

## **What Changes? Marginalised Young People's Expectations and Experiences of a Therapeutic Adventure in Nature**

Cathryn Carpenter Victoria University  
Fiona Cameron, Jesuit Social Services  
Brenda Cherednichenko, Victoria University  
Mardie Townsend, Deakin University.

### **Abstract**

What changes do marginalised young people desire in their lives that lead them to participate in bush adventure therapy programs? Considering their histories of drug and alcohol misuse, what is their motivation for change and what are they looking for? After experiencing a six week bush adventure therapy program what, if anything, changes?

This paper explores the perceptions of program participants aged 15 – 25 years, over an eight-year period. Case management documents recording individual goals, notes from field and debrief interviews, as well as personal reflections for 149 program participants have been analysed as part of a wider research investigation into how programs might enhance the health and wellbeing of young people. The case study uses descriptive statistics to provide a broad perspective on participants' history and goals.

This research indicates that for these young people, the acquisition of increased self confidence and self management skills gained through active participation in a challenging experience is an important preliminary step before they can contemplate employment or educational opportunities. The complexity of these young people's lives emphasises the need for an integrated socio-ecological approach when working with marginalised young people to effect positive change.

### **Introduction**

The motivation to effect life changes can be a powerful internal force that often needs external support for change to eventuate. In the case of marginalised young people<sup>1</sup> with a history of drug and alcohol abuse, support needs to be provided in a number of ways and at different stages along their journey towards better health and wellbeing. This paper reports on a study examining the experience of a bush adventure therapy program which is available to participants who have already demonstrated a commitment to detoxify their system and address their drug and or alcohol addiction.

The bush adventure therapy program entails a six week commitment to participate in the planning, preparation and undertaking of an 11-12 day self sufficient journey in the bush – either walking, paddling or ski touring. Since the term 'adventure based

---

<sup>1</sup> 'Young people' is the term used through out the paper as the age range – 15 - 25 includes both adolescents and young adults.

counselling' was first used in 1979, different organisations and groups around the world have developed terms that indicate the specific emphasis of their work – wilderness adventure therapy, wilderness therapy, adventure therapy, and adventure based counselling and now the emerging Australian term bush adventure therapy. Bush adventure therapy programs incorporate the key elements of small groups of young people, sharing a challenging journey within a natural bush environment.

Program documentation for 26 programs, including case notes and interviews with 149 participants has been examined in an attempt to enhance our understanding of bush adventure therapy and its role in young people's lives. Within a constructivist paradigm, the research questions focused on two main domains. Firstly: What are the health and wellbeing risk factors of participants applying for the program? Secondly: What are their individual goals? What goals are achieved? And what are the goals identified post program?

### **Sociological concept of youth**

White and Wyn have argued "that the conceptualisation of youth needs to be uncoupled from deterministic frameworks of youth development" and "that a sociological approach to the concept of youth provides a basis for understanding how the life stages of childhood, youth and adulthood are simultaneously constructed and shaped by institutional processes and social structures and by individuals and groups" (White & Wyn, 2004, p. viii). Understanding the agency of each young person to shape aspects of their lives is important. However, greater clarity around youth issues comes from having an understanding of both the developmental stages, as well as the broader sociological theories around structure and agency<sup>2</sup>. Marginalised young people are usually dealing with the consequences of a lack of suitable accommodation or employment, interrupted schooling and dysfunctional family histories as well as their current concerns around their drug and alcohol misuse.

### **A socio-ecological approach to health and wellbeing**

Perceptions of health have evolved to include a broader range of influencing factors and determinants than the actual health or ill health of the individual. Developing a socio-ecological understanding of health that considers the context and history of the individual, enables us to get the full picture or as Murphy (2004) outlines:

Socio-ecology refers to the complexity of interactions between people, and their social and physical environments. The socio-ecological approach to health acknowledges the influence that infrastructure and systems can exert on these interactions, particularly with respect to social and health outcomes (Murphy, 2004, p. 165).

In developing a health intervention that works with the young person within their context, there is a chance for long term advances in health and wellbeing. A socio-ecological approach can encompass "all elements within human health (i.e. biological, mental, social, environmental, spiritual, and economic) and takes into account broad ranging health determinants" (Pryor, Carpenter & Townsend, 2005, p. 8).

---

<sup>2</sup> This research is framed within the structuration theory by Giddens' 1984.

The multi systems approach emphasises the complexity of health and wellbeing as well as the range of factors that can exacerbate the health and wellbeing of marginalised young people in particular.

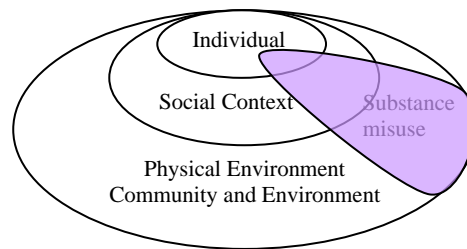


Figure 1. A socio-ecological approach to health and wellbeing.

Figure one illustrates the nested multi systems approach to health and wellbeing where the individual is located within their social context and then this is located within their broader community and environment. Substance misuse is visualised as a wedge that impacts, and is impacted by, all three systems.

Conceptualising the experiences of young people within a broad socio-ecological framework enables us to identify the structures that constrain as well as enable young people. White and Wyn firmly believe that “youth should be seen as a relational process that is framed by social structures and individual agency” (2004, p. X). In this case study, access to housing, employment and training, health services and social connections are all structures that are integral to the health and wellbeing of the young people.

**A health promotions framework**

VicHealth’s framework for the promotion of health and wellbeing confirms the need to examine programs for marginalised young people from a community perspective rather than a deficit health model. The determinants of social connectedness, freedom from discrimination and violence, as well as access to economic resources, are considered prerequisites for health and wellbeing. Increased self confidence and self management skills inevitably lead to improved social connectedness and economic participation, such as education and employment (VicHealth, 2005, p. 14). Table one outlines the range of domains that need to be considered in the holistic approach to the treatment and support of young people.

<b>Social Connectedness</b>	<b>Economic Participation</b>	<b>Freedom from discrimination and violence</b>
Supportive relationships and environments Social networks and physical activities Valued social position	Access to work and meaningful engagement Access to education Adequate housing Access to money	Physical security Self – determination and control of one’s life

Table 1. Key Social and Economic Determinants of mental health and themes for action. (Victorian Health Promotion Foundation, 2005, p. 13).

The move away from deficit health models is critical in supporting young people to gain a sense of control over their lives and to recognise circumstances or social structures that can be challenged or shaped to modify the way they live their lives (Pryor et al. 2005, Giddens, 1984). The systems approach to health and wellbeing means we are constantly exploring the multiple factors involved. An important key contextual factor is the stage of human development from adolescence to young adults, and the associated risk and protective factors.

### **Human developmental stages**

In order to understand the changes these young people are considering making to their lives, it is helpful to briefly frame this against the “normal” stages of development. During the ages of 15 – 25, young people experience a number of changes, physiologically, emotionally and psychologically (Richardson & Prior 2005, Aldous, 1996). This ten-year phase, spanning across middle adolescence into early adulthood, is often a time of confusion, conflict and stress. In the search for identity, a young person seeks to establish his or her own value and belief systems, often testing these ideas and boundaries within the family, peers, community and wider society. Central questions are: ‘Who am I? Where do I belong? Where am I going?’ Risk taking behaviours and antiauthoritarian tendencies are often highlighted as a young person seeks to find the answers that make sense of themselves and the world (Fuller, 1998).

### **Risk and protective factors**

Risk and protective factors are often seen as opposite ends of the same spectrum and in many cases this is true, but not all. Risk factors are defined as anything, or any influence, that is likely to increase the probability of harm, and protective factors are any resources that assist the young person to conquer the adverse risk factors (Fraser 2004, p.4).

There is no one single factor that leads to alcohol or substance misuse, but research has identified a number of risk and protective factors influencing drug related antisocial or criminal behaviour. The World Health Organization Report (WHO, 2001) identifies four categories of risk factors for adolescent substance use:

- Individual/Peers: including lack of social bonding, alienation, deviancy, resistance to authority, knowledge about drugs, coping skills, lack of commitment to education/academic problems, early age of first use, poor social adjustment;
- Family: including chaotic home environments, ineffective parental family management techniques, negative communication patterns, poor family relationships, poor parental role-modelling, unrealistically high expectations;
- Community: traumatic experiences e.g. child abuse, war, refugee camp; socioeconomic status, labelling, availability of substances, legislation; law enforcement practices; social messages about use (e.g. media);
- School: low academic achievement, peer rejection at school and poor commitment (2001, pp. 21-23).

The traits of young people most likely to engage in problematic drug use identified in the literature are the following groups seen as “at risk”: young people who are marginalised or disadvantaged, homeless, non-school attending, young

offenders, Indigenous, Non English Speaking Background, gay and lesbian, survivors of torture or trauma, and those who have mental health issues (DHS 1998, Birmingham and Sheedy, as cited in DHS, 1998).

Within the risk and protective framework, resilience plays an important role. Fraser describes resilience as a result of the “interplay between risk and protective factors...however this is poorly understood and inconsistently described” (Fraser, 2004, p.32). Innate resilience seems to be the ability of individuals to adjust and establish effective interpersonal relationships despite their difficult situations, a characteristic that paradoxically many of these young people demonstrate despite the chaos in their lives. Many characteristics that boost resilience are personal attributes, such as easy temperament, intelligence, self understanding and insight; but also important are characteristics that can be instilled through stable and supportive environments, such as basic trust, secure attachment, self-efficacy, creativity and a sense of humour as well as relationships with family and community (WHO 2001).

### **Methodology**

This small study is one component of a broader investigation around how bush adventure programs might enhance the health and wellbeing of marginalised young people. The case study approach was selected because it enables an examination of what happens in a particular program and explores the dynamics in action. As Stake describes:

The case is a complex entity operating within a number of contexts, including the physical, economic, ethical and aesthetic. The case is singular but it has many subsections, groups, occasions, a concatenation of domains – many so complex that at best they can be sampled ( 1994, p. 239).

The data was collected through examination of case management files for individual participants that has been systematically collated since 1999<sup>3</sup>. Goals that young people set for the program are recorded at the initial individual goal setting interview. These goals are revised and an assessment of their achievements is discussed during the journey and recorded by the program therapist. Records of 149 participants have been reviewed for this study along with diary and journal entries attached to individual files. The strengths of document analysis are that it can be a stable, accessible, broad and precise record of what has happened, however, it is also subject to original author bias, and possible incomplete records (Yin 2003 p.86).

### **Study Questions**

The research questions focused on two main domains.

1. What are the risk factors of participants applying for the program?
2. What are their individual goals? What goals are achieved? and What are the goals identified post program?

The data was collected from the files and initially sorted according the stages of the program: risk factors (pre program), program aims, achieved program aims and future goals (post program). Data was then coded within these stages searching for themes using a grounded theory approach. The decision was made to separate the data

---

<sup>3</sup> The program participants have signed forms authorising the use of their case notes for research providing no identifying information is published. This research process has also cleared University and Organisational ethics boards.

from the pre program (risk factors) stage from the post program (goal setting) data for two key reasons. Firstly, a number of participants had completed two programs and as such there was a discrepancy between numbers on the data – e.g. 121 people yet 149 participant records; and secondly, as the focus of the question was to examine what young people wanted to change – the risk factors provided a real context especially when the data confirmed current health and wellbeing literature around risk factors.

The following themes emerged through clustering the data, with the process confirmed as appropriate by two independent researchers and the themes recognised as valid interpretations by three current staff. Goals were differentiated as focusing on the individual, about their social context or being broader than their social context.

Goals that focused around substance misuse were separated in order to highlight them since the program overall aims are in relation to this area. The final categories can be seen to closely align with a socio-ecological approach to health.

- **Individual factors:** in relation to one's own perceptions and abilities
- **Substance misuse:** in relation to issues around drugs and/or alcohol
- **Social network:** in relation to interpersonal relationships, peers, small groups and social dynamics;
- **Community/Environment:** in relation to surrounding environment, including family, community, and nature.

The number of goals articulated for each stage of the program was also significantly different. Initial risk factors identified came to a total of 567, the number of program aims was 697, the number of achieved aims was 305, and the number of future aims was 197. The percentage of goals in each domain has been graphed and the original tables are in the appendices.

The data has been graphed to illustrate the aspects of their lives that young people want to change and their perceptions of what did change during the program. Whilst each participant has their own unique story, it is also helpful to gain a broader understanding of the youth population's perspective.

## **Results**

The ages of the participants indicates that bush adventure therapy programs appeal to a group that often avoids seeking treatment. Of the 121 young people, 18% were aged under 18, 54% were aged between 18 - 21 years, and 28% were between 22 - 25 years of age. On average, the groups consisted of six participants supported by a therapist or social worker, and two outdoor educators usually with some additional therapy or youth work training.

The program appeals to males more so than females, however, proportionally a similar percentage completed the program. The number of young people completing a second program indicates they felt the program had assisted them and they were able to articulate a change in the goals in order to be selected a second time.

<i>TOE program</i>	<i>males</i>	<i>females</i>	<i>total</i>
Participants in TOE program	<b>101</b> 67.78%	<b>48</b> 32.21%	<b>149</b> 100%
Do not complete program	<b>25</b> 24.75%	<b>10</b> 20.83%	<b>35</b> 23.48%
Completed more than one program	<b>19</b> 18.81%	<b>6</b> 12.50%	<b>25</b> 16.78%

Table 2. Program completion detail.

The other interesting detail in Table 2, is the number of participants not completing the program. As this is a completely voluntary program, a participants' decisions to leave is respected, with them either opting out of the program in the first two weeks – usually deciding the group or the program is not right for them at this point in their lives, or leaving during the journey for a range of reasons. What is significant with this data is that whilst 24% do not complete the program, 76% of these marginalised young people do manage to complete a challenging and difficult program.

The results of this study are presented according to the stages in the documentation analysis: the risk factors, the aims young people think the program will support, followed by the aims they felt they achieved during the program and finally the aims they have identified for the future after the program. The domains in which they have identified change as occurring or needing to occur are then discussed along with excerpts from diaries or quotes recorded alongside the documented interviews.

### **Young people's risk factors**

In order to make sense of why people initially apply for the bush adventure therapy program, it is important to consider the experiences they have already been through. The program is designed to address the drug and alcohol issues of marginalised young people and from the application process and initial interview the following information provides clarity around the risk factors contributing to their current situation. The factors identified are based entirely on self reporting by participants through this process. It is interesting that the interviews did not explicitly elicit protective factors, although occasionally it was noted that the young person had a supportive adult in their lives.

Table three clearly indicates that these young people have experienced a range of factors that could have contributed to their drug use and mental health concerns. Dysfunctional families, separation and divorce are clearly critical contributing factors in the chaotic lives of these young people. Abuse, discrimination and economic hardship are also factors known to lead to substance misuse.

**Risk factors identified pre program**

<b>Community risk factors - self reported</b>		<b>Mental health - self reported</b>	
Disconnected from family	48	Depression	42
Absent or divorced parents	25	Mental illness diagnosed	33
Experience of abuse	17	Suicide thoughts or attempts	26
Unstable accommodation	12	Lack of direction	16
Death of significant person	9	Self harm behaviours	12
Cultural issues - refugee / indigenous	5	Anxiety	10
Intellectual disability	3		
Debt	1		
<b>Substance misuse - self reported</b>		<b>Impact of risk factors</b>	
		Criminal record/ community based order	47
Poly drug users	76	Anger / aggression	19
Cannabis*	52	Lack of direction	16
Heroin*	27	Social isolation	13
Amphetamines*	12	Boredom	11
Alcohol*	9	Limited access to own children	10
Dealing in drugs	7	Supported accommodation	6
Chroming*	3		

Table 3. Risk factors of young people in programs (N = 121).

\* denotes primary drug.

The socio-ecological systems approach to health and wellbeing enables us to recognise that all these factors contribute to both substance abuse and extremely difficult circumstances. Over a third of the young people have either a current community based order or a history of time spent in juvenile justice centres and criminal records, indicating the complexity of life stories these young people are now attempting to rewrite.

Drugs have frequently been identified as one of the most common strategies used by young people to enable them to cope, and this is evidenced by this table with 62% reporting using a mixture of drugs. Cannabis is the most commonly used drug at 42% of this population. Mental health issues are also clearly a factor in the issues described by young people applying to the program. Whilst staff members sense a high level of honesty in the self reporting, they also indicated that many young people would not disclose some of their key issues so early in the program.

The combined total of risks reported by the 121 young people was 567 indicating that on average each would have reported at least four risks impacting on their lives. The most significant point when considering the history of these young people is that they have all reached the stage where they want change in their lives. The program requires a commitment to develop some degree of self awareness and reflection on

short and medium goals in relation to their use of drugs, as well as their general health and wellbeing.

### Program Aims and Achieved Aims

The following table depicts the aims that the young people set during the initial application process. Young people are interviewed up to four times by staff in order to develop and reflect on the changes they wish to make in their lives.

<b>Program Aims</b>			
<b>Community and environment</b>		<b>Individual factors</b>	
Space - time out / to get away	34	To complete something.	49
Enjoy an experience in nature	15	Belief in self - increase confidence	41
Go bush -go wild	7	To have fun	35
Stable accommodation	6	Challenge /adventure/excitement	33
Get ready for employment	4	Increased fitness and overall health	31
Regular counselling	3	To know and be comfortable with who I am	28
		Find direction in life - future	21
		Set boundaries and develop alternative coping skills	20
<b>Social network</b>		To get up daily - do something	19
Improve ability to socialise	29	Read, draw or write - poetry, lyrics, stories	19
To make new friends	23	Become motivated about life	18
To be a group member	18	Skills - Survival and outdoor activities	16
Leadership	17	Skills - Cooking and self care	15
Trust others	13	Develop routines - sleeping	
To make decisions independent of others	13	/eating/medication	15
Develop conflict resolution skills	12	Actively participate	12
Tolerate others	6	Become assertive	12
		To be a happy and positive person	8
		To be able to ask for help	5
<b>Substance misuse</b>		To confront fears	5
To be drug free	54	Increase patience /tolerance	4
Manage and reduce drug use	17	Minimise self harm	2
To meet people outside drug group	8	Be creative, spontaneous and excitable	1
To say no to drugs	7	Develop compassion and humility	1
Clean urine test	1		

Table 4. Program Aims (N= 672).

As the program has evolved as a socio-ecological approach to health and wellbeing the goals have been graphed according to the areas of the ‘community and environment’, ‘social network’, and ‘individual development’. ‘Substance misuse’ is maintained as a focus in its own right because it is the explicit reason for applying to the program and because this area impact on the other three areas. The following graph compares the young people’s aims for the program against the aims they reported achieving after the program. This graph indicates that the program seems to be delivering almost exactly what the young people are hoping to achieve.

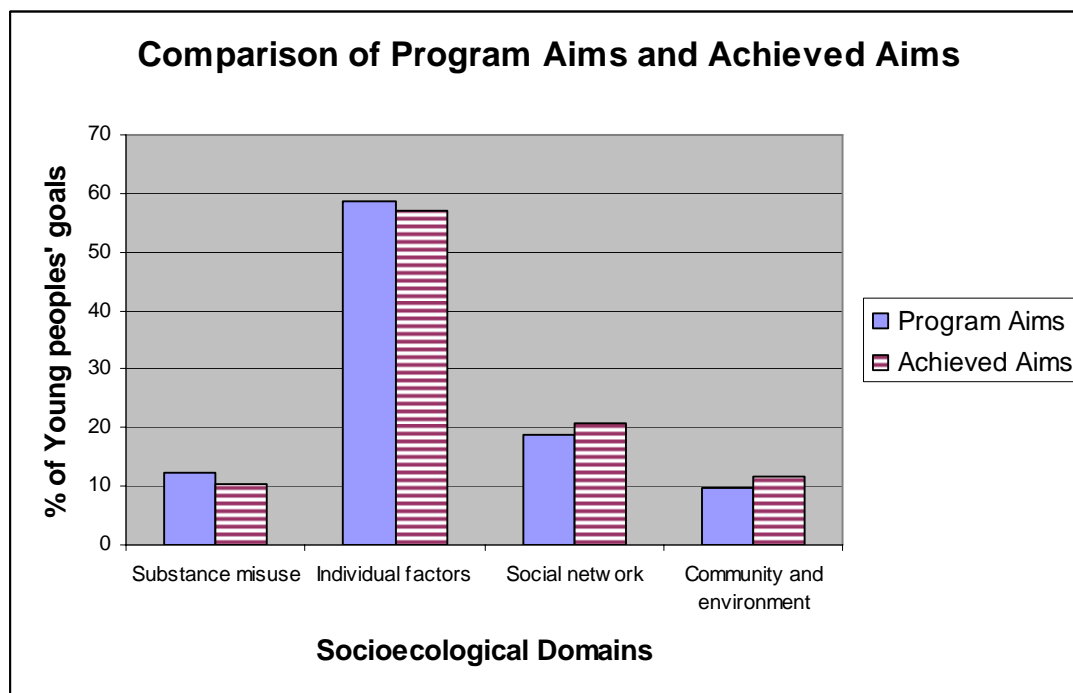


Figure 2. Graph of Program Aims (N=672) and Achieved Aims (N=305)

In the discussions with each young person it appeared that all had achieved at least one of their goals in some way. It is interesting that only 24% (see table 4) record that they finished the program as an achieved program aim, when we know that 77% of all participants actually did complete the program and also experienced at least 11 days drug and alcohol free. It appears as though, having completed the program, the focus changes to the future rather than itemising all the goals they have achieved. Staff have mentioned that often in these interviews ‘the young people are so excited and happy and it so obvious they were drug free and had fun that it doesn’t get officially asked or recorded’.

### Achieved aims

#### Community and environment

Sense of freedom	9
Sense of future	8
Experience of connection to nature	8
Enjoyment of Life	8
A range of external support structures	2

Loves the earth 1

#### Social network

Improved relationships	31
Improved communication skills	11
Personal anger management	6
More tolerant of people	5
Able to deal with confrontations	4
Trust in others	3
Supported others	2
Leadership	1

#### Individual factors

Stronger mentally and physically	26
Greater insight and ability to deal with issues	25
Finished the program	24
Self belief / confidence	22
Better health and fitness	15
Sense of competence and increased independence	11
Clarity of mind	10
Skills - Survival and outdoor activities	9
Had fun	8
Developed regular routines	7
Wrote lyrics, stories or drew	7
Skills - Cooking and self care	4
Increased assertiveness	3
Accepting of self	2
Increased coping strategies	1

<b>Substance misuse</b>	
Drug free	19
Reduced drug use	7
Enjoyed drug free	3
Able to say no	3

Table 5 Achieved Program Aims. (N= 314).

During the last week of the six week program all participants complete another interview to enable them to reflect on what they have achieved as well as to assist in developing some future plans. These interviews are normally held in conjunction with their current support worker in order to enhance the potential that these achieved aims and their aims for the future can be part of an ongoing journey towards health and wellbeing

### Future Aims

It is significant that 'Community/Environment' is clearly more of a focus with the future plans, where it has previously rated of little significance. Education, training and employment emerge as aims that young people identify following participation in this program, and perhaps now view as realistic and attainable, given their achievements in relation to their 'Individual factors'. Addressing issues in previous relationships and potentially reconnecting with family also appears to be a significant future goal,

<b>Future aims</b>			
<b>Community and environment</b>		<b>Substance misuse</b>	12
Alternative qualifications/apprenticeship	39	Be drug free	7
Employment part- time	21	Decrease and manage drugs	3
High school	16	Alternate drugs e.g. methadone	1
Reconnect with family	14	Be able to say No	1
Employment full time	10	Quit smoking cigarettes	
University Degree	8		
Reconnect with counselling/support services	7	<b>Individual factors</b>	9
Drivers licence	4	Recreation/hobbies	8
Stable accommodation	3	Keep fit and motivated	5
Travel	4	Expand coping skills	5
		"Walk my talk" - use what I learnt	2
<b>Social network</b>		To live	1
Trusting / meaningful relationships	6	Plan for future	12
Communicate openly	5		
Meet more people	4		
Anger management program	2		

Table 6. Future aims of Young people (N=149).

The following graph comparing program aims to future aims clearly demonstrates the change in focus for these young people. Completing the Program has shifted their aims from the personal and individual to the broader community.

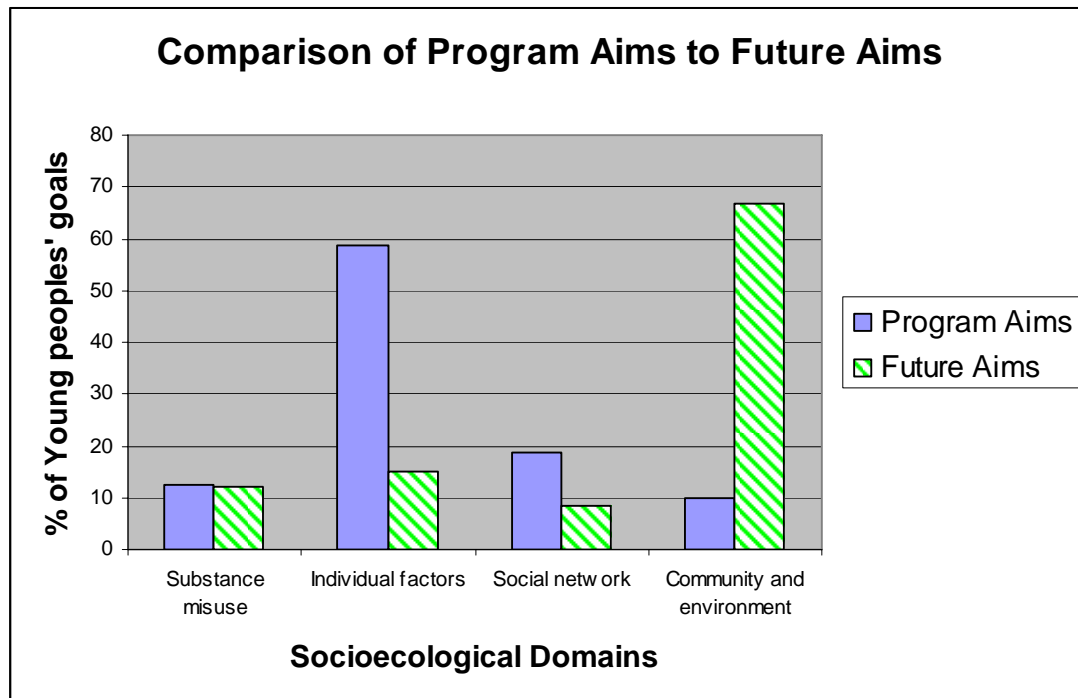


Figure 3. Graph of Program aims (N=314) and Future aims (187).

These tables and graphs do not include records of learning experienced beyond what was discussed in the goal setting or debriefing interviews. While the tables give an indication of the reasons why young people apply and participate in the program, they do not explain how these goals might be achieved or what components of the program are critical in assisting these goals to be met. The following section which includes excerpts from journals and interviews with young people and the staff enable a more comprehensive picture of the experience to emerge.

## Discussion

These findings enable us to get an impression of the overall reasons why young people engage in a bush adventure therapy program. The data provides greater clarity around the young people's perspective on their current issues and the fundamental goals they believe they need to achieve as a step towards positive change in their lives. The discussion of the findings will focus on each of the four socio-ecological domains of 'Individual factors', 'Substance misuse', 'Social networks' and 'Community and Environment' before drawing final conclusions.

### Individual factors

The major emphasis nominated in their initial aims by participants across programs focuses largely on self development or life management skills, but during the program gradually broadens out to the 'Community/Environment' context for future plans. There is the likelihood that the achievement of their aims has enabled them to view themselves as potentially valuable and contributing members of the community. As one young person said, *"If I apply myself I can do anything"* (21 year old female).

The identification of the need to develop routines, regular sleeping and eating patterns and to focus on increased health and fitness indicates the desire to become in tune with their bodies and begin the process of knowing and understanding themselves. The opportunities provided within the six-week program gave space to focus on their individual concerns and start the process of change.

Throughout the program, young people are encouraged to write their insights and reflections in diaries or journals. *“I can be liked for myself – don’t have to be something else” (22 year old male)*. Many of these quotes highlight young people’s growing awareness of who they are and what is important to them: *“I don’t have to hurt myself to feel real” (20 year old female)* or *“Quitting is not always the easy way out” (17 year old female)*. These quotes indicate an increasing depth of self knowledge in relation to the changes the young people start to make during the program.

One of the key points for young people was that they had to rely on inner strength to overcome adversity and challenges. Many realised they were stronger than they originally thought:

*I have formed blisters on the bottom of my feet which will be very painful to walk on for the next 45 km. But I can and will do it. It’s raining heaps and clothes are wet. I’m loving it! Challenge there is nothing better. I have the will to finish this hike (21 year old female).*

The concept of self efficacy in the process of change is important, and such realisations and tangible experiences lead young people to really believe in themselves and their abilities. *“I am now aware of the need to have space for self – me space!” (20 year old female)*. From a narrative perspective, this increased self knowledge and awareness influences the emergence of a new positive dominant story, strengthening the possibility that this change can be sustainable.

### **Substance Misuse**

As the bush adventure program targets young people with drug and alcohol issues, it is not surprising that such a high percentage of young people were keen to experience being “drug free”. *“Don’t need to take drugs to have fun” (16 year old male)* is a key common learning experience from the program. The mixture of challenging adventures in a natural setting seemed to provide an engaging and stimulating environment as explained by the following quote: *“Most D. and A. issues are to do with boredom – you can’t be bored here” (20 year old female)*. The data indicates that young people’s substance misuse may be symptomatic of broader health and wellbeing issues that were clearly identified initially as risk factors. *“I found out that drugs just made the difficulties of my past more complex to deal with” (19 year old female)*.

### **Social networks**

Developing social skills is a key component of the program, particularly through the use of the small group interaction and sense of community living. Many of these young people have not gained the skills or have lost the ability to positively interact with others. Statements such as *“People are not aware of what you feel if you don’t tell them” (24 year old female)* indicate both increased personal insight but also a willingness to communicate more openly with others. *“Because I was feeling*

*comfortable with the people around me I came out and actually, actually said stuff that I was feeling, and I didn't have to actually bull shit or say stuff that wasn't really true" (20 year old male)*

The development of a social network where there is an element of freedom and honesty in communication is critical in developing the trusting relationships many young people record as being aims for the program.

### **Community and Environment**

As indicated in Table 3, for many young people involved in the program, their previous experiences of their community and environment have generally not been positive. Dysfunctional and disconnected families, mental health issues, lack of education or employment or housing were common experiences of these young people. As one young man stated, the whole program was *"a bit of a role model for me - them guys you know. The role models I had before was like I think nothing compared to that – like a good attitude and their lifestyle and how to deal with things and people (21 year old male)*. Not only were specific goals supported in the program but obviously the philosophy of the program and staff was another opportunity for young people to learn from the integrated community aspect of the program.

The natural bush location for the adventure program is paramount in the process of change from a staff and program perspective. Yet the role of nature only gets slight recognition in the achieved aims by a small number of young people and does not appear to be a focus for the participants, rather a place they can be free. *"The feeling of freedom and the time to discover your self – just that time out there takes me back to being a child relaxing" (21 year old female)*. This indicates once again that whilst their focus on their own issues has broadened to include issues around social interaction, most are not at the point of defining or articulating their relationship to the wider community or environment.

### **Conclusion**

Examining program documentation has enabled us to gain a much clearer picture of the range of risk factors that young people disclose and identify as relevant upon application for a program that offers bush adventure therapy as an alternative drug treatment service. The data has emphasised that these young people feel they need to have time and space free of drugs in order to get to know who they are. They recognise that this enables them to develop some self confidence and acquire the management skills in order to begin to make changes in their lives.

From sequencing the data, it can be reasonably suggested that by achieving aims around individual concerns and interpersonal needs within the context of the program, young people start identifying goals for their future which consider involvement with the broader community. Goals that may previously have been viewed as unachievable, such as education or employment, may now present as a realistic option. Likewise, specified plans around reconnection with family, obtaining a drivers licence, or stable accommodation could be inspired and deemed conceivable from other achieved aims in regards to self and interpersonal relationships; incidentally these could be resulting from successful management of substance issues.

The limitations of this research are common to document analysis where the terminology of the documents has changed slightly over the years as well as the fact

that the information is self reported and a number of different staff have recorded the information. Current program initiatives are to implement more consistent practices and procedures to reduce this variable. Planned future research which includes interviews with the participants, who completed the program up to eight years ago, will further enhance our understanding of what programs like this might achieve, as well as the processes that are deemed to be significant.

The changing focus of participants' goals over the six week program indicates that before young people are ready to actively engage, or able to develop goals relevant to the broader community, they need to be confident within themselves. Socio-ecological approaches to health and wellbeing that incorporate an understanding of all the social structures that impact on the agency of the young person are also critical in order for potential change to be sustained.

### References

- Aldous, J. (1996). *Family Careers: Rethinking the Developmental Perspective*. Sage Publications California U.S.A.
- Department of Human Services (DHS) (1998). *Report on Young People and Drugs Needs Analysis* Success works Pty. Ltd. Victoria.
- Fraser, M.W. (2004). *Risk and Resilience in Childhood: An ecological perspective*. NASW Press USA.
- Fuller, A. (1998). *From surviving to Thriving: Promoting mental health in young people*. ACER press. Melbourne, Australia.
- Giddens, A. (1984). *The Constitution of Society*. University of California Press.
- Murphy, B. (2004). In search of the fourth dimension of health promotion: guiding principles for action. In Keller, H & Murphy, B. (Eds) *Understanding Health: A determinants approach*. (p 152 – 169) Oxford University Press Melbourne Australia.
- Pryor, A., & Carpenter, C. and Townsend, M. (2005) Outdoor education and bush adventure therapy: A socio-ecological approach to health and well-being. *Australian Journal of Outdoor Education*, 9 (1), 3-13, 2005
- Richardson, S. & Prior M. (2005). *No time to lose: the wellbeing of Australia's children*. Melbourne University Press. Australia.
- Stake, R. E. (1994). Case Studies. In N. K. Denzin & Y.S. Lincoln (Eds), *Handbook of qualitative research* (pp 236-247) Thousand Oaks, CA: Sage
- VicHealth. (2005). 'A Plan for Action 2005-2007: Promoting Mental Health and Wellbeing', Victorian Health Promotion Foundation, Melbourne Australia.
- White, R. & Wyn, J. (2004). *Youth and Society: Exploring the social dynamics of youth experience*. Oxford University Press South Melbourne Australia.
- World Health Organization (2001) *Analysis of Risk and Protective Factors*. ([www.unescap.org](http://www.unescap.org)) accessed on 16<sup>th</sup> August 2006

Yin, R. K. (2004) *Case Study Research; Design and Methods* 3<sup>rd</sup> edition. Thousand Oaks  
Sage publications