to staff regarding their whereabouts at all times. When youth were found using or possessing substances while at Base Camp there were consequences. Youth were immediately placed in an on-site reflection, where they were isolated from other clients. An off-site reflection and next-step meeting could then follow. Discussions would occur regarding clients' actions and plans for their future treatment. Consequences motivated youth who enjoyed being in the program to not use or possess substances. The isolated location of Base Camp allowed for limited access to substances, which provided clients an opportunity to experience sobriety and clarity of thought.

***Holistic perspective*.** Six themes arose to demonstrate how having a holistic perspective contributed to clients' living healthy lives, including physical, spiritual, emotional, transition planning, family involvement, and treatment. Staff stated that meeting clients' basic needs was the most important aspect of programming and that once those physical needs were met there was a foundation for further treatment. When clients learned how to meet their basic needs it assisted in preparing them to enact a healthy lifestyles outside of Base Camp. Staff identified that rituals, ceremonies, and solo reflection times could be beneficial to clients' spiritual needs. Solo reflections were also identified as an important aspect in benefiting clients' mental health. Base Camp was

described as an emotionally safe place for clients because of the care and support provided by staff and peers. Clients were able to normalize their experiences, which promoted feelings of safety. A safe environment provided an opportunity for clients to share about their feelings on substance misuse and withdrawal symptoms. It also provided them an alternative perspective, as clients might not be used to feeling safe. Transition planning was done throughout treatment to assist clients in transferring their healthy choices to their home environment. Youth learned about resources in their home community and, depending where they were from, were encouraged to transition to using them while still at Base Camp. Youth also learned that they could do various things and be good at them rather than misusing substances.

Families were involved in the planning and implementation of treatment. Youth and families were able to learn communication skills, which were identified as being necessary for long-term sobriety. Base Camp had several aspects of formal treatment, including group sessions governed by AHS deliverables. Participation in group sessions normalized clients' experiences and provided them the opportunity to share.

Adventure therapy. Components of the program that included adventure therapy assisted in creating healthy living through the experience of natural highs. Adventure therapy also provided an alternative treatment method that could engage clients in a different way than traditional treatments.

Structure. The structure of the program created regularity, which assisted clients in relaxing because they knew when events would be occurring. It also created a sense of security and maintained consistency. Additionally, the structure kept clients busy and provided them something to think about besides substance misuse.

***Youth Outcome Questionnaire*.** Five themes arose from interview questions that related to the Self Report – Youth Outcome Questionnaire (Burlingame, Wells, & Lambert, 1995, as cited by Russell, 2003) including intrapersonal distress, somatic complaints, interpersonal relationships, social problems, and behaviour dysfunction. These are further discussed in the literature review section below.

Research Question Five. This research question asked how Base Camp promoted positive family relationships. Data pertaining to this research question first explored family relationships at various stages of treatment (a) at the beginning, (b) after the family matters, (c) upon discharge, and (d) after discharge. These were explored to understand the relationship between processes and outcomes. The findings described below from each stage highlighted what could be the outcomes of using these processes. Research participants acknowledged that every family was different and that data provided were generalizations.

Family relationships at the beginning of treatment were often strained, awkward, lacked healthy communication, and characterized by constant conflict. There was also a lack of honesty, trust and understanding. Families tended to be focused on problems and unhealthy patterns. Families expressed hope that their youth would change and did not acknowledge that they also needed to make changes for their youth to be successful.

The Family Matters Experience assisted in improving family relationships; however, on-going support was still needed. During this intervention families were able to share experiences where they worked together to overcome challenges and could witness changes in each other. They also had opportunities to improve their communication skills and learn about each other. This led to increased understanding

and empathy.

Youth who left Base Camp prior to their completion date could still have had a positive experience. Youth, for example, might leave the program early because treatment no longer appeared warranted or they were going to begin other programming (i.e. school). It could also be a negative experience if the family did not agree with the discharge or if their youth had been asked to leave Base Camp. In these situations family relationships were often strained. Family members could be disappointed, frustrated, and feel unprepared to support their youth at home. The positive or negative experience of early discharge was often dependent on if youth had their families' support in leaving. Findings indicated that youth who left the program early were not taking full advantage of their treatment and might feel that things are unresolved.

At Passage Days family relationships appeared to be improved if youths' families had been actively engaged in the treatment process. Families appeared to have increased communication and trust. Families also appeared to be supportive of their youth and expressed pride in work that they and their youth had accomplished during treatment. Families were joyful about being reunited, but also acknowledged feelings of trepidation about whether changes that occurred during treatment would transfer home. During rituals, families voiced a commitment to continuing the treatment process with their youth after leaving Base Camp.

After leaving Base Camp family relationships were described as being improved, but still strained in cases where youth and their families were residing together. Youths' guardians described trust slowly returning into their relationships. They also described feeling fear when they noticed their youth reverting to previous patterns.

Youths' guardians provided numerous examples of how they still observed behaviour that reflected what youth and their families learned at Base Camp.

Ten categories were developed to describe the processes that promoted positive family relationships, including contact with family members, impact letters, progress reviews, telephone calls, home visits, community fires, the Family Matters Experience, Passage Days, adventure therapy, and family therapy. An additional category was created to accommodate responses to interview questions that were based on literature relating to the McMaster Family Assessment Device (Epstein et al., 1983).

Contact. Youth and families communicated frequently by telephone. Youth also had home visits and families could visit at Base Camp.

Impact letters. These were used to build trust and confidence in families, as well as provide them with an opportunity to support each other.

Progress reviews. These provided a safe environment where the family therapist mediated conversation and facilitated the use of new skills to improve communication. During Progress Reviews families also had the opportunity to analyze members' roles.

Telephone calls. Youth, with some exceptions, were only allowed to telephone their family. The purpose of this was to focus youth on their treatment and family rather than their friends. Families had telephone conversations with Base Camp staff regarding their youth to keep informed. Families expressed that they wanted this interaction to increase and to have a more collaborative relationship with staff.

Home visits. Home visits provided youth with an opportunity to practice new skills. Families were able to assess youths' changes and trust could begin to rebuild.

Community fires. The purpose of the Welcome Fire was to greet families and invite them into the community. This fire also provided a forum for youth and families to share their hopes, impressions, and readiness to change. If families were present for a Bead Fire or Passage Fire they had the opportunity to provide youth with feedback regarding their progress. Families could also be reassured about changes being made, as they listened to everyone in the community giving youth feedback.

Family Matters Experience. Youth and families were given an opportunity to share and improve communication while they shared experiences, had fun, and participated in experiential education. The Family Matters Experience created a space for openness and honesty where youth and families were able to gain empathy, understanding, compassion, and respect for each other. Being present at Base Camp provided families with the opportunity to observe and participate in what their youth was experiencing every day. Youth were able to demonstrate progress made to their families, and this created a sense of pride. Involving families in a weekend of treatment invited them to experience and participate in the process. Families were able to realize that they also had to make changes and transfer learning to their home.

Passage Days. During this ritual families were able to celebrate with their youth the changes that had been made and act as a support. Families were also given an opportunity to share about changes they had made at home. Families shared about their trepidation regarding their youths' transition home and stated their hope, commitment, and support to the on-going treatment process. Youth and families demonstrated an overall increase in trust and respect for each other, as well as a sense of pride.

Adventure therapy. During the adventure therapy components families were placed in unfamiliar environments where they were able to share a variety of experiences and learn new skills. Families participating in unfamiliar tasks had an opportunity to overcome challenges together, which developed pride in each other's skills and strengths. Family members also had the opportunity to update their views of each other, as they demonstrated new or different aspects of themselves. Family members, for example, sometimes had to be independent or dependent during an activity, which could be difficult depending on family members' roles and trust of each other. Families had fun together and were able to share in each other's excitement, joy, and energy.

Family therapy. Conjoint sessions provided an opportunity for families to communicate in a healthy manner through the mediation of a therapist. The therapist worked with families through a narrative therapy and a strengths-based approach to assist them in working on their concerns.

McMaster Family Assessment Device. Five themes arose from interview questions relating to the McMaster Family Assessment Device (Epstein et al., 1983), including problem-solving abilities, communication skills, family member roles, emotional responses, and level of involvement.

Findings indicated that families' problem-solving abilities improved throughout treatment. This occurred through increased communication, respect, and trust. Base Camp created a space and structure for families to practice active listening, which led to increased understanding and empathy. Staff provided feedback to families, as well as tools for conflict resolution and techniques to deescalate situations. Using these tools and

techniques provided families an opportunity to build confidence that they could solve their problems in a healthy manner.

With regard to communication skills, findings indicated that families had increased communication and skills throughout treatment. They were able to react to each other with more maturity and less elevation in their tone of voice. Staff facilitated families' communication through feedback and mediation. They also provided families with skills and techniques, including, VOMP, "I" statements, and active listening. Families were able to practice these skills and techniques to deescalate situations, express their feelings, and advocate for themselves. Families increased their empathy, compassion, and patience for each other, as well as slowly learning to trust one another again. Home visits, progress reviews, safe letters, and the Family Matters Experience were listed as program components that assisted in increasing communication by providing families the opportunity to practice their skills.

There was a change in family members' roles, especially after 3 months of treatment. These changes were linked to Progress Reviews and Base Camp mimicking a family environment. Families had an opportunity to become aware of their roles. Families were then able to practice acting in their appropriate roles and respecting each other's roles. Youth demonstrated independence and an ability to advocate for their role within the family unit.

Families tended to be less reactive in their emotional responses to each other as treatment progressed. Families took time and space to process their emotions. At Base Camp families learned strategies to handle their frustrations, emotions, and conflicts. Youth and families were able to practice these strategies and staff were able to provide

them with feedback and coaching. When families used these strategies they had the opportunity to have insight into each other's lives, which increased empathy and acceptance.

Changes in levels of involvement were dependent on the relationship families had when they entered the program. Families tended to express interest in treatment and a commitment to participation; however, they might not follow through with this.

Further findings. Findings that were not included in the above categories and themes included (a) clients having an opportunity to be sober and demonstrate commitment to the program, (b) spiritual elements, (c) families having a break from youth and having the opportunity to reflect, and (d) the simplicity of Base Camp promoted a focus on treatment and relationships.

Research Question Six. This research question asked if there was an increase in clients' resiliency between intake and discharge. With regard to external resiliency there was an increase in family support, commitment to learning, school culture, and community cohesiveness. There were no statistically significant changes in youths' resiliency relating to peer relationships and influence. Youth who remained in the program demonstrated higher levels of peer relationship and influence at intake than those who did not remain, as demonstrated through independent *t*-tests. This data could be related because if youth felt they already had some skills relating to this they might not be identifying these as goals in their case plans. Base Camp's focus on relationships, as portrayed in the qualitative data, however, indicates that there should be improvement in this area regardless of the client directed process. Further investigation would need to occur to explore the lack of statistically significant change in youths' resiliency relating

to peer relationships and influence. In regard to internal resiliency there were increases in cultural sensitivity, self-control, empowerment, social sensitivity, and self-concept. In regard to outcome indicators there were decreases in cognitive impairment, attention problems, and non-constructive behaviour. Increases were found for interpersonal interactions, satisfaction, engagement, and self-actualization. There was no change in youths' psychological discomfort. This could be due to the emotional and physical challenges of participating in the program. Youth are encouraged to challenge themselves, which could lead to psychological discomfort not decreasing, yet the risk management used could prevent the psychological discomfort from increasing. The qualitative data provides support for this hypothesis, as staff described, when answering questions related to the Youth Outcome Questionnaire (Burlingame, Wells, & Lambert, 1995, as cited by Russell, 2003), that Base Camp could create stressful situations for clients. There was an increase in pro-social behaviours and a decrease was demonstrated for the factor of at-risk behavior. .

One statistically significant difference was noted between youth who stayed in the program verses those who did not based on their pre-test scores. This difference indicated that youth who stayed in the program for longer durations have higher levels of peer relationship and influence. This could indicate that youth with higher levels of peer relationship and influence are more successful in the program because they already have a skill set that assists them in living communally with peers and to participate in group work. It could also indicate that youth entering the program are able to form relationships with their peers who have been in the program longer and who can provide mentorship and healthy relationships.

Research Question Seven. This research question asked if youth, upon completion of the program and for up to 3-months afterwards, had a reduction in use of addictive behaviours or substances. The youth who had no reduction in use had maintained sobriety for four months, which was the longest duration he had been sober in two years. An aspect of Base Camp that assisted in creating change in longer-term clients was that the program was voluntary; youth needed to be ready to change. Another aspect of Base Camp that assisted in creating change was that the program staff appeared friendly and relaxed. Additional aspects that were cited as contributing to change were clients being in a different environment and living in a community.

Further findings. Through data collection a series of findings arose that were not directly related to the evaluations' research questions, which included families' experiences, challenges, and successes.

Families' experiences. Youth and families had overall positive responses regarding how they felt about their participation in the Base Camp program. Themes present in the data, as described by youth and families, included staff, food, safety, sobriety, adventure therapy, and the Family Matters Experience. Families whose youth left the program early described negative experiences associated with their youths' discharge.

Successes. Data indicated that staff thought Base Camp was an effective treatment for the target population. Numerous successes in programming were described in the data. These were organized into 10 themes, which included the program being voluntary, staff, community, isolation, environment, treatment, client, interpersonal

relationships, policies, education, and change. The variable intake date for Base Camp was also described as a success since clients could be role models and inspire each other.

Challenges. Numerous challenges were identified in the data regarding the implementation of the Base Camp program, including isolation, staff retention, funding, individualized treatment, client motivation, AHS deliverables, creating advocates, role clarification, adventure therapy, client readiness, intention, family programming, and confidence in programming.

Findings and Consistency with Literature

Literature reviewed in Chapter II stated that there was a lack of services for youth and a growing demand for effective and innovative programming (Russell & Gillis, 2010; Gass & McPhee, 1993). Findings from this evaluation confirmed this lack of services and the on-going need for this type of programming.

This evaluation contributed to adventure therapy literature by demonstrating the effectiveness of this treatment for youth with addictions. The study contained a small sample size, however, findings were consistent with the literature, which indicated a reduction in clients' substance misuse from participating in adventure therapy (Gillis & Simpson, 1993; Russell, 1999, as cited in Gass et al. 2012; Harper et al., 2007, Kim and Jackson, 2009). Findings from this evaluation, however, indicated that substance use was correlated to the duration of time youth spent at Base Camp. Youth who were discharged from the program within 2-weeks demonstrated no improvement or an increase in substance misuse. Parents of these youth associated this outcome with their youth not wanting to change and not staying in the program. This finding was supported by sets of motivation stages that were raised during interviews and the study conducted by Russell

(1999, as cited in Gass et al., 2012). Youth who stayed in the program for a longer duration (i.e. one or two months) appeared to do well immediately after the program and demonstrated sobriety. After youth had been in a home environment for a significant amount of time (i.e. 3-weeks, 1-month, 4-months) they began misusing substances, but the majority (n = 2) had a reduction in substance misuse. This finding was not consistent with previous results, which indicated that there was a reduction of substance use at discharge and a significant reduction in frequency of use at a six-month follow-up (Russell, 1999, as cited in Gass et al. 2012). Similar to findings in the literature, despite overall positive results Base Camp had the capacity to develop more effective practices, which would create stronger and more consistent outcomes.

According to Gillis and Simpson (1993), youth were more likely to misuse substances if they had poor relationships with adults, had peers who were misusing, used substances as a coping mechanism, and/or used substances as a result of thrill-seeking behaviour. Base Camp addressed these reasons for use through programming. Promoting positive relationships for youth with their families, peers, and Base Camp staff was an important focus of programming. Base Camp provided youth an environment that was substance-free and isolated from peers who might be misusing substances. Youth at Base Camp were able to share about their substance misuse with other clients and be supported by their peers to change and maintain a substance free lifestyle. Base Camp provided a holistic approach to treatment and included numerous processes to aid clients in exploring why they used substances. Adventure therapy aspects of Base Camp and the element of creating perceived risk contributed to providing youth with an alternative to

other thrill-seeking behaviour. Through addressing these reasons for use it can be inferred that Base Camp contributed to clients being less likely to misuse substances.

Russell (2008) stated that youth who sought adventure therapy programs were often unsuccessful in traditional treatments and were searching for alternative approaches. Gillis and Gass (2010) stated that adventure-based residential treatment was more effective than traditional methods. Findings from this evaluation confirmed that Base Camp offered an alternative treatment, which provided clients various opportunities to explore and express themselves that they would not receive in traditional treatments. Findings also confirmed that clients had previously attended treatment programs and still required further addiction programming. Previous treatments identified, however, included wilderness programming. Readiness to change was described by the client interviewed as the most important factor that assisted with his change. Since this evaluation did not have a comparison group, no conclusions were drawn regarding if adventure-based residential treatment was more effective than traditional methods. Findings, however, indicated that Base Camp had positive results and fidelity with agents of change identified in the literature.

Agents of change identified in Chapter II included: an evolving therapeutic milieu, emphasis on relationships, experience of natural consequences, metaphoric processing, use of activities, connection to various learning styles, and use of both verbal and non-verbal communication. Findings from this evaluation indicated that Base Camp had strong aspects of an evolving therapeutic milieu, emphasis on relationships, and metaphoric processing. Base Camp provided experiences of natural consequences and used activities; however, the intentionality of these components could be increased.

Findings indicated that programming could be connected to various learning styles, however, staff struggled with this due to lack of training and knowledge, as well as time to make treatment more individualized. Communication was an important aspect of Base Camp; however, verbal communication was focused on rather than de-emphasized.

Literature on adventure therapy revealed that this treatment was shown "to have positive effects on self-concept and enhances the development of appropriate and adaptive social skills" (Russell, 2000, p. 171). Findings from this evaluation's analysis of Resiliency Canada Questionnaires demonstrated positive changes to clients' self-concepts. Qualitative findings also demonstrated positive effects on clients' self-concepts and social skills. Adventure therapy was described as raising clients' awareness of their strengths through the categories of challenge, risk, reflection, relationship, fun, and intention. It was also described as facilitating clients' experiences to share through the categories of reflection, enjoyment, relationships, risk, challenge, nature, wilderness trips, and experiential learning. Additionally, adventure therapy was found to promote positive family relationships.

Residential treatment. Literature relating to residential treatment and adventure therapy demonstrated positive effects of reducing internalized problems, including depression, anxiety, and attention disorders (Behrens et al. 2010). Literature also demonstrated positive effects on a reduction of externalized behaviours, such as aggression and rule breaking (Behrens et al. 2010). Additionally, improvement was noted in academic functioning, interpersonal relationships, and overall functioning (Behrens, 2006, as cited in Behrens et al.). Qualitative findings from this evaluation indicated that Base Camp had a positive effect on intrapersonal distress through schedule,

physical activity, healthy diet, and sleep. It also had a positive effect through providing access to resources and the opportunity to explore them. Additionally, clients had the opportunity to work with the family therapist on their intrapersonal distress, which could include learning strategies and having the opportunity to practice them in various situations. Furthermore, clients were separated from potentially stressful home environments, which could reduce intrapersonal distress. Conversely, findings indicated that Base Camp could have negative effects on clients' intrapersonal distress based on the setting, relationships, and inconsistencies. Staff attempted to manage negative effects through facilitation and creation of an environment of exploration. Relationships with staff could cause clients anxiety due to staff asking them difficult questions about their lives. Intrapersonal distress could increase for clients due to a lack of consistency in rules, which varied according to which staff member was implementing them. Additionally, Base Camp could have a neutral effect on clients' intrapersonal distress because treatment is client directed. Clients therefore needed to share about their distresses or they might not be addressed in treatment. . Findings indicated that Base Camp had positive effects on clients' somatic complaints because eating and sleeping were regulated, which provided an opportunity for clients' bodies to heal. A positive effect on somatic complaints might also occur because clients could easily access services and resources through the program that would be beneficial for them. Findings indicated that Base Camp had a positive effect on clients' interpersonal relationships. Community living appeared to contribute to this as clients had interactions with staff and peers, which provided them an opportunity to experiment with different skills and methods of communication that they were learning. Clients learned how to address

conflict, use non-violent communication, and understand their own thought processes. These tools assisted clients in assuming leadership roles during group sessions, as they possessed the skills to interact with others and realized the power of effective communication. Findings indicated a reduction of clients' social problems. Clients received different reactions to their social problems from staff than they had received from others before attending Base Camp. Staff would discuss social problems with clients and clients were able to learn strategies for managing these problems. Clients also encountered consequences to some social problems (e.g. physical violence) as they could be discharged depending on the severity. If clients recognized this consequence and valued being in treatment they would avoid certain behaviors or be motivated to change their behavioural patterns. Some social problems required clients and staff to create crisis and safety plans to manage these behaviours. Findings indicated that Base Camp could have positive or negative effects on behaviour dysfunction. Efforts are made to manage behaviour dysfunctions and provided individualized treatment when possible. Depending on the severity of the behaviour it could be challenging to manage. The occupancy rate at Base Camp was identified as a factor in determining what effect Base Camp would have on behavioural dysfunction. Higher occupancy rates were correlated with fewer individual sessions between staff and clients. Staff were therefore less inclined to make more individualized treatment plans and provided less support, which did not lead to improvements in behavioural dysfunction. Base Camp could have positive effects on behaviour dysfunction, as staff could be creative about how to support clients with various needs. Findings indicated that the program worked especially well for clients with ADHD. Clients were provided the opportunity at Base Camp to explore their

behaviour dysfunction, including its root causes, how to manage it, and could practice management skills. Wilderness trips and community living provided stressors for clients, which provided them space to reflect on how their behaviour worked in various situations. Base Camp was a slow paced setting where clients, especially those having difficulties with impulsivity, could gain patience and perspective. If clients decided to change their behaviours they had the support of the program and staff.

The literature further demonstrated that, overall, residential treatment contributed to stabilizing clients and creating lasting change for clients and their families (Harper et al., 2007). Findings from this evaluation verified this as Base Camp contributed to clients' living healthier lives with reduced substance misuse. Families and the youth interviewed also acknowledged that there had been lasting change.

Substance misuse. Literature on adventure therapy and substance misuse highlighted that it was important to have program specificity and differentiations in treatment planning for clients depending on their demographic characteristics and patterns of substance misuse (Gass & McPhee, 1993). There also needed to be appropriate goals and activities in treatment (Gass & McPhee, 1993). Base Camp, like programs analyzed in Gass and McPhee's (1993) study, attempted to address and solve all clients' issues and lacked intention when creating experiences to produce specific outcomes. Base Camp, however, did attempt to create individualized case plans with clients. Additionally, through staffs' knowledge and relationships with clients they were able to consider if certain therapeutic activities would benefit or have a negative impact on clients, which could affect their participation. This finding met two of the recommendations provided in Gass and McPhee's (1993) study. Kim and Jackson (2009)

stated that using adventure therapy in substance misuse treatment resulted in improvements in education achievement, attainment of employment, physical and mental health, and family and social functioning. Quantitative and qualitative data from this evaluation demonstrated an improvement in school culture and engagement, physical and mental health, and family and social functioning. Attainment of employment was not measured in this evaluation.

Family involvement. Literature reviewed in Chapter II on family involvement in treatment demonstrated that there was limited improvement (Harper et al., 2007) or significant deterioration (Kim & Jackson, 2009) in family functioning. Quantitative data regarding family involvement was not available in this evaluation. Qualitative data, however, indicated improvements in family functioning, especially if families were engaged and committed to treatment. Harper et al. (2007) had recommended that programming involve families more intentionally and directly in the treatment process to improve outcomes. Despite experiencing improvements in family functioning, findings indicated that Base Camp had the capacity to increase their family programming to directly involve families and be more intentional.

Processes and outcomes. Revell et al. (2013) conducted a survey to examine which processes in adventure therapy appeared to be the most beneficial. The findings from their study determined that, out of the processes explored, the most beneficial was clients being present in an outdoor environment. Further key processes were being in a group, time for reflection, relationships with peers, being in a new environment, the setting, and taking emotional risks. Qualitative findings from the evaluation had themes that included the majority of these processes. Taking emotional risks was not a theme in

the data; however, emotional safety was mentioned numerous times when addressing real and perceived risks. In the study conducted by Revell et al. (2013) clients' relationship with their therapist scored low as a helpful process. This finding contradicted previous outcome and process literature in adventure therapy (Revell et al., 2013). Qualitative findings from this evaluation highlighted youths' relationship with staff as being beneficial, especially data gathered from the perspective of staff.

In 2013 Deane and Harré proposed a model for use in program evaluations that examines processes and outcomes. The model portrayed "the three critical experiences, the experiential learning cycle resulting from the critical experiences, the moderating factors influencing the success of the learning cycle, and the expected participant outcomes" (p.7). Base Camp had strong fidelity with two of the critical experiences, including placing clients in an unfamiliar environment and providing an environment where social interactions could take place in an isolated and supportive setting. Base Camp had lower fidelity with the critical experience of providing challenging activities with clear consequences. Base Camp provides challenging activities and attempts to make them attainable for the target population; however findings indicated that Base Camp could improve its delivery of natural consequences. In regard to moderating factors Base Camp provided a physically and emotionally safe environment where there was a high dosage of treatment and support. Improvement was noted within the moderating factor of staff skills. When staff commenced their employment at Base Camp they had limited experience working in addiction services, family-centered practice, and residential services. Clients in the program, however, had high social diversity, as they came from all areas of Alberta and, in the majority of cases, did not know each other

before beginning treatment. Base Camp followed the experiential learning cycle, as clients were placed outside of their comfort zones and, in the majority of cases, felt motivation to succeed, were able to master experiences, and were provided feedback from staff, family members, and peers. Clients were then provided opportunities to debrief and reflect where they could begin to internalize and transfer their learning. In regards to potential outcomes, findings indicated that participation in Base Camp increased youths' self-concept, connection, skills, and positive behaviours, which could lead to a change in attitude.

Implications

Evaluating Base Camp was important for examining the program's fidelity, processes, and proximate outcomes, as no program evaluation had ever been conducted. Through this evaluation links were made between processes and proximate outcomes. The evaluation focused on (a) an emphasis on adventure therapy and experiential education; (b) use of isolated, community living; and (c) family centered practice. Implications of this evaluation for practice, policy, and research are described below.

Policy. This evaluation assisted in the development of best practices in adventure therapy, as it contributed to the literature a detailed program description and links between processes and proximate outcomes. Providing evidence for best practices contributed to moral responsibility and professionalism. Evidence that supports adventure therapy also could assist in providing more resources and funding. Residential treatment programs that work with the target population and utilize adventure therapy, isolation, community, and/or family-centered practice could use this evaluation when considering creating policy in their own programming.

Pertaining specifically to Base Camp, the evaluation's findings could assist in program development, especially in regards to clarifying the program's goals, practices, and logic model.

Practice. Evaluating key processes and proximate outcomes directly impacted practice with youth and their families, as programs knowing possible outcomes of certain processes could lead to increases or decreases in their implementation depending on clients' needs. Findings from this evaluation contributed to knowledge regarding length of intervention, sequencing of activities, and facilitation techniques.

This evaluation clearly demonstrated improvements in family functioning, which had not previously been documented to this extent. Information regarding processes and proximate outcomes in relation to family functioning could impact how programs work with families.

Recommendations for general programming. Recommendations for programming within the target population and setting, especially regarding the use of adventure therapy are provided here. Findings indicated that it was important for programming within this area to recognize positive effects of the setting, including its isolation, residential component, and community. Recommendations for programming within the target population and setting were regarding (a) treatment duration, (b) case plans, (c) family involvement, (d) intentionality, (e) agency relationships, (f) program development, (g) transition planning, (f) aftercare, and (g) adventure therapy. Findings indicated that treatment duration was dependent on each youth's needs and his or her family support; however, a 90 day treatment duration or longer was suggested for long-term change. The variable intake date for treatment was described as being positive for

building role models and mentorship among peers. The recommended staff ratio was five staff and one night staff for eight youth. Staff, youth, and families also recommended that the program capacity remain at eight to 10 youth. This capacity was confirmed in the literature, as the ideal group size for adventure therapy was found to be between seven and 15 clients (Deane & Harré, 2013). Findings indicated that case plans were effective when they were individualized to clients' special needs and client directed. Family involvement was found to be an important aspect of treatment and needed to be a central aspect. Findings indicated that intentionality and creating specific outcomes were important. Findings also indicated that service providers and their referral source needed to have good communication regarding clients and programming. Program development needed to be detailed and conducted in consultation with the program logic model and program theory. Findings indicated that transition planning was important to programming, reunification, and aftercare plans. Findings also indicated that aftercare programming would assist clients in being successful after treatment.

Adventure therapy provided an alternative treatment approach that offered different processing techniques. Adventure therapy was important to programming as it raised clients' awareness of their strengths, showed them how they were able to overcome challenges, taught them new skills, and enabled them to share about their experiences. Clients were placed in real situations where they could practice their skills. Adventure therapy built clients' self-esteem, confidence, and relationships. The high ropes course was mentioned often in the data and appeared to be an important aspect of having adventure therapy programming.

Recommendations for Base Camp, Enviros, and AHS. To fulfill an objective of this evaluation a series of recommendations were provided for Base Camp, Enviros and AHS.

Evaluation. Discussion regarding a new quantitative measurement to analyze family involvement in programming should continue, as the family outcome rating scales no longer provide practical feedback to Base Camp. These new measurement tools should be easy to administer and provide practical findings. Additional quantitative measurements for youth could also be discussed. A possible tracking system for individual client progress might use a measure that is already implemented, such as the "temperature" check-in and check-out. The Youth Outcome Questionnaire (Burlingame, Wells, & Lambert, 1995, as cited by Russell, 2003) has been used in numerous adventure therapy programs and evaluations, and is suggested here as a possible measurement tool for Base Camp. Gathering data from youth and families who are no longer involved in the program could also be discussed, as the current 3-month Resiliency Canada Questionnaire follow-up measurement is not yielding data. It is suggested that once measurement tools are decided upon the consistency of using these is maintained to enhance reliability in future research and evaluation.

Program development. It is recommended that program development be intentional and correspond with the program logic model and program theory. Further development is needed regarding wilderness trips, job descriptions, and AHS deliverables.

In regard to the program theory it is recommended that program materials relating to it be updated and detailed to include narrative therapy as a primary treatment modality,

operation from a holistic perspective, and a brief explanation of how theory translates to program process. The use of ritual and ceremony could also be included. Additionally, it is recommended that development of the program occur with intention and consciousness.

It is recommended that the program logic model become more detailed. This could include developing a description of program inputs (e.g. resources), activities, and interventions (Smith, 2010, p. 116). It could also include more specific and measurable program goals, objectives, and outcomes (Smith, 2010, p. 116). This evaluation could be used as a resource for the further development of this model.

Discussion could occur regarding incorporating more wilderness trips into programming. Intention and structure should be considered when designing these trips.

It is recommended that detailed job descriptions be developed for Base Camp staff. These could include a clarification of roles, for example, in order to provide incoming staff a portrait of their job a "Day in the Life of an YFSW" could be written.

Discussion could occur between Base Camp, Enviros, and AHS to develop a list of researched objectives and empirically validated practices that are related to the AHS deliverables. Presentation of these deliverables could be designed within the context of an isolated, residential treatment center that utilizes Base Camp's resources and experiential education philosophy.

Staff. It is recommended that there be increases in staff supervision, training, mentorship, hiring, and retention.

Staff could receive occasional supervision while facilitating treatment groups and interventions. Staff appeared to want a more in-depth level of supervision from their

immediate shift supervisor. A discussion could occur regarding why staff evaluations were not occurring in a timely manner and how this could be improved.

Opportunities for training in adventure therapy could be provided to staff to build their confidence and provide them with the necessary skills and knowledge to implement this modality. Training in this area could increase the intentionality of treatment and create a practice of adventure therapy that has a higher consistency with the literature. Training could include: (a) defining adventure therapy and an overview of the literature in this area; (b) teaching skills to plan interventions that are intentional and correspond with the treatment needs of clients; (c) teaching regarding clients' engagement in the treatment process; (d) provision of opportunities to practice adventure therapy through role-playing with peers, as well as supervision and mentorship during sessions with clients.. Opportunities for training in special needs (e.g. FASD, ADHD) could also be provided to increase the staffs' ability to provide individualized case plans for clients who are having these difficulties with the goal of accommodating these needs during treatment. This training could be conducted by inviting experts in these fields to share with Base Camp staff about recognizing special needs and working with these populations. Additionally, training in addiction services and residential treatment, specifically relating to youth, as well as family therapy could be provided. This training could occur through staff mentorship, provision of literature in these areas, and inviting experts in the field to share with Base Camp staff. Staff interviewed had limited experience and knowledge in these areas prior to their employment with Base Camp, which appeared to lead to a lack of confidence and intentionality in programming. Furthermore, training could be provided to inform new staff about the various systems

they are working within, including Child and Family Services, Alberta Health Services, and the Criminal Justice System. This training could be conducted by inviting members of these systems to speak with incoming staff as part of their orientation.

Discussion could occur regarding how to develop a mentorship program for all staff at Base Camp. Mentorship is especially important for new staff, as they tended to feel overwhelmed with the breadth of their jobs.

Discussion could occur regarding the hiring of new staff to increase the client to staff ratio and create a position for a second family therapist.

Discussion could occur regarding how to increase staff retention. Suggestions provided in the data included an increase in vacation leave, shorter shifts, and more opportunities for professional development. It was also suggested that salaries increase to be competitive with the addictions treatment field.

Transition planning. Clients could have more gradual transitions to their home visits and discharges when possible. It is recommended that planning be conducted to ensure that clients are connected with aftercare services through increased communication between Base Camp and AHS. It is also recommended that when a client is discharged for safety reasons or substance use that a debriefing occur with the client and his or her family regardless of if there is a reflection or next-step meeting planned. Discussion could occur regarding if Base Camp could have the resources and funding to host a weekend refresher program for past clients.

Length of program. Discussion could occur regarding the length of programming and if it would be beneficial for clients to be assessed to remain in the program for a longer duration. Longer programming could provide an opportunity for longer transitions

between home visits and discharge, as well as increase opportunities to connect with aftercare programming.

Clients' special needs. It is recommended that a discussion occur regarding how Base Camp could be more accommodating for youth with special needs.

Aftercare. Discussion could occur regarding the development of an aftercare program and its feasibility based on resources and funding.

Intake. It is recommended that there be increased communication between Base Camp and AHS regarding clients who are applying for the program and going through the intake process. This communication could include a discussion of clients' special needs and providing Base Camp with the pre-assessments, which are collected during the intake process.

Relationship with AHS. Data outlined in the program description highlighted the need for increased communication between Base Camp, Enviros, and AHS regarding clients, deliverables, and expectations. This increase in communication could lead to a higher quality of care for clients if information is shared, therapists work together, and deliverables are presented within the context of the unique aspects of Base Camp.

Program capacity. Data in the program description highlighted that there was not enough staff and resources to support increasing the capacity of Base Camp at this time. Staff and families also stated during interviews that a lower capacity provided opportunities for staff to have more individual time with clients and therefore could better accommodate for their special needs. Additionally, the quantitative data outlined in the program indicated that Base Camp was not reaching its' full capacity of 10 clients. It is therefore recommended that the program capacity not be increased at this time.

Interventions. Discussions could occur regarding how to improve interventions at Base Camp, including rituals, joint tasks, home visits, adventure therapy, family involvement, and therapeutic relationships.

Discussion could occur regarding how to make rituals a stronger and more central aspect of Base Camp. Strategies for involving clients in rituals could also be developed, including providing a schedule of rituals, a space for seriousness during these times, and designating leadership to clients.

In regard to joint tasks, discussion could occur regarding how to increase intentionality during them.

It is recommended that home visits be further incorporated into treatment and transition planning. Discussion could occur regarding if there could be more time for youth to make significant progress in their treatment before they attend their first home visit. Discussion could also occur regarding the progression of home visits and if they could increase in duration and frequency as youth approached their Passage Day.

Discussion could occur to determine how to improve the implementation of adventure therapy, including its sequencing, peak experiences, natural consequences, metaphors, reflection, debriefing, and intentionality. Specifically relating to metaphor, it is suggested that the program follow the conditions outlined by Bacon (1983, 1987, as cited by Gass, 1991), which state that it is essential for metaphors to:

> (1) be compelling enough to hold the individual's attention (i.e., it must be related with appropriate intensity), (2) have a different successful ending/resolution from the corresponding real-life experience, (3) be isomorphic, (4) be related in enough

> detail that it can facilitate a student's "transderivational search" (i.e., a process by which the client can attach personal meaning to the experience) (p. 7).

In order to increase the opportunity for functional change, it is suggested that metaphors occur within "the context of the adventure activity" (Gass, 1991, p. 8) and that debriefing and reflection be used to reinforce the change. The framing of the activity should consider the positive and negative connotations related to the objectives (Gass, 1991). Additionally, a list of therapeutic activities could be developed or accessed from the literature to assist facilitators in implementing adventure therapy. Furthermore, it was suggested in the data that on wilderness trips there be a designated treatment leader and a designated trip leader to differentiate between these roles and responsibilities. Discussions could occur regarding the feasibility of increasing the number of wilderness components.

Discussion could occur regarding the feasibility of increasing family programming and the amount of time that families spend at Base Camp. Discussion could also occur regarding the involvement of YFSWs in family programming and if it should be increased. It was suggested in the data that key or point workers and youth increase their contact with families to update them about youths' treatment progression.

In regard to therapeutic relationships, discussion could occur regarding how to accelerate building this relationship between clients and staff early in treatment.

Theory. This program evaluation contributed to filling numerous gaps in literature relating to adventure therapy and its use within residential and substance misuse treatments. First, the evaluation did this through the completion of a comprehensive program evaluation (Priest, 2001) that documented processes and outcomes in

programming (Newes, 2001). The evaluation focused on key processes, including adventure therapy, community, and family involvement and the proximate outcomes of (a) living in a substance-free environment, (b) awareness of strengths, (c) sharing experiences, (d) clients living healthier lives. Second, the evaluation contributed to filling a gap in the literature through provision of a description of Base Camp (Gass et al., 2012). This description and mixed methods design led to an increased understanding of processes and outcomes, which led to identifying agents of change (Gass et al., 2012). The program description also enabled transferability of findings. The most significant linkage was the identification of processes that led to proximate outcomes of improved family functioning, as this had received limited support and attention in previous literature.

This evaluation sought to assist in meeting recommendations outlined in a study conducted by Gass and McPhee (1993). It contributed to the development of specific treatment approaches in adventure therapy. Findings indicated that clients were able to maintain sobriety at Base Camp through the provision of a substance-free environment. Findings also demonstrated aspects that contributed to clients maintaining sobriety shortly after discharge and longer-term reduction in substance use. Additionally, findings indicated that numerous aspects of Base Camp provided clients opportunities to explore and share about their substance misuse. This evaluation identified some "behavioral, psychosocial, and cognitive goals" (Gass & McPhee, 1993, p. 321) that were a good fit for this programming. Findings indicated that Base Camp was successful for clients who were active and extraverted. Findings from interviews also indicated that Base Camp appeared to support clients who had experienced trauma and ADHD. Additionally, Base

Camp could have positive effects on intrapersonal distress, somatic complaints, interpersonal relationships, school problems, and behavioural dysfunction.

Gass and McPhee (1993) stated that research was needed to explore "the potential of certain adventure experiences to be an inappropriate or negative treatment for certain people under particular conditions" (p. 321). They also stated that research was needed to explore "when substance-abuse clients should participate or be excluded from therapeutic adventure activities" (p.321). Though this was not an intentional area of exploration in the evaluation, it arose and provided insight into treatment processes, including ensuring the emotional and physical safety of clients, individualized case plans, and a challenge by choice philosophy.

Future research. Research could be conducted using the framework of this evaluation to compare if similar processes in other programs demonstrated links to the same proximate outcomes. More research could be conducted at Base Camp or similar programs using different measurement tools, such as the Youth Outcome Questionnaire (Burlingame, Wells, & Lambert, 1995, as cited by Russell, 2003) and family scales, to further explore processes and proximate outcomes. A research study could also be conducted that followed clients from the intake procedure at AHS throughout their treatment at Base Camp and then followed them for a set period of time after discharge. Research could be conducted to evaluate longer-term outcomes of Base Camp or similar programming to evaluate the maintenance of substance reduction. A comparison study could also be conducted between Base Camp and AHS day programming to evaluate overall effectiveness. To specifically measure the effect of adventure therapy components, research could be conducted at Base Camp or a similar program where some

youth living at the residential facility receive adventure therapy and others do not. Further qualitative research could be conducted to explore the usefulness of informal interviews and direct observations in adventure therapy research. Research could be conducted to build upon the findings related to improvements in family functioning.

Social Work. This evaluation has implications for social work practice because the social work field has taken an active role in providing treatment and prevention services for individuals misusing substances. Social workers are constantly in contact with clients who misuse substances and are responsible for addressing the outcomes of this misuse (Yeager, 2009). This evaluation provides a clear description of possible programming that could be provided. It also assists in understanding processes that contribute to positive outcomes, which could impact provision of treatment. Results from this evaluation that highlight reasons for youths' substance misuse could be useful when planning and providing preventative services. There are recurring themes in the literature and in this program evaluation that highlight the need for alternative services for the target population. The use of adventure therapy in residential treatment for youth with addictions could be an innovative treatment approach that the social work profession could recognize as an option for clients with whom they are involved.

Clients referred to the Base Camp program by social workers should fit the description of the target population for the program. The voluntary nature of the program should also be recognized and emphasized to clients being referred. Social workers could assist clients in preparing for Base Camp by being well-informed about the program and sharing this information with clients. Social workers could support their clients through their treatment by being in frequent contact with Base Camp staff and their clients.

If the social worker is identified by the client as being one of their supports he or she could be invited to participate in different interventions, for example, being present during a Passage Day. If a social worker is continuing to work with the client after his or her discharge from Base Camp he or she could be actively involved in the client's transition planning. Since Base Camp is a short-term treatment social workers should be aware that clients will continue to require support after discharge.

Theoretical similarities were found in the literature between adventure therapy and social work (Tucker, 2009; Mason, 1987; Burg, 2001). This evaluation confirms the use of numerous theoretical orientations at Base Camp, including ecological, experiential, structural, solution-focused, and narrative perspectives, as well as providing evidence of their effectiveness. In addition, Base Camp and social work view treatment from a holistic perspective and are linked through a shared importance of group work practice. This evaluation provides supportive evidence of having a holistic perspective on treatment and verified previous findings that group work was often an essential element to clients' success (Itin, 2001).

Limitations

A limitation to this study was the lack of quantitative data due to a small sample size and short data collection period. Quantitative data from this sample was difficult to analyze comparatively because of the variability in type of substance being misused and frequency of use among clients. Since this was primarily a qualitative program evaluation, results of this study cannot be widely generalized beyond the sample; focus was therefore placed upon transferability of findings.

There were also limitations with the evaluation's methodology. During direct observations I could not observe everything happening in the setting and needed to make conscious decisions about where my focus was directed. This provided an opportunity for observations to contain bias, as well as subjectivity in how events were interpreted. To minimize this, I attempted to be aware of my own biases before entering observation settings. I also used descriptive statements in field notes, rather than making assumptions about what was occurring. Notes were expanded upon as soon as possible after observations so that information was accurately documented and gaps in field notes were filled. Writing descriptive field notes was especially challenging during observation of the wilderness trip. Even though I had a waterproof pen and paper the cold temperatures and constant heavy snowfall made note taking difficult. Notes were expanded upon during transportation back to Base Camp and upon returning. Informal interviews occurring during observations also provided an opportunity for researcher bias, as leading questions could be asked. In order to minimize this, I attempted to formulate questions that were open-ended and did not impose assumed interpretations on the situation (Patton, 2002). Reactivity was also a limitation, as participants were aware that they were being observed and might have altered their actions accordingly. In order to minimize this I assumed the role of a participant observer in some settings and only took notes when it did not interfere with the intervention.

A further methodological limitation was the length of time between some participants' involvement with the program and their formal interviews, which might have affected their memories. Proximate outcomes described in youth and families' interviews raised issues of causation, as clients might have participated in other

treatments or programs after being discharged from Base Camp. In order to minimize this, interviews began with opening questions, which related to experiences within the program. This prompted interviewees to describe activities they did and experiences they had at Base Camp. Opening questions also asked youth and families about treatment or interventions youth had been involved in since Base Camp. Responses allowed me to create a context for the remaining questions.

The evaluation was an uncontrolled quantitative design, which did not allow for causal inferences. Interpretation of data, therefore, only indicates if changes in clients were towards the desired direction and assumed that this direction was in response to attending Base Camp.

Limitations in this evaluation were viewed in terms of Guba and Lincoln's (1989) trustworthiness criteria of credibility, transferability, dependability, and confirmability. Credibility was the matching of stakeholders' constructed realities with those determined by the researcher and projected upon stakeholders (Guba & Lincoln, 1989). To increase the evaluation's credibility, data collection was conducted during three phases. This allowed me to spend substantial time in the setting over a longer duration than if the evaluation was conducted in one site visit. Findings were discussed with my thesis advisor, as a form of debriefing, testing of working hypotheses, and to promote self-awareness of my roles and opinions (Guba & Lincoln, 1989). Negative cases in the data were not ignored, but analyzed for their frequency and re-worked into categories. Sometimes new categories were developed to accommodate these cases. My bias was an important factor in the evaluation, especially because of the amount of direct observations and informal interviews. In order to reduce bias, before entering

observation settings, I recorded my expectations of what would occur (Guba & Lincoln, 1989). Throughout the evaluation I recorded my developing constructions and, along with my thesis advisor, compared these to my expectations (Guba & Lincoln, 1989). Member checks, in which stakeholders verified that data they provided were interpreted correctly, were difficult to conduct in this evaluation (Guba & Lincoln, 1989). Base Camp staff had busy schedules and did not have time to meet again after data collection to determine if the analysis had been properly conducted. Additionally, youth and families who were no longer involved with Base Camp were difficult to contact and arrange meetings with. This was especially difficult because youth and families were located throughout Alberta.

To increase transferability of findings, thick descriptions were used to form a picture of the time, place, context, and culture under which resulting interpretations were formed (Guba & Lincoln, 1989). These descriptions were used throughout data reporting, but especially in the program description where the program population and role of adventure therapy, as well as community and therapeutic processes, were described. According to Gass et al. (2012) thick descriptions are needed in adventure therapy research because without them it is difficult to compare studies. Transferability could occur to other settings and populations that are similar to the one in this evaluation.

Dependability refers to the stability of data during the course of inquiry (Guba & Lincoln, 1989). To increase dependability, changes in methodology were tracked and described in Chapter III to ensure that the process of these changes and reasons for them could be logically followed (Guba & Lincoln, 1989).

Confirmability is assuring that "data, interpretations, and outcomes of inquiries are rooted in contexts and persons apart from the evaluator and are not simply figments of the evaluator's imagination" (Guba & Lincoln, 1989, p. 243). To support this I used verbatim quotations as evidence. I also kept a record of how my interpretations were reached from original data. (Guba & Lincoln, 1989).

References

Alvarez, A. G. & Stauffer, G. A. (2001). Musings on adventure therapy. *Journal of Experiential Education, 24*(2), 85-91.

Annerstedt, M., & Währborg, P. (2011). Nature-assisted therapy: Systematic review of controlled and observational studies. *Scandinavian Journal of Public Health 39*(4), 371-388.

Association for Experiential Education (AEE). (2011). *What is Experiential Education*? Retrieved from http://www.aee.org/ about/whatIsEE.

Bates, B.C., English, D.J., & Kouidou-Giles, S. (1997). Residential treatment and its alternatives: A review of the literature. *Child & Youth Care Forum 26*(1), 7-51.

Barker, R.L. (2003). *The social work dictionary* (5th ed.). Washington, DC: NASW Press.

Behrens, E., Santa, J., & Gass, M. (2010). The evidence base for private therapeutic schools, residential programs, and wilderness therapy programs. *Journal of Therapeutic Schools and Programs 4*(1), 106-117.

Brendtro, L., Bronkenleg, M. & Van Bockern, S. (1990). *Reclaiming Youth at Risk: Our Hope for the Future.* Bloomington, Indiana: National Educational Service.

Burg, J.E. (2001). Emerging issues in therapeutic adventure with families. *Journal of Experiential Education 29*(1), 18-37.

Butler, L.S. & McPherson, P.M. (2007). Is residential treatment misunderstood? *Journal of Child and Family Studies, 16*(4), 465-472.

Carver, R. (1996). Theory for practice: A framework for thinking about experiential education. *The Journal of Experiential Education, 19*(1), 8-13.

Castonguay, L.G., Constantino, M.J., Holtforth, M.G. (2006). The working alliance: Where are we and where should we go? *Psychotherapy: Theory, Research, Practice, Training 43*(3), 271-279.

Cohen, J. (1988). *Statistical power and analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing* grounded theory (3rd ed.). Thousand Oaks, CA: Sage Publications Inc.

Deane, K., L. & Harré. N. (2013). The youth adventure programming model. *Journal of Research on Adolescence, 23*(2), 1-16. doi: 10.1111/jora.12069

Donnon, T., & Hammon, W. (2007a). A psychometric assessment of the self-reported youth resiliency: Assessing developmental strengths questionnaire. *Psychological Reports, 100*(3), 963-978.

Donnon, T., & Hammond, W. (2007b). Understanding the relationship between resiliency and bullying in adolescence: An assessment of youth resiliency from five urban junior high schools. *Child and Adolescent Psychiatric Clinics of North America, 16*(2), 449-471.

Enviros Wilderness School Association. (2013a). Policy *Manual*. Calgary, AB: Enviros Wilderness School Association.

Enviros Wilderness School Association (2013b). *Enviros Base Camp Staff Manual.* Manuscript in Preparation.

Enviros Wilderness School Association. (2011). Enviros *Base Camp Staff Manual*. Calgary, AB: Enviros Wilderness School Association.

Enviros Wilderness School Association. (2012). *Phase Book.* Calgary, AB: Enviros Wilderness School Association.

Enviros Wilderness School Association. (2009a). *Base Camp Policy Manual*. Calgary, AB: Enviros Wilderness School Association.

Enviros Wilderness School Association. (2009b). *About Us*. Retrieved from http://www.enviros.org/index.php?option=com_content&view=article&id=64&Itemid=29

Enviros Wilderness School Association. (2009c). *Home.* Retrieved from http://www.enviros.org/index.php?option=com_content&view=article&id=63&Itemid=28

Enviros Wilderness School Association. (2009d). *Enviros strength through experiences: Strengthening families and communities one child at a time*. Retrieved from http://www.enviros.org

Enviros Wilderness School Association. (2009e). *Base Camp*. Retrieved from http://www.enviros.org/index.php?option=com_content&view=article&id=46&Itemid=55

Enviros Wilderness School Association. (n.d.a). *Base Camp information for families.* Calgary, AB: Enviros Wilderness School Association.

Enviros Wilderness School Association. (n.d.b). *Base Camp orientation: Information for youth and families.* Calgary, AB: Enviros Wilderness School Association.

Epstein, N., B., Baldwin. L., M., & Bishop. D., S. (1983). The McMaster Family Assessment Device. *Journal of Marital and Family Therapy 9*(2), 171-180. doi: 10.1111/j.1752-0606.1983.tb01497.x

Franke, T. & De Anda, D. (2008). Adolescents: Demographics and social issues. In T. Mizrahi, & L.E. Davis (Eds.), *Encyclopedia of social work* (Vol. 1, 20th ed., pp. 11-21). Washington, DC: NASW Press.

Hafkenscheid, A., Duncan, B.L., & Miller, S.D. (2010). The outcome and session rating scales: A cross-cultural examination of the psychometric properties of the Dutch translation. *Journal of Brief Therapy 7*(1 & 2), 1-12.

Harper, N.J. (2009). *Final report and recommendations from the first Canadian adventure therapy symposium*. Victoria, BC: University of Victoria.

Harper, N.J., Russell, K.C., Cooley, R., & Cupples, J. (2007). Catherine Freer Wilderness Therapy Expeditions: An exploratory case study of adolescent wilderness therapy, family functioning, and the maintenance of change. *Child Youth Care Forum 36*(2), 111-129.

InformAlberta Partners. (n.d.). *Addiction services – adolescents*. Retrieved from http://www.informalberta.ca/public/common/viewSublist.do?cartId=1000117

Gass, M.A. (Ed.). (1993a). *Adventure therapy: Therapeutic applications of adventure programming*. Dubuque, IA: Kendall/Hunt Publishing Company.

Gass, M.A. (1993b). Foundations of adventure therapy. In M.A. Gass (Ed.), *Adventure therapy: Therapeutic applications of adventure programming* (pp. 3-10). Dubuque, IA: Kendall/Hunt Publishing Company.

Gass, M.A. (1991). Enhancing metaphor development in adventure therapy programs. *The Journal of Experiential Education 14*(2), 6-13.

Gass, M.A., Gillis, H.L. "Lee", & Russell, K.C. (2012). *Adventure therapy: Theory, research, and practice.* New York, NY: Routledge.

Gass, M.A., & McPhee, P.J. (1993). Emerging for recovery: A descriptive analysis of adventure therapy for substance abusers. In M.A. Gass (Ed.), *Adventure therapy: Therapeutic applications of adventure programming* (pp. 311-322). Dubuque, IA: Kendall/Hunt Publishing Company.

Georgiades, K., Boyle, M.H., Jenkins, J.M., Sandord, M. & Lipman, E. (2008). A multilevel analysis of whole family functioning using the McMaster Family Assessment Device. *Journal of Family Psychology 22*(3), 344-354.

Gillis, H.L., & Gass, M.A. (2010). Treating juveniles in a sex offender program using adventure-based programming: A matched group design. *Journal of Child Sexual Abuse 19*(1), 20-34.

Gillis, H.L., & Simpson, C. (1993). Project Choices: Adventure-based residential drug treatment for court-referred youth. In M.A. Gass (Ed.), *Adventure therapy: Therapeutic applications of adventure programming* (pp. 331-346). Dubuque, IA: Kendall/Hunt Publishing Company.

Guba, E.G., & Lincoln, Y.S. (1989). *Fourth generation evaluation.* Newbury Park, CA: Sage Publications.

Itin, C.M. (Ed.). (1998). *Proceedings from the International Adventure Therapy Conference '97: Exploring the Boundaries of Adventure Therapy: International Perspectives*. Boulder, CO: Association for Experiential Education.

Kim, R.J., & Jackson, D.S. (2009). Outcome evaluation findings of a Hawaiian culture-based adolescent substance abuse treatment program. *Psychological Services 6*(1), 43-55.

Lambert, M.J., Hansen, N.B., Umphress, V., Lunnen, K, Okiishi, J., Burlingame, G.M., Reisinger, C. (1996). *Administration and scoring manual for the OQ-45.2.* Stevenson, MD: American Professional Credentialing Services.

Lane, K.L., Bocian, K.M., MacMillan, D.L., & Gresham, F.M. (2004). Treatment integrity: An essential–but often forgotten–component of school-based interventions. *Preventing School Failure, 48*(3), 36-43.

Martin, J.L. & Ashby, J.S. (2008). Adventure Therapy. In F.T. Leong, E.M. Altmaier, B.D., Johnson (Eds.), *Encyclopedia of counseling: Changes and challenges for counseling in the 21st century* (Vol. 4, pp. 12-14). Thousand Oaks, CA: Sage Publications.

Mason, M. (1987). Wilderness family therapy: Experiential dimensions. *Contemporary Family Therapy, 9*(1-2), 90-105.

McPhee, P.J., & Gass, M.A. (1993). A group development model for adventure therapy programs. In M.A. Gass (Ed), *Adventure therapy: Therapeutic applications of adventure programming* (pp.171-178). Dubuque, IA: Kendall/Hunt Publishing Company.

Miller, I.W., Ryan, C.E., Keitner, G.I., Bishop, D.S., & Epstein, N.B. (2000). The McMaster approach to families: Theory, assessment, treatment and research. *Journal of Family Therapy, 22*(2), 168-189.

Miller, S.D., & Duncan, B.L. (2002a). *Outcome Rating Scale (ORS).* The Institute for the Study of Therapeutic Change.

Miller, S.D., & Duncan, B.L. (2002b). *Session Rating Scale (SRS V.3.0).* The Institute for the Study of Therapeutic Change.

Miller, S.D., & Duncan, B.L. (2008). "When I'm good, I'm very good, but when I'm bad I'm better": A new mantra for psychotherapists. *Psychotherapy in Australia 15*(1). Retrieved from http://www.psychotherapy.net/article/therapy-effectiveness#section-the-outcome-rating-scale-(ors)

Miller, S.D., Duncan, B.L., Brown, J., Sparks, J.A., & Claud, D.A. (2003). The outcome rating scale: A preliminary study of the reliability, validity, and feasibility of a brief visual analog measure. *Journal of Brief Therapy 2*(2), 91-100.

Neill, J.T. (2003). Reviewing and benchmarking adventure therapy outcomes: Applications of meta-analysis. *The Journal of Experiential Education 25*(3), 316-321.

Neill, J. (2004, May 3). *Family adventure therapy: Overview, theory, and research.* Retrieved from http://wilderdom.com/adventuretherapy/FamilyAdventure Therapy.html

Neill, J. (2006, May 10). *Reviewing & benchmarking adventure therapy outcomes: Applications of meta-analysis.* Retrieved from http://wilderdom.com/adventure therapy/AdventureTherapyBenchmarkingOutcomes.html

Neill, J. (2011, March 21). *Program Evaluation in outdoor education, adventure education, & other experiential intervention programs.* Retrieved from http://www.wilderdom.com/evaluation.html.

Newes, S.L. (2001). *Adventure-based therapy: Theory, characteristics, ethics, and research.* Retrieved from http://www.wilderdom.com/adventuretherapy /adventuretherapyabout.html

Newes, S., & Bandoroff, S. (2004). What is adventure therapy? In S. Newes & S. Bandoroff (Eds.), *Coming of Age: The Evolving Field of Adventure Therapy* (pp. 1-30). Boulder, CO: Association for Experiential Education.

Nickerson, A.B., Colby, S.A., Brooks, J.L., Rickert, J.M., & Salamone, F.J. (2007). Transitioning youth from residential treatment to the community: A preliminary investigation. *Child Youth Care Forum 36*(2-3), 73-86.

Nickerson, A.B., Salamone, F.J., Brooks, J.L., & Colby, S.A. (2004). Promising approaches to engaging families and building strengths in residential treatment. *Residential Treatment for Children and Youth 22*(1), 1-18.

Orsi, M.M., Lafortune, D., Brochu, S. (2010). Care and control: Working alliance among adolescents in authoritarian settings. *Residential Treatment for Children & Youth 27*(4), 277-303.

Patton, M.Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Pierson, J., & Thomas, M. (2010). *Dictionary of social work: The definitive a to z of social work and social care.* Maidenhead: New York: McGraw Hill Open University Press.

Priest, S. (2001). A program evaluation primer. *The Journal of Experiential Education 24*(1), 34-40.

Prochaska, J.O., Norcross, J.C., & DiClemente, C.C. (2002). *Changing for good*. New York, NY: Quill.

Pryor, A. (2003). The Outdoor Experience Program: Wilderness journeys for improved relationships with self, others and healthy adventure. In Richards, K. & Smith, B.

(Eds.) *Therapy within adventure*: *Proceedings of the second international adventure therapy conference proceedings*. Augsburg, Germany: Ziel.

Reid, K.E. (1981). Formulation of a method, 1920-1936. In *From character building to social treatment: The history of the use of groups in social work*. Westport, Connecticut. Retrieved from http://www.infed.org/archives/e-texts/reid_groupwork_formulation_method.htm.

Resiliency Canada. (n.d). *Resiliency initiatives: Their potential – our passion.* Retrieved from http://www.resiliencycanada.ca/

Revell, S., Duncan, E., & Cooper, M. (2013). Helpful aspects of outdoor therapy experiences: An online preliminary investigation. *Counselling and Psychotherapy Research: Linking Research with Practice*, (ahead-of-print), 1-7. Doi: 10.1080/14733145.2013.818159

Ridge, N.W., Warren, J.S., Burlingame, G.M., Wells, M.G., & Tumblin, K.M. (2009). Reliability and validity of the Youth Outcome Questionnaire Self-Report. *Journal of Clinical Psychology 65*(10), 1115-1126.

Russell, K.C. (2000). Exploring how the wilderness therapy process relates to outcomes. *The Journal of Experiential Education 23*(3), 170-176.

Russell, K. (2003). An assessment of outcomes in outdoor behavioral healthcare treatment. *Child and Youth Care Forum 32*(6), 355-381.

Russell, K.C. (2008). Adolescent substance-use treatment: Service delivery, research on effectiveness and emerging treatment alternatives. *Journal of Groups in Addiction & Recovery 2*(2-4), 68-96.

Russell, K.C., & Gillis, L. (2012). Evaluation of the Shunda Creek substance use treatment program [Abstract]. *Abstracts from the Coalition for Education in the Outdoors: Eleventh Biennial Research Symposium,* 83 – 86.

Russell, K.C., & Gillis, L.G. (2010). Experiential therapy in the mental health treatment of adolescents. *Journal of Therapeutic Schools and Programs 4*(1), 47-79.

Smith, M.J. (2010). *Handbook of program evaluation for social work and health professionals*. New York, NY: Oxford University Press

Straussner, S.L.A., & Isralowitz, R. (2008). Alcohol and drug problems: Overview. In T. Mizrahi, & L.E. Davis (Eds.), *Encyclopedia of social work* (Vol. 1, 20th ed., pp. 121-130). Washington, DC: NASW Press.

Tabachnick, B.G., & Fidell, L.S. (2001). *Using multivariate statistics.* Boston, MA: Allyan and Bacon.

Tucker, A.R. (2009). Adventure-based group therapy to promote social skills in adolescents. *Social Work with Groups, 32*(4), 315-329.

Tucker, A.R., & Norton, C., L. (2012). The use of adventure therapy techniques by clinical social worker: Implications for practice and training. *Clinical Social Work Journal 41*(4), 333-343. doi: 10.1007/s10615-012-0411-4

Tucker, A.R., & Rheingold, A. (2010). Enhancing fidelity in adventure education and adventure therapy. *Journal of Experiential Education 33*(3), 258-273.

Wood's Homes. (2010). *Intensive residential treatment.* Retrieved from http://www.woodshomes.ca/site/PageNavigator/programs/intensive/programs_intensive.html

Yeager, K.R. (2009). Overview of alcohol and drug dependence: Assessment and treatment. In Roberts, A.R. (Ed.), *Social Workers' Desk Reference* (pp. 833-842). New York, NY: Oxford University Press Inc.

Appendix A – Program Logic Model

Program Name	Theory of Change	Short Term Goal	Mid Term Goal	Long Term Goal
Base Camp Impact Statement: Youth in the program will develop the skills and abilities to reduce or eliminate the use of substances in their lives while enhancing relationships of support	Change occurs by providing opportunities for growth and learning by engaging in therapeutic relationships, participating in experiential programming, and involvement of the youth's family and support systems.	• Clients living free from substances environment. • Awareness created within clients of own strengths. • Provide a forum for clients (youth and families) to 'share' their experience with the impacts of addiction in their lives. • Clients are living healthy lives with positive family/supportive relationships	• Reduced use of substances in client lives. • Increased ability to make positive choices.	• Substance free living • Ability to make healthy choices

(Enviros Wilderness School Association, 2009a, Program Logic Model).

Appendix B – Consent and Assent Forms

1) Consent Form – For Current Base Camp Staff

UNIVERSITY OF MANITOBA | Faculty of Social Work

Informed Consent Form

Project Title: Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes.

Principal Investigator:
Lynette Nikkel, Master of Social Work Student, University of Manitoba
[redacted] (toll free) or [redacted]

Research Supervisor:
Dr. Sid Frankel, Associate Professor, Faculty of Social Work, University of Manitoba
Sid.Frankel@ad.umanitoba.ca
1-800-432-1960 ext. 9706 or 1-204-474-9706

Sponsoring Agency: Enviros Wilderness School Association

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose of Study:
The Principal Investigator is conducting an evaluation of the Base Camp program at Enviros Wilderness School Association (Enviros). The purpose of this is to look at if the program is being delivered in the way it was planned, parts of the program, and how clients change in the short term. The project will focus on the parts of the program that (a) use adventure therapy in the form of experiential activities, wilderness trips, and presence in a wilderness environment; (b) use community and therapeutic relationships in the form of camp rituals, joint tasks, and daily living; and (c) family involvement. It will look at links between these and the short-term changes that are expected through participation in the program. These changes include living in a substance free environment, understanding strengths, sharing experiences, and having healthy relationships. This study will add to literature on adventure therapy, residential treatment, substance misuse, and family-centered practice. Additionally, this study may

identify what causes changes in behaviours and add to the development of best practices in adventure therapy.

Your decision to participate in this study is entirely voluntary and your participation or lack of will not have any affect upon your employment with Enviros.

The Principal Investigator is completing this project as part of the requirements of her Master of Social Work degree, under the supervision of Dr. Sid Frankel at the University of Manitoba.

Study Procedures:
In this study, as Base Camp staff, you may be asked to participate in: 1) one formal interview, not exceeding two hours in length; 2) direct observations including, being observed during (a) a day of regular programming; (b) *if applicable*, a family intervention; and (c) *if applicable*, a wilderness trip; and 3) informal interviews during direct observations. You will have the choice of participating in one or more of the above.

Topics addressed in the formal interview will relate to parts of the program and how clients change in the short term. Informal interviews will be based on the activities and setting being observed. Depending on the activity I may participant or just observe. I will not conduct an interview if it stops or interrupts the activity.

Recording Devices:
Formal and informal interviews may be audio recorded. The Principal Investigator will also be taking notes during the interviews and direct observations.

Dissemination:
Information that is gathered will be examined by the Principal Investigator and then reported in the form of a written thesis. This thesis will be presented to the Principal Investigator's thesis advisor and thesis committee. The Principal Investigator will participate in a thesis defense at the University of Manitoba. This study may also be used in other published works, such as a journal article or presented at conferences. The thesis and other published work will be accessible to the general public.

You will have the choice of being given a one to three page summary of results in approximately March 2013, after the study has been completed. This summary can be received through Canada Post or electronic mail. A summary of results will also be available to all other study participants, the Executive Director of Enviros, Program Manager of Base Camp, and the program's funder, Alberta Health Services. A list of recommendations based on the findings will also be provided to Enviros and Alberta Health Services.

Costs:
There are no costs to participate in this study.

Benefits:
Your involvement in this study will help to make Base Camp a better program for yourself and your clients. You will also be adding to knowledge in the areas of adventure therapy, residential treatment, substance misuse, and family-centered practice by participating in research that may affect policies and practices.

No compensation will be given for participating in this study.

Possible Risks:
Minimal risk is involved in this study, however, while you are reflecting on past or current events during interviews you may experience emotional pain with these memories. A list of resources is being provided to you now in case you need to talk to someone about your feelings.

The Principal Investigator has a legal obligation to report suspicion of or disclosures of abuse and neglect that occur during the course of this study. This is in adherence to Part 1, Division 1, 4(1) of Alberta's Child, Youth and Family Enhancement Act, which states that "any person who has reasonable and probable ground to believe that a child is in need of intervention" has an obligation to report. If this situation occurs confidentiality will not be maintained.

Confidentiality:
Your participation in this study is confidential. Enviros and Alberta Health Services will not be aware of your participation or the information you provide. The Principal Investigator will be the only individual who has access to your identifying information.

Confidentiality will only be broken if required by legal or social work ethical requirements (i.e. abuse or neglect has occurred, you are threatening to harm yourself or others). If this situation occurs you will be informed of this breach in confidentiality and only required information will be disclosed to the appropriate authority, person at risk, and/or parent/guardian.

Information that is gathered and then shared with my research supervisor, thesis committee, Enviros, Alberta Health Services, and the general public will not contain any information that will directly identify you. Attempt will be made to ensure that no information is shared that can be linked back to you. Names will not be used and information, such as age and gender, will be changed if it is not important to the study. These methods of maintaining confidentiality will be used on all notes, transcriptions from audio recordings, written thesis, any published articles, and any presentations. It is important to note that there are limitations to confidentiality because of the small size of the Base Camp program. People who know you may guess your identity.

All information gathered will be stored in a locked file cabinet at the Principal Investigator's home and any electronic information will be kept under password protection on her computer. Participant Interest forms and Informed Consent forms will be stored in one locked drawer of the file cabinet along with your name, which will be

randomly matched with a number code. Information gathered from you, including audiotapes, interview transcripts, and notes will be kept in a different locked drawer of the file cabinet.

Audiotapes will be erased after transcription has been confirmed. After the thesis is complete, which will be prior to May 2013, all information and forms containing identifying information will be destroyed. Paper documentation will be shredded and computer files deleted.

Your Rights:
If at any time you become uncomfortable or experience any difficulties because of your participation in this study you may withdraw without consequence. Your participation, withdrawal, or refusal to participate will not affect the confidentiality of your information or your employment at Base Camp. If you decide to withdraw from the study all data relating to you will immediately be destroyed. Paper documentation will be shredded and computer files deleted. Any audio recordings will be erased.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management / Assurance office may also require access to your research records for safety and quality assurance purposes.

This research has been approved by the Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Statement of Consent:
I have read and understood this consent form. I have had the opportunity to discuss any questions regarding this evaluation with the Principal Investigator. I understand that my participation in this study is voluntary and may be withdrawn at any time without consequences. I understand that information regarding my identity will be kept confidential, but that there are limitations to this.

By signing this consent, I agree to:
(Please place a checkmark next to all items you are consenting to)

1) Participate in this evaluation, which is studying parts of the Base Camp program at Enviros Wilderness School Association and how clients change in the short term. _____

2) Participate in a formal interview conducted by Principal Investigator, Lynette Nikkel. _____

3) Participate in informal interviews conducted by Principal Investigator, Lynette Nikkel. _____

4) Authorize audio recording of formal and informal interviews. _____

5) Authorize Principal Investigator, Lynette Nikkel, to observe me participating in (*if applicable*): a day of regular programming, a wilderness trip, and a family intervention hosted by Base Camp. _____

_____ _____
Study Participant (Signature) Date (m/d/y)

_____ _____
Principal Investigator (Lynette Nikkel) Date (m/d/y)

_____ _____
Research Supervisor (Sid Frankel) Date (m/d/y)

A summary of the study's findings will be prepared by March 2013. If you would like to receive a copy of this report please provide your email or surface mail address below:

(Please Print)

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2) Consent Form – For Past Base Camp Staff

UNIVERSITY OF MANITOBA | Faculty of Social Work

Informed Consent Form

Project Title: Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes.

Principal Investigator:
Lynette Nikkel, Master of Social Work Student, University of Manitoba
[redacted] (toll free) or [redacted]

Research Supervisor:
Dr. Sid Frankel, Associate Professor, Faculty of Social Work, University of Manitoba
Sid.Frankel@ad.umanitoba.ca
1-800-432-1960 ext. 9706 or 1-204-474-9706

Sponsoring Agency: Enviros Wilderness School Association

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose of Study:
The Principal Investigator is conducting an evaluation of the Base Camp program at Enviros Wilderness School Association (Enviros). The purpose of this is to look at if the program is being delivered in the way it was planned, parts of the program, and how clients change in the short term. The project will focus on the parts of the program that (a) use adventure therapy in the form of experiential activities, wilderness trips, and presence in a wilderness environment; (b) use community and therapeutic relationships in the form of camp rituals, joint tasks, and daily living; and (c) family involvement. It will look at links between these and the short-term changes that are expected through participation in the program. These changes include living in a substance free environment, understanding strengths, sharing experiences, and having healthy relationships. This study will add to literature on adventure therapy, residential treatment, substance misuse, and family-centered practice. Additionally, this study may

identify what causes changes in behaviours and add to the development of best practices in adventure therapy.

Your decision to participate in this study is entirely voluntary and your participation or lack of will not have any affect upon your employment with Enviros.

The Principal Investigator is completing this project as part of the requirements of her Master of Social Work degree, under the supervision of Dr. Sid Frankel at the University of Manitoba.

Study Procedures:
In this study, as a previous employee of Base Camp, you will be asked to participate in one formal interview, not exceeding two hours in length. Topics addressed in the formal interview will relate to parts of the program and how clients change in the short term.

Recording Devices:
The formal interview may be audio recorded. The Principal Investigator will also be taking notes during the interview.

Dissemination:
Information that is gathered will be examined by the Principal Investigator and then reported in the form of a written thesis. This thesis will be presented to the Principal Investigator's thesis advisor and thesis committee. The Principal Investigator will participate in a thesis defense at the University of Manitoba. This study may also be used in other published works, such as a journal article or presented at conferences. The thesis and other published work will be accessible to the general public.

You will have the choice of being given a one to three page summary of results in approximately March 2013, after the study has been completed. This summary can be received through Canada Post or electronic mail. A summary of results will also be available to all other study participants, the Executive Director of Enviros, Program Manager of Base Camp, and the program's funder, Alberta Health Services. A list of recommendations based on the findings will also be provided to Enviros and Alberta Health Services.

Costs:
There are no costs to participate in this study.

Benefits:
Your involvement in this study will help to make Base Camp a better program for clients and staff. You will also be adding to knowledge in the areas of adventure therapy, residential treatment, substance misuse, and family-centered practice by participating in research that may affect policies and practices.

No compensation will be given for participating in this study.

Possible Risks:
Minimal risk is involved in this study, however, while you are reflecting on past or current events during interviews you may experience emotional pain with these memories. A list of resources is being provided to you now in case you need to talk to someone about your feelings.

The Principal Investigator has a legal obligation to report suspicion of or disclosures of abuse and neglect that occur during the course of this study. This is in adherence to Part 1, Division 1, 4(1) of Alberta's Child, Youth and Family Enhancement Act, which states that "any person who has reasonable and probable ground to believe that a child is in need of intervention" has an obligation to report. If this situation occurs confidentiality will not be maintained.

Confidentiality:
Your participation in this study is confidential. Enviros and Alberta Health Services will not be aware of your participation or the information you provide. The Principal Investigator will be the only individual who has access to your identifying information.

Confidentiality will only be broken if required by legal or social work ethical requirements (i.e. abuse or neglect has occurred, you are threatening to harm yourself or others). If this situation occurs you will be informed of this breach in confidentiality and only required information will be disclosed to the appropriate authority, person at risk, and/or parent/guardian.

Information that is gathered and then shared with my research supervisor, thesis committee, Enviros, Alberta Health Services, and the general public will not contain any information that will directly identify you. Attempt will be made to ensure that no information is shared that can be linked back to you. Names will not be used and information, such as age and gender, will be changed if it is not important to the study. These methods of maintaining confidentiality will be used on all notes, transcriptions from audio recordings, written thesis, any published articles, and any presentations. It is important to note that there are limitations to confidentiality because of the small size of the Base Camp program. People who know you may guess your identity.

All information gathered will be stored in a locked file cabinet at the Principal Investigator's home and any electronic information will be kept under password protection on her computer. Participant Interest forms and Informed Consent forms will be stored in one locked drawer of the file cabinet along with your name, which will be randomly matched with a number code. Information gathered from you, including audiotapes, interview transcripts, and notes will be kept in a different locked drawer of the file cabinet.

Audiotapes will be erased after transcription has been confirmed. After the thesis is complete, which will be prior to May 2013, all information and forms containing identifying information will be destroyed. Paper documentation will be shredded and computer files deleted.

Your Rights:
If at any time you become uncomfortable or experience any difficulties because of your participation in this study you may withdraw without consequence. Your participation, withdrawal, or refusal to participate will not affect the confidentiality of your information or your employment at Base Camp. If you decide to withdraw from the study all data relating to you will immediately be destroyed. Paper documentation will be shredded and computer files deleted. Any audio recordings will be erased.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management / Assurance office may also require access to your research records for safety and quality assurance purposes.

This research has been approved by the Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Statement of Consent:
I have read and understood this consent form. I have had the opportunity to discuss any questions regarding this evaluation with the Principal Investigator. I understand that my participation in this study is voluntary and may be withdrawn at any time without consequences. I understand that information regarding my identity will be kept confidential, but that there are limitations to this.

By signing this consent, I agree to:
(Please place a checkmark next to all items you are consenting to)

1) Participate in this evaluation, which is studying parts of the Base Camp program at Enviros Wilderness School Association and how clients change in the short term. _____

2) Participate in a formal interview conducted by Principal Investigator, Lynette Nikkel. _____

4) Authorize audio recording of formal interview. _____

_____ _____
Study Participant (Signature) Date (m/d/y)

_____ _____
Principal Investigator (Lynette Nikkel) Date (m/d/y)

_____ _____
Research Supervisor (Sid Frankel) Date (m/d/y)

A summary of the study's findings will be prepared by March 2013. If you would like to receive a copy of this report please provide your email or surface mail address below:

(Please Print)

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3) Consent Form – For Family Members (over 18-years-of-age)

UNIVERSITY OF MANITOBA | Faculty of Social Work

Informed Consent Form

Project Title: Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes.

Principal Investigator:
Lynette Nikkel, Master of Social Work Student, University of Manitoba
[redacted] (toll free) or [redacted]

Research Supervisor:
Dr. Sid Frankel, Associate Professor, Faculty of Social Work, University of Manitoba
Sid.Frankel@ad.umanitoba.ca
1-800-432-1960 ext. 9706 or 1-204-474-9706

Sponsoring Agency: Enviros Wilderness School Association

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose of Study:

The Principal Investigator is examining the Base Camp program at Enviros Wilderness School Association (Enviros). The reason for this is to see if the program is being delivered in the way it was planned and to link certain activities occurring in the program to how clients are doing during and after the program. These certain activities include using the outdoors, wilderness trips, and a "learning by doing" approach. They also include the use of living in a community, sharing the everyday chores and clients having their families involved in the program. These activities will be linked to if clients are living in a substance free environment, if they have an understanding of their strengths, if they can share their experiences and if they are forming healthy relationships with their friends, family, and staff. The goal of this study is to add to knowledge on this form of programming and on what creates change.

Your participation in this study is entirely voluntarily and your decision about participating or not will have no affect on the services you or your family members receive from Enviros and Alberta Health Services.

The Principal Investigator is completing this project as part of the requirements of her Master of Social Work degree, under the supervision of Dr. Sid Frankel at the University of Manitoba.

Study Procedures:
In this study you may be asked to participate in: 1) one formal interview, which will not be more than an hour in length; 2) *if applicable* being observed during a family activity at Base Camp; and 3) *if applicable* informal interviews during the observation.

The formal interview will have questions on parts of the program and how clients change in the short-term. Informal interviews questions will be based on what is happening during the activity. Observations will not interfere with regular programming or the services you receive at Base Camp. You will have the choice of accepting to be part of one or more of the above.

Recording Devices:
Formal and informal interviews may be audio recorded. The Principal Investigator will also be taking notes during the interviews and direct observations.

Dissemination:
Information that is gathered will be examined by the Principal Investigator and then reported in the form of a written thesis. This thesis will be presented to the Principal Investigator's thesis advisor and thesis committee. The Principal Investigator will participate in a thesis defense at the University of Manitoba. This study may also be used in other published works, such as a journal article or presented at conferences. The thesis and other published work will be accessible to the general public.

You will have the choice of being given a one to three page summary of results around March 2013, after the study has been completed. This summary can be received through Canada Post or electronic mail. A summary of results will also be available to all other study participants, the Executive Director of Enviros, Program Manager of Base Camp, and the program's funder, Alberta Health Services. A list of recommendations based on the findings will also be provided to Enviros and Alberta Health Services.

Costs:
There are no costs to participate in this study.

Benefits:
Your participation in this study will help to make Base Camp better, which may directly benefit you and your child or sibling, if they are currently in the program. If your child or sibling has already finished the program, your participation in this study will help make

Base Camp better for other children/siblings like yours. You will also be adding to knowledge about this type of program and addiction services.

No compensation will be given for taking part in this study.

Possible Risks:
There is minimal risk involved in this study. During or after the interviews you may have emotional feelings about discussing past or current events. A list of resources is being provided to you now in case you need to talk to someone about your feelings.

The Principal Investigator has a legal responsibility to report any suspicion of or disclosures of abuse and neglect under the Alberta Child, Youth and Family Enhancement Act, which states that "any person who has reasonable and probable ground to believe that a child is in need of intervention" has an obligation to report. If this situation occurs confidentiality will not be maintained.

Confidentiality:
Your participation in this study is confidential. Enviros and Alberta Health Services will not be aware of your participation or the information you provide. The Principal Investigator will be the only individual who has access to your identifying information.

Confidentiality will only be broken if required by legal or social work ethical requirements (i.e. abuse or neglect has occurred, you are threatening to harm yourself or others). If this situation occurs you will be informed of this breach in confidentiality and only required information will be disclosed to the appropriate authority, person at risk, and/or parent/guardian.

Information that is gathered and then shared with my research supervisor, thesis committee, Enviros, Alberta Health Services, and the general public will not contain any information that will directly identify you. Attempt will be made to ensure that no information is shared that can be linked back to you or your family. Names will not be used and information, such as age and gender, will be changed if it is not important to the outcomes of the study. These methods of maintaining confidentiality will be used on all notes, transcriptions from audio recordings, written thesis, any published articles, and any presentations. It is important to note, however, that there are limitations to confidentiality because of the small size of the Base Camp program. People who know you may guess your identity.

All information gathered will be stored in a locked file cabinet at the Principal Investigator's home and any electronic information will be kept under password protection on her computer. Participant Interest forms, Informed Consent forms, and Assent forms will be stored in one locked drawer of the file cabinet along with your name, which will be randomly matched with a number code. Information gathered from you, including audiotapes, interview transcripts, and notes will be kept in a different locked drawer of the file cabinet.

Audiotapes will be erased after transcription has been confirmed. After the thesis is complete, which will be prior to May 2013, all information and forms containing identifying information will be destroyed. Paper documentation will be shredded and computer files deleted.

Your Rights:
If at any time you become uncomfortable or experience any difficulties because of your participation in this study you may withdraw without consequence. Your participation, withdrawal, or refusal to participate will not affect the confidentiality of your information or your services received through Base Camp. If you decide to withdraw from the study all data relating to you will immediately be destroyed. Paper documentation will be shredded and computer files deleted. Any audio recordings will be erased.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management / Assurance office may also require access to your research records for safety and quality assurance purposes.

This research has been approved by the Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Statement of Consent:
I have read and understood this consent form. I have had the opportunity to discuss any questions regarding this study with the Principal Investigator. I understand that my participation in this study is voluntary and may be withdrawn at any time without consequences. I understand that information regarding my identity will be kept confidential, but that there are limits to this.

By signing this consent, I agree to:
(Please place a checkmark next to all items you are consenting to)

1) Participate in this evaluation, which is
studying parts of the Base Camp program
at Enviros Wilderness School Association

and how clients change in the short term _____

2) Authorize Principal Investigator, Lynette Nikkel, to observe me participating in a family intervention hosted by Base Camp _____

3) Participate in a formal interview conducted by Principal Investigator, Lynette Nikkel. _____

4) Participate in informal interviews conducted by Principal Investigator, Lynette Nikkel. _____

5) Authorize the audio-recording of formal and informal interviews _____

_____ _____
Study Participant Date (m/d/y)

_____ _____
Principal Investigator (Lynette Nikkel) Date (m/d/y)

_____ _____
Research Supervisor (Sid Frankel) Date (m/d/y)

A summary of the study's findings will be prepared by March 2013. If you would like to receive a copy of this report please provide your email or surface mail address below:

(Please Print)

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4) Consent Form – For Parent or Guardian of Base Camp Client

UNIVERSITY OF MANITOBA | Faculty of Social Work

Informed Consent Form
(For Your Child involved with Base Camp)

Project Title: Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes.

Principal Investigator:
Lynette Nikkel, Master of Social Work Student, University of Manitoba
[redacted] (toll free) or [redacted]

Research Supervisor:
Dr. Sid Frankel, Associate Professor, Faculty of Social Work, University of Manitoba
Sid.Frankel@ad.umanitoba.ca
1-800-432-1960 ext. 9706 or 1-204-474-9706

Sponsoring Agency: Enviros Wilderness School Association

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose of Study:
The Principal Investigator is examining the Base Camp program at Enviros Wilderness School Association (Enviros). The reason for this is to see if the program is being delivered in the way it was planned and to link certain activities occurring in the program to how clients are doing during and after the program. These certain activities include using the outdoors, wilderness trips, and a "learning by doing" approach. They also include the use of living in a community, sharing the everyday chores and clients having their families involved in the program. These activities will be linked to if clients are living in a substance free environment, if they have an understanding of their strengths, if they can share their experiences and if they are forming healthy relationships with their friends, family, and staff. The goal of this study is to add to knowledge on this form of programming and on what creates change.

As a parent or guardian for a child in the Base Camp program, your consent is required for your child to participate in this study. Your child's participation is entirely voluntarily and your decision about his/her participating or not will have no affect on the services you or your family members receive from Enviros and Alberta Health Services. If you consent, your child will be given an assent form, which explains the study and asks him or her if he or she would like to participate.

The Principal Investigator is completing this project as part of the requirements of her Master of Social Work degree, under the supervision of Dr. Sid Frankel at the University of Manitoba.

Study Procedures:
If you are interested in having your child take part in this study, he/she may be asked to participate in: 1) one formal interview, which would not be more than an hour in length; 2) being observed at Base Camp with their peers, staff, and family members during *if applicable* (a) a day of regular programming; (b) a family activity; and (c) a wilderness trip; and 3) *if applicable* informal interviews during observations.

The formal interview will have questions on parts of the program and how clients change in the short-term. Informal interview questions will be based on what is happening during the activity. Observations will not interfere with regular programming or the services you receive at Base Camp. You will have the choice of consenting for your child to be part of one or more of the above.

Recording Devices:
Formal and informal interviews may be audio recorded. The Principal Investigator will also be taking notes during the interviews and direct observations.

Dissemination:
Information that is gathered will be examined by the Principal Investigator and then reported in the form of a written thesis. This thesis will be presented to the Principal Investigator's thesis advisor and thesis committee. The Principal Investigator will participate in a thesis defense at the University of Manitoba. This study may also be used in other published works, such as a journal article or presented at conferences. The thesis and other published work will be accessible to the general public.

You and your child will have the choice of being given a one to three page summary of results around March 2013, after the study has been completed. This summary can be received through Canada Post or electronic mail. A summary of results will also be available to all other study participants, the Executive Director of Enviros, Program Manager of Base Camp, and the program's funder, Alberta Health Services. A list of recommendations based on the findings will also be provided to Enviros and Alberta Health Services.

Costs:
There are no costs to participate in this study.

Benefits:
Your child's participation in this study will help to make the Base Camp program better, which will directly benefit you and your children. If your child has already finished the program, your child's participation in this study will help make Base Camp better for other children and families. Your child will also be adding to research that is being done within this type of program and addiction services.

No compensation will be given for taking part in this study.

Possible Risks:
There is minimal risk involved in this study. During or after the interviews your child may have emotional feelings about having discussed past or current events. A list of resources is being provided to you now in case you or your child would like to talk to someone about your or his/her feelings.

Another risk in participating in this study is that the Principal Investigator has a legal responsibility to report any suspicion of or disclosures of abuse and neglect under the Alberta Child, Youth and Family Enhancement Act, which states that "any person who has reasonable and probable ground to believe that a child is in need of intervention" has an obligation to report. If this situation occurs confidentiality will not be maintained.

Confidentiality:
Your child's participation in this study is confidential. Enviros and Alberta Health Services will not be aware of your child's participation or the information that he/she provides. The Principal Investigator will be the only individual who has access to your and your child's identifying information.

Confidentiality will only be broken if required by legal or social work ethical requirements (abuse or neglect has occurred, you are threatening to harm yourself or others). If this situation occurs you will be informed of this breach in confidentiality and only required information will be disclosed to the appropriate authority, person at risk, and/or parent/guardian.

Information that is gathered and then shared with the Principal Investigator's research supervisor, thesis committee, Enviros, Alberta Health Services, and the general public will not contain any information that will directly identify you or your child. Attempt will be made to ensure that no information is shared that can be linked back to you, your child, or your family. Names will not be used and information, such as age and gender, will be changed if it is not important to the outcomes of the study. These methods of maintaining confidentiality will be used on all notes, transcriptions from audio recordings, written thesis, any published articles, and any presentations. It is important to note, however, that there are limitations to confidentiality because of the small size of the Base Camp program. People who know your child may guess his or her identity.

All information gathered will be stored in a locked file cabinet at the Principal Investigator's home and any electronic information will be kept under password

protection on her computer. Participant Interest forms, Informed Consent forms, and Assent forms will be stored in one locked drawer of the file cabinet along with your and your child's name, which will be randomly matched with a number code. Information gathered from your child, including audiotapes, interview transcripts, and notes will be kept in a different locked drawer of the file cabinet.

Audiotapes will be erased after transcription has been confirmed. After the thesis is complete, which will be prior to May 2013, all information and forms containing identifying information will be destroyed. Paper documentation will be shredded and computer files deleted.

Your and your Child's Rights:
If at any time you or your child become uncomfortable or experience any difficulties because of participation in this study, your child may withdraw without consequence. Your child's participation, withdrawal, or refusal to participate will not affect the confidentiality of his or her information or his or her services received through Base Camp or Alberta Health Services. If your child withdraws from the study all data relating to him or her will immediately be destroyed. Paper documentation will be shredded and computer files deleted. Any audio recordings will be erased.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management / Assurance office may also require access to your research records for safety and quality assurance purposes.

This research has been approved by the Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Statement of Consent
I have read and understood this consent form. I have had the opportunity to discuss any questions regarding this study with the Principal Investigator. I understand that my child's participation in this study is voluntary and may be withdrawn at any time without consequences. I understand that information regarding my and my child's identity will be kept confidential, but that there are limits to this.

By signing this consent, I agree that my child can:
(Please place a checkmark next to all items you are consenting to below)

1) Participate in this evaluation, which is studying parts of the Base Camp program at Enviros Wilderness School Association and how clients change in the short term _____

2) Authorize Principal Investigator, Lynette Nikkel, to observe my child participating in (*if applicable*): a day of regular programming, a wilderness trip, and a family activity hosted by Base Camp. _____

3) Participate in a formal interview conducted by Principal Investigator, Lynette Nikkel. _____

4) Participate in informal interviews conducted by Principal Investigator, Lynette Nikkel. _____

5) Be audio-recorded during formal and informal interviews _____

_____
Child's Name (Please Print)

_____ _____
Parent of Participant (Signature) Date (m/d/y)

_____ _____
Principal Investigator (Lynette Nikkel) Date (m/d/y)

_____ _____
Research Supervisor (Sid Frankel) Date (m/d/y)

A summary of the study's findings will be prepared by March 2013. If you would like to receive a copy of this report please provide your email or surface mail address below:

(Please Print)

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5) Consent Form – For Parent/Guardian of Family Members under age of Majority

UNIVERSITY OF MANITOBA | Faculty of Social Work

Informed Consent Form
(For Family Members under 18-years-of-age)

Project Title: Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes.

Principal Investigator:
Lynette Nikkel, Master of Social Work Student, University of Manitoba
[redacted] (toll free) or [redacted]

Research Supervisor:
Dr. Sid Frankel, Associate Professor, Faculty of Social Work, University of Manitoba
Sid.Frankel@ad.umanitoba.ca
1-800-432-1960 ext. 9706 or 1-204-474-9706

Sponsoring Agency: Enviros Wilderness School Association

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose of Study:
The Principal Investigator is examining the Base Camp program at Enviros Wilderness School Association (Enviros). The reason for this is to see if the program is being delivered in the way it was planned and to link certain activities occurring in the program to how clients are doing during and after the program. These certain activities include using the outdoors, wilderness trips, and a "learning by doing" approach. They also include the use of living in a community, sharing the everyday chores and clients having their families involved in the program. These activities will be linked to if clients are living in a substance free environment, if they have an understanding of their strengths, if they can share their experiences and if they are forming healthy relationships with their friends, family, and staff. The goal of this study is to add to knowledge on this form of programming and on what creates change.

As a parent or guardian for your child, who has been in regular contact with your child who is, or has been, involved in the Base Camp program, your consent is required for your child to participate in this study. Your child's participation is entirely voluntarily and your decision about his/her participating or not will have no affect on the services you or your family members receive from Enviros and Alberta Health Services. If you consent, your child will be given an assent form, which explains the study and asks him or her if he or she would like to participate.

The Principal Investigator is completing this project as part of the requirements of her Master of Social Work degree, under the supervision of Dr. Sid Frankel at the University of Manitoba.

Study Procedures:
If you are interested in having your child take part in this study, he or she may be asked to participate in (*if applicable*): 1) one formal interview, which will not be more than an hour in length; 2) being observed at Base Camp during a family activity hosted by Base Camp; and 3) informal interviews during the observation.

The formal interview will have questions on parts of the program and how clients change in the short-term. Informal interviews questions will be based on what is happening during the activity. Observations will not interfere with regular programming or the services you receive at Base Camp. You will have the choice of consenting for your child to be part of one or more of the above.

Recording Devices:
Formal and informal interviews may be audio recorded. The Principal Investigator will also be taking notes during the interviews and direct observations.

Dissemination:
Information that is gathered will be examined by the Principal Investigator and then reported in the form of a written thesis. This thesis will be presented to the Principal Investigator's thesis advisor and thesis committee. The Principal Investigator will participate in a thesis defense at the University of Manitoba. This study may also be used in other published works, such as a journal article or presented at conferences. The thesis and other published work will be accessible to the general public.

You and your child will have the choice of being given a one to three page summary of results around March 2013, after the study has been completed. This summary can be received through Canada Post or electronic mail. A summary of results will also be available to all other study participants, the Executive Director of Enviros, Program Manager of Base Camp, and the program's funder, Alberta Health Services. A list of recommendations based on the findings will also be provided to Enviros and Alberta Health Services.

Costs:
There are no costs to participate in this study.

Benefits:
Your child's participation in this study will help to make the Base Camp program better, which will directly benefit you and your children. If your child has already finished the program, your child's participation in this study will help make Base Camp better for other children and families. Your child will also be adding to research that is being done within this type of program and addiction services.

No compensation will be given for taking part in this study.

Possible Risks:
There is minimal risk involved in this study. During or after the interviews your child may have emotional feelings about having discussed past or current events. A list of resources is being provided to you now in case you or your child would like to talk to someone about your or his/her feelings.

The Principal Investigator has a legal responsibility to report any suspicion of or disclosures of abuse and neglect under the Alberta Child, Youth and Family Enhancement Act, which states that "any person who has reasonable and probable ground to believe that a child is in need of intervention" has an obligation to report. If this situation occurs confidentiality will not be maintained.

Confidentiality:
Your child's participation in this study is confidential. Enviros and Alberta Health Services will not be aware of your child's participation or the information that he or she provides. The Principal Investigator will be the only individual who has access to your and your child's identifying information.

Confidentiality will only be broken if required by legal or social work ethical requirements (i.e. abuse or neglect has occurred, you are threatening to harm yourself or others). If this situation occurs you will be informed of this breach in confidentiality and only required information will be disclosed to the appropriate authority, person at risk, and/or parent/guardian.

Information that is gathered and then shared with the Principal Investigator's research supervisor, thesis committee, Enviros, Alberta Health Services, and the general public will not contain any information that will directly identify you or your child. Attempt will be made to ensure that no information is shared that can be linked back to you, your child, or your family. Names will not be used and information, such as age and gender, will be changed if it is not important to the outcomes of the study. These methods of maintaining confidentiality will be used on all notes, transcriptions from audio recordings, written thesis, any published articles, and any presentations. It is important to note, however, that there are limitations to confidentiality because of the small size of the Base Camp program. People who know your child may guess his or her identity

All information gathered will be stored in a locked file cabinet at the Principal Investigator's home and any electronic information will be kept under password

protection on her computer. Participant Interest forms, Informed Consent forms, and Assent forms will be stored in one locked drawer of the file cabinet along with your and your child's name, which will be randomly matched with a number code. Information gathered from your child, including audiotapes, interview transcripts, and notes will be kept in a different locked drawer of the file cabinet.

Audiotapes will be erased after transcription has been confirmed. After the thesis is complete, which will be prior to May 2013, all information and forms containing identifying information will be destroyed. Paper documentation will be shredded and computer files deleted.

Your and your Child's Rights:
If at any time you or your child become uncomfortable or experience any difficulties because of participation in this study, your child may withdraw without consequence. Your child's participation, withdrawal, or refusal to participate will not affect the confidentiality of his or her information or his or her services received through Base Camp and Alberta Health Services. If your child withdraws from the study all data relating to him or her will immediately be destroyed. Paper documentation will be shredded and computer files deleted. Any audio recordings will be erased.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management / Assurance office may also require access to your research records for safety and quality assurance purposes.

This research has been approved by the Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Statement of Consent
I have read and understood this consent form. I have had the opportunity to discuss any questions regarding this study with the Principal Investigator. I understand that my child's participation in this study is voluntary and may be withdrawn at any time without consequences. I understand that information regarding my and my child's identity will be kept confidential, but that there are limits to this.

By signing this consent, I agree that my child can:
(Please place a checkmark next to all items you are consenting to below)

1) Participate in this evaluation, which is studying parts of the Base Camp program at Enviros Wilderness School Association and how clients change in the short term. _____

2) Authorize Principal Investigator, Lynette Nikkel, to observe my child participating in a family activity hosted by Base Camp. _____

3) Participate in a formal interview conducted by Principal Investigator, Lynette Nikkel. _____

4) Participate in informal interviews conducted by Principal Investigator, Lynette Nikkel. _____

5) Be audio-recorded during formal and informal interviews. _____

_____
Child's Name (Please Print)

_____ _____
Parent of Participant (Signature) Date (m/d/y)

_____ _____
Principal Investigator (Lynette Nikkel) Date (m/d/y)

_____ _____
Research Supervisor (Sid Frankel) Date (m/d/y)

A summary of the study's findings will be prepared by March 2013. If you would like to receive a copy of this report please provide your email or surface mail address below:

(Please Print)

6**) Assent Form**

UNIVERSITY OF MANITOBA | Faculty of Social Work

Assent Form

Project Title: Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes.

Principal Investigator:
Lynette Nikkel, Master of Social Work Student, University of Manitoba
[redacted] (toll free) or [redacted]

Research Supervisor:
Dr. Sid Frankel, Associate Professor, Faculty of Social Work, University of Manitoba
Sid.Frankel@ad.umanitoba.ca
(204) 474-9706 or 1-800-432-1960 ext. 9706

Sponsoring Agency: Enviros Wilderness School Association

What is this about?
I want to find out more about the Base Camp program that you have been involved in, so I am doing a study. I want to know if you would like to be a part of it. I am going to tell you more about it and if there is something below you do not understand please ask your parent or me.

Why are you doing this study?
I want to know more about the activities that happen at Base Camp and what the results of doing these activities are. The reason you are being asked to be part of this study is so that I can learn your opinion on these activities.

If you want to take part in this study or not is completely up to you. Your decision will not affect anything at Base Camp and no one at Base Camp will know what you decided.

What will I do?
If you want to be part of this study you can do any or all of these:

1) Participate in one interview where I will ask you questions about Base Camp. This interview will not be more than an hour in length.
2) Be observed with your peers, family, and Base Camp staff by me while you are doing activities. I may be present during a regular day at camp, during a

wilderness trip, and/or when you are interacting with your family at Base Camp.
3) Answer questions that I may ask you while you are doing the above activities.
4) Have your answers to questions asked by me recorded on an audiotape.

Will I get hurt in this study?
You may experience some memories while answering questions that I ask, which may be sad. I will give you a list now of people that you can talk to about these memories if you want to.

If I have suspicion that abuse or neglect has occurred or you directly tell me about abuse or neglect, I have a legal responsibility to report this.

Will I help people by being a part of this study?
If you want to be a part of this study you may help better the Base Camp program for yourself and other children like you. Base Camp will be given a list of things that they can do to make the program better based upon the information you provide.

What if I have any questions?
You can ask questions any time, now or later. You can talk to me, your family, Base Camp staff, or someone else you trust.

Who will know what I said/did in the study?
I will be taking the results of this study and writing a paper that anyone can read. I may also write other papers or speak to groups of people about my findings. People will be able to know some of the things you said or did during the study, but will not know it is you because your name will be removed. No one, except me and your parent/guardian will know that you took part in this study. However, if someone who knows you reads or listens to results of the study, they may be able to recognize that it is you who said or did something, because of the small size of the Base Camp program.

During the study if you tell me someone has hurt you or if you tell me that you want to hurt yourself or others, I will need to tell someone about this. I may tell your parents, the person you want to hurt, and/or a professional such as a child welfare worker or police officer.

Do I have to be in the study?
You do not have to be in this study. No one will be mad at you if you don't want to do this. If you do not want to be in this study, just say so. Your parents or guardians are aware of this study and also need to say if they would like you to be part of this study or not. Even if your parents want you to be in the study you can still say no. Even if you say you want to be in the study, you can change your mind later. It's up to you.

Statement of Assent:

I want to take part in this study. I know I can change my mind at any time.

Print name of child	Age

Signature of Child	Date

Print Name of Child's Parent/Guardian	Signature of Child's Parent/Guardian	Date

I confirm that I have explained the study to the participant to the extent compatible with the participants understanding, and that the participant has agreed to be in the study.

Printed name of Person obtaining Assent	Signature of Person obtaining Assent	Date

Appendix C – Participant Interest Forms (Canada Post)

1) Participant Interest Form – Base Camp Staff

UNIVERSITY OF MANITOBA | Faculty of Social Work

Base Camp Staff - Participant Interest & Contact Information Form

Study Title: Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes

Principal Investigator:
Lynette Nikkel, Master of Social Work Student, University of Manitoba.
[redacted].

Research Supervisor:
Dr. Sid Frankel, Associate Professor, Faculty of Social Work, University of Manitoba.
Sid.Frankel@ad.umanitoba.ca.
(204) 474-9706 or 1-800-432-1960 ext. 9706.

Purpose of Study

I am conducting an evaluation of the Base Camp program at Enviros Wilderness School Association (Enviros). The purpose of this is to look at if the program is being delivered in the way it was planned, parts of the program, and how clients change in the short term. The project will focus on the parts of the program that (a) use adventure therapy in the form of experiential activities, wilderness trips, and presence in a wilderness environment; (b) use community and therapeutic relationships in the form of camp rituals, joint tasks, and daily living; and (c) family involvement. It will look at links between these and the short-term changes that are expected through participation in the program. These changes include living in a substance free environment, understanding strengths, sharing experiences, and having healthy relationships. This study will add to literature on adventure therapy, residential treatment, substance misuse, and family-centered practice. It will also identify what causes changes in behaviours and add to the development of best practices in adventure therapy. Additionally, this study should be useful in improving the Base Camp program. You are being asked to participate in this study because I think your perspective is important to understanding parts of the program and how clients change in the short term.

Your decision to participate in this study is entirely voluntary and your participation, or lack of, will not have any affect on your employment with Enviros.

Study Procedures

The study will use formal interviews, informal interviews, and direct observation. The formal interview will take place once. Informal interviews will take place during direct observations and may occur once or multiple times. Observations will occur at three

different periods: during a day of regular programming, a family intervention, and a wilderness trip. The study will also involve looking at Resiliency Canada questionnaires, family outcome rating scales, and program statistics that Base Camp uses. All identifying information will have removed from these before being provided to me.

If you are interested in this study, as Base Camp staff, you may be asked to participate in: 1) one formal interview, not exceeding two hours in length; 2) direct observations including, being observed during (a) a day of regular programming; (b) *if applicable*, a family intervention; and (c) *if applicable*, a wilderness trip; and 3) Informal interviews during direct observations. You will have the choice of participating in one or more of the above. Topics addressed in the formal interview will relate to parts of the program and how clients change in the short term. You will have the opportunity to identify where you would like your formal interview to occur: at Base Camp, in Calgary or surrounding area, or by telephone. Informal interviews will be based on the activities and setting being observed. Depending on the activity I may participant or just observe. I will not conduct an interview if it stops or interrupts the activity.

Confidentiality

Your interest and participation in this study will be kept confidential. I will be the only individual who has access to your identifying information. Data collected will be stored in a locked filing cabinet or under password protection on my computer. All data containing identifying information will be destroyed upon the completion of the study, which will be prior to February 2013.

Data that is shared with my research supervisor, thesis committee, Enviros, and the larger public will not contain identifying information. Names will not be mentioned and if it is not important to the analysis, age and gender will also be changed. Due to the small size of the Base Camp program, effort will be made to remove data that the general public would be able to link back to you; however, there are limitations to this, as people who know you may be able to guess your identity. The study will be written as a thesis, it may also be published in journal articles, and presented at conferences.

Confidentiality will only be broken if required by legal or social work ethical requirements (i.e. abuse or neglect has occurred, you are threatening to harm yourself or others). If this situation occurs you will be informed of this breach in confidentiality and only required information will be disclosed to the appropriate authority, person at risk, and/or parent/guardian.

Benefits

Your involvement in this study will help to make Base Camp a better program for yourself and your clients. You will also be adding to knowledge in the areas of adventure therapy, residential treatment, substance misuse, and family-centered practice by participating in research that may affect policies and practices.

Possible Risks

Minimal risk is involved in this study, however, while you are reflecting on past or current events during interviews you may experience emotional pain with these memories. You will be provided with a list of resources, before participating in the study, in case you would like to talk to someone about your feelings.

Another risk in participating in this study is that I have a legal responsibility to report any suspicion of or disclosures of abuse and neglect under the Alberta Child, Youth and Family Enhancement Act. If this situation occurs confidentiality will not be maintained.

Based on the above information, please mark if you are interested in participating in this study, then mail this form to me using the enclosed stamped, self-addressed envelope. You can also email me at [redacted] with the word "study" in the subject line. Please state in the email if you would like to participate and provide your contact information.

If you are not sure if you want to participate and would like more information, please contact me at [redacted] or [redacted]. My email and voicemail are confidential and I am the only person who has access to them.

_____**Yes, I am interested in participating in this study.**

_____**No, I am not interested in participating in this study.**
Thank you for taking the time to hear about this opportunity.

If you marked that you are interested please fill out the important contact information below. You will soon be contacted to participate in an interview and\or direct observation. You will also be provided with a formal consent form outlining the study in further detail. Thank you for taking the time to complete this form and to learn about this exciting opportunity.

PLEASE PRINT THE FOLLOWING:

Name: _____

Address:

Street _____

City _____ Province _____ Postal Code _____

Phone Number: _____

Alternative Phone Number (i.e. work, cell): _____

2) Participant Interest Form – Family Members (Over 18)

UNIVERSITY OF MANITOBA | Faculty of Social Work

Adult Family Members - Participant Interest & Contact Information Form

Study Title: Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes

Principal Investigator:
Lynette Nikkel, Master of Social Work Student, University of Manitoba.
[redacted].
[redacted].

Research Supervisor:
Dr. Sid Frankel, Associate Professor, Faculty of Social Work, University of Manitoba.
Sid.Frankel@ad.umanitoba.ca
(204) 474-9706 or 1-800-432-1960 ext. 9706.

Purpose of Study

I am examining the Base Camp program at Enviros Wilderness School Association (Enviros). The reason I am doing this is to see if the program is being delivered in the way it was planned and to link certain activities occurring in the program to how clients are doing during and after the program. These certain activities include using the outdoors, wilderness trips, and a "learning by doing" approach. They also include the use of living in a community, sharing everyday chores and clients having their families involved in the program. These activities will be linked to if clients are living in a substance free environment, if they have an understanding of their strengths, if they can share their experiences and if they are forming healthy relationships with their friends, family, and staff. The goal of this study is to add to knowledge on this form of programming and on what creates change. This study should also improve the Base Camp program.

As a family member of a child who is, or has been, involved in Base Camp you are being asked to take part in this study because I think your perspective is important to understanding parts of the program and how clients change in the short term.

If you are the parent or guardian of a child who is, or has been, involved in Base Camp I am also asking you to think about having your child take part in this study. Your child is being asked to take part because I think that their perspective is also important to understanding parts of the program and how they have changed in the short term.

Additionally, if you there are other members of your family, who are under the age of majority (18-years-of-age), but are over 10-years-of-age, who were in regular contact with your child while he/she was at Base Camp I invite them to take part in this study.

Your and your children's participation in this study is entirely voluntary and your decision about participating or not will have no affect on the services you receive from Enviros. Enviros will not be aware of the decision that you make.

Study Procedures

Information will be gathered from Base Camp staff, clients of the program, and clients' family members. A variety of methods will be used to gather this information including interviews, observation, a review of agency statistics, and a review of assessment tools used by Base Camp. All identifying information will be removed from statistics and assessment tools before they are provided to me.

If you are interested in taking part in this study you may be asked to participate in: 1) one formal interview, which will not be more than an hour in length; 2) *if applicable* being observed during a family activity at Base Camp; and 3) *if applicable* Informal interviews during the observation.

If you are a parent or guardian and are interested in your child, who is or has been involved in Base Camp, taking part in this study, he/she may be asked to participate in: 1) one formal interview, which will not be more than an hour in length; 2) *if applicable* being observed at Base Camp during (a) a day of regular programming; (b) a family activity; and (c) a wilderness trip; and 3) informal interviews during observations.

If you are a parent or guardian and are interested in having other members of your family, who are under the age of majority (18-years-of-age) and in regular contact with your child while he/she was at Base Camp, take part in this study, they may be asked to participate in: 1) one formal interview, which will not be more than an hour in length; 2) *if applicable* being observed during a family activity at Base Camp; and 3) *if applicable* informal interviews during the observation.

The formal interview will have questions on program activities and how clients change in the short term. You will have the opportunity to identify where you would like your formal interview to occur: at Base Camp, in Calgary or surrounding area, or by telephone. If you are a parent or guardian you will also have the opportunity to identify where you would like your child's formal interview to occur, based on the above options. Informal interviews will be based on what is happening during the activity. Observations will not interrupt regular programming or the services you receive at Base Camp.

You and your children will have the choice of taking part in one, more than one, or none of the above options. If you provide consent for your child/ren to take part in this study; they will be provided with an assent form, where they also will need to agree to take part.

Confidentiality

Your decision about if you are interested in participating in this study will be kept confidential. This means that I will be the only person who knows about your decision. I will not inform Enviros or Alberta Health Services of your decision. If you state that you and/or your children are interested in taking part in this study, this decision and all

gathered information will be kept confidential. All personal information will be kept in a locked filing cabinet in my home or under password protection on my computer. All identifying information will be destroyed by February 2013, when the study is completed.

Information that is gathered and then shared with my research supervisor, thesis committee, Enviros, Alberta Health Services, and the larger public will not contain any information that would identify you or your children. The study will be written as a thesis and may be published in journals or presented at conferences. No real names will be used during this sharing and, if it is not important to the information, age and gender will be removed or changed. I will make an effort to remove all information that could be linked to you or your children, but because of the small size of the Base Camp program this cannot be guaranteed. People who know you or your children may guess your identity.

Confidentiality will only be broken if required by legal or social work ethical requirements (abuse or neglect has occurred, you are threatening to harm yourself or others). If this situation occurs you will be informed of this breach in confidentiality and only required information will be disclosed to the appropriate authority, person at risk, and/or parent/guardian.

If you are interested in this study or not will have no affect on the services that you or your children receive from Enviros or Alberta Health Services.

Benefits

You and your children's participation in this study will help make the Base Camp program better, which will directly help you and your children. If your child has already finished the program, you and your children's participation in this study will help make Base Camp better for other children who are like yours. You will also be adding to knowledge about this type of program and addiction services.

There are no costs for you or your children to participate in this study.

Possible Risks

There is minimal risk involved in this study. During or after interviews you and/or your children may have emotional feelings about discussing past or current activities. A list of services will be given to you and your children, before participating in the study, in case you would like to talk to someone about your feelings.

Another risk in taking part in this study is that I have a legal responsibility to report any suspicion of or disclosures of abuse and neglect under the Alberta Child, Youth and Family Enhancement Act. If this occurs confidentiality will not be maintained.

After reading the above information, please mark below if you are interested in taking part in this study. If you are a parent or guardian please also mark below if you are interested in having your children take part in this study. Please mail this form to me using the stamped, self-addressed envelope provided with this form. You can also email me at [redacted] with the word "study" in the subject line. Please state in the email if you would like to participate and provide your contact information.
If you are not sure if you would like to take part and would like more information, please contact me at [redacted] or [redacted]. My email and voicemail are confidential and I am the only person who has access to them.

_____ **Yes, I am interested in participating in this study.**

_____ **Yes, I am interested in <u>my child/ren</u> participating in this study.**

_____ **No, I am not interested in participating in this study.**
Thank you for taking the time to hear about this opportunity.

_____ **No, I am not interested in <u>my child/ren</u> participating in this study.**
Thank you for taking the time to hear about this opportunity.

If you marked that you and/or your children are interested, please complete the following important contact information. You will soon be contacted to take part in an interview or observation. You will also be provided with a formal consent form that outlines the study in further detail. Thank you for taking the time to complete this form and to learn about this exciting study.

PLEASE PRINT THE FOLLOWING:

Name: _____

Address:

Street _____

City _____ Province _____ Postal Code _____

Phone Number: _____

Alternative Phone Number (i.e. work, cell): _____

Appendix D – Participant Interest Reminder Letters (Canada Post)

1) Participant Interest Reminder Letter – Base Camp Staff

Lynette Nikkel
C/O Sid Frankel
Faculty of Social Work
418G Tier Building
Winnipeg, MB
R3T 2N2
Email: [redacted]

(Current date)

Dear Base Camp Staff Member,

I am a Master of Social Work student at the University of Manitoba, who is doing my thesis research with the Base Camp program at Enviros Wilderness School Association (Enviros). I previously sent you a Participant Interest and Contact Information form, which briefly outlined my study and asked for your participation. Since I have not yet received a response from you, I wanted to remind you about this important study and the opportunity you have to participate in it. A copy of the Participant Interest and Contact Information form is enclosed with this letter.

This study is completely voluntary and your participation, or lack of, will not have any affect on your employment with Enviros. Your decision will be kept confidential.

Your response would be greatly appreciated. Thank you.

Sincerely,

Lynette Nikkel
Master of Social Work Student

2) Participant Interest Reminder Letter – Family Members (Over 18)

UNIVERSITY OF MANITOBA | Faculty of Social Work

Lynette Nikkel
C/O Sid Frankel
Faculty of Social Work
418G Tier Building
Winnipeg, MB
R3T 2N2
Email: [redacted]

(Current date)

To Whom it May Concern:

I am a Master of Social Work student at the University of Manitoba, who is doing a study with the Base Camp Program at Enviros Wilderness School Association (Enviros). I had sent you a Participant Interest and Contact Information form, which outlined my study and asked for you to take part. I also asked, if you are a parent or guardian, for your children to take part. Since I have not yet received a response from you, I wanted to remind you about this important study and the chance you have to take part in it. A copy of the Participant Interest and Contact Information form is enclosed with this letter.

This study is completely voluntary and your participation, or lack of, will not have any affect on the services you and/or your children receive from Enviros. Your decision will be kept confidential.

Your response would be greatly appreciated. Thank you.

Sincerely,

Lynette Nikkel
Master of Social Work Student

Appendix E – Participant Interest Form (Electronic)

1) Participant Interest Form – Current Base Camp Staff

UNIVERSITY OF MANITOBA | Faculty of Social Work

Participant Interest & Contact Information Form

Study Title: Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes

Principal Investigator:
Lynette Nikkel, Master of Social Work Student, University of Manitoba.
[redacted] (toll free) or [redacted]

Research Supervisor:
Dr. Sid Frankel, Associate Professor, Faculty of Social Work, University of Manitoba.
Sid.Frankel@ad.umanitoba.ca
1-800-432-1960 ext. 9706 or 1-204-474-9706

Purpose of Study

I am conducting an evaluation of the Base Camp program at Enviros Wilderness School Association (Enviros). The purpose of this is to look at if the program is being delivered in the way it was planned, parts of the program, and how clients change in the short term. The project will focus on the parts of the program that (a) use adventure therapy in the form of experiential activities, wilderness trips, and presence in a wilderness environment; (b) use community and therapeutic relationships in the form of camp rituals, joint tasks, and daily living; and (c) family involvement. It will look at links between these and the short-term changes that are expected through participation in the program. These changes include living in a substance free environment, understanding strengths, sharing experiences, and having healthy relationships. This study will add to literature on adventure therapy, residential treatment, substance misuse, and family-centered practice. It will also identify what causes changes in behaviours and add to the development of best practices in adventure therapy. Additionally, this study should be useful in improving the Base Camp program. You are being asked to participate in this study because I think your perspective is important to understanding parts of the program and how clients change in the short term.

Your decision to participate in this study is entirely voluntary and your participation, or lack of, will not have any affect on your employment with Enviros.

Study Procedures

The study will use formal interviews, informal interviews, and direct observation. The formal interview will take place once. Informal interviews will take place during direct observations and may occur once or multiple times. Observations will occur at three

different periods: during a day of regular programming, a family intervention, and a wilderness trip. The study will also involve looking at Resiliency Canada questionnaires, family outcome rating scales, and program statistics that Base Camp uses. All identifying information will have removed from these before being provided to me.

If you are interested in this study, as Base Camp staff, you may be asked to participate in: 1) one formal interview, not exceeding two hours in length; 2) direct observations including, being observed during (a) a day of regular programming; (b) *if applicable*, a family intervention; and (c) *if applicable*, a wilderness trip; and 3) Informal interviews during direct observations. You will have the choice of participating in one or more of the above. Topics addressed in the formal interview will relate to parts of the program and how clients change in the short term. You will have the opportunity to identify where you would like your formal interview to occur: at Base Camp, in Calgary or surrounding area, or by telephone. Informal interviews will be based on the activities and setting being observed. Depending on the activity I may participant or just observe. I will not conduct an interview if it stops or interrupts the activity.

Confidentiality

Your interest and participation in this study will be kept confidential. I will be the only individual who has access to your identifying information. Data collected will be stored in a locked filing cabinet or under password protection on my computer. All data containing identifying information will be destroyed upon the completion of the study, which will be prior to May 2013.

Data that is shared with my research supervisor, thesis committee, Enviros, and the larger public will not contain identifying information. Names will not be mentioned and if it is not important to the analysis, age and gender will also be changed. Due to the small size of the Base Camp program, effort will be made to remove data that the general public would be able to link back to you; however, there are limitations to this, as people who know you may be able to guess your identity. The study will be written as a thesis, it may also be published in journal articles, and presented at conferences.

Confidentiality will only be broken if required by legal or social work ethical requirements (i.e. abuse or neglect has occurred, you are threatening to harm yourself or others). If this situation occurs you will be informed of this breach in confidentiality and only required information will be disclosed to the appropriate authority, person at risk, and/or parent/guardian.

Benefits

Your involvement in this study will help to make Base Camp a better program for yourself and your clients. You will also be adding to knowledge in the areas of adventure therapy, residential treatment, substance misuse, and family-centered practice by participating in research that may affect policies and practices.

Possible Risks

Minimal risk is involved in this study, however, while you are reflecting on past or current events during interviews you may experience emotional pain with these memories. You will be provided with a list of resources, before participating in the study, in case you would like to talk to someone about your feelings.

Another risk in participating in this study is that I have a legal responsibility to report any suspicion of or disclosures of abuse and neglect under the Alberta Child, Youth and Family Enhancement Act. If this situation occurs confidentiality will not be maintained.

Based on the above information, please inform me if you would like to participate in this study. Email your response directly to [redacted] with the word "study" in the subject line or contact me at [redacted] (toll free) or [redacted]. In the email please provide me with your name and phone number, if possible. To maintain confidentiality, do not respond directly to this email.

If you are not sure if you want to participate and would like more information, please contact me at [redacted] or by telephone at [redacted] (toll free) or [redacted]. My email and voicemail are confidential and I am the only person who has access to them.

If you replied that you are interested you will soon be contacted to participate in an interview and\or direct observation. You will also be provided with a formal consent form outlining the study in further detail. Thank you for taking the time to respond to this form and to learn about this exciting opportunity.

2) Participant Interest Form – Past Base Camp Staff

UNIVERSITY OF MANITOBA | Faculty of Social Work

Participant Interest & Contact Information Form

Study Title: Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes

Principal Investigator:
Lynette Nikkel, Master of Social Work Student, University of Manitoba.
[redacted] (toll free) or [redacted].

Research Supervisor:
Dr. Sid Frankel, Associate Professor, Faculty of Social Work, University of Manitoba.
Sid.Frankel@ad.umanitoba.ca
1-800-432-1960 ext. 9706 or 1-204-474-9706

Purpose of Study

I am conducting an evaluation of the Base Camp program at Enviros Wilderness School Association (Enviros). The purpose of this is to look at if the program is being delivered in the way it was planned, parts of the program, and how clients change in the short term. The project will focus on the parts of the program that (a) use adventure therapy in the form of experiential activities, wilderness trips, and presence in a wilderness environment; (b) use community and therapeutic relationships in the form of camp rituals, joint tasks, and daily living; and (c) family involvement. It will look at links between these and the short-term changes that are expected through participation in the program. These changes include living in a substance free environment, understanding strengths, sharing experiences, and having healthy relationships. This study will add to literature on adventure therapy, residential treatment, substance misuse, and family-centered practice. It will also identify what causes changes in behaviours and add to the development of best practices in adventure therapy. Additionally, this study should be useful in improving the Base Camp program. You are being asked to participate in this study because I think your perspective is important to understanding parts of the program and how clients change in the short term.

Your decision to participate in this study is entirely voluntary and your participation, or lack of, will not have any affect on your employment with Enviros.

Study Procedures

The study will use formal interviews, informal interviews, and direct observation. The formal interview will take place once. Informal interviews will take place during direct observations and may occur once or multiple times. Observations will occur at three

different periods: during a day of regular programming, a family intervention, and a wilderness trip. The study will also involve looking at Resiliency Canada questionnaires, family outcome rating scales, and program statistics that Base Camp uses. All identifying information will have removed from these before being provided to me.

If you are interested in this study, as a previous employee of Base Camp, you will be asked to participate in one formal interview, not exceeding two hours in length. Topics addressed in the formal interview will relate to parts of the program and how clients change in the short term. You will have the opportunity to identify where you would like your formal interview to occur: at Base Camp, in Calgary or surrounding area, or by telephone.

Confidentiality

Your interest and participation in this study will be kept confidential. I will be the only individual who has access to your identifying information. Data collected will be stored in a locked filing cabinet or under password protection on my computer. All data containing identifying information will be destroyed upon the completion of the study, which will be prior to May 2013.

Data that is shared with my research supervisor, thesis committee, Enviros, and the larger public will not contain identifying information. Names will not be mentioned and if it is not important to the analysis, age and gender will also be changed. Due to the small size of the Base Camp program, effort will be made to remove data that the general public would be able to link back to you; however, there are limitations to this, as people who know you may be able to guess your identity. The study will be written as a thesis, it may also be published in journal articles, and presented at conferences.

Confidentiality will only be broken if required by legal or social work ethical requirements (i.e. abuse or neglect has occurred, you are threatening to harm yourself or others). If this situation occurs you will be informed of this breach in confidentiality and only required information will be disclosed to the appropriate authority, person at risk, and/or parent/guardian.

Benefits

Your involvement in this study will help to make Base Camp a better program for clients and staff. You will also be adding to knowledge in the areas of adventure therapy, residential treatment, substance misuse, and family-centered practice by participating in research that may affect policies and practices.

Possible Risks

Minimal risk is involved in this study, however, while you are reflecting on past or current events during interviews you may experience emotional pain with these memories. You will be provided with a list of resources, before participating in the study, in case you would like to talk to someone about your feelings.

Another risk in participating in this study is that I have a legal responsibility to report any suspicion of or disclosures of abuse and neglect under the Alberta Child, Youth and Family Enhancement Act. If this situation occurs confidentiality will not be maintained.

Based on the above information, please inform me if you would like to participate in this study. Email your response directly to umnikke3@cc.umanitoba.ca with the word "study" in the subject line or contact me at 1-855-236-4566 (toll free) or 1-204-801-5379. In the email please provide me with your name and phone number, if possible. To maintain confidentiality, do not respond directly to this email.

If you are not sure if you want to participate and would like more information, please contact me at [redacted] or by telephone at [redacted] (toll free) or [redacted]. My email and voicemail are confidential and I am the only person who has access to them.

If you replied that you are interested you will soon be contacted to participate in an interview. You will also be provided with a formal consent form outlining the study in further detail. Thank you for taking the time to respond to this form and to learn about this exciting opportunity.

3) Participant Interest Form – Family Members (Over 18)

UNIVERSITY OF MANITOBA | Faculty of Social Work

Participant Interest & Contact Information Form

Study Title: Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes

Principal Investigator:
Lynette Nikkel, Master of Social Work Student, University of Manitoba.
[redacted] (toll free) or [redacted]

Research Supervisor:
Dr. Sid Frankel, Associate Professor, Faculty of Social Work, University of Manitoba.
Sid.Frankel@ad.umanitoba.ca
1-800-432-1960 ext. 9706 or 1-204-474-9706

Purpose of Study

I am examining the Base Camp program at Enviros Wilderness School Association (Enviros). The reason I am doing this is to see if the program is being delivered in the way it was planned and to link certain activities occurring in the program to how clients are doing during and after the program. These certain activities include using the outdoors, wilderness trips, and a "learning by doing" approach. They also include the use of living in a community, sharing everyday chores and clients having their families involved in the program. These activities will be linked to if clients are living in a substance free environment, if they have an understanding of their strengths, if they can share their experiences and if they are forming healthy relationships with their friends, family, and staff. The goal of this study is to add to knowledge on this form of programming and on what creates change. This study should also improve the Base Camp program.

As a family member of a child who is, or has been, involved in Base Camp you are being asked to take part in this study because I think your perspective is important to understanding parts of the program and how clients change in the short term.

If you are the parent or guardian of a child who is, or has been, involved in Base Camp I am also asking you to think about having your child take part in this study. Your child is being asked to take part because I think that their perspective is also important to understanding parts of the program and how they have changed in the short term.

Additionally, if you there are other members of your family, who are under the age of majority (18-years-of-age), but are over 10-years-of-age, who were in regular contact with your child while he/she was at Base Camp I invite them to take part in this study.

Your and your children's participation in this study is entirely voluntary and your decision about participating or not will have no affect on the services you receive from Enviros. Enviros will not be aware of the decision that you make.

Study Procedures

Information will be gathered from Base Camp staff, clients of the program, and clients' family members. A variety of methods will be used to gather this information including interviews, observation, a review of agency statistics, and a review of assessment tools used by Base Camp. All identifying information will be removed from statistics and assessment tools before they are provided to me.

If you are interested in taking part in this study you may be asked to participate in: 1) one formal interview, which will not be more than an hour in length; 2) *if applicable* being observed during a family activity at Base Camp; and 3) *if applicable* Informal interviews during the observation.

If you are a parent or guardian and are interested in your child, who is or has been involved in Base Camp, taking part in this study, he/she may be asked to participate in: 1) one formal interview, which will not be more than an hour in length; 2) *if applicable* being observed at Base Camp during (a) a day of regular programming; (b) a family activity; and (c) a wilderness trip; and 3) informal interviews during observations.

If you are a parent or guardian and are interested in having other members of your family, who are under the age of majority (18-years-of-age) and in regular contact with your child while he/she was at Base Camp, take part in this study, they may be asked to participate in: 1) one formal interview, which will not be more than an hour in length; 2) *if applicable* being observed during a family activity at Base Camp; and 3) *if applicable* informal interviews during the observation.

The formal interview will have questions on program activities and how clients change in the short term. You will have the opportunity to identify where you would like your formal interview to occur: at Base Camp, in Calgary or surrounding area, or by telephone. If you are a parent or guardian you will also have the opportunity to identify where you would like your child's formal interview to occur, based on the above options. Informal interviews will be based on what is happening during the activity. Observations will not interrupt regular programming or the services you receive at Base Camp.

You and your children will have the choice of taking part in one, more than one, or none of the above options. If you provide consent for your child/ren to take part in this study; they will be provided with an assent form, where they also will need to agree to take part.

Confidentiality

Your decision about if you are interested in participating in this study will be kept confidential. This means that I will be the only person who knows about your decision. I will not inform Enviros or Alberta Health Services of your decision. If you state that you and/or your children are interested in taking part in this study, this decision and all

gathered information will be kept confidential. All personal information will be kept in a locked filing cabinet in my home or under password protection on my computer. All identifying information will be destroyed by May 2013, when the study is completed.

Information that is gathered and then shared with my research supervisor, thesis committee, Enviros, Alberta Health Services, and the larger public will not contain any information that would identify you or your children. The study will be written as a thesis and may be published in journals or presented at conferences. No real names will be used during this sharing and, if it is not important to the information, age and gender will be removed or changed. I will make an effort to remove all information that could be linked to you or your children, but because of the small size of the Base Camp program this cannot be guaranteed. People who know you or your children may guess your identity.

Confidentiality will only be broken if required by legal or social work ethical requirements (abuse or neglect has occurred, you are threatening to harm yourself or others). If this situation occurs you will be informed of this breach in confidentiality and only required information will be disclosed to the appropriate authority, person at risk, and/or parent/guardian.

If you are interested in this study or not will have no affect on the services that you or your children receive from Enviros or Alberta Health Services.

Benefits

You and your children's participation in this study will help make the Base Camp program better, which will directly help you and your children. If your child has already finished the program, you and your children's participation in this study will help make Base Camp better for other children who are like yours. You will also be adding to knowledge about this type of program and addiction services.

There are no costs for you or your children to participate in this study.

Possible Risks

There is minimal risk involved in this study. During or after interviews you and/or your children may have emotional feelings about discussing past or current activities. A list of services will be given to you and your children, before participating in the study, in case you would like to talk to someone about your feelings.

Another risk in taking part in this study is that I have a legal responsibility to report any suspicion of or disclosures of abuse and neglect under the Alberta Child, Youth and Family Enhancement Act. If this occurs confidentiality will not be maintained.

Based on the above information, please inform me if you would like to participate in this study. If you are a parent or guardian please also inform me if you are interested in having your children take part in this study. Email your responses directly to [redacted] with the word "study" in the subject line or contact me at [redacted] (toll free) or [redacted]. In the email please provide me with your name and phone number, if possible. To maintain confidentiality, do not respond directly to this email.

If you are not sure if you want to participate and would like more information, please contact me at [redacted] or by telephone at [redacted] (toll free) or [redacted]. My email and voicemail are confidential and I am the only person who has access to them.

If you replied that you and/or your children are interested you will soon be contacted to participate in an interview and\or direct observation. You will also be provided with a formal consent form outlining the study in further detail. Thank you for taking the time to respond to this form and to learn about this exciting opportunity.

Appendix F – Participant Interest Reminder Letter (Electronic)

1) Participant Interest Reminder Letter – Base Camp Staff

UNIVERSITY OF MANITOBA | Faculty of Social Work

Dear Base Camp Staff Member,

I am a Master of Social Work student at the University of Manitoba, who is doing my thesis research with the Base Camp program at Enviros Wilderness School Association (Enviros). I previously sent you a Participant Interest and Contact Information form, which briefly outlined my study and asked for your participation. I wanted to remind you about this important study and the opportunity you have to participate in it. A copy of the Participant Interest and Contact Information form is enclosed below. If you have already responded to this form please disregard this email.

This study is completely voluntary and your participation, or lack of, will not have any affect on your employment with Enviros. Your decision will be kept confidential.

Your response would be greatly appreciated. Please reply through one of the following options:
Email: [redacted]
Telephone: [redacted] (toll free) or [redacted]
To maintain confidentiality, please do not reply directly to this email. Thank you.

Sincerely,

Lynette Nikkel
Master of Social Work Student

2) Participant Interest Reminder Letter – Family Members (Over 18)

UNIVERSITY OF MANITOBA | Faculty of Social Work

To Whom it May Concern:

I am a Master of Social Work student at the University of Manitoba, who is doing a study with the Base Camp Program at Enviros Wilderness School Association (Enviros). I had sent you a Participant Interest and Contact Information form, which outlined my study and asked for you to take part. I also asked, if you are a parent or guardian, for your children to take part. I wanted to remind you about this important study and the chance you have to take part in it. A copy of the Participant Interest and Contact Information form is enclosed with this letter. If you have already responded to this form please disregard this email.

This study is completely voluntary and your participation, or lack of, will not have any affect on the services you and/or your children receive from Enviros. Your decision will be kept confidential.

Your response would be greatly appreciated. Please reply through one of the following options:
Email: [redacted]
Telephone: [redacted] (toll free) or [redacted]
To maintain confidentiality, please do not reply directly to this email. Thank you.

Sincerely,

Lynette Nikkel
Master of Social Work Student

Appendix G – Distribution Letter

Lynette Nikkel
[redacted]

November 7, 2012

Enviros Wilderness School Association
Attn: Carolyn Godfrey
13, 2115-27th Ave NE
Calgary, AB
T2E 7E4

Subject: Distribution of Participant Interest & Contact Information Form

Dear Ms. Godfrey,

After receiving approval from the Research Ethics Board at the University of Manitoba and Alberta Health Services we are now prepared to begin the data collection phase of the program evaluation at Base Camp. The first stage of this process is the distribution of the Participant Interest and Contact Information Forms. The Research Ethics Board at the University of Manitoba has approved the distribution of these forms to potential participants through electronic mail.

Please send an electronic message to all staff currently employed at Base Camp including the program manager, program supervisor, shift supervisors, family therapist, teachers, and youth and family support workers. Staff who are currently on leave or were previously employed within the program should not be included. The subject line of the message should state "Opportunity to Participate in Program Evaluation of Base Camp." The body of the message should be Participant Interest Form #1, please see attachment.

Please also send an electronic message to all clients' parents/guardians and family members (over 18-years-of-age). This should include anyone that clients have identified as being part of their family and care providers. Clients are defined as program participants who are currently at Base Camp, as well as those who had participated within three months prior to the distribution of these forms. The subject line of the message should state "Opportunity to Participate in Program Evaluation of Base Camp." The body of the message should be Participant Interest Form #2, please see attachment.

A month after the distribution of the above electronic messages, a second message should be sent to potential participants. The subject line of the message should state "Reminder – Opportunity to Participate in Program Evaluation of Base Camp." The body of the message to Base Camp staff should be Participant Interest Reminder Letter #1, please see attachment, and Participant Interest Form #1, please see attachment. The body of the

message to clients' parents/guardians and family members (over 18-years-of-age) should be Participant Interest Reminder Letter #2, please see attachment, and Participant Interest Form #2, please see attachment.

If you have any questions or feedback, please do not hesitate to contact me by email [redacted] or by telephone at [redacted] (toll-free) or [redacted]. I would appreciate receiving a confirmation from you when these electronic messages have been distributed. Thank you.

Sincerely,

Lynette Nikkel
(BSW, RSW)

Appendix H – Telephone Recruitment Script

For Base Camp Employees

- Hello, my name is _____. I am a volunteer/employee at Enviros Wilderness School Association. I am calling to inform you about the opportunity to participate in a program evaluation of Base Camp.
- Your participation in this evaluation would provide you the opportunity to express your thoughts on Base Camp's programming and how it affects clients.
- Lynette Nikkel, a Master of Social Work student at the University of Manitoba, is conducting this program evaluation. If you would like to receive more information I can forward your contact information to her or you can contact her directly at [redacted] or by telephone at [redacted] (toll free) or [redacted].
- Thank you for taking the time to listen to this opportunity.

For Clients' Family Members & Caregivers

- Hello, my name is _____. I am a volunteer/employee at Enviros Wilderness School Association. I am calling to inform you about the opportunity for you and your family to participate in a program evaluation of Base Camp.
- Participation in this evaluation would provide you and your family the opportunity to express your thoughts on Base Camp's programming and how it has affected you.
- Lynette Nikkel, a Master of Social Work student at the University of Manitoba, is conducting this program evaluation. If you would like to receive more information I can forward your contact information to her or you can contact her directly at [redacted] or by telephone at [redacted] (toll free) or [redacted].
- Thank you for taking the time to listen to this opportunity.

Appendix I – Oral Interview Arrangement Scripts

1) Interview Arrangement Script – General

- Hello, my name is Lynette Nikkel. I am a Master of Social Work student at the University of Manitoba. I am doing a project with the Base Camp program at Enviros Wilderness School Association. The project is on parts of the program and how clients change in the short term.
- I am calling because you marked that you were interested in taking part in this study.
- When is a good date and time for you to meet for an interview?
    - Date: _____
    - Time: _____
- Would you like this interview to be done when you are at Base Camp or is there a location you can meet me at in or near Calgary, AB?
    - Location: _____
- Before the interview begins I will ask you to read and decide if you will sign a consent form.
- Do you have any questions at this time?
- If you think of any questions, please do not hesitate to contact me by phone [redacted] or email [redacted].
- I look forward to speaking with you about your experiences at Base Camp on (date and time specified above) at (location specified above).
- Thank you for taking the time to participate.

2) Interview Arrangement Script – Parent/Guardian

- Hello, my name is Lynette Nikkel. I am a Master of Social Work student at the University of Manitoba. I am doing a project with the Base Camp program at Enviros Wilderness School Association. The project is on parts of the program and how clients change in the short term.
- I am calling because you marked that you were interested in having your child/ren take part in this study.
- When is a good date and time for your child/ren to meet for an interview?
    - Date: _____
    - Time: _____
- Would you like this interview to be conducted when your child/ren are at Base Camp or is there a location you and your children can meet me at in or near Calgary, AB?
    - Location: _____
- Before the interview I will be asking you to read and decide if you will sign a consent form.
- Do you have any questions at this time?
- If you think of any questions, please do not hesitate to contact me by phone [redacted] or email [redacted]
- I look forward to speaking with your child/ren about their experiences with Base Camp on (date and time specified above) at (location specified above).
- Thank you for taking the time to arrange this and for having your child/ren participate in this important study.

Appendix J – Oral Interview Reminder Scripts

1) Interview Reminder Script – General

- Hello, my name is Lynette Nikkel. I am a Master of Social Work student at the University of Manitoba. I am doing a project with the Base Camp program at Enviros Wilderness School Association. The project is on parts of the program and how clients change in the short term.
- I am calling to remind you about our interview scheduled for (previously specified date and time) at (previously specified location).
- Do you have any questions at this time?
- If you think of any questions, please do not hesitate to contact me by phone [redacted] or email [redacted]
- I look forward to speaking with you about your experiences at Base Camp.
- Thank you for taking the time to participate.

2) Interview Reminder Script – Parent/Guardian

- Hello, my name is Lynette Nikkel. I am a Master of Social Work student at the University of Manitoba. I am doing a project with the Base Camp program at Enviros Wilderness School Association. The project is on parts of the program and how clients change in the short term.
- I am calling to remind you about the interview I have scheduled with your child/ren (previously specified date and time) at (previously specified location).
- Do you have any questions at this time?
- If you think of any questions, please do not hesitate to contact me by phone [redacted] or email [redacted]
- I look forward to speaking with your child/ren about their experiences at Base Camp.
- Thank you for taking the time to arrange this and for having your child/ren participate in this important study.

Appendix K – Interview Question Sets

1) Interview Question Set - Clients

Section 1 - Demographics.

1.1 How old are you?
1.2 Observed Gender: M ☐ F ☐
1.3 *If graduated:*
- 1.3.1 How long were you at Base Camp?
- 1.3.2 When was your last contact with Base Camp staff?
- 1.3.3 What did this contact involve?

1.4 I*f currently in the program:*
- 1.4.1 How long have you been at Base Camp?

Section 2 – Opening Question.

2.1 Why did you decide to attend the Base Camp program?
2.2 What memory of Base Camp stands out the most in your mind? Why?

Section 3 –Key Processes & Proximate Outcomes.

3.1 Research Question #4 – Are clients living a healthy, substance-free life while at camp?

3.1.1 What were you addicted to when you decided to attend Base Camp? (e.g. alcohol, cigarettes, marijuana, gambling).
3.1.2 When at camp, how does your involvement in the program affect your use of (state substances or behaviours listed in response to previous question)?
3.1.3 What did staff do to make sure that there were no alcohol or drugs at camp?

3.2 Research Question #3 – (a) Are clients (youth and families) able to share their experience of the impact of substance misuse on their lives? (b) What facilitated clients in sharing their experiences?

3.2.1 How did your use of (state substances or behaviours) affect your life before coming to Base Camp?
3.2.2 *If currently in program* – How does your use of (state substances or behaviours) affect your life now?
3.2.3 *If graduated* – How was your use of (state substances or behaviours) affected while at camp?
3.2.3 Were you able to share the effects you just told me with your (a) family? (b) friends? (c) Base Camp staff?
- 3.2.3.1 If so, what parts of being at Base Camp helped you to share these?

3.3 *If graduated from the program:* Research Question #8 – Upon completion of the program and for up to three months afterwards, is there a reduction in clients' use of an addictive behaviour or substance?

3.3.1 How would you describe your use of (state substances or behaviours) right after you finished the Base Camp program?
3.3.2 How would you describe your use of (state substances or behaviours) now?
3.3.3 *If there have been changes in use* – What parts of Base Camp do you think caused these changes in use?
3.3.4 Have you attended other programs since Base Camp? *If yes*:
3.3.4.1 How many programs did you attend?
3.3.4.2 What were the names of these programs?
3.3.4.3 What was your experience with these programs?
3.3.4.2 How did your involvement in these programs affect your use of (state substances or behaviours)?

3.4 Research Question #2 – Is awareness of clients' strengths raised through adventure therapy, therapeutic relationships, and/or family involvement?
3.4.1 What would you have listed as your strengths before you came to Base Camp?
3.4.2 What would you list as your strengths now?
3.4.3 How did camp rituals (e.g. solo retreats, welcoming fire) help you understand what your strengths are?
3.4.4 How did living at camp, help you understand what your strengths are?
3.4.5 How would you use your strengths when doing joint tasks (e.g. making meals, chopping wood)?
3.4.6 How would you use your strengths during:
3.4.6.1 wilderness trips?
3.4.6.2 daily experiential sessions?
3.4.7 How would you use your strengths during:
3.4.7.1 the Family Matters Experience?
3.4.7.2 family therapy sessions?
3.4.7.3 home visits?
3.4.8 How did Base Camp staff help you to learn about your strengths?
3.4.9 What did you think of Base Camp staff?
3.4.10 How did you and Base Camp staff work together to create and meet your goals?
3.4.11 How did Base Camp staff explain tasks to you? (Prompts: Was it easy to understand? Did you understand why you were doing it?)

3.5 Research Question #5 – How does the program promote positive family relationships?
3.5.1 Please tell me about your relationship with family members before you came to Base Camp.
3.5.2 How would you describe your relationship with your family members now?
3.5.3 *If changes in relationship* – What parts of Base Camp do you think have helped in creating these changes?

Section 4 – Closing Question.

4.1 If you could make any changes to Base Camp, what would these be?

2) Interview Question Set – Base Camp Staff (General)

Section 1 - Demographics.

1.1 (Provide interviewee with a form that uses five-year increments to identify age categories. For example an interviewee who is forty-two would identify with the age group of forty to forty-five.) Please review this form and check the age category that applies to you.
1.2 Observed Gender: M ☐ F ☐
1.3 (a) How long have you been employed with Enviros? (b) How long have you been employed specifically with the Base Camp program?
1.4 (a) What is your current position at Base Camp? (b) Have you held any other positions in the Base Camp program?
1.5 What education and training do you have that relate to your current and past positions within Base Camp?
1.6 Before your employment with Enviros did you have any experience within the fields of:
    1.6.1 addiction services?
    1.6.2 residential treatment?
    1.6.3 adventure therapy or experiential education?
1.7 Before your employment with Enviros did you have any experience working with:
    1.7.1 adolescents?
    1.7.2 adolescents with addictions?
    1.7.3 families?
1. 8 *If applicable:* (a) What qualifications do you have for being a primary or secondary trip leader on wilderness trips? (b) What experience do you have leading wilderness trips?
1.9 What staff training do you receive as a Base Camp employee?
1.10 (a) How frequently do you receive supervision while at camp? (b) What does this supervision involve (e.g. case consult, observation of activities).

Section 2 – Opening Question.

2.1 How would you describe your role within the Base Camp program?

Section 3 –Key Processes & Proximate Outcomes.

3.1 Research Question #4 – Are clients living a healthy, substance-free life while at camp?
    3.1.1 What do you do to ensure that clients are not using substances while at camp?
    3.1.2 (a) What occurs if a client is found using substances? (b) What is the prevalence of this?
    3.1.2 What aspects of Base Camp do you think contribute to a healthy living environment for clients?

3.1.3 What aspects of Base Camp do you think contribute to clients' reduction of substance use?
3.1.4 What, if any, affects does Base Camp have on clients':
3.1.4.1 intrapersonal distress? (e.g. anxiety, depression).
3.1.4.2 somatic complaints? (e.g. headaches, stomachaches).
3.1.4.3 interpersonal relations? (e.g. arguing, communication).
3.1.4.4 social problems? (e.g. aggressive behaviours).
3.1.4.5 behavioural dysfunction? (e.g. handling of stressful situations, hyperactivity).

3.2 Research Question #3 – (a) Are clients (youth and families) able to share their experience of the impact of substance misuse on their lives? (b) What facilitated clients in sharing their experiences?
3.2.1 (a) How does using adventure therapy enable clients to share the impact of substance misuse on their lives? (b) How does using adventure therapy enable family members to share the impact of substance misuse on their lives?
3.2.2 (a) How does using your therapeutic relationship with clients enable them to share the impact of substance misuse on their lives? (b) How does using your therapeutic relationship with family members enable them to share the impact of substance misuse on their lives?
3.2.3 (a) How does the use of camp rituals enable clients to share the impact of substance misuse on their lives? (b) How does the use of camp rituals help family members to share the impact of substance misuse on their lives?
3.2.4 (a) How does living in an isolated community help clients share the impact of substance misuse on their lives? (b) How does the use of living in an isolated community help clients' family members share the impact of substance misuse on their lives?
3.2.5 (a) How does the use of joint tasks help clients to share the impact of substance misuse on their lives? (b) How does the use of joint tasks help family members to share the impact of substance misuse on their lives?
3.2.6 (a) How does the use of family programming help clients to share the impact of substance misuse on their lives? (b) How does the use of family programming help family members to share the impact of substance misuse on their lives?
3.2.7 How does the use of residential care and daily living components help clients to share the impact of substance misuse on their lives?
3.2.8 What other aspects of the Base Camp Program assisted in facilitating clients and their family members in sharing their experiences of the impact of substance misuse on their lives?

3.3 Research Question #2 – Is awareness of strengths raised through adventure therapy, therapeutic relationships, and/or family involvement?
3.3.1 How does using adventure therapy raise clients' awareness of their strengths?

3.3.2 How does using your therapeutic relationship with clients raise their awareness of strengths?
3.3.3 How does using camp rituals raise clients' awareness of their strengths?
3.3.4 How does daily living in an isolated, residential care facility raise awareness of clients' strengths?
3.3.5 How does family programming raise awareness of clients' strengths?

3.4 Research Question #5 – How does the program promote positive family relationships?

3.4.1 How would you describe clients' family relationships at the beginning of treatment?
3.4.2 How would you describe family relationships after the Family Matters Experience?
3.4.3 How would you describe family relationships when clients are discharged?
3.4.4 What, if any, changes occurred in families' problem solving abilities throughout treatment?
3.4.5 What, if any, changes occurred in families' communication skills throughout treatment?
3.4.6 What, if any, changes occurred in family members' roles throughout treatment?
3.4.7 What, if any, changes occurred in families' emotional responses towards each other throughout treatment?
3.4.8 What level of involvement do families tend to express towards each other throughout treatment?
3.4.9 What patterns did families develop for meeting and expressing their psychobiological needs? (i.e. drinking, sleep, eating)
3.4.10 (a) What patterns did families develop for interpersonal socializing? (b) What patterns did families develop for interpersonal socialization with non-family members?
3.4.11 What patterns did families developed for responding to activities with perceived risk?
3.4.12 What aspects of family programming do you think create positive family relationships?

3.5 Research Question #1(b) – Is the program theory consistent with the theory and principles of adventure therapy?

3.5.1 How do youth and families become participants rather than spectators in treatment?
3.5.2 What, if any, differences are there in clients' motivation between intake and discharge?
3.5.3 Please provide me with an example of how, during experiential activities, natural consequences are used in the therapeutic process.
3.5.4 How is debriefing and reflection conducted after experiential activities?

3.5.5 How and when do you use metaphoric processing with clients?
3.5.6 How are unfamiliar environments (i.e. camp, wilderness) used in treatment?
3.5.7 (a) How are events sequenced during experiential activities? (b) When is a "peak experience" reached?
3.5.8 (a) How are real risks managed during experiential activities? (b) Are perceived risks created for clients? (c) If so, what is the purpose of these perceived risks?
3.5.9 How do clients respond to experiential activities (i.e. do they find them enjoyable? Are they engaged in them?)
3.5.10 (a) Is a "challenge by choice" philosophy used in treatment? (b) Can you provide me an example of when this is used?

Section 4 – Closing Questions.

4.1 Do you think this form of treatment is effective for the target population? Why?
4.2 What are some challenges you have faced while implementing treatment interventions?
4.3. What are some successes you have had while implementing these treatment interventions?
4.4 If you could improve any aspects of Base Camp what would they be? How would you make these improvements?

Fidelity Checklist – Adventure Therapy

Checkmark	Outcomes and Related Literature
	Clients are participants rather than spectators in their treatment (Gass, 1993b; Neill, 2004).
	Clients are motivated to participate in treatment (Gass, 1993b).
	Natural consequences are used to enhance the therapeutic process (Gass, 1993b; Neill, 2004).
	Metaphoric processing is used (Neill, 2004; Gass, 1997, as cited in Burg, 2001).
	Sessions are debriefed and reflected upon (Gass, 1993b; Neill, 2004).
	Unfamiliar environment is used to enhance the therapeutic process (Neill, 2004).
	Events are sequenced (Neill, 2004).
	Peak experience is reached where clients can demonstrate changes (Neill, 2004).
	Sessions are designed to create perceived risk, which leads to eustress (Neill, 2004).
	Activities are enjoyable for clients and increase engagement (Neill, 2004).
	A "challenge by choice" philosophy is used (Neill, 2004).

Fidelity Checklist – Program Logic Model

Checkmark	Outcomes and Related Interview Questions
	Youth are developing skills and abilities to reduce or eliminate the use of substances in their lives (Interview Questions 3.2; 3.3; 3.4).
	Youth are building supportive relationships while developing skills and abilities to be abstinent or reduce their use of substances (Interview Questions 3.2; 3.3.2; 3.3.5; 3.4).
	Youth are living in a substance free environment (Interview Questions 3.1).

	Clients are aware of their strengths (Interview Questions 3.3).
	Clients are able to share experiences of the impacts of addiction on their lives (Interview Questions 3.2).
	Clients are living healthier lives with positive family relationships (Interview Questions 3.1.2; 3.1.4; 3.4).
	Youth are reducing the use of substances in their lives (Interview Questions 3.1.3).
	Clients have an increased ability to make positive choices (Interview Questions 3.1.4; 3.4.4).
	Change is occurring through the therapeutic alliance (Interview Questions 3.2.2; 3.3.2).
	Change is occurring through experiential programming (Interview Questions 3.2.1; 3.1.3; 3.3.1; 3.4.2; 3.4.9; 3.5).
	Change is occurring through involvement of youths' families (Interview Questions 3.1.3; 3.2.6; 3.3.5; 3.4).

3) Interview Question Set – Base Camp Family Therapist

Section 1 - Demographics.

1.1 (Provide interviewee with a form that uses five-year increments to identify age categories. For example an interviewee who is forty-two would identify with the age group of forty to forty-five.) Please review this form and check the age category that applies to you.
1.3 Observed Gender: M ☐ F ☐
1.4 How long have you been a therapist at Enviros/Base Camp?
1.5 Have you held any other positions at Enviros or Base Camp, besides that of a therapist? *If so*:
- 1.5.1 what was your position title?
- 1.5.2 how long were you in each of these positions?

1.6 What education and training do you have that relate to your current position as Base Camp's family therapist?
1.7 Prior to your involvement with Base Camp, what experience did you have working within the fields of:
- 1.7.1 addiction services?
- 1.7.2 residential treatment?
- 1.7.3 adventure therapy/experiential education?
- 1.7.4 family therapy?

1.8 Prior to your involvement with Base Camp, what experience did you have working with adolescent substance abusers and their families?

Section 2 – Opening Question.

2.1 How would you describe your role within the Base Camp program?
2.2 What therapeutic orientations do you use in your practice?
2.3 How do you tailor therapy sessions to fit a client's needs and goals?
2.4 (a) How do you sequence activities during an intervention? (b) How do you sequence activities during clients' treatment as a whole?
2.5 Please describe a typical:
- 2.5.1 individual session
- 2.5.2 group session
- 2.5.3 family session
- 2.5.4 adventure therapy session.

2.6 (a) How frequently do you join wilderness trips? (b) How would you describe your involvement while on these trips?

Section 3 –Key Processes & Proximate Outcomes.

3.1 Research Question #4 – Are clients living a healthy, substance-free life while at camp?
- 3.1.1 What involvement do you have if a client is found using substances while at camp?

3.1.2 What aspects of Base Camp do you think contribute to a healthy living environment for clients?
3.1.3 What aspects of Base Camp do you think contribute to clients' reduction in substance use?
3.1.4 What, if any, affects does Base Camp have on clients':
3.1.4.1 intrapersonal distress? (e.g. anxiety, depression).
3.1.4.2 somatic complaints? (e.g. headaches, stomachaches).
3.1.4.3 interpersonal relations? (e.g. arguing, communication).
3.1.4.4 social problems? (e.g. aggressive behaviours).
3.1.4.5 behavioural dysfunction? (e.g. handling of stressful situations, hyperactivity).

3.2 Research Question #3 – (a) Are clients (youth and families) able to share their experience of the impact of substance misuse on their lives? (b) What facilitated clients in sharing their experiences?
3.2.1 (a) How do you use adventure therapy to enable clients to share the impact of substance misuse on their lives? (b) How do you use adventure therapy to enable family members to share the impact of substance misuse on their lives?
3.2.2 (a) How does using your therapeutic relationship with clients enable them to share the impact of substance misuse on their lives? (b) How does using your therapeutic relationship with family members enable them to share the impact of substance misuse on their lives?
3.2.3 (a) How does the use of camp rituals help clients to share the impact of substance misuse on their lives? (b) How does the use of camp rituals enable family members to share the impact of substance misuse on their lives?
3.2.4 (a) How does living in an isolated community help clients to share the impact of substance misuse on their lives? (b) How does the use of community help family members to share the impact of substance misuse on their lives?
3.2.5 (a) How does the use of joint tasks help clients to share the impact of substance misuse on their lives? (b) How does the use of joint tasks help family members to share the impact of substance misuse on their lives?
3.2.6 (a) How does the use of family programming help clients to share the impact of substance misuse on their lives? (b) How does the use of family programming help family members to share the impact of substance misuse on their lives?
3.2.7 How does the use of residential care and daily living components help clients to share the impact of substance misuse on their lives?
3.2.8 What other aspects of the Base Camp program assisted in facilitating clients and their family members in sharing their experiences of the impact of substance misuse on their lives?

3.3 Research Question #2 – Is awareness of strengths raised through adventure therapy, therapeutic relationships, and/or family involvement?

3.3.1 How does using adventure therapy raise clients' awareness of their strengths?
3.3.2 How does using your therapeutic relationship with clients raise awareness of their strengths?
3.3.3 How does using camp rituals raise clients' awareness of their strengths?

3.3.4 How does daily living in an isolated, residential care facility raise awareness of clients' strengths?
3.3.5 How does family programming raise awareness of clients' strengths?
3.3.6 How does family therapy raise awareness of clients' and families' strengths?

3.4 Research Question #5 – How does the program promote positive family relationships?

3.4.1 How would you describe clients' family relationships at the beginning of treatment?
3.4.2 How would you describe family relationships after the Family Matters Experience?
3.4.3 How would you describe family relationships when clients are discharged?
3.4.4 What, if any, changes occurred in families' problem solving abilities throughout treatment?
3.4.5 What, if any, changes occurred in families' communication skills throughout treatment?
3.4.6 What, if any, changes occurred in family members' roles throughout treatment?
3.4.7 What, if any, changes occurred in families' emotional responses towards each other throughout treatment?
3.4.8 What level of involvement do families tend to express towards each other throughout treatment?
3.4.9 What patterns did families develop for meeting and expressing their psychobiological needs? (i.e. drinking, sleep, eating)
3.4.10 (a) What patterns did families develop for interpersonal socializing? (b) What patterns did families develop for interpersonal socialization with non-family members?
3.4.11 What patterns did families developed for responding to activities with perceived risk?
3.4.12 What aspects of family programming do you think create positive family relationships?

3.5 Research Question #1(b) – Is the program theory consistent with the theory and principles of adventure therapy?

3.5.1 How do youth and families become participants rather than spectators in treatment?
3.5.2 What, if any, differences are there in clients' motivation between

intake and discharge?
3.5.3 Please provide me with an example of how, during experiential activities, natural consequences are used in the therapeutic process.
3.5.4 How is debriefing and reflection conducted after experiential activities?
3.5.5 How and when do you use metaphoric processing with clients?
3.5.6 How are unfamiliar environments (i.e. camp, wilderness) used in treatment?
3.5.7 (a) How are events sequenced during experiential activities? (b) When is a "peak experience" reached?
3.5.8 (a) How are real risks managed during experiential activities? (b) Are perceived risks created for clients? (c) If so, what is the purpose of these perceived risks?
3.5.9 How do clients respond to experiential activities (i.e. do they find them enjoyable? Are they engaged in them?)
3.5.10 (a) Is a "challenge by choice" philosophy used in treatment? (b) Can you provide me an example of when this is used?

Section 4 – Closing Questions.

4.1 (a) Do you think the Base Camp program as a whole is effective for the target population? (b) Why?
4.2 (a) Do you think that the use of adventure therapy in this program is effective for the target population? (b) Why?
4.3 What are some challenges you have faced while implementing treatment interventions?
4.4. What are some successes you have had while implementing these treatment interventions?
4.5 What challenges have you encountered as a therapist working in this setting?
4.6 (a) If you could improve any aspects of Base Camp what would they be? (b) How would you make these improvements?

Fidelity Checklist – Adventure Therapy

Checkmark	Outcomes and Related Literature
	Clients are participants rather than spectators in their treatment (Gass, 1933b; Neill, 2004).
	Clients are motivated to participate in treatment (Gass, 1993b).
	Natural consequences are used to enhance the therapeutic process (Gass 1993b; Neill, 2004).
	Metaphoric processing is used (Neill, 2004; Gass, 1997, as cited in Burg, 2001).
	Sessions are debriefed and reflected upon (Gass, 1993b; Neill, 2004).
	Unfamiliar environment is used to enhance the therapeutic process (Neill, 2004).
	Events are sequenced (Neill, 2004).
	Peak experience is reached where clients can demonstrate changes (Neill, 2004).
	Sessions are designed to create perceived risk, which leads to eustress (Neill, 2004).
	Activities are enjoyable for clients and increase engagement (Neill, 2004).
	A "challenge by choice" philosophy is used (Neill, 2004).

Fidelity Checklist – Program Logic Model

Checkmark	Outcomes and Related Interview Questions
	Youth are developing skills and abilities to reduce or eliminate the use of substances in their lives (Interview Questions 3.2; 3.3; 3.4).
	Youth are building supportive relationships while developing skills and abilities to be abstinent or reduce their use of substances (Interview Questions 3.2; 3.3.2; 3.3.5; 3.4).
	Youth are living in a substance free environment (Interview Questions 3.1).
	Clients are aware of their strengths (Interview Questions 3.3).
	Clients are able to share experiences of the impacts of addiction on their lives (Interview Questions 3.2).
	Clients are living healthier lives with positive family relationships (Interview Questions 3.1.2; 3.1.4; 3.4).
	Youth are reducing the use of substances in their lives (Interview Questions 3.1.3).
	Clients have an increased ability to make positive choices (Interview Questions 3.1.4; 3.4.4).
	Change is occurring through the therapeutic alliance (Interview Questions 3.2.2; 3.3.2).
	Change is occurring through experiential programming (Interview Questions 3.2.1; 3.1.3; 3.3.1; 3.4.2; 3.4.9; 3.5).
	Change is occurring through involvement of youths' families (Interview Questions 3.1.3; 3.2.6; 3.3.5; 3.4).

4) Interview Question Set – Base Camp Teachers

Section 1 - Demographics.

1.1 (Provide interviewee with a form that uses five-year increments to identify age categories. For example an interviewee who is forty-two would identify with the age group of forty to forty-five.) Please review this form and check the age category that applies to you.
1.3 Observed Gender: M ☐ F ☐
1.4 How long have you been a teacher at Enviros/Base Camp?
1.5 Have you held any other positions at Enviros or Base Camp, besides that of a teacher? *If so*:
- 1.5.1 what was your position title?
- 1.5.2 how long were you in each of these positions?

1.6 What education and training do you have that relate to your current position as an educator at Base Camp?
1.7 Prior to your involvement with Base Camp, what experience did you have working within the fields of:
- 1.7.1 addiction services?
- 1.7.2 residential treatment?
- 1.7.3 adventure therapy or experiential education?

1.8 Prior to your involvement with Base Camp, what experience did you have working with:
- 1.8.1 adolescents?
- 1.8.2 adolescents struggling with substance misuse?

Section 2 – Opening Questions.

2.1 How would you describe your role within the Base Camp program?
2.2 How has your experience teaching at Base Camp differed from other locations at which you have taught?

Section 3 –Key Processes & Proximate Outcomes.

3.1 Research Question #4 – Are clients living a healthy, substance-free life while at camp?

3.1.1 What involvement do you have if a client is found using substances while at camp?
3.1.2 What aspects of Base Camp do you think contribute to a healthy living environment for clients?
3.1.3 What aspects of Base Camp do you think contribute to clients' reduction in substance use?

3.2 Research Question #3 – (a) Are clients (youth and families) able to share their experience of the impact of substance misuse on their lives? (b) What facilitated clients in sharing their experiences?

3.2.1 How are clients able to share about the impact of substance misuse on their lives through academic learning?

3.2.4 How does the use of an isolated community help clients to share the impact of substance misuse on their lives?

3.2.7 How does the use of residential care and daily living components help clients to share the impact of substance misuse on their lives?

Section 4 – Closing Questions.

4.1 How would you describe the connection between academic learning and the rest of the Base Camp program?
4.2 Do you think the Base Camp program is effective for the target population? Why?
4.3 What are some challenges you have faced as a teacher in this setting?
4.4 What are some successes you had had as a teacher in this setting?
4.5 If you could improve any aspects of Base Camp what would they be? How would you make these improvements?

5) Interview Question Set – Clients' Family Members (Over 18-years-of-age)

Section 1 - Demographics.

1.1 What is your family member's name that is/was involved in Base Camp?
1.3 How old is he/she?
1.3 What is your relationship (e.g. mother, father, sibling) to him/her?
1.4 Is he/she currently in the Base Camp program or has he/she graduated from it?
- 1.4.1 *If graduated*:
  - 1.4.1.1 How long was he/she a participant in the program?
  - 1.4.1.2 When was his/her last contact with Base Camp?
  - 1.4.1.3 What did this contact involve?
  - 1.4.1.4 Is he/she currently residing with you?
- 1.4.2 *If currently in the program* – How long has he/she been a participant at Base Camp?

1.5 *If currently in program* – Has he/she been to other treatment programs prior to attending Base Camp?
1.6 *If he/she has graduated from the program* – Has he/she attended other treatments since Base Camp?
1.7 What contact did you have with he/she while they were in the program?

Section 2 – Opening Questions.

2.1 How do you feel about your family member's involvement in Base Camp?
2.2 (a) What is a memory from your involvement with his/her treatment that stands out the most in your mind? (b) Why does it stand out?

Section 3 –Key Processes & Proximate Outcomes.

3.1 Research Question #4 – Are clients living a healthy, substance-free life while at camp?
- 3.1.1 What addiction (e.g. alcohol, cigarettes, marijuana, gambling) did your family member have when they decided to attend Base Camp?
- 3.1.2 How would you describe his/her use of (state substances or behaviours) before the program?
- 3.1.3 How would you describe his/her use of (state substances or behaviours) while involved with Base Camp?
- 3.1.4 I*f there have been changes in use* – What aspects of Base Camp do you think assisted in these changes?
- 3.1.5 What did program staff do to help your family member live in a substance-free place while at camp?

3.2 Research Question #3 – (a) Are clients (youth and families) able to share their experience of the impact of substance misuse on their lives? (b) What facilitated clients in sharing their experiences?
- 3.2.1 What impact did your family member's addiction have on your life

before they went to Base Camp?
3.2.2 Does your family member's addiction have an impact on your life now?
3.2.3 Did you learn about the impact of using (state substances or behaviours) on your family member's life through his/her sharing during a Base Camp treatment session?
3.2.4 What aspects of Base Camp allowed you and your family member to share these experiences with each other?

3.3 *If graduated from the program*: Research Question #8 – Upon completion of the program and for up to three months afterwards, is there a reduction in clients' use of an addictive behaviour or substance?
3.3.1 How would you describe your family member's addiction immediately after he/she finished the Base Camp program?
3.3.2 How would you describe your family member's addiction right now?

3.4 Research Question #5 – How does the program promote positive family relationships?
3.4.1 (a) How often did you participate in your family member's treatment while they were in the program (e.g. attended Family Matters Experience, went on wilderness trip)? (b) What programming did you participate in?
3.4.2 How would you describe the relationships between you and your family member before he/she participated in Base Camp?
3.4.2 How would you describe the relationship between you and your family member now?
3.4.3 What aspects of Base Camp do you think have helped you and your family member to create a better relationship?
3.4.4 (a) What is your opinion of the adventure therapy aspects of the program (i.e. wilderness trips, experiential activities, presence in wilderness environment)? (b) How did these aspects affect your family relationships?

Section 4 – Closing Questions

4.1 (a) Do you think Base Camp was an effective treatment for your family member? (b) Why?
4.2 If you could make any changes to Base Camp, what would these be?

6) Interview Question Set – Clients' Family Members (Under 18-years-of-age)

Section 1 - Demographics.

1.1 How old are you?
1.2 What is the name of your family member who is/was involved with Base Camp?
1.3 How are you related to this family member (e.g. brother, sister)?
1.4 How old is your family member?
1.5 Where is he/she living? (e.g. with you? at Base Camp?)
1.6 When did you see or talk to him/her while they were at Base Camp?

Section 2 – Opening Questions.

2.1 What is one activity you remember doing with your family member while he/she was at Base Camp?

Section 3 –Key Processes & Proximate Outcomes.

3.1 Research Question #3 – (a) Are clients (youth and families) able to share their experience of the impact of substance misuse on their lives? (b) What facilitated clients in sharing their experiences?

- 3.2.1 Why do you think your family member was at Base Camp?
- 3.2.2 How did/do you feel about your family member going to Base Camp?
- 3.2.3 How do you feel about your family member being in Base Camp now?
- 3.2.4 Were you able to tell your family members about these feelings? *If so*:
  - 3.2.4.1 when were you able to do this?
  - 3.2.4.2 what made you feel comfortable with sharing this?
- 3.2.5 (a) Do you know how your family member felt about being involved in Base Camp? (b) When did you learn about these feelings?

3.3 *If graduated from the program*: Research Question #8 – Upon completion of the program and for up to three months afterwards, is there a reduction in clients' use of an addictive behaviour or substance?

- 3.3.1 *If applicable* – How do you feel about your family member living with you now?
- 3.3.2 How, if at all, has your family member changed since finishing at Camp Base?

3.4 Research Question #5 – How does the program promote positive family relationships?

- 3.4.1 How often did you visit Base Camp?

3.4.2 How often did you speak with your family member while they were at Base Camp?
3.4.3 How often did your family member visit you at home while he/she was at Base Camp?
3.4.2 What activities did you do with your family member while they were at Base Camp?
3.4.3 How would you describe your relationship with your family member:
- 3.4.3.1 before he/she started Base Camp?
- 3.4.3.2 while he/she was at Base Camp
- 3.4.3.3 *if applicable* – after he/she was finished at Base Camp?
- 3.4.3.4 *if applicable* – right now?

3.4.4 *If there have been changes in the relationship* – What do you think caused your relationship to change:
- 3.4.4.1 while he/she was at Base Camp?
- 3.4.4.2 *if applicable* – when he/she was finished Base Camp?
- 3.4.4.3 *if applicable* – right now?

3.4.5 *If there have been changes in the relationship* – How do you think doing activities (e.g. canoeing, hiking, rock climbing) with your family member helped in making these changes?

Section 4 – Closing Questions

4.1 (a) Do you think that Base Camp helped your family member? (b) How?
4.2 If you could make any changes to Base Camp, what would these be?

Appendix L – Checklists for Direct Observations

1) Day of Programming Checklist

Schedule (Intervention/Task)	Completed
7:30am Wake Up -Staff member assigned will wake up youth.	
7:45-8:00am Shower Supervision -Staff member assigned -Youth go to showerhouse	☐ ☐
8:00am-8:30am Breakfast & Check In -Quote -Respectful conversation -Table manners -Staff assigned to check-in develops a question and facilitates discussion	☐ ☐ ☐ ☐
8:45-9:00am Morning Exercise -Assigned staff plans and facilitates a physical activity -Youth would participate in activity	☐ ☐
Shift Exchange -Outgoing staff would provide incoming staff with an update on clients, facility, and tasks that needed to be completed.	
8:30-8:45am Chores -Staff would supervise youth and assist them with chores -Youth would complete chores	☐ ☐
9:00-10:30am School -Teachers would provide material for youth to study and supervise them -Teachers would be accommodating of youths' needs -Youth would complete the work assigned to them.	☐ ☐ ☐
9:00-10:30am	

Ten Day Intake Schedule -Assigned staff to plan treatment session on theme: S.M.A.R.T. Goals -Assigned staff to facilitate session -Youth would participate	
10:30am Snack -Staff assigned would make snack and supervise youth.	
10:45am-12:00pm Group -Assigned staff to plan treatment session on theme: Building Community and Family -Assigned staff to facilitate session -Youth would participate	
12:00pm Lunch -Quote -Respectful conversation -Table manners	
1:00-2:00pm Rec. -Teachers will plan and facilitate a physical activity for youth -Youth will participate in this activity.	
2:00-3:00pm School -Teachers would provide material for youth to study and supervise them -Teachers would be accommodating of youths' needs -Youth would complete the work assigned to them.	
3:00-3:15pm Snack -Staff assigned would make snack and supervise youth.	
3:15-4:30pm Group	

-Assigned staff to plan treatment session on theme: Building Community and Family -Assigned staff to facilitate session -Youth would participate	
4:30-5:00pm Reflection time -Assigned staff to develop a question for youth to reflect on. -Youth to find spots to spend time by themselves reflecting on the question.	
5:00-6:00pm Free time -Assigned staff to supervise youth. -Youth will pick an activity. -Assigned staff will provide assistance if required for the activity	
6:00-6:45pm Dinner -Quote -Respectful conversation -Table manners	
6:45-7:30pm Chores -Staff would supervise youth and assist them with chores -Youth would complete chores	
8:00-9:15pm Fish Heads & Flowers- -Youth write down problems and solutions. -Staff review these and set agenda for meeting -Issue is discussed in community meeting. -Staff follow up if needed. -Youth and staff share nice and supportive things about each other. -Youth and staff speak only when they are holding the talking stick.	
8:30pm Check out -Staff assigned to check-	

out develops a question and facilitates discussion	
9:00pm Snack -Staff assigned would make snack and supervise youth.	
9:30-10:30pm Cabins -Staff escort youth to their cabins.	
Total Score	

2) Passage Day Checklis

Schedule (Intervention/Task)	**Completed**
7:30am Wake Up -Staff member assigned will wake up youth.	
8:00am-8:30am Breakfast & Check In -Quote -Respectful conversation -Table manners -Staff assigned to check-in develops a question and facilitates discussion	☐ ☐ ☐ ☐
9:00am Community tasks -Staff would supervise youth and assist them with chores -Youth would complete chores	☐ ☐
11:30am Lunch -Quote -Respectful conversation -Table manners	☐ ☐ ☐
12:30pm Fire -Sharing by staff -Sharing by families -Sharing by clients -Presentation of rocks	☐ ☐ ☐ ☐
2:00pm Cake	
2:00pm Swing -Clients and families participate in high ropes initiative. -Staff facilitate	☐ ☐
Total Score	

3) Wilderness Trip Checklist

Schedule (Intervention/Task)	**Completed**
Check of conditions -Staff facilitating trip check weather prior to leaving -Staff prepare clients for weather conditions.	☐ ☐
Frontload real risks and plan -Staff inform clients of risks and the plan for managing these prior to leaving on the trip	
Clothing preparation -Staff ensure that clients have packed appropriate clothing for activity and weather	
Intro to tripping -Staff provide information to clients on hiking, camping, clothing.	
Intro to Leave No Trace -Staff inform clients about the seven principles of Leave No Trace.	
Intro to map and compass -Staff instruct clients on use of map and compass -Clients have opportunity to practice	☐ ☐
Group theme: Relationships -Discussion, facilitated by staff, on how we impact our environment (i.e. family and wilderness).	
Goals/Life maps -Clients complete life maps and review with staff. -Learning is connected to map and compass introduction.	☐ ☐
Hiking -Complete a two day hike	
Camping	

-Camp in the wilderness for one night	
Total Score	

Appendix M – Fidelity Checklists for Direct Observations

1) Fidelity Checklist for Adventure Therapy

Checkmark	Outcomes and Related Literature
	Clients are participants rather than spectators in their treatment (Gass, 1933b; Neill, 2004).
	Clients are motivated to participate in treatment (Gass, 1993b).
	Natural consequences are used to enhance the therapeutic process (Gass 1993b; Neill, 2004).
	Metaphoric processing is used (Neill, 2004; Gass, 1997, as cited in Burg, 2001).
	Sessions are debriefed and reflected upon (Gass, 1993b; Neill, 2004).
	Unfamiliar environment is used to enhance the therapeutic process (Neill, 2004).
	Events are sequenced (Neill, 2004).
	Peak experience is reached where clients can demonstrate changes (Neill, 2004).
	Sessions are designed to create perceived risk, which leads to eustress (Neill, 2004).
	Activities are enjoyable for clients and increase engagement (Neill, 2004).
	A "challenge by choice" philosophy is used (Neill, 2004).

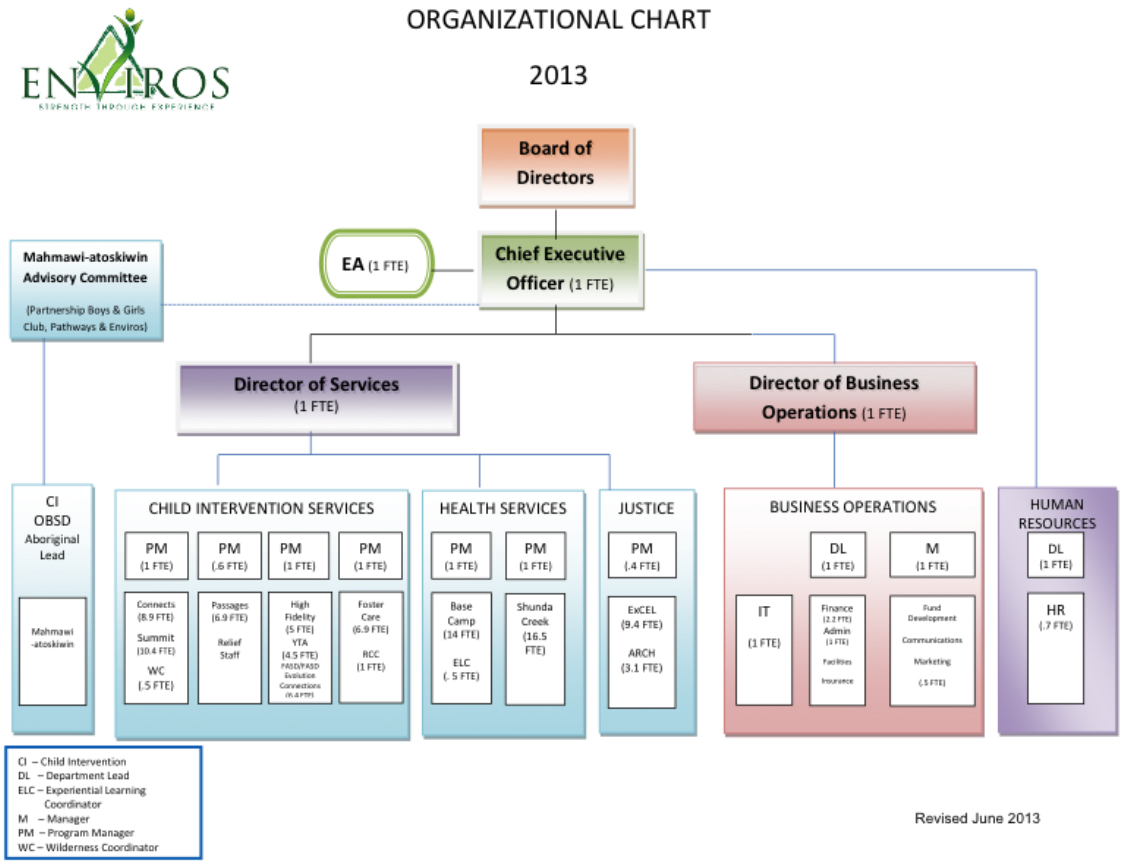
2) Fidelity Checklist for Community and Therapeutic Relationships

Checkmark	Outcomes
	Youth are building supportive relationships while developing skills and abilities to be abstinent or reduce their use of substances.
	Youth are developing skills and abilities to reduce or eliminate the use of substances in their lives.
	Youth are living in a substance free environment.
	Clients are aware of their strengths.
	Clients are able to share experiences of the impacts of addiction on their lives.
	Clients have an increased ability to make positive choices.
	Change is occurring through the therapeutic alliance.
	Change is occurring through experiential programming.

3) Fidelity Check for Family Involvement

Family Involvement	
Checkmark	Outcome
	Youth are building supportive relationships while developing skills and abilities to be abstinent or reduce their use of substances.
	Youth are developing skills and abilities to reduce or eliminate the use of substance in their lives.
	Clients are aware of their strengths.
	Clients are able to share experiences of the impacts of addiction on their lives.
	Clients have an increased ability to make positive choices.
	Clients are living healthier lives with positive family relationships.
	Change is occurring through the therapeutic alliance.
	Change is occurring through experiential programming.
	Change is occurring through involvement of youths' families

Appendix N – Organization Chart



(Enviros Wilderness School Association, 2013a, Appendix 4).

Appendix O – *t*-test Results

t-tests results for comparison of intake youth with youth who stayed

Variable	*t*-score	df	*p*-value
Family	.423	91	.673
Peer	-2.420	91	.018
Learning	.152	91	.879
School	.120	91	.881
Community	.120	61	.905
Cultural	.330	61	.743
Self-Control	-.049	91	.961
Empowerment	.278	91	.782
Self-Concept	-.055	91	.956
Social	-.660	91	.511
Cognitive	-.492	61	.625
Attention	-.444	01	.658
Non-Constructive	.142	61	.887
Interpersonal	.085	91	.932
Psychological	.019	91	.985
Self-Actualization	-.348	61	.729
Satisfaction	-.042	28	.967
At-Risk	1.449	91	.151
Pro-social	-.585	91	.560

Appendix P – Results of Kolmigrov-Smirnov Tests

Kolmigrov-Smirnov (K-S) test results depicting normalcy

Variable	*p-value*
Family (pre)	.947
Family (post)	.925
Peer (pre)	.476
Peer (post)	.759
Learning (pre)	.666
Learning (post)	.703
School (pre)	.510
School (post)	.646
Community (pre)	.870
Community (post)	.557
Cultural (pre)	.555
Cultural (post)	.775
Self-Control (pre)	.752
Self-Control (post)	.820
Empowerment (pre)	1.033
Empowerment (post)	1.310
Self-Concept (pre)	.838
Self-Concept (post)	1.495
Social (pre)	.595
Social (post)	.853
Cognitive (pre)	1.019
Cognitive (post)	1.006
Attention (pre)	.766
Attention (post)	.620
Non-Constructive (pre)	.799
Non-Con structive (post)	.709
Interpersonal (pre)	.607
Interpersonal (post)	1.126
Psychological (pre)	.965
Psychological (post)	.870
Self-Actualization (pre)	.502
Self-Actualization (post)	.742
Satisfaction (pre)	.424
Satisfaction (post)	1.081
At-Risk (pre)	.919

At-Risk (post)	1.044
Pro-social (pre)	.750
Pro-social (post)	.642

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APPROVAL CERTIFICATE

August 20, 2012

TO: **Lynette Nikkel** (Advisor S. Frankel)
Principal Investigator

FROM: **Brian Barth, Interim Chair**
Psychology/Sociology Research Ethics Board (PSREB)

Re: **Protocol #P2012:048**
"Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes"

Please be advised that your above-referenced protocol, as revised, has received human ethics approval by the **Psychology/Sociology Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement (2). This approval has been issued based on your agreement with the change(s) to your original protocol required by the PSREB. It is the researcher's responsibility to comply with any copyright requirements. **This approval is valid for one year only.**

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

- **If you have funds pending human ethics approval, the auditor requires that you submit a copy of this Approval Certificate to the Office of Research Services, fax 261-0325 - please include the name of the funding agency and your UM Project number. This must be faxed before your account can be accessed.**

- **if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.**

The Research Quality Management Office may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba *Ethics of Research Involving Humans*.

The Research Ethics Board requests a final report for your study (available at: http://umanitoba.ca/research/orec/ethics/human_ethics_REB_forms_guidelines.html) **in order to be in compliance with Tri-Council Guidelines.**

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AMENDMENT APPROVAL

October 29, 2012

TO: **Lynette Nikkel**
Principal Investigator

FROM: **Brian Barth, Interim Chair**
Psychology/Sociology Research Ethics Board (PSREB)

Re: **Protocol #P2012:048**
"Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes"

This will acknowledge your request dated October 16, 2012 requesting amendment to the above-noted protocol.

Approval is given for this amendment. Any further changes to the protocol must be reported to the Human Ethics Secretariat in advance of implementation.

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AMENDMENT APPROVAL

December 3, 2012

TO: **Lynette Nikkel**
Principal Investigator

FROM: **Brian Barth, Interim Chair**
Psychology/Sociology Research Ethics Board (PSREB)

Re: **Protocol #P2012:048**
"Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes"

This will acknowledge your request dated November 26, 2012 requesting amendment to the above-noted protocol.

Approval is given for this amendment. Any further changes to the protocol must be reported to the Human Ethics Secretariat in advance of implementation.

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Office of the Vice-President (Research and International)

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AMENDMENT APPROVAL

January 23, 2013

TO: **Lynette Nikkel**
Principal Investigator

FROM: **Brian Barth, Interim Chair** [redacted]
Psychology/Sociology Research Ethics Board (PSREB)

Re: **Protocol #P2012:048**
"Adventure Therapy for Youth with Addictions in Residential Treatment: An Analysis of Program Processes and Proximate Outcomes"

This will acknowledge your request dated January 13, 2013 requesting amendment to the above-noted protocol.

Approval is given for this amendment. Any further changes to the protocol must be reported to the Human Ethics Secretariat in advance of implementation.

Youth Addiction Services
Alberta Health Services

Office: 403-297-4664
Fax: 403-297-4668

November 19, 2012

To whom it may concern:

Lynette Nikkel has permission to conduct research at the Youth Addiction Services Wilderness Residential Program. This is an Alberta Health Services program that is contracted to and delivered by Enviros Wilderness School Association.

Sincerely,

[redacted]

Rick Oliver
Care Manager
Youth Addiction Services
Addiction & Mental Health
1005 - 17 Street NW
Calgary, AB T2N 2E5
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Alberta Health Services