Therapeutic Adventure Programming with Mixed Population in Cebu, Philippines

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This paper analyzed the experiences of 302 participants in a brief therapeutic adventure program sponsored by the social welfare institution of the Philippines. Participants were children victims of abuse, women in difficult circumstances, persons with disability, youth in conflict with the law, agency workers and volunteers. The program included risk exercises with intermittent debriefing. In-depth processing using Gestalt Therapy commonly asked questions; focused group discussion, and post-activity interview concluded the activity. Results showed the clients' perceived effectiveness through learning outcomes on personal, relational, and organizational components; technical, ethical, and cultural issues salient to experiential activities specific to the types of clientele.

INTRODUCTION

Adventure programming has been widely used in the field of industry, education, and psychology. In the Philippines, the early 90s saw the birth of Adventure Programming as organizations particularly big corporations begun to apply the modality to their leadership, teambuilding, and management trainings. In the clinical and rehabilitation settings, there were no known therapeutic adventure programs until the middle part of the new millennium when the modality was introduced and applied to special education, drug rehabilitation; and to other institutionalized populations.

I have conducted a lot of adventure programs with a range of clientele from company executives to substance dependents. These

events paved the way to this program that focuses on the effect of applying therapeutic adventure programming to heterogeneous population and aims to add to the existing literature that focus only on homogeneous clientele. My research shows that Therapeutic Adventure Programming (TAP) is not only applicable and effective with heterogeneous populations; it also indicates that TAP, when applied with heterogeneous groups, effect phenomena not readily observable in homogenous populations and with other types of programming.

Therapeutic Adventure Professional Group or TAPG (2008) defines therapeutic adventure program or Adventure Therapy as an adventure-based practice that uses the philosophy of experiential education therapeutically within the fields of mental health, corrections, education, and other human service fields.

Researches on the efficacy of Therapeutic Adventure Programming (TAP) or Adventure Therapy (AT) are vast particularly to homogenous population. Staunton (2003) used Therapeutic Adventure Programming to diagnose clients. Others have used TAP with adolescents (Combs, 2010; Fischer & Attah, 2001; Guthrie,2005; Long, 2001; Larson, 2007; Hill, 2007; Knott, 2004), on individuals with disabilities (Herbert, 1998; Hernani, Gacasan, & Sentina, 2008), with gay/bisexual men living with HIV-AIDS (Bidell, 2010); adolescents with cancer (Epstein, Stevens, Kagan, Yamada, Beamer, Bilodeau & Baruchel, 2004); cancer patients (Burke, 2002), women in midlife transition (Kluge, 2007), woman survivors of trauma (Ross, 2003), and multi-family group (Swank & Daire, 2010).

Program objectives and orientations distinguish one AP program from another. Adventure programming may be recreational, developmental, therapeutic and educational or a combination of these. Interestingly, TAPG (2008) definition clarifies the misconception that adventure therapy or therapeutic adventure distinguishes itself from other types of outdoor programs which are devoid of educative and therapeutic intentions. In line with this notion, theory and application of adventure or outdoor experiences emphasize that adventure activity alone does not guarantee deep-level therapeutic growth and change; instead, it is the processing of the actual experience with the client that promotes the therapeutic process (Davis-Berman, 1995).

The inclination of this program is therapeutic because of the inherent design of the grouping, challenges and initiatives; and philosophy which is an important program element (Marsh, 1999).

Applicable humanistic principles and tested experiential framework laid the foundation of the program which is noticeable in the adherence of taking initiative, making decisions, and accountability for the results (AEE in Brennan, 2004). Empathy, authenticity, dialogue, and process are also embedded in each stage of the program. Hence, the modality is grounded on the different theories espoused by humanistic-experiential modalities (Neil, 2008). Along this thought, Gestalt therapy (Perls, 1969; Stevens, 1971) is employed to enhance the phenomenological experience of the clients in the program.

One of the concerns of adventure programming is the appropriateness of the challenges or initiatives (Leberman & Martin, 2002). This 10-hour program is acceptable since researches pointed out that existing research reported no difference on the outcome of any program; short-term, intensive programming or longer-term, intermittent programming and suggests the significant relationship between overall length of time and overall size of outcome (Neill, 2006). In fact, Hahn (1958, cited in Neill, 2008), the founder of Outward Bound programs, was known to conduct short, intensive program and intermittent program over several years and justified the following Adventure Programming (AP) advantages: [1] AP can be packaged and flexibly delivered in a variety of settings; [2] AP removes participants from the constraints of home, school, or work settings, thereby freeing up the participant to try out new roles and behaviors; [3] a more intense experience can be created and sustained; in so doing, more dramatic change can be leveraged; [4] AP allows deeper encounter with others and the environment; and [5]AP allows a greater variety of unique program locations to be accessed. In the Philippine setting, the duration of typical in house activities vary from half day (4 hours) to two days format (16 hours). Observation and feedback from other adventure providers shows average time allotment for adventure activity is eight hours. For outdoor adventure programs like mountaineering, trekking, kayaking and camping, the activity could take three days or even one week.

Therapeutic adventure programming is a new modality in the Philippines; its papers and articles are quite scant and limited. My study does not only aim to introduce AP but also to answer the question of therapeutic adventure programming applicability and effectiveness to different institutionalized population particularly to women and children victims of abuse, persons with disability, and youthful offenders.

RESEARCH METHODOLOGY

This study used the qualitative research method through a narrative-analytical presentation of participant's experiences. I utilized questionnaire, interview, observation, focus group discussion (FGD) and triangulation of the responses solicited from the center residents, who were the primary participants; center personnel and volunteer facilitators were the participant observers.

This study was conducted in the outdoors of a regional center. Meal preparation; challenges and initiatives; group debriefing and processing; and the culminating activity were held in the area.

Research Respondents

Respondent and participant are used interchangeably in this study; they were divided into two clusters: the residents and the staff-volunteers cluster. The 302 therapeutic adventure program participants were classified into three clusters: agency residents (n=192), agency personnel (n=81), and volunteer-facilitators (n=39). The residents cluster, considered as the identified clients, were composed of children in conflict with the law (CICL) or youth at risk (n= 42); persons with disability or PWD (n=60); women in difficult circumstances (n=30); and children victims of abuse and neglect (n=60).

The participants were diverse in clinical classification; other than the general terms like persons with disability, this participant group can further be classified as person with cerebral palsy, hearing or visual impairment, and orthopedic concern.

Child abuse victims can be sub-classified further as children victims of incestuous rape, act of lasciviousness, attempted rape, child trafficking, prostitution, neglect, and abandonment. A report from the center volunteers also confirmed that there were children diagnosed with psychological problems apart from the child abuse categorization.

The women cluster categorized into woman victim of prostitution, domestic violence, spousal abuse and trafficking and some have concurrent clinical diagnosis like depression, anti-social personality disorder, substance dependency, post-partum depression, post traumatic stress disorder, and anxiety disorder.

Children in conflict with law otherwise known as youthful offenders or juvenile delinquents can be said to be involved in theft,

attempted murder, burglary, drug use and trade, rape and homicide. The staff working in the center concerned reported that some residents are diagnosed with conduct disorder, substance-induced psychological problem, attention deficit disorder and substance abuse. Each diagnosis was made during their admission to the center that caters their respective case.

Graduate school students enrolled in education, counseling and psychiatric nursing; adventure enthusiasts; school counselors; and psychologists made up the team of volunteers.

All participants except for the facilitator-volunteer were from the four DSWD centers in the province, namely: Area Vocation and Rehabilitation Center (AVRC) which offers psychosocial rehabilitation and vocational programs to persons with disability; Home for Girls for children victims of abuse and neglect; Haven for victims of domestic violence and prostitution; and the Regional Rehabilitation Center for Youth Offender (RRCY) which is a treatment community for children and adolescents who are in conflict with the law.

The Program Design

Participants were divided into 10 groups with randomly assigned members per team. The team members included persons with disability, children victim of abuse, woman victim of domestic violence, institution's personnel and volunteer facilitators. The agency staff's role in the team was to act as co-facilitator to the volunteers. They also acted as the assistant to the facilitator whenever needed. The volunteer facilitators took charge of the activity's instruction and group orientation and were also tasked to spot each member of the team.

In this program, some activities were modified to address the perceived necessities of each clientele. In fact, activities designed for broad daylight were still conducted with changes. Activity props were devised to meet the needs of all participants who were randomly assigned. Hence, it could be construed that it was an adapted adventure program. Albeit the modification, other activities were left with its original design. In cases where risks were high, participants were given more time to plan and decide. Also, in each team, participants with special needs were paired with those who have no impairment to act as their buddy, a member who could give support while the group provided the communal foundation. Labels and stereotypical roles were removed during orientation and expectation setting to give

each participant a chance to explore other roles and functions.

Initiatives differed from one another in terms of type, length and built-in objectives' respective degree of difficulty and perceived risk. Hence, longer activities were likely difficult activities. Moreover, to meet the requirement of adaptability, instructions were inclined to suggest empowerment of those individuals who would less likely participate because of physical and emotional constraints.

Research instruments

There were five research instruments in this study: [1] the researcher-constructed perception of effectiveness questionnaire, [2] the Gestalt inquiry tool, [3] process documentation, [4] self-report, and [5] Focus Group Discussion (FGD) outputs.

Researcher-made questionnaire and interview tools were utilized in data gathering especially with the respondent-participants. The researcher-made questionnaire was a set of questions that solicited the perception of effectiveness of the activity. The perception is scaled from point 5 which is *very effective* to point 1 which is *least effective*. There were also questions that solicited narrative feedback regarding the activity. For example, some questions solicited information on what activity are to be removed and retained if the program would be implemented again. The respondents were also asked what activity they liked best and what its inherent benefits were. Volunteer facilitators and personnel assisted the respondents who cannot read and write because of their deficiencies. Agency personnel were given the same questionnaire and their responses were also treated similarly with those of agency residents.

Answers from participants who were assisted and those who can answer on their own were clarified through follow-up verbal questions to facilitate deeper understanding of each response.

The process questions of Gestalt Therapy that are also utilized in coaching and organizational consulting other than in counseling and therapy were employed to provide depth and eloquence to the person's experience. Aside from thinking, feeling, and doing, the method would also help the client focus on the self and the environment. The questions included:

1. How do you feel now? (Perls, 1969)
2. What are you feeling now?(Perls, 1969)
3. What are you aware of now?(Perls,1969)

4. What are you doing with your_____? (Depending on obvious gesture)
5. What are you thinking?
6. What are you imagining?
7. What are you avoiding?
8. What are you afraid of?
9. What is stopping you?
10. What do you want?

Unlike Gestalt processing which was used during the activity, FGD was utilized after each activity. All teams shared the same set of FGD questions that included the following: [a] what have you experienced? [b] what have you learned? [c] how would you relate or apply your experience/learning to life?

The unstructured recording and self-report of the process documenter were also considered as research instrument. Free-flowing in content, both protocols were collated with the paper and pencil test and interview results. Volunteers' self-report, and perception of effectiveness composed the post-activity assessment while FGD process documentation output was made up during the activity assessment.

Research procedure

Before the conduct of the program, I presented an adapted adventure program to persons with disability. Inspired by the outcome, the four center directors, and their agency personnel along with volunteers, convened to formulate a program for the four target clientele. The formulated program included two aspects of the research: content and agenda of the adventure program and evaluation protocol. Content and agenda incorporated the different activities, time frame, and objectives while evaluation protocol included the post-assessment strategies such as self-report, focus group discussion, questionnaire, and guide interview.

Thereafter, after the convocation, personnel from the four different centers briefed the volunteers on the nature of the clientele: the number of participants, classification and categories, restrictions and other concerns. Center staff and facilitators also met to discuss concerns like security, task, and logistic needs. Volunteer police brigade was tapped to assist the security personnel in preventing gang fights, sexual harassment, and absconding of residents. The

volunteers also conducted site visits and actual exercises to test the applicability of the activity.

As the designated lead facilitator processes the client's experiences using the Gestalt method, the assigned process documenter would record the narrative accounts, non-verbal expressions, and other experiences of all group members in free flowing format. Each activity concluded with focus group discussion.

Participants' answers were descriptively cross-analyzed and distinct features were collated according to each category and format. Aside from collating the responses, a specific case analysis was also developed using all the gathered data including observations, impressions and statements of each respondent. After the cross-case analysis, varied responses were presented in thematic format. The results of the individual and cross-case analysis were presented thematically according to the patterns found in the results of focus group discussion, process documentation, and written questionnaire, and interviews.

RESULTS AND DISCUSSION

Participants reported that the activity was effective and further asserted that none of the activities should be removed. As stated by the client respondents, they would like the program to continue because it is the only avenue where they could freely participate. Their sets of responses are mostly akin to the answers given on what activity should be retained. The adventure program activities are said to be well suited to their capacity and its design allows all of them to participate. Likewise, the staff recommended that the program should be continued because of the observed efficacy to the clients and to the organization. Notwithstanding the comments against time management and tasking, staff affirmed the inherent multi-directional component of the program. For them it is a package of personal, relational and organizational exercises. Volunteers also suggested that the program should be retained because no other program could promote holistic health other than the adventure program. As one participant reported, "not only that it is environmentally friendly, it is personally enhancing as well".

In a nutshell, joining together different types of clients in one brief adventure program delivered similar outcomes to programs with homogeneous or specific clientele. Definitely, the team composition

produced another form of dynamics not commonly observed in single population. This observation is exemplified by the following circumstances: youthful offenders' transcendence of their stigma actualized their ability to lead the group; the insightful listening recognized by the children while attending to the group process; the children's anaclitic syndrome to the presence of older women in the group, which would likely prove that children victims of abuse would exhibit different form of attachment atypical to non-victims. Also worth mentioning is the passive attitude of some women victims of violence to the adventure program which may have been different if the program was solely for their group. Also, the presence of the staff and volunteers may also be a factor that affected the performance of the women participants.

While challenges or initiatives are important requisites for personal and team dynamics, it is apparent that merging of diverse clientele contributed to the effectiveness of the program; therefore human factor, per se, is the sine qua non of an adventure program and not the challenge elements. In this study, participants reported positive behavioral and perceptual changes. This perceived and observed change unfolded in such a brief period of encounter with other participants, staff, and environment.

With the therapeutic expectation, participants reported self confidence, self knowledge, outdoor enhancing skills, independent living, and self reliance that are similar to other adventure outcomes (Combs, 2001; Fischer et al., 2001; Glass, 2001; Guthrie, 2005). Therapeutic factors (Yalom, 2005) that can be observed in inpatient groups such as hope, altruism, insight, catharsis, self-understanding and responsibility can also be observed. Hope is defined as the participant's expectation of positive outcome. This positive outlook of the future was commonly cited by youthful offenders who are serving time for crimes. This was an acknowledgment of the redeeming component of the initiatives that tested the empathy of most youthful offenders. By identifying with the predicaments experienced by the PWDs, youthful offenders underwent profound experiences—among those who internalized their experience with the participants with disability, some felt lucky, while others disclosed compassion. In totality, the crux of their respective experiences suggested redemption of dignity, worthiness, and usefulness. Self-worth is perceived to be closely related with hope because participants who felt useful likewise felt dignified. Self-reports with this theme typically came from the youthful offenders and persons with disability. The former professed

moral stigma as an impediment while the latter perceived physical constraints that hindered them from activities. With initiative, the two groups explored the possibilities of going beyond their perceived limitations and thus found redemption. Remarkably, in this activity, youthful offenders' observed behaviors contradicted their stereotyped labels as well as the typecast deficiencies of persons with disability.

Working with people with disabilities is viewed either from compensation or transcendence viewpoint (Paige & Carpenter, cited in Neill, 1986). The compensation approach describes people with disabilities as having suffered loss and inadequacy and the job of a professional helper is to assist, teach and advice in order to compensate. On the other hand, transcendence approach, which is utilized in the program, advocates empowerment and collaboration. In the PWD context, other participants were acknowledged as facilitators of experience whose involvement and support to team members led to performance of initiatives. Participants with disability also reported a sense of belongingness, and enhanced positive self-concept, empathy and care from other participants who came from the other centers. This group, most of all, appreciated the presence of youthful offenders in their respective teams.

Children respondents perceived the activity differently; thus, their reports were mostly on attachment and catharsis. The children's anaclitic identification toward the older participants and to the facilitators accentuated the positiveness of mixing participants of different ages in one group. Catharsis and vicarious insight from shared problem were also reported as outputs brought about by their participation to the different initiatives. Also, appreciation of initiating new tasks and guidance of the older participants were found to be helpful as well.

Very little feedback was drawn out from the women's group, majority of whom reported the alleviation of boredom and loneliness as primary benefit. Also reported were interpersonal gains of meeting friends and learning from others. This group also appreciated the cathartic outcome of the Gestalt processing.

Facilitators who considered Gestalt questions helpful in processing reported that there were participants who were taken aback by the spontaneity and frankness of the inquiry. Staff who were also present during the processing, described the method as direct and confrontational. It was the first time that participants experienced Gestalt processing, which emphasizes the here and now, as well as contact, flow and awareness which the participants may not have

recognized at that moment. As such, there was voluntary disclosure of personal information and sharing of personal problems to the group. The phenomenological emphasis and the cathartic element of the Gestalt method allowed the volunteers to be active facilitators in guiding the participants who did not focus on the here and now back to their current experience.

Cohesiveness in group activity is a widely researched group property. Yalom (2005), who included it among therapeutic factors in group therapy efficacy research, defined cohesiveness as the attractiveness of a group for its members. Cohesiveness is a significant research component in the adventure program spectrum (Neill, 2001). In this research, it was treated as a component of group support. For instance, persons with visual impairment led one of the groups in crossing a 20 foot plank. A youthful offender consoled a person with orthopedic impairment after an emotional exercise. Another good example were the responses of the PWDs and the children's group to the performance of youthful offenders in each team. Accordingly, youthful offenders served as leaders, facilitators, and spotters and specifically, their manifested leadership capacities benefited the whole group and demonstrated the inaccuracy of stereotypical description given to them. In the activity, they followed the instruction, listened to others, led the group in undergoing the exercises, and spotted the children and PWDs. Youthful offenders are said to be stubborn, passive-aggressive, and defiant participants by some staff and in the agency context; there was a history of petty offenses ascribed to the group in the past. Thus, there existed some doubts from most personnel and some volunteers. In this scenario however, youthful offenders were seen as big brother to children participants because they would spot the children and individuals with disability participants; thus, they played a significant role in the involvement of these two groups in the activity. Conclusively, the reported impact of group initiatives to youthful offenders also acted as catalyst for other participants.

Youthful offenders were removed from their usual environment because the therapeutic benefits of the activity might be impeded if it was done in their area of origin. As observed, the new environment, the people, and the venue, invited the participants to try new sets of roles. As such, youthful offenders were freed of their imposed roles in the center that reportedly included rigid religious outlook as purported by one of the personnel.

The same role was also played by the woman participants from

another center. This group also watched over their colleagues but unlike the youthful offenders, they would assert their authority and would command others on what to do (though a few just became passive participants). The facilitator witnessed ambivalent responses to this group. As reported by the facilitator and staff, while others actively participated in the exercises, others just stayed with the other participants, acting like surrogate mothers.

Respondents also reported the benefit of insight while listening—they learned from the mistakes of others. Participants reported ease in discussion although not all disclosed relevant personal concerns. For instance, children from the girl's center divulged that they were told not to talk. Not only that did this hamper the expressive process, it also limited the participation of the children in the activity. Nevertheless, had all the children obeyed the instruction, the researcher would not have known of such a restriction. Not only did the women's group act as surrogates, they seemed to be aloof and the most detached of the four groups.

Another highlight of the program was self-management. Groups were left to manage their own process and encouraged to treat every member as indispensable entity. This has been proven and tested in this context. Common barriers known by normal populations cannot surpass the limitations experienced by each group. Notwithstanding the unfamiliarity and each other's opinion, the client's label and physical and clinical concerns also posed problems. However, transcending these barriers, co-participants supported each other. The facilitator and staff also observed these altruistic behaviors. Participants with an amputation guided their visually deprived-group members while participants with hearing disability were observed to scaffold their peers who had difficulty standing and moving. Group dynamics like brainstorming, planning, problem-solving, and decision-making were ubiquitously initiated by each team, suggesting that this group of participants is similar to any normal population in any respect.

One profound report of participants (including the volunteers) was vicarious learning. Bandura (1977) postulated that people more likely adopt behaviors that are similar (to the observer), admirable, and have a functional value. There are also modalities such as the 12 steps fellowship and some group therapy formats that affirmed the benefit of listening—attendees would learn from others by just listening to the sharing. In the group format, participants reported that their similar concerns were addressed by just listening to their peers. Others found valuable information that was useful to them in

their predicament.

Participants acknowledged the significance of communication. Most of the participants asserted that they could express their feelings as well as thoughts and talk to one another. It was in the debriefing sessions that respondents can talk and where catharsis was commonly reported. Respondents may also have benefited from feedback which is a good element for self-development. As remarked by one respondent, "the activity allowed him to express his feelings towards other people."

Participants also reported ease in sharing although not all of them disclosed relevant personal concerns. Even though a few had been sanctioned against squealing, the rest of the group participants regarded the activity as an opportunity for healthy interaction and disclosed personal and domestic issues that could not be easily disclosed in ordinary group settings.

One vignette worth mentioning is the observation on how puns were treated. This concern was raised by most of the volunteers who observed that tease would become taunt, which may be seen as offensive to an outsider. Surprisingly, as the tease or taunt occurs, the subject of the pun seems to become more motivated to complete the task at hand. Also, participants seemed to become closer to one other. However, it is also noted that this phenomenon is observable only between older group members particularly among persons of disability. In particular, the other participants refrained from giving jeers to the children victims of abuse. Zingers or puns, considered taboo in other cultural milieu, were treated in the context of its use. Though discouraged in the activity, participants are still given freedom to be spontaneous and authentic; thus, jokes and euphemisms which are culturally considered harmless, unless evoked in violent and insulting manner, are treated as amusing anecdotes.

Another vignette is the criticism initiated by one observer in conjoining female victims of abuse with male participants. There are other experts who also got apprehensive with the set up for fear that trauma may ensue because of this mix up. Admittedly, the proponent purposively designed the activity to facilitate individual and group processes which of course include pathognomonic dimensions; thus, clinical contingencies were readied for the client's traumatogenic expressions which the volunteer- facilitators were already briefed on through a series of facilitator's upgrading workshops.

Another issue was the verboten set against children respondents. Before the activity, the staff in charge for the children victim of abuse

prohibited their wards from entertaining and mingling with the male youthful offenders. The children were also admonished from disclosing personal information to other participants. Thus, among all the participants, the child abuse victims exhibited more anxiety than excitement. This observation can be amply described with the statement of one of the girls who said that they are afraid to fully participate because of the presence of their houseparent who were observing their behavior.

A concern also on how the juvenile offenders are treated. Critics suggested that the group should be treated with stern and vigilance; because for the censors, allowing them to participate freely might invite contempt to existing authority. These critics perceived adventure program as full of fun and frolic that would invite wantonness. In addition, security and safety of the program were given due considerations because of the participation of youthful offenders. However, the same terms—safety and security-- could be given to the feelings of other participants who were with youthful offenders. Problem solving and relational skills learned in the streets were put into use. As such, delegates from the center for boys were often tasked as leaders. Although there were older participants coming from the other centers, the group chose them because of the challenging situation that needs their skills and talents. Stereotyping almost cost the participation of the youthful offenders. Before the activity, discussion would lead to labeling and prejudice against them. In the activity, they found hope, respect and encouragement because of the sense of altruism these participants showed to the other residents. Also, the inherent benefits of the program were questions by some quarters. Doubtful of the program's efficacy and effectives to deliver the institutions objectives, criticism are centered on each activity and not on the process that evolved.

In conclusion, this paper answers the question of therapeutic adventure programming's applicability and effectiveness to mixed participants particularly to women and children victims of abuse, persons with disability, and youthful offenders. Further, this study thematically shows the interpersonal dynamics of the recipients within and between groups that are not likely ubiquitous in homogeneous population.

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