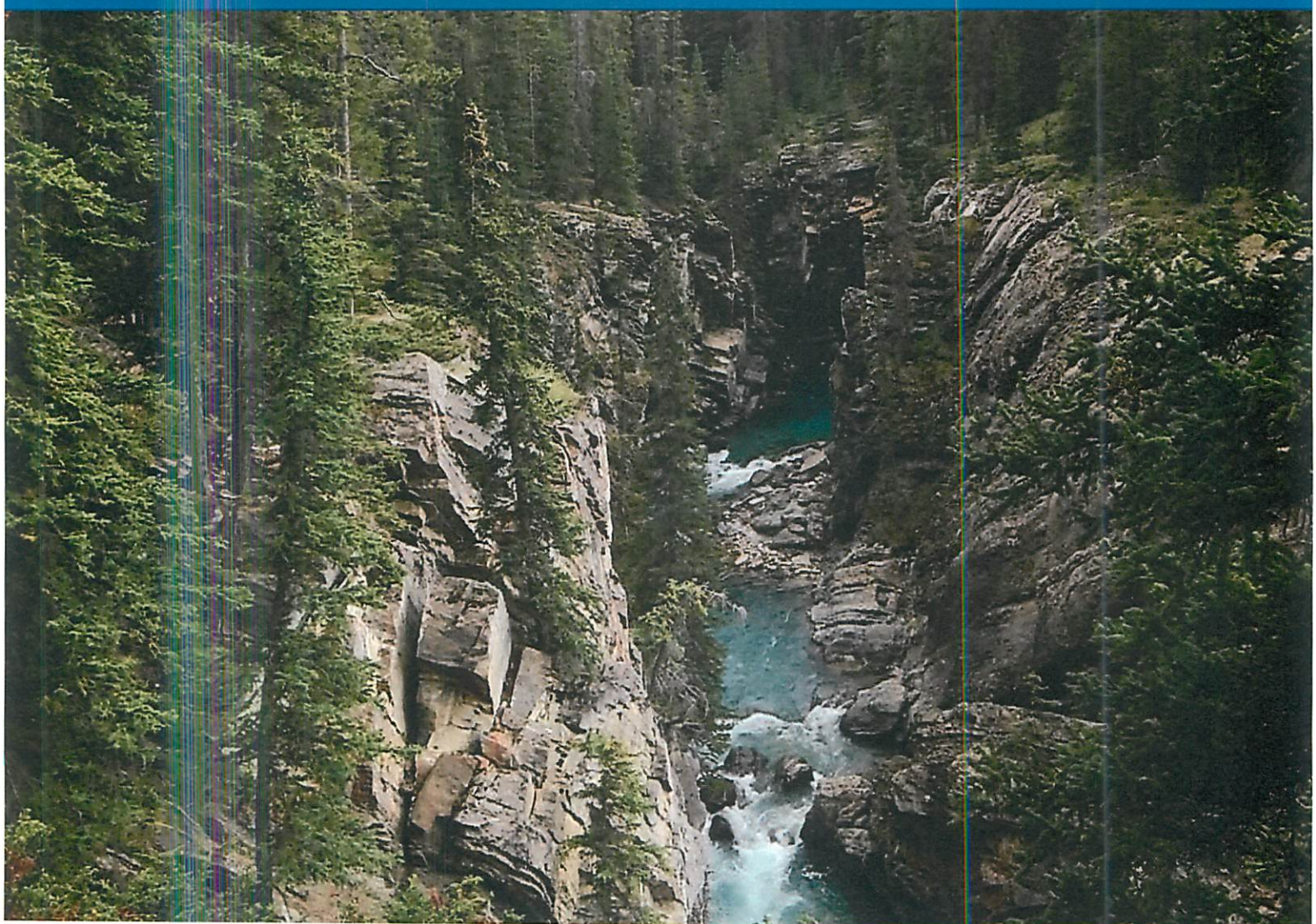
OHSU Family Medicine Residency
Capstone 2019

Adventure Therapy for the Treatment of Addiction



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Background

Adventure therapy (AT) is a widely utilized treatment modality applied to a range of clients including adolescents, adults, and families defined as "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." The authors of this definition have taken into account that AT programs and interventions operate along several continuums ranging from the front country (e.g. challenge courses, group rooms in offices) to backcountry wilderness environments, and from shorter outpatient interventions that function tangentially to traditional treatment models, to longer and more residential based programs involving lengthy wilderness expeditions (1). Recent meta-analyses of AT have shown modest beneficial effects on various measures and client outcomes (2,3). Despite increasing use of AT in professional practice and associated research, there remains a "black box" with regards to understanding how and why AT works and for whom it works. Reasons proposed for this lack of understanding include lack of detailed program descriptions and guiding theories and primary emphasis on outcomes or effects, and not focusing on how the effects are produced (4).

Substance use disorders are common (20.5 million Americans age 12 or older had a substance use disorder in 2015), and opioid addiction including abuse of prescription pain relievers and heroin accounts for approximately 10% of these substance use disorders. (2 million of the 20.5 million Americans with a substance use disorder in 2015 had a disorder involving prescription pain relievers and 591,000 had a disorder involving heroin) (5). Primary care physicians are often the first line of contact for patients with substance abuse disorders and should be familiar with both medical and behavioral therapies for these disorders. AT is a promising treatment modality gaining rapid popularity in the treatment of many psychosocial issues including addiction. Documentation of program curricula, evaluation of treatment outcomes, and analysis of factors that contribute to outcomes is necessary to lend further credence to the theory and development of AT programs. Given the widespread prevalence of substance use disorders, particularly opioid use disorders, there is a clear need for accessible and innovative treatments for addiction. AT with its adaptability in terms of location (rural and urban settings), treatment applicability for various age groups and psychosocial issues, and ongoing research with regards to understanding how it works thereby allowing for continued improvement has enormous therapeutic potential.

Specific Aims

The primary objective of this Capstone project was to further understanding of how and why AT works in the treatment of addiction, with the goal of shedding light on the AT "black box" by:

- Writing a detailed program description including guiding theory for a successful AT program
- Analysis of qualitative comments collected from AT clients during and after their AT experiences to identify program components felt to be contributory to their treatment

A second objective of this project was to lay the groundwork for the developing an AT rock climbing program for use in the treatment of addiction.

Methods

Project I: Shunda Creek Manual

For Project I, I worked with Shunda Creek staff to write a detailed description of their AT program including guiding theory. The aim of putting together this manual was multifactorial, not only with the goal of shedding light on the AT "black box," but also for use as a reference for current staff, and as a training manual for incoming staff; explanatory for the Alberta Health Service (to which Shunda Creek is held accountable); and informative for others who may wish to develop their own AT program. It also solidified my personal understanding of Shunda Creek's guiding theory, allowing for thoughtful analysis of client comments in Project II, and creating a schematic for how components specific to the Shunda Creek AT program may lead to positive client outcomes. Lastly, by writing the manual and through interactions with Shunda Creek staff, researchers, and clients, I built a strong foundation in AT theory from which to design an AT rock climbing program.

Shunda Creek is a voluntary twelve week wilderness based residential treatment program providing addiction treatment for young adult males ages 18-24 through intensive AT experiences including hiking, backpacking, canoeing, mountain biking, rock and ice climbing, etc. It is located in Alberta Canada approximately a 230 km drive north of Banff National Park. The program was started in 2009. Staff at Shunda includes a Program Supervisor (Jeff Wilson), a Wilderness Facilitator (Will Black), two therapists, three shift supervisors, and nine addiction support workers. Based on the Shunda Creek Alumni Report (Appendix 1, pages 59-71), the completion rate for clients between 2009-2017 was 63.7% (113/168) which is higher than the U.S. national completion rate of 51% for residential treatment for addiction. Follow-up on alumni who had undergone treatment between 2015-2017 suggested that treatment completers were doing well and better than non-completers. Shunda Creek

has partnered with Dr. Keith Russell (Western Washington University) and Dr. Lee Gillis (Georgia College) to conduct ongoing AT research.

The complete Shunda Creek Manual can be found in Appendix 1. For convenience, in the results section, I have included a summary of guiding theory from the manual felt to be relevant to interpreting the results of Project II.

Project II: Thematic Analysis of Shunda Creek Client Comments

For Project II, I performed thematic analysis of client comments collected during (intra-therapy comments) and after (alumni comments) their Shunda Creek twelve week AT course with the goal of identifying program components felt to be contributory to clients' treatment. Comments were analyzed in the context of current research at Shunda Creek involving the Adventure Therapy Experience Scale (ATES) and guiding theory, through which I developed a schematic diagram for how AT components may lead to positive behavioral change and sobriety. The ATES is a 21 item scale (later revised to 16 items) relating to four factors: Group Adventure, Reflection, Nature, and Challenge believed to be inherent in AT. The items are scored on a Likert Scale from 1-7 with 1 being the least impactful/least meaningful and 7 being the most impactful/meaningful for an individual's treatment goals. The ATES does not appear to be burdensome to respondents (average completion time 5-10 minutes) and the internal consistency is high for the total scale and for each of the four factors (6). The client data sets had been stripped of any personally identifying information. The intra-therapy data (collected between 2014-2015) included a client number, number of adventure experiences participated in, ATES scales for each experience, intra-therapy comments to the question "What other thoughts or feelings would you like to share about your experience?" for each adventure experience, and whether the client had completed the full twelve week AT course. The intra-therapy data set was combined with alumni data (collected between 2015-2017) for the same clients that contained comments to the question "What do you think was the most important thing that you learned during your treatment experience at Shunda?" The combined data set included 41 clients for which there was both intra-therapy and alumni data. (Appendix 2 is a spreadsheet of the merged intra-therapy and alumni data). An Institutional Review Board (IRB) request for determination was sent to the OHSU IRB committee who made the determination that this was not human research (Appendix 3).

The ATES Scale: Questions 6, 8, 14, 20, and 21 later dropped from the scale due to extreme collinearity with other variables in the overall model fit

Table 3. Factor Structure of the Adventure Therapy Experience Scale.

	Factor			
Item	1	2	3	4
Factor 1: Group Adventure				
10. I was able to bond with my peers during my experience	.854			
13. I found the leaders to be helpful and supportive on my experience	.844			
4. I was intentionally supportive and encouraging of my peers	.837			
5. I felt little to no sense of accomplishment	.808			
3. I did not feel part of this group	.794			
2. I enjoyed the physical exercise	.772			
20. Just being in nature restored and energized me	.744		.422	
11. I was just going through the motions	.723			
7. I achieved my treatment goals	.701			
8. I found it difficult to apply the lessons learned	.554			
Factor 2: Reflection				
18. This experience led me to examine my behavior		.802		
9. I now think differently about my life		.738		
17. This experience brought up new emotions for me		.687		
19. My actions and thoughts were intentional		.611		
Factor 3: Nature				
1. I enjoyed the simple beauty of being in nature and reflecting on my life			.876	
12. Getting away and being in nature was especially meaningful for me			.867	
6. The leaders helped me understand what this experience could mean for me			.489	
Factor 4: Challenge				
16. I was physically challenged.				.801
15. I was pushed beyond my limits				.781
14. I was often preoccupied with other member's comments and had a hard time staying present				.741
13. I found the leaders to be helpful and supportive of my experience				.679

Note. Exploratory factor analysis was set to load only factors above .400.

Project III: Laying the Foundation for an AT Rock Climbing Program

For Project III, I wrote and posted a seven question Google survey (Appendix 4) via social media (Facebook) to rock climbing groups based in Oregon, Arizona, Kentucky, and Sweden. Responses were collected over the course of a month. Respondents were presumed to be age 13 or greater (the required age for Facebook users). The goal of this survey was to gauge the attitude of the rock climbing community with regards to how rock climbing may affect mental health/mental well being and to see if survey responders would be willing to volunteer at a local AT rock climbing program. I felt

that it is important to have buy in from the rock climbing community with regards to starting an AT rock climbing program as the program will need to share resources (gym and crag space) with current rock climbers, and ultimately clients may wish to continue rock climbing at the end of the program. Positive interactions with rock climbers that work or volunteer for the program will be important to helping clients transition from the program to climbing with partners from the greater rock climbing community. Survey respondents had the option of sharing a comment with their thoughts about the survey, with many of the comments mirroring the themes identified in Project II by AT clients in the alumni phase. An IRB request for determination was sent to the OHSU IRB committee who made the determination that this survey was not human research (Appendix 3).

Results

Project I: Shunda Creek Manual: Guiding Theories

Shunda Creek Applied Theory: Touchstones

Touchstones

- Touchstones teach us about our automatic default patterns which are, most of the time, in our blind spots
- Help develop:
  - mindfulness and being present
  - new patterns of thinking and acting for better outcomes
- Provide the basis for a cultural language to communicate individual feelings/emotions, group mood, and intentions

6 Parts

- At risk/At stake
- Emotion of self
- Mood (emotion of group)
- Mindset/Action Correlation
- Attention/Intention Alignment
- Reflection of "What's so"

At Risk/At Stake

Our biology is set-up to assess the degree of risk we are taking. We have a negativity bias towards risk and when ascertaining what could affect us and what could go wrong. This is the "At Risk" neurobiology mode for survival. We are generally built to follow the path of least resistance.

Using our attention center (neo cortex, pre-frontal cortex), we can consciously and deliberately consider the "At Stake" side.

The "At Risk" side focuses on what's to lose, survival, and protection. It is the automatic default and can lead to tunnel vision. Often involves recycling what has already been accumulated through early history.
The "At Stake" side focuses on what's to gain and requires one to be conscious to consider this. This is the area where we can experience control of our attention consciously on chosen intentions.

At Risk	At Stake
Survival	Thriving
Unconscious	Conscious
Reaction	Responding
Decided (unconscious)	Choice
Limiting/preventing possibilities	Allowing/considering possibilities
Stay the same (holding on)	Change (move forward)

The Dance with the Dragon
Describes the challenge from defaulting to use of the back half of our survival brain (Dragon) to shifting use to the front half of our thinking brain. This can also refer to shifting between pre-contemplative (not thinking about changing) and contemplative stages (considering changing) within addiction recovery.

Emotion and Mood
Emotion describes an individual's current feelings/disposition.
One's emotions will determine the quality of his actions.
Emotions can be affected by the mood of the group or team we are with.
Becoming aware of self emotions and group mood allows one to gain more personal power to make productive choices.
Demonstrating self awareness to contribute positively to the group mood "We all" in spite of potentially difficult/negative circumstances is an act of personal leadership and produces better results for oneself (and usually for the group).
Pacing- society/groups do not necessarily move the way one personally would like them to (e.g. don't always walk at the same rate). If we want to be a contributing member and have interactions that breed success, one must find the pace the works for both the "We all" and one's self.
Pacing therefore is an opportunity to practice mindfulness of self as well as others.

Mindset/Action correlation
Intention/Attention alignment

Anything we do involves just 3 basic human performance functions:
1) Speak to ourselves
2) Listen to ourselves
3) Move our bodies

How often do we think about what pops into our heads, what we are saying to ourselves? (How often are we conscious of this?)

We tend to look for evidence to be right but often forget about actually seeing what is right.

What we tell ourselves and listen to correlates with the actions we take (such as moving our body).

If we use climbing as an example, we could look at it from an At Risk or At Stake perspective, and see how that influences our intentions.
At Risk -> do not fall (this is often our unconscious intention)
At Stake -> continue climbing (conscious intention)

When our intentions shift (falling to climbing or vice versa) our attention also shifts.

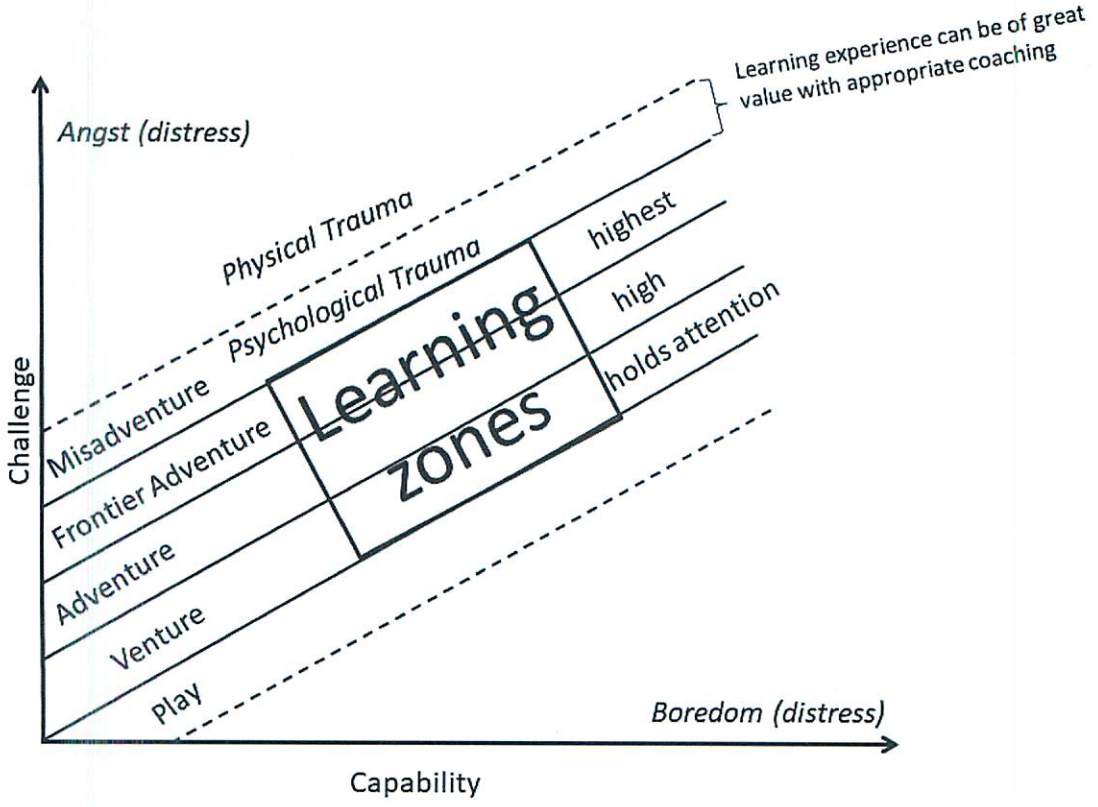
Noticing what we need to pay attention to, such as consciously choosing intentions, accelerates learning and change and is a powerful way to strengthen our brains.

Reflection and What's So
When we track through the touchstones and observe our own thinking and behavior we can then see:
What is happening (without judgement of right/wrong, good/bad, about self vs. others)
What happens
What can happen (out of choice for yourself)
What's so

Noticing the conversation that popped into your head is important for recognizing patterns and where the Dragon may be leading you.

We cannot see ourselves in action (that makes us blind), but being more aware of what is happening to you in a situation can allow you to identify choices which in turn helps you control your future.
– Will Black, Shunda Creek Wilderness Facilitator

Shunda Creek Applied Theory: Adventure Thresholds



Adventure Thresholds

Adapted from Mortlock's Adventure Philosophy (1984) and Simon Priest's The Adventure Experience Paradigm (1986)

The road to personal mastery involves developing a self awareness of where we are at in particular moments.

Change involves altering a code or pattern of behavior our bodies have experientially learned from our various personal histories. They are very often transparent to us. Growing into the future we desire means of discovering and altering some of those things or ways of being that no longer serve us but may be holding us back.

Human beings are comfortable with being comfortable. Change, most of the time, is not necessarily comfortable. Yet it is outside of our comfort zones we have the greatest opportunities to learn about ourselves. The adventure thresholds model is a tool in self awareness in learning about how far outside our comfort zone we can or should not go for optimal return on learning and change.

Stage One: Play

- Activity which is considerably below one's normal abilities
- Minimal involvement in terms of emotion, skills, mental control, concentration or learning attention

- Fear of physical harm is absent
- Responses can range from pleasant and fun to boring, waste of time, or indifference
- As a relatively inconsequential value

Stage Two: Venture

- Activity within one's abilities
- Fear is absent
- Mental control and learning attention are involved
- Responses fall into a category of kind of "looking on purpose" for insights
- Consequential when the activities link to the next stage is appreciated

Stage Three: Adventure

- Feel in control of situations
- Can use experience and abilities to overcome technical problems
- Fear of physical harm absent, though peer pressure may be a factor (nervousness or mild fear may lurk beneath the surface)
- Outcome clear and certain (barring incidentals) and likely to bring satisfaction (instinctively)
- Not too near to personal limitations
- Attention is engaged fully
- Sense of time/space just outside of attention or concerns
- Body-mind alignment intermittent
- Start of capabilities development (steeper learning curve)

Stage Four: Frontier Adventure

- The stage only just beyond stage three
- Perceived/real fear present, demanding concentration
- At the envelope of individual's conversation of limitations
- No longer complete master of situations as outcome has a relative degree of uncertainty
- Effort required as one's experience/skills are challenged/tested
- Great feelings such as euphoria, vivid bodily experience enhance satisfactory outcome (biological shift); the degree to which is proportional to the scale and intensity of the experience
- Requires a matched consistency of body-mind intentional alignment
- Sense of time and space not apparent as domains of being merge
- Attention engaged fully and intensely
- Can provide a "shearing shift" upwards of one's capabilities as well as shift in biology/conversation
- Will reveal one's authentic bodily behaviors constructively

Stage Five: Misadventure

- When challenge is way beyond control of the individual
- The ultimate form is death (rare) but can range from serious physical trauma to various degrees of physical and psychological trauma
- However, misadventure may occur without physical harm, but with overwhelming fear and/or perceived risks

- In mild cases of stage five, the learning experience can be of great value to the participant depending on their conversation and coaching received
- An unjustifiable stage to impose deliberately on others

At Shunda Creek, we invite clients to explore the frontiers of understanding themselves and their relations to their addictive processes in the larger world. We also believe that there is accelerated learning available in the original environment- wilderness. With intention, growth will happen in frontier adventure.
- Will Black, Shunda Creek Wilderness Facilitator

Project II: Thematic Analysis of Client Comments

The merged intra-therapy and alumni data sets included a total of 41 clients. Clients completed anywhere from 1-6 adventure experiences during their twelve week AT course, averaging 3.6 adventure experiences per client. 72% of the clients in this data set completed the twelve week AT course (higher than the 63.7% completion rate seen in the pooled alumni data between 2009-2017, see Appendix 1 Alumni Report). Thematic analysis of intra-therapy client comments in response to "What other thoughts or feelings would you like to share about your experience?" overall fit nicely within the four factors: Challenge, Group Adventure, Nature, and Reflection identified in the ATES analysis with a separate recurring theme of Sober Fun also being recognized as a common emerging theme (Appendix 2). The corresponding alumni comments in response to "What do you think was the most important thing that you learned during your treatment experience at Shunda?" largely fell into themes of Sobriety, Communication, Relationships/Connection, and Self Knowledge/Self Awareness/Self Confidence/Authenticity (Appendix 2). Below is a sampling of the client comments and their thematic categorization.

Shunda Creek: Intra-Therapy Client Comments

"What other thoughts or feelings would you like to share about your experience?"

Sober fun:
"I realized there are all kinds of fun beneficial things to do instead of drinking."
"Absolute blast. Will never forget any of it."

Challenge:
"It was an opportunity that pushed me and also felt good to me."
"I felt like the trip was very challenging physically and mentally."

Group Adventure:
"It was great to be a part of this experience. Awesome to see Dwayne conquer his Dragon repelling."
"It was a blast. Can't wait to do another canoe trip. Although I feel at times I pushed my paddle partner too much."

Nature:
"Going on those trips allowed me to connect with nature which allows me to realize what a connection is."
"Just being out in nature and hiking was a fun experience and peaceful. Gave me time to think a lot about my life and reflect."

Reflection:
"Had a wonderful time, took so much in and also realized there are still somethings I will have to carry on working on."
"These trips provided me a great opportunity to learn more about myself as well as others."

Shunda Creek: Alumni Comments

"What do you think was the most important thing that you learned during your treatment experience at Shunda?"

Sobriety:
"Tools for sobriety"
"Deal/cope with cravings"

Communication:
"Communicating my feelings and not being afraid to feel and talk"
"How to communicate better with everyone"

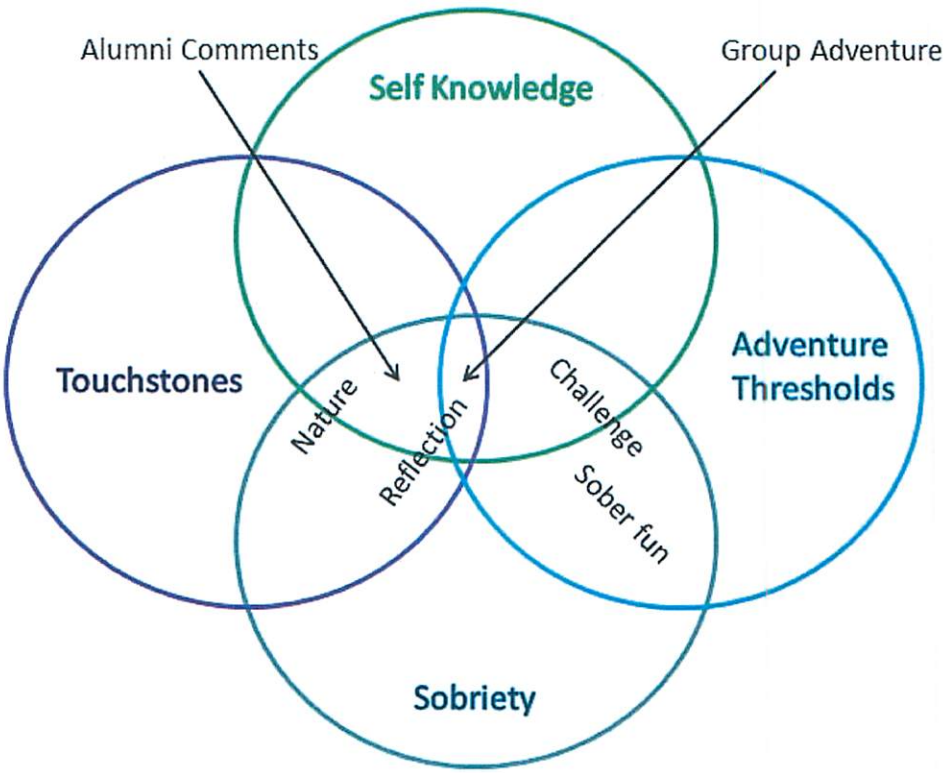
Relationships/Connection:
"Learning how to be in relationships (friends, family etc.)"
"Connection- connecting w/others. Feeling a sense of family."

Self Knowledge/Self Awareness/Self Confidence/Authenticity:
"Awareness of my body and thoughts"
"Being myself"
"I have a lot to offer. I am strong. I have a voice."

Themes emerging from client comments not only fit well within the four ATES factors of Challenge, Group Adventure, Nature, and Reflection but also fell into concepts taught through Shunda's guiding theories, Touchstones, which focuses largely on mindfulness, reflection, communication, relationships, and self awareness, and Adventure Thresholds which encompasses concepts of fun/play, challenge, and adventure. Taken together, I developed a schematic for how Shunda Creek's AT program leads to positive behavioral changes for clients. Starting with Sobriety (as clients come to Shunda immediately after detox) with staying sober remaining a continued goal, this leads to enhanced Self Knowledge with the assistance from both Touchstone and Adventure Threshold guiding theories to maintain Sobriety and further Self Knowledge. In the diagram, the sweet spot during the twelve week AT course occurs within Group Adventure, the merging of concepts from Touchstones and Adventure Thresholds. In a recent paper by Dr. Keith Russell's research group, weeks where clients scored highest on the ATES in Group Adventure correlated with high scores in helpfulness and mindfulness as well as decreases in their Outcome Questionaire (OQ-45.2) scores corresponding to improved psycho-social functioning (7). Upon completion of their 12 week AT

course, alumni comments shift back towards concepts within the Touchstones showing retained skills from this area of guiding theory for maintaining sobriety.

Schematic



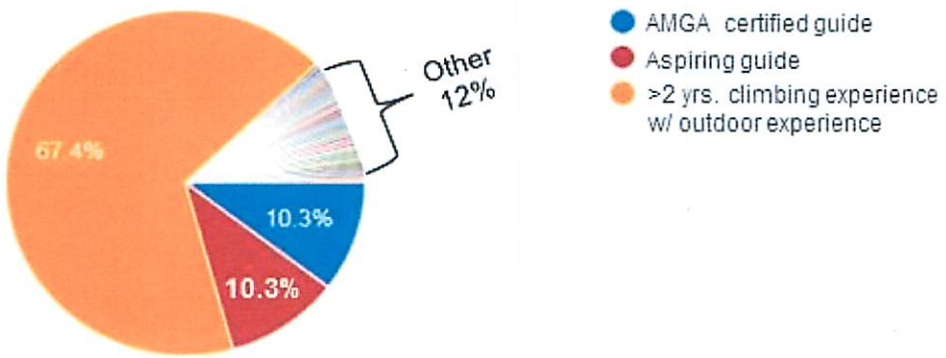
Project III: Laying the Foundation for an AT Rock Climbing Program

The Google survey posted in various Facebook climbing groups collected a total of 261 responses over a month. Over 67% of respondents had two or more years of climbing experience including some outdoor climbing experience. Most of the respondents did not work for climbing gyms or guiding companies (89.7%). The vast majority of respondents (71.6%) identified as living in the United States (U.S.) West, with smaller percentages living in the U.S. South (6.1%), Midwest (5.1%) and East (3.6%). Thirteen percent reported living outside of the U.S. A majority of respondents felt that climbing was important to their mental health/mental well being with 54.4% ranking it as very important, 34.1% ranking it as fairly important, and only 10.3% and 1.2% ranking it as slightly

important or not important, respectively. There was variability in respondents ranking of components identified through ATES and likely to be associated with rock climbing that may convey therapeutic benefit such as Nature, Challenge, Physical Activity, Accomplishment, and Peer Support. An overwhelming majority of 82% answered "yes" to being willing to volunteer at a local rock climbing program aimed at treating mental health conditions such as addiction, anxiety, or depression. Seventy-one respondents provided a voluntary comment regarding the survey (Appendix 5). Of those who provided comments, many wrote about how rock climbing has contributed to their mental health/well being or that of a loved one. Themes within these comments mirrored those of the Shunda Creek alumni comments with Relationships, Connection, Self Knowledge/Self Awareness/Self Efficacy, Sober Fun, and Healthy Coping emerging as commonalities. Below are the data collected from each of the survey questions with a sampling of the respondent comments and their thematic categorization.

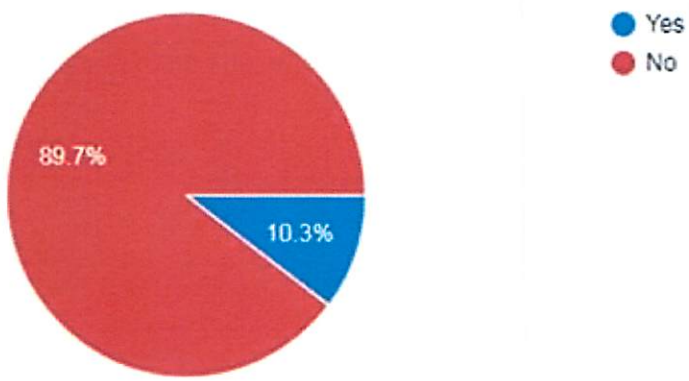
1. What best describes you?

261 responses



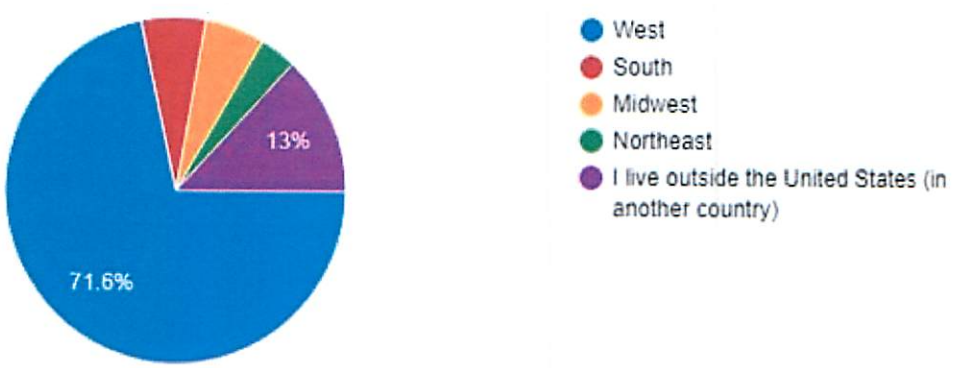
2. Do you work for a guiding company or a climbing gym?

261 responses



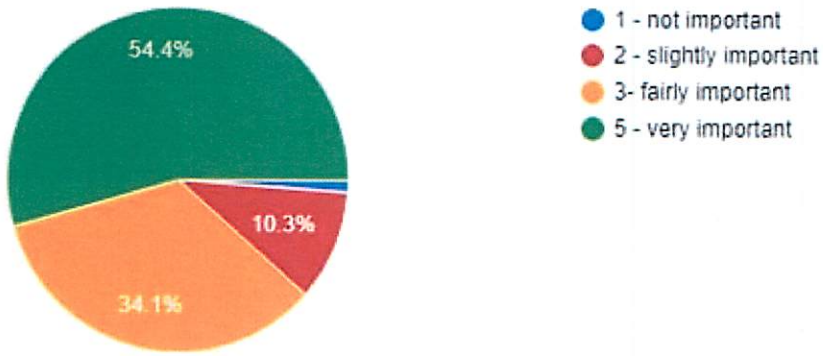
3. What region of the United States do you live in?

261 responses

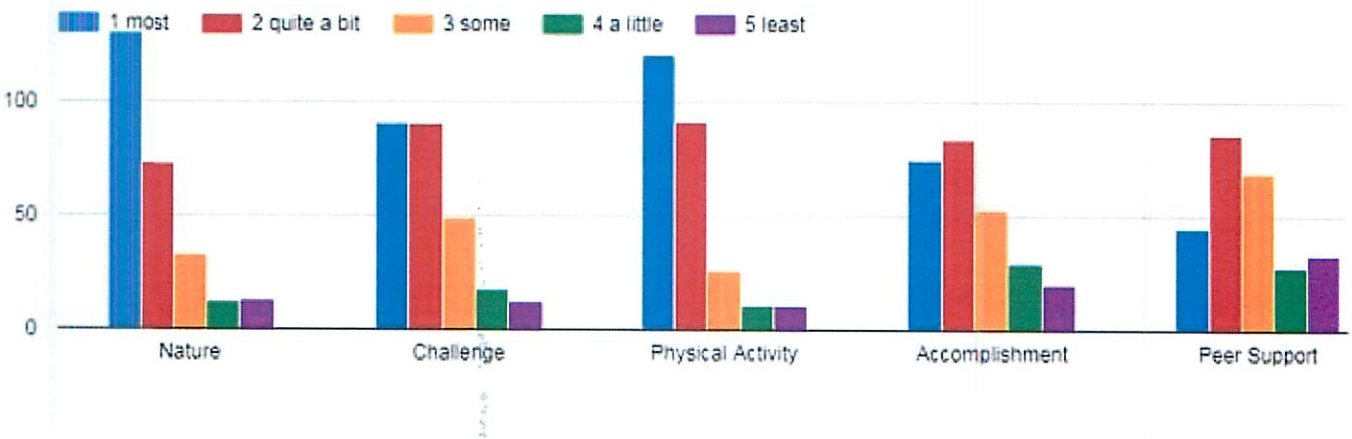


4. On a scale of 1-5 how important do you feel rock climbing is to your sense of mental health/mental well being?

261 responses

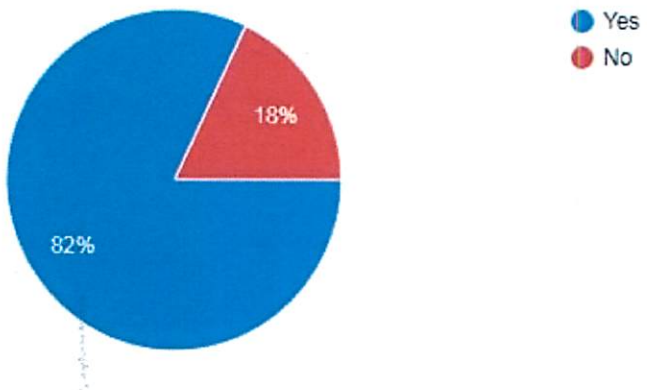


5. Below are listed some aspects related to rock climbing. Please rank in order from 1 to 5 how you feel these aspects contribute to your mental health/well being (with 1 being the most contributory and 5 being the least contributory).



6. If a program existed locally that used rock climbing in the treatment of mental health conditions such as addiction, anxiety, or depression, would you be willing to volunteer your time and climbing skills to help with this program?

261 responses



Rock Climbing Survey Results: Comments

7. Comments? (71 total responses)

Relationships and Connection

"**Climbing and related rope sports are part of why I haven't killed myself yet. It gives me community** (that part took a while), making me **plan things for the future** (on days where I was living 5 minutes at a time this meant everything) and **feeling like part of a team** (I'd practice skills at home like knots/ anchors/research emergency bail scenarios) doing things to occupy my time knowing that I was building on valuable skills resulting in me becoming a trusted person to be invited on the bigger trips, getting me out of the house instead of being trapped in a downward spiral of depression and hopelessness I was building a foundation of badassery that gets me out of my mind. I still struggle, I'm drunk right now and the sun is still up, but climbing and the related outdoor world is saving me from myself."

Healthy Coping and Sober Fun

"Just a little personal story. I quit drinking a year ago, after recognizing my addiction to alcohol. I lost all those drinking activities, and most of my social group. So I got back into climbing. While AA was there for me at the beginning, climbing is what sustains my sobriety today. **Whenever I have a day that would typically drive me to drink, I climb instead.** I have a social group filled with positive, supportive individuals that cheer me on, whether on the wall, or in life. There's a saying that the opposite of addiction isn't sobriety, it's connection, and I found that to be incredibly true."

Self Awareness and Healthy Coping

"I have an anxiety disorder and mild depression. **Climbing has helped me start to work through a lot of issues and gain "control"** over my mental state."

Self Efficacy and Mastery

"My child has a lot of anxiety and fear trying new things but some for reason responded really well to rock climbing as the 'fun' overtook the 'fear'. He was 7 at the time, now 10. I could see his confidence increasing exponentially before my own eyes. I can only imagine what it could do for other(s)."

Discussion

AT can be an effective treatment for addiction as evidenced by current meta-analyses (2,3) as well as alumni data from Shunda Creek's AT program (Appendix 1). Shunda Creek sits in a unique position to shed light on the AT "black box" with a detailed program description including guiding theory and ongoing AT research. Going forward, I will work with the staff at Shunda Creek to ensure that their manual is accessible to AT researchers and those who are interested in developing similar AT programs. My Capstone work started the preliminary process of organizing client comments into a thematic analysis, with common emerging themes fitting well with ATES factors and supporting Shunda's guiding theories of Touchstones and Adventure Thresholds as leading to positive and meaningful change for clients. In order to make the thematic analysis more robust, the current data set should be merged and analyzed with ongoing data collected from clients who have more recently

completed the program (increasing the "N"), and one or more additional coders should help categorize the comments into themes to reduce any bias.

Through the Google survey, the rock climbing community has been shown to be largely supportive of the use of rock climbing to help treat mental health conditions. Similar themes as compared to Shunda Creek alumni comments emerged from rock climbers who feel that climbing has impacted their mental health/mental well being.

There is a clear need for effective treatments for substance abuse and mental health disorders, particularly given the recent opioid epidemic. AT has enormous potential for helping to treat these disorders, and through my Google survey, participants of at least one adventure activity, rock climbing, appear ready to support such programs in their communities. As compared to urban opioid abusers, rural abusers are more likely to have socio-economic vulnerabilities that may put them at risk of adverse outcomes (8). AT is often conducted in wilderness/rural areas which may make it more accessible to rural populations. Adventure activities such as rock climbing have been shown to have a beneficial economic impact in rural areas, making AT a win-win for both clients and the community (9).

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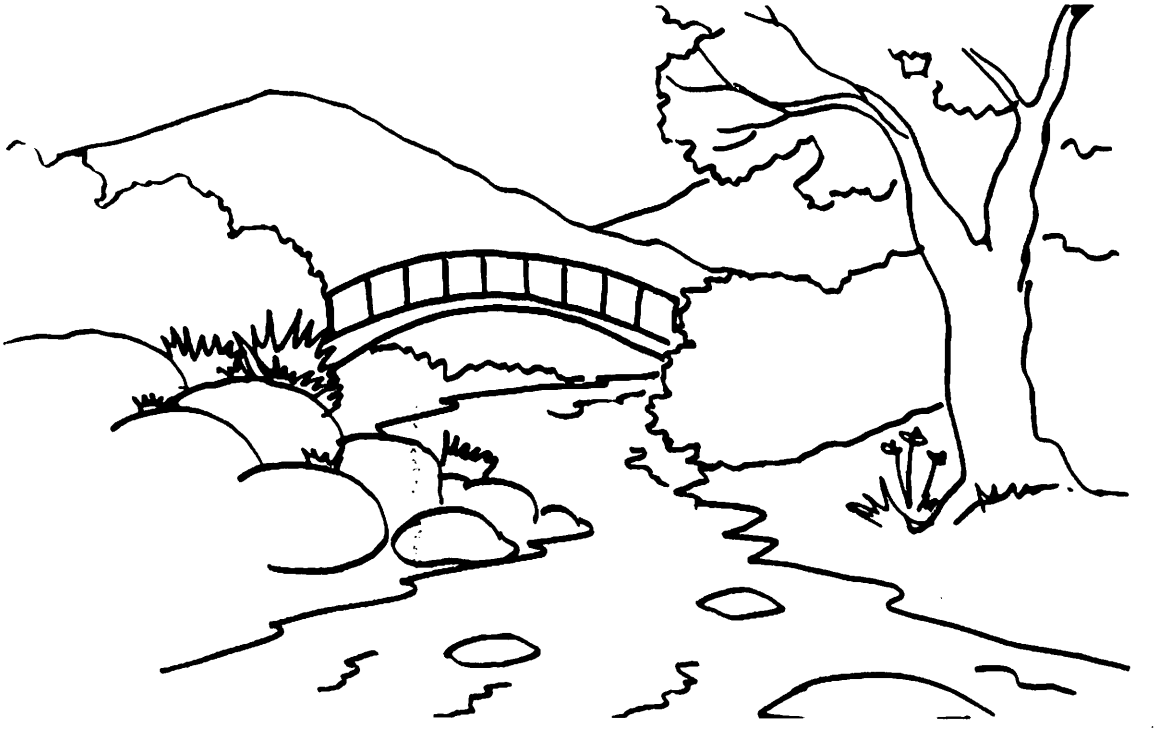
Appendix 1

Enviros Shunda Creek Manual



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This manual/guidebook has the ability for additions and adaptations – a build your own kit unique to your program/need. The Enviros Shunda Creek material is clearly marked with the share copyright, and we ask that anyone using this material carry forward this copyright.

Forward

The goals of this manual/handbook are many and varied, and include:

1) Leadership paradigms we embraced/lived
2) This is a history of Shunda Creek -every culture needs a history and a language
3) It defines the driving vision
4) This can stand as a primer for developing a program
5) Serves as a philosophical stand that can drive the approach/practice in any program
6) Serves as a staff and/or client manual
7) Shows how the current program is tied to a mandated government curriculum
8) Attempts to show how everything connects – is inter-related
9) Demonstrates the feedback mechanisms to check and hold accountable the vision and the practice
10) Foundational pieces (Cornerstones) which are old and tried and true
11) This manual will hint at the depth, but can't possibly explain it all. It is a synergistic whole, being developed and the magic happens within the spaces between each of the defined structure – within the relationships and inter relationships. Rather, the alignment and culture must be built and tended regardless of what issues you are addressing or creating within any program or community.

It's this simple:
It all comes back to good people, their own journey of self-discovery, genuinely walking alongside and listening to the unique story of another human being, with respect and without judgement. Hillary Harper named this original vision "companions on a journey" which later evolved into a more integrated "shared journey."
It comes down to the absolute basics of relationship (with self, other clients, staff), belong (to a recovery community), sense of connection to land, having another human being truly listen to your story without judgment, re-defining purpose and a future dream/mission.
The Journey, not the Arrival. -Jeff Wilson

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Program Description

General Program Description

Enviros Shunda Creek provides addiction treatment for young adult males 18-24 years of age by providing intensive adventure based wilderness programming.
The 12-week voluntary program addresses substance abuse issues that require residential treatment and support in an isolated environment. Shunda Creek is a 10-bed wilderness based residential program provided in partnership with Alberta Health Services (AHS) and funded by AHS at no cost to clients.
- Enviros Website www.enviros.org

Enviros
Enviros is a not for profit social service agency that creates individualized learning experiences in safe environments that help individuals and families. Enviros offers a range of therapeutic programs to keep families safe and strong, help children, youth and adults with addiction, mental health or other challenges. - Enviros Website www.enviros.org

Program History
In 2009, Enviros worked to get 10 addiction treatment beads through a Young Adult Treatment program in Alberta for males ages 18-24. They already had a 10 bed co-ed program, Basecamp, serving the under 18 age group with Alberta Alcohol and Drug Abuse Commission (AADAC) later moved to AHS. The founders of Enviros Shunda Creek were given full access to all of this program and toured. This was helpful for institutional policy and documentation and to establish some baselines and parameters. As far as the program design and philosophical approach, we had a different context so we chose a different path. Given the nature of an adult voluntary clientele and the depth of risk they were experiencing, we began to create a program that centered around a shared journey of clients and staff. We introduced the concept of "operating in the gray" where the lines of expert/learner, staff/client, control/autonomy, structure/flexibility are merged into an exploratory dialogue. This also includes intentionality and non-judgement. This dance, this balance, is, by nature, messy. It is also a reflection of real life – where every moment of every day can provide therapeutic value and requires self-awareness and open dialogue. This was the 2009 starting point of the Shunda Creek vision. The core of this vision is still strong and guiding. The congruency of the vision has been evolving. Indeed, part of the original vision would be that it is always in evolution – there is no arrival. And, that there is a culture that carries the core vision while the program itself adapts and grows as clients, staff and other systems inevitably change. We continue to create a resilient culture that offers life changing opportunities. -Jeff Wilson

Shunda Creek Founders
Jeff Wilson, Program Supervisor, Enviros Shunda Creek
B.Sc., Full certified Child and Youth Care Worker (since 1991)
35 years in Wilderness/Experiential Programs

Serena Rose
MA Counseling, Bed, BRM
Background in Wilderness and Experiential Programming, the Hakomi method of psychotherapy, Right Use of Power facilitator training

Will Black, Wilderness Facilitator

Bev Oldham, Program Manager

Current Staff

1 Program Supervisor, Jeff Wilson (develops the staff team, holds the vision and culture, anticipates and moves the big picture forward)
1 Program Manager, Bev Oldham (handles the main office, advocates for Shunda, works within the larger systems, etc.)
1 Wilderness Facilitator - Will Black (Intentionality, Touchstones, mentorship for staff and clients, tracks the culture, Wilderness tools, etc.)
2 full time therapists
3 shift supervisors (staffing, logistics, wilderness trips, etc.)
9 Addiction Support Workers (frontline – do everything)
¾ time admin. person (research data input, payroll, scheduling, all of the paperwork I hate to do!
Relief workers (try to maintain a few steady workers who can then work into the rotation of full time)
Alumni facilitator (tracks clients after they leave, monitors the alumni Facebook page, sets up alumni
Researchers, Keith Russell and Lee Gillis (Feedback Informed Treatment)
Alberta Health Services – consisting of a supervisor, 2 intake workers, and a family therapist – they also are integral to our team and program and serve intake, families, and aftercare.

The Roving Leadership means most positions are fluid at any given time with decision making less hierarchical and more situational. This also allows peoples' passions and creative gifts to come out in service of the clients and program.

Practicum placement program: This is usually MSW, Masters of Counselling, or senior level Addiction Counsellor though we are open to the experience of the person applying!

2 Alumni Ambassadors who get some financial support to set up alumni activities, one-on-ones, attend meetings in their area.

Vision

To be a recognized as a world class addiction treatment program.

The Shunda Creek Mission
"Instill an Intentional Shift and Movement towards a New Way of Life leading to...
...Personal Growth,
...Lasting Sobriety, and an
...Awakening of one's Spirit
to find Purpose in Life."

The Shunda Creek Motto
"We'll come where you're at, and we'll go where you're to"

Key concepts to the Motto:
- client first/client driven
- individualized treatment plans/embrace and work in the gray: adapt to unique needs of clients, explore "how's that working for you?" rather than "Do this, because I said so."
- non-judgemental
- value diversity

Shared Journey/Relationship
Clients and staff engage in a journey together promoting self-awareness and discovery.

At Shunda, staff and clients are on a shared journey of exploration and discovery. The commitment of staff to their own development serves as a catalyst for the growth in clients. The ethical framework of Right Use of Power makes us aware of and allows us to minimize the power differential that exists between staff and clients in their own personal paths to healing. We are guided in this process by Compassionate Inquiry, developed by Dr. Gabor Mate, to help "uncover what lies beneath the appearance we present to the world."

Key concepts to Shared Journey:
No one is an expert. Emphasize equality.
Flatten power/control dynamics and hierarchies
Focus on building relationships
Teamwork and collaboration
Accept feedback regarding mistakes/inconsistencies. Admit responsibility for mistakes, and apologize and make amends.

Intentionality
Mindfulness. Being deliberate and purposeful towards making change and being attentive to feelings and actions throughout the change process

Jon Kabat-Zinn defines mindfulness as "paying attention in a particular way: on purpose, in the present moment, and nonjudgementally." We offer clients some basic language around their own neurobiology which sets them up to look at how they function as human beings and the choices they have made in a more non-judgemental fashion. This allows us to take a more objective look at why we have behaved in certain ways and what we can do to change it. We create intentions to focus our attention on the changes that we wish to make in our lives and cultivate mindfulness of the present moment, the only place we can actually produce change in our lives.

Community and Culture

We strive to create a self-sustaining community culture where the clients and staff all hold each other accountable to both community norms and our intentions for change. We employ a common language to describe our experiences, based in an understanding of our neurobiology. We inform ourselves in issues of marginalization and oppression and seek to embody them in the culture. We strive to create a community where all participants are engaged in a process of self reflection and growth.

Integrated into this culture are teachings and traditions from indigenous populations including fire ceremonies, sweat lodge, and fasting.

The culture has processes of openness and accountability to learn and grow from mistakes or inconsistences. The Community Meeting serves as the gatekeeper for the culture and vision where staff and clients can discuss/resolve personal conflicts in a non-confrontational and non-judgemental way, collectively make changes to program structure, recognize one another for positive actions, and fill-out a research tool called the Engagement Questionnaire.

Congruence

Seeking towards integrity where everything fits together therapeutically, every moment of every day.
Inter-relatedness, connectivity, synergy

Flexibility, adaptability, and evolution

Neuro-plasticity with regards to redefining patterns of thought to change physiology and addictive behavior.
Roving leadership- whoever has a particular skill or passion steps up to a leadership role in that moment, and everyone ebbs and flows between leader, supporter, follower as a situation presents.
Clients enter and exit the program at different times and various staff members change based on schedules and hiring which can alter group dynamics but also enriches the learning process with new knowledge and interactions.
"A dynamic, ever changing evolution where we never arrive"

Expanding the understanding of therapeutic wilderness/adventure process and use

Gass, Gillis, and Russell define Adventure Therapy as "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." It allows our clients to walk their new talk in a truly experiential fashion. The use of wilderness allows our clients to learn more about how they respond to stress, while at the same time managing risk. It also provides opportunities to practice their new intentions within those experiences of heightened stress that can facilitate the development of new more healthy patterns.

Key concepts to Wilderness/Adventure Therapy and Experiential Learning:
Reparative nature (just being in nature is therapeutic)
Wilderness as healing (personal adventures, rites of passage)
Action/experiential learning – Engaging habits, emotions, and behaviors (some of which involve unlearning in certain situations) while others may be developed or discovered. Process of exploration and discovery.
Research opportunities with Keith Russell and Lee Gillis (please see research chapter)

Philosophical Stance and Influences

Philosophical Stance

Relationship at Shunda Creek

The stance we hold as people helping people at Shunda Creek, defines how our program operates, unfolds, and evolves. This stance and how it informs our working relationship with clients, is the platform for the client experiences at Shunda Creek.

How we are in relationship; how we "show up" and attend to the clients we serve is often fluid and intangible, while at the same time the essential framework and container for the application of the work we do. It cultivates and maintains the overall program culture. The qualities of the stance we hold can be innate and well developed, but we are attentive and mindful of how we use them every single day at Shunda Creek; no matter what our history is, what our training and professional experience might be, or what our particular mood might be on a given day. We hold a stance at Shunda Creek and we are deliberate at maintaining this stance.

What is this "Stance?"

This stance, which we could also call attitude, approach, mindset, philosophy or demeanor, is based on the concept that we are NOT the expert. We do not know what a client should do or tell them how they should change. Rather, we invite them into a process of shared journey and discovery. We walk alongside them as they learn about themselves, their addiction and about who they want to become. We are deliberate and intentional in recognizing power differentials and work to take responsibility for this differential in compassionate and attentive ways. In many ways, this stance is the ethical and value-based approach to the way we work with clients.

Our stance at Shunda Creek has been heavily influenced by Cedar Barstow and The Right Use of Power concepts and philosophy (www.RightUseofPower.org). The Right Use of Power Institute is a non-profit agency that builds on the work of Found and Director, Cedar Barstow who has developed experiential training and practical books and programs that support individuals and organizations to gain more skill, wisdom, and compassion in their use of power. As explained in her text,

"Power is simply the ability to have an effect or to have influence. However, the right use of power in positions of trust is not simply the result of good intentions. It is also the ability to act sensitively, creatively, and effectively in the service of others and yourself. This requires engaging attention, relationship mastery, and a lifetime involvement in increasing sensitivity to the impact of use of power" (Barstow, 2005 p.1).

We honor and respect the trust our clients have in us and in our program. This honor and respect requires us to be active and attentive in the relationships we have with each other and with clients. As a program, our miss is to "Instill an Intentional Shift and Movement towards a New Way of Life leading to...Personal Growth, Lasting Sobriety, and an Awakening of One's Spirit to find Purpose in Life." Young me come to Shunda Creek to do just this: to change their life. As clients, they are trusting us to help them do this. At Shunda Creek, we take this seriously and strive to act as consultants for these young men – consultants that are aware of their role, responsibility, and skills.

In the role of being a "helper," we strive to use our personal and role power to promote well-being and to repair, reduce, and prevent harm. We track the impact of our intentions as we work with our clients, and we "clean up," resolve, and repair the mistakes that we will inevitably make. We strive to empower clients to make

the changes they seek, and we work to cultivate healthy and attentive environment in which they can do the work they need, to change their lives in the ways they seek.

How Do We Practice Holding This Stance?

The key perspective we hold in maintaining our stance as a helper at Shunda Creek, is that it is indeed a "practice." We practice being attentive to our personal self- our moods, thoughts, actions and reactions, and emotional states. We practice being responsible for ourselves in midst of our relationships and our experiences at Shunda Creek. We also practice "pausing" in midst of everyday and challenging contexts, so we may be in a better position to respond to our clients, rather than react. We work to be in our positions at Shunda Creek (regardless of the position or role we are in) from a place of action – we are deliberately consistent in looking at ourselves and how we are showing up in our relationships with clients, in the program or activity we are facilitating and, in the day to day happenings at Shunda Creek including everything from making lunch to collaborating with team plans. We strive to stay in the here and now, and we track with our clients, when we ourselves fall into old habits and patterns in relationship that may be other than what we intend. As we strive to practice these things, we embark upon a shared journey. That is to say, we maintain the position that despite the role difference, we are all human beings working to be the best we can be and heal, grow, and change into the ones we want to be.

Being on this shared journey requires us to be consistently attentive to our presence and stance in relationship, and we maintain and cultivate this attentiveness through a variety of intentional processes and tools. We provide opportunities for both clients and staff to reflect back to each other how they are being experienced and how it may not be what was intended. We do this in one to one meetings with clients and staff, staff supervision and within staff team meetings. We do this at a weekly Community Meeting. This meeting provides the forum for all members of the community (including staff) to approach each other about ways they might have been "missed" within the relationship. Clients and staff get to voice to each other how they may be resentful of something that happened relationally or confront someone on a "story" they are beginning to develop with another. Space is held within this community meeting that is respectful and honest and allows clients, and staff in particular, to practice giving and receiving feedback and to repair and resolve relational misunderstandings.

Other tools we use to practice holding our stance with clients including coaching and supporting clients rather than instructing them. We practice compassionate inquiry where we hold a space neutral and supportive, to examine and inquire about how the client is "showing up" for themselves and others. And we work to support generative conversations where we seek to have a conversation about possibility, find opportunities for something new, and incorporate a plan of action to practice these "new ways." The invitation for an open dialogue is perhaps one of the most noteworthy components of our culture- we strive to have honest conversations with each other no matter what our role or position.

Our Stance in Relationship leads to...

Our efforts to maintain a culture of openness and inquiry, and our intention to hold this particular stance in our relationships at Shunda Creek evokes a quality of humility, attentiveness, and collaboration. We work to create an environment and culture that is safe and inviting as we recognize the incredible challenges involved in working to change one's life. We respect our clients; including the history and the setbacks they have encountered in their lives, especially relationally. Holding a stance that involves respect, compassion, equality and connection helps to build and re-build what we believe is integral to changing one's life: a renewed sense of self and self in relation to others and the world. We also believe that our ability to hold this stance and attend to

it when we struggle as staff, helps to support and cultivate a sense of congruence within the community. Our experience also indicates it helps support the development of a kind of "relational-mindfulness" within ourselves and within clients. In many ways this ethical and relational stance and or intention to maintain this stance fosters an attitude and skill set that enables us and our clients to notice, adjust, and move towards a more healthy and expansive way of being. – Serena Rose

Influences

Tools that were chosen with an "If it works, use it" approach

1. Right Use of Power http://www.rightuseofpower.org/
2. Mindfulness practices (Jon Kabat-Zinn)
3. Neurobiology
4. Trauma aware/trauma informed care
5. Non-violent communication (Marshall Rosenberg)
6. The Virtues Project https://virtuesproject.com/
7. Alcoholics Anonymous
9. Narcotics Anonymous
10. Simplicity Beyond Complexity (Return often to the vision/mission/motto. All else is the complexity of programming – the logistics of delivery, of making all of the parts work together in a coherent and congruent fashion based on the individual and group need of our current clients).
11. Gabor Mate, In the Realm of Hungry Ghosts, Compassionate Inquiry
12. SOBER breath (Stop, Observe, Breathe, Expand, Respond)
13. Will Black's Touchstones, Generative Conversations, Adventure Threshold (adaptation of Mortlock's Adventure Philosophy), Team Alignment (see Applied Theory Models chapter)
14. Gass, Gillis, Russell Adventure Therapy: Theory, Research, and Practice

Applied Theory Models

Touchstones

- Use touchstones to learn about our automatic default patterns which are, most of the time, in our blind spots
- Help develop mindfulness and being present
- Help us develop new patterns in thinking and acting for the better outcomes that we seek for ourselves
- Help us build a better future
- Provide the basis for a cultural language to communicate with each other regarding individual feelings/emotions, group mood, and intentions

6 parts

- At risk/At stake
- Emotion of self
- Mood (emotion of group)
- Mindset/action correlation
- Attention/Intention alignment
- Reflection of "What's so"

At Risk/At Stake

Our biology is set-up to assess the degree of risk we are taking. We have a negativity bias towards risk and when ascertaining what could affect us and what could go wrong. This is the "At Risk" neurobiology mode for survival. We are generally built to follow the path of least resistance.

Using our attention center (neo cortex, pre-frontal cortex), we can consciously and deliberately consider the "At Stake" side.

The "At Risk" side focuses on what's to lose, survival, and protection. It is the automatic default and can lead to tunnel vision. Often involves recycling what has already been accumulated through early history.
The "At Stake" side focuses on what's to gain and requires one to be conscious to consider this. This is the area where we can experience control of our attention consciously on chosen intentions.

At Risk	At Stake
Survival	Thriving
Unconscious	Conscious
Reaction	Responding
Decided (unconscious)	Choice
Limiting/preventing possibilities	Allowing/considering possibilities
Stay the same (holding on)	Change (move forward)

The dance with the Dragon

Describes the challenge from defaulting to use of the back half of our survival brain (dragon) to shifting use to the front half of our thinking brain. This can also refer to shifting between pre-contemplative (not thinking about changing) and contemplative stages (considering changing) within addiction recovery.

Emotion and Mood
Emotion describes an individual's current feelings/disposition.
One's emotions will determine the quality of his actions.
Emotions can be affected by the mood of the group or team we are with.
Becoming aware of self emotions and group mood allows one to gain more personal power to make productive choices.
Demonstrating self awareness to contribute positively to the group mood "We all" in spite of potentially difficult/negative circumstances is an act of personal leadership and produces better results for oneself (and usually for the group).
Pacing- society/groups do not necessarily move the way one personally would like them to (e.g. don't always walk at the same rate). If we want to be a contributing member and have interactions that breed success, one must find the pace the works for both the "We all" and one's self.
Pacing therefore is an opportunity to practice mindfulness of self as well as others.

Mindset/Action correlation
Intention/Attention alignment

Anything we do involves just 3 basic human performance functions:
1) Speak to ourselves
2) Listen to ourselves
3) Move our bodies

How often do we think about what pops into our heads, what we are saying to ourselves? (How often are we conscious of this?)
We tend to look for evidence to be right but often forget about actually seeing what is right.

What we tell ourselves and listen to correlates with the actions we take (such as moving our body).

If we use climbing as an example, we could look at it from an At Risk or At Stake perspective, and see how that influences our intentions.
At Risk -> do not fall (this is often our unconscious intention)
At Stake -> continue climbing (conscious intention)

When our intentions shift (falling to climbing or vice versa) our attention also shifts.

Noticing what we need to pay attention to such as consciously choosing intentions, accelerates learning and change and is a powerful way to strengthen our brains.

Reflection and What's So
When we track through the touchstones and observe our own thinking and behavior we can then see:
What is happening (without judgement of right/wrong, good/bad, about self vs. others)
What happens
What can happen (out of choice for yourself)
What's so

Noticing the conversation that popped into your head is important for recognizing patterns and where the Dragon may be leading you.

We cannot see ourselves in action (that makes us blind), but being more aware of what is happening to you in a situation can allow you to identify choices which in turn helps you control your future.
– Will Black

Generative Conversations

Generative Conversations build on the Touchstones and lead to further self awareness and shift of one's perception. This is a higher level skill that all staff are encouraged to learn after mastery of the touchstones. The use of generative conversations can help change to be made without obstruction from previous events.

The 6 types of Generative Conversations include:
- Relationships (R)
- Possibility (P)
- Opportunity (O)
- Action (A)
- Clarity (Cl)
- Completion (Co)

Recognize that completion can be one of the most important conversations as incompletions often prevent people from being present to what is happening now and can be obstructive to further growth.

One can think of the generative conversations (GC) in an equation such that:

$$GC = \frac{R+P+O+A+Cl}{Co}$$

- Will Black

Team Alignment

Shunda Creek defines teamwork as sequential acts of roving leadership in alignment with the shared purpose

In this model, team alignment consists of:
Energy which can be on a continuum of competitiveness to collaboration (and outside the continuum is indifference)
Trust based on how information is shared or learned
Choices
Commitment
Mission/Vision (shared purpose)

This can be visualized as Energy being the largest block on the bottom with other progressively smaller blocks of Trust, Choices, and Commitment layering on top. Mission/Vision (shared purpose) is a cylinder on the top which requires all the bottom blocks to be in alignment in order for it to stay at the top.

Adventure Thresholds

Adapted from Mortlock's Adventure Philosophy

The road to personal mastery involves developing a self awareness of where we are at in particular moments.

Change involves altering a code or pattern of behavior our bodies have experientially learned from our various personal histories. They are very often transparent to ourselves. Growing into the future we desire means of discovering and altering some of those things or ways of being that no longer serve us but may be holding us back.

Human beings are comfortable with being comfortable. Change, most of the time, is not necessarily comfortable. Yet it is outside of our comfort zones we have the greatest opportunities to learn about ourselves. The adventure thresholds model is a tool in self awareness in learning about how far outside our comfort zone we can or should not go for optimal return on learning and change.

Stage One: Play

- Activity which is considerably below one's normal abilities
- Minimal involvement in terms of emotion, skills, mental control, concentration or learning attention
- Fear of physical harm is absent
- Responses can range from pleasant and fun to boring, waste of time, or indifference
- As a relatively inconsequential value

Stage Two: Venture

- Activity within one's abilities
- Fear is absent
- Mental control and learning attention are involved
- Responses fall into a category of kind of "looking on purpose" for insights
- Consequential when the activities link to the next stage is appreciated

Stage Three: Adventure

- Feel in control of situations
- Can use experience and abilities to overcome technical problems
- Fear of physical harm absent, though peer pressure may be a factor (nervousness or mild fear may lurk beneath the surface)
- Outcome clear and certain (barring incidentals) and likely to bring satisfaction (instinctively)
- Not too near to personal limitations
- Attention is engaged fully
- Sense of time/space just outside of attention or concerns
- Body-mind alignment intermittent
- Start of capabilities development (steeper learning curve)

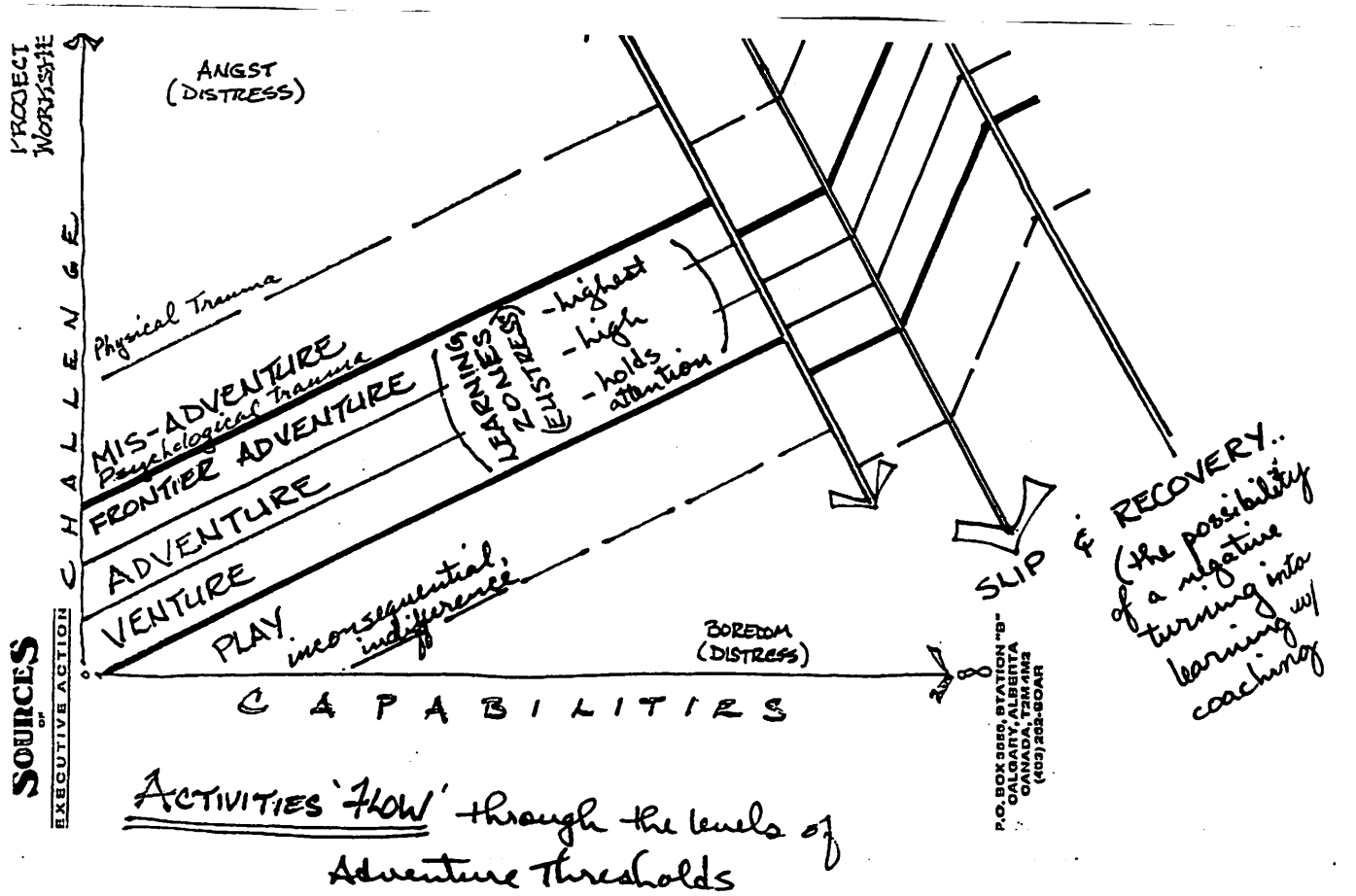
Stage Four: Frontier Adventure

- The stage only just beyond stage three
- Perceived/real fear present, demanding concentration
- At the envelope of individual's conversation of limitations
- No longer complete master of situations as outcome has a relative degree of uncertainty
- Effort required as one's experience/skills are challenged/tested
- Great feelings such as euphoria, vivid bodily experience enhance satisfactory outcome (biological shift); the degree to which is proportional to the scale and intensity of the experience
- Requires a matched consistency of body-mind intentional alignment
- Sense of time and space not apparent as domains of being merge
- Attention engaged fully and intensely
- Can provide a "shearing shift" upwards of one's capabilities as well as shift in biology/conversation
- Will reveal one's authentic bodily behaviors constructively

Stage Five: Misadventure

- When challenge is way beyond control of the individual
- The ultimate form is death (rare) but can range from serious physical trauma to various degrees of physical and psychological trauma
- However, misadventure may occur without physical harm, but with overwhelming fear and/or perceived risks
- In mild cases of stage five, the learning experience can be of great value to the participant depending on their conversation and coaching received
- An unjustifiable stage to impose deliberately on others

At Shunda Creek, we invite clients to explore the frontiers of understanding themselves and their relations to their addictive processes in the larger world. We also believe that there is accelerated learning available in the original environment- wilderness. With intention, growth will happen in frontier adventure. - Will Black



FIT (Feedback Informed Treatment) –ness

FITness refers to the use of feedback and research to inform our approach and provide objective checks and direction to the evolving program. Current feedback mechanisms include Community Meetings and the FIT-ness Group Engagement Questionnaire. Ongoing research with Keith Russell and Lee Gills (please see research chapter for more information).

Cornerstones and Treatment Phases

Cornerstones

Cornerstones are key aspects of the Shunda Creek's treatment program that contribute to a client's treatment process/journey.

Nature of Human Wilderness
Community
Wilderness Adventure
Relationship
Sober fun
Commitment: Recovery progression/aftercare

Treatment Phases

Phases are the journey (the entire journey of a client's time at Shunda Creek). They are themed to highlight different areas that connect to recovery, self-exploration, growing, and changing. Progression through the phases allows clients to hone and explore different aspects of themselves, relationships with others, relationship to recovery, and their futures.

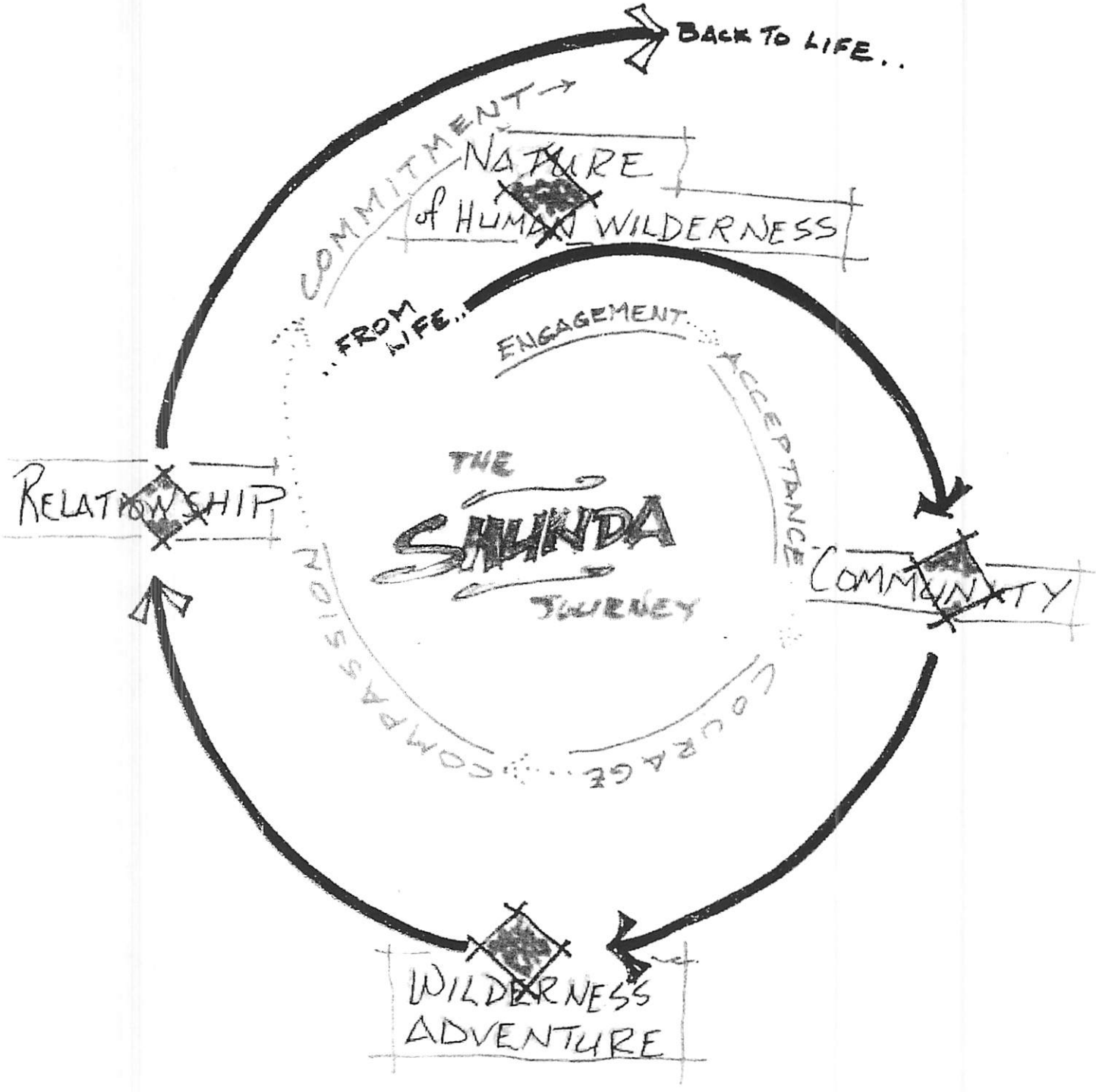
Engagement
Acceptance
Courage
Compassion
Commitment

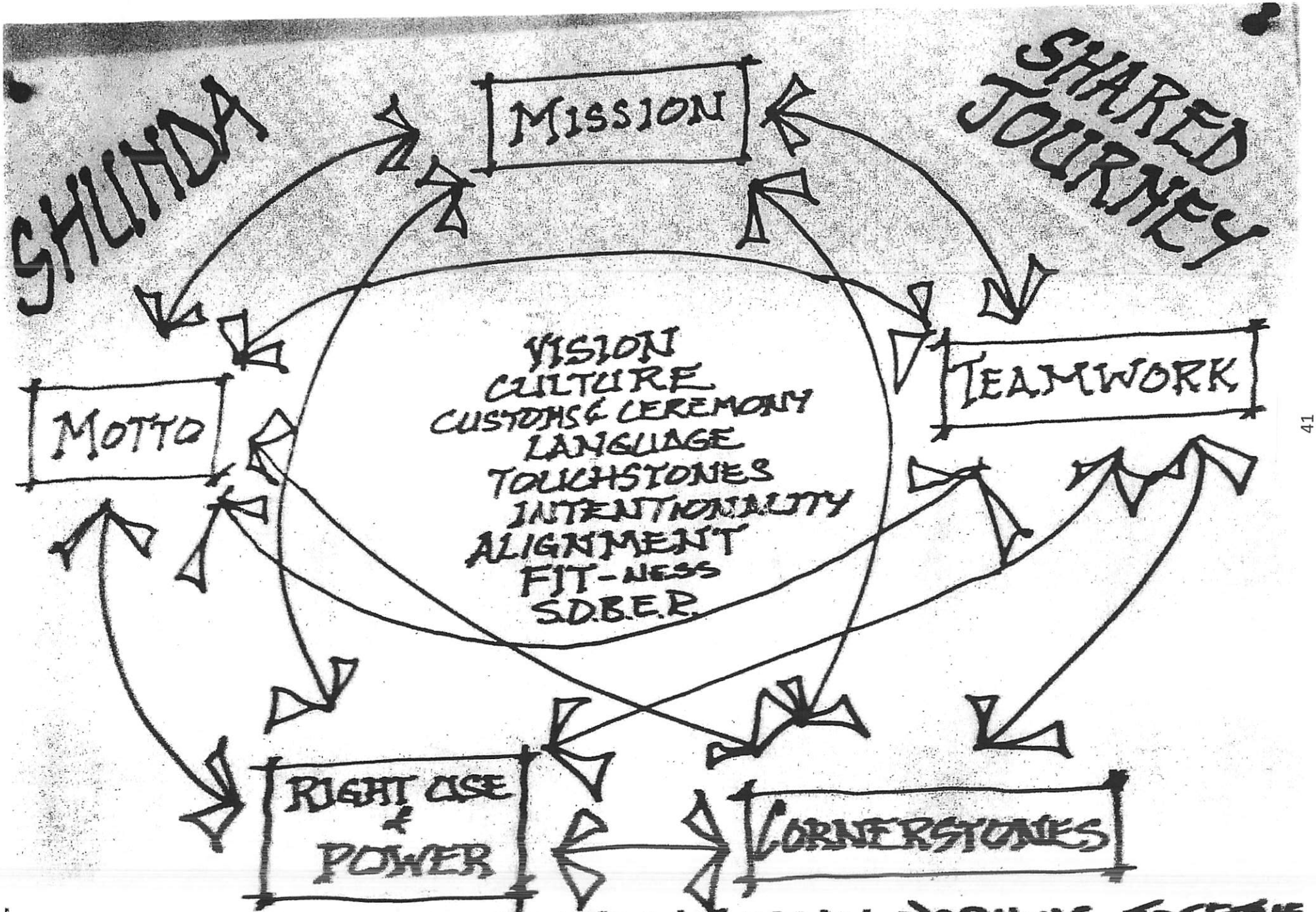
Cornerstone and Treatment Phases
Building Self-Awareness into Life

Intentions informing the shift in treatment phases:

- To integrate the Shunda Creek Cornerstones, in order to increase collaborative process between program and client treatment phases, supporting holistic aspects of recovery
- To step beyond the cognitive/executive function treatment work and increase somatic, mindfulness and physiological based aspects
- Treatment phases are reflective of Shunda language and touchstones

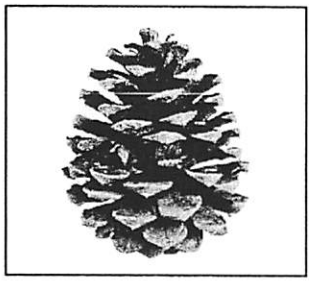
Totems
Clients are honored with a totem (objects of special significance) when they complete a treatment phase. These totems are gifted during a phase fire (please see Shunda Creek Cultural Handbook for more information on phase fires).
Pine cone – totem awarded for completing engagement phase. Significant as it is only through great stress and hardship and sometimes uncomfortableness and pain that allows a pinecone to open and grow
Semi-precious stone – totem awarded for completing acceptance phase. A particular stone is chosen by staff to reflect qualities displayed by the client
Claw – totem awarded for completing courage phase symbolizing tenacity and hard work
Feather – totem awarded for completing compassion phase symbolizing both power and gentleness
Elks tooth – totem awarded for completing commitment phase symbolizing great respect and wisdom


BACK TO LIFE..
COMMITMENT
NATURE of HUMAN WILDERNESS
..FROM LIFE..
ENGAGEMENT
ACCEPTANCE
THE SHUNDA JOURNEY
RELATIONSHIP
COMMUNITY
PASSION
COMPASSION
COURAGE
WILDERNESS ADVENTURE



THE SUM OF THE PARTS, SYSTEMATICALLY WORKING TOGETHER IS GREATER THAN THEIR TOTAL.

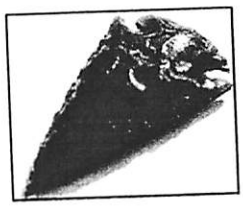
Shunda Creek Treatment Phases



ENGAGEMENT - COMPLETE ALL OF THE FOLLOWING TASKS

- Nature of Human Wilderness:
  - Journal (orientation to pleasure experience - to space, objects in nature, meals, smells)
  - Videos: The Shunda Journey, Preparations, McCauley & Dr.Gabor Mate
- Wilderness Adventure:
  - Backyard Overnight
  - Intake Hike & Overnight at tipi
  - Short/Sharp Experience
- Community:
  - Support staff to cook a meal for the community
  - Welcome Fire
- Relationship
  - Meet with Key Worker or Staff Member of a Treatment Team
  - Intake Meeting with Program Therapist
  - Intake with AHS Addiction Counsellor and/or the AHS Family Counsellor
  - Review Shunda Creek cultural handbook with a staff member
- Sober Fun:
  - Meet with an older client to access an orientation to Shunda Facilities and program
- Commitment:
  - Attend 1 AA meeting in town
  - Full Commitment & Presence in Program (including groups, chores, Greet the Day, meals)

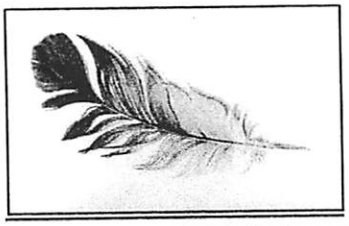
Shunda Creek Treatment Phases



ACCEPTANCE - CHOOSE AT LEAST 5 OF THE FOLLOWING

- Nature of Human Wilderness:
  - Examine the impact of ATODG (physiology)
  - Participate in intentional movement practices with a Therapeutic Leadership Team Member in The Haven
  - Participate in the mindfulness based activities, and choose 2 that resonate with you. What do you notice in your thoughts, feelings, sensations, physiology and mood before and after the exercise?
  - MLA Assessment: (legal, financial, family, relationships, recreation/leisure, school/work, physical health, emotional/mental/spiritual health).
  - Examine your thoughts, behaviours, and emotions
  - Examine and explore your defense mechanisms. How do they keep you 'at-risk' vs 'at-stake'?
  - Life Map (orient to the things that kept them alive, social/external, resilience, internal, and how has your cultural and/or gender orientation influenced areas and experiences in your life?)
- Wilderness Adventure (Life Map Alternative):
  - Pick an area on the land surrounding Shunda and using natural materials from the land, create an expression or representation of the journey through your life map.
- Community Service:
  - What role might service play in recovery? What role does humility play in service?
- Relationship
  - Letters to family and support members
- Sober Fun:
  - Interview 3 staff to find out their top 5 activities they do for sober fun (this exercise will support some personal ideas for your Courage phase)
- Commitment:
  - Build a resume
  - Letters to self

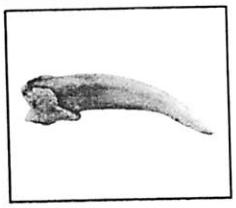
Shunda Creek Treatment Phases



COMPASSION - CHOOSE AT LEAST 5 OF THE FOLLOWING

- Nature of Human Wilderness:
  - Explore compassion through your 5 senses (ie: exploratory yoga practice or walk on the land with the therapeutic leadership team etc.)
  - Notice the pattern of "self talk" you have in regards to judgements and attitudes about yourself. Notice areas of strength and resilience within your self-talk.
  - Choose at least 2 acts of self-compassion that you can start to integrate at Shunda.
  - Explore forgiveness (towards self and others). What's to gain and what's to lose within a forgiveness process?
- Wilderness Adventure:
  - We ALL & Take the initiative to help one person (packing their gear, group gear etc.)
- Community Service:
  - Share your wisdom and learning about Shunda Creek and the program areas with others
  - Examine compassion in terms of others: community members, family/support members, strangers.
- Relationship
  - Interview at least 2 staff and 2 clients of how they demonstrate self-compassion in their life, based on these examples why is self-compassion important in your recovery?
  - Find new ways to honour your needs
- Sober Fun:
  - Develop and offer a sober fun evening program at Shunda with clients and staff. (ie: coffee house, dance party, games night, relay race, obstacle course, scavenger hunt etc.)
- Commitment:
  - Examine what motivates you. (compassion for who you want to be, motivation for recovery outside of shunda).
  - Intentionally challenge yourself with something new and practice persistence, patience and compassion.

Shunda Creek Treatment Phases



COURAGE - CHOOSE AT LEAST 5 OF THE FOLLOWING

- Nature of Human Wilderness:
  - Explore the felt sense of triggers and cravings in your body with a staff (How do you know when you are triggered based on body symptoms, what are the ways you noticed your body experience or triggers)
  - Participate in Sweat Lodge after talking with a cultural facilitator (ie: Warren or Kim) about an intention based on this courage phase
  - Explore the concepts of emotional vulnerability and emotional risk
  - Explore grief, guilt and shame & design a ritual that supports integration of these felt experiences (ie: letting go fire, share with community, write a letter, create a bundle that represents these feelings and let it go somewhere on the land, seed & stone - something you want to grow and something you want to let go of, unpacking your backpack with stones etc.)
- Wilderness Adventure:
  - Explore your values and beliefs OR Identify parts of your life you want to change and let go of
- Community:
  - Give a new intake an orientation and tour of Shunda facility and program
  - Practice giving and receiving feedback in the community (intention setting, wilderness, debrief)
- Relationship
  - Review and identify what major life areas were impacted by your substance use
  - Explore conflict resolution strategies, boundaries and assertiveness
  - Examine who the people are you need to make amends with
  - Examine areas of your life that trust has been broken and steps needed to rebuild trust
- Sober Fun:
  - Create a list of at least 3 sober fun activities that you can do at Shunda and engage in at least one of of these activities 1-2 times a week
- Commitment:
  - Explore what life will look like outside of Shunda, specifically what would be a good day and a day that could be triggering and how will you mitigate the triggers? Create a list of your triggers and a list of coping strategies - review with a staff and continue to review these lists daily on your own.
  - Develop an aftercare plan

Curriculum

Shunda Creek provides a broad base of real life experience for learning through:
1) living as a member of a community
2) classroom and group sessions pertaining to addictions and therapy
3) individualized phased work on the path of healing and recovery
4) wilderness/adventure activities

This chapter is meant to serve as a general outline of curriculum topics/activities used throughout treatment at Shunda Creek (numbers 2 and 4 above).
First is a list of topics offered through the Safe Communities Young Adult Curriculum Modules with provincially required topics indicated with an asterisk (*). The Safe Communities Young Adult Curriculum Modules can be accessed in binders within the Shunda Creek main office.
The next step of topics, the Shunda Creek Supplemental Curriculum have been introduced by various Shunda Creek staff depending on their expertise and passions.
The "First 30 Days" is an example of how a client's treatment experience (in terms of various curricula) could be organized during the first month of treatment.
Foundational Addiction Groups consists of 13 topics related to addiction with prepared materials to discuss in group format, and Other Groups consists of a group of topics compiled by various staff over the years which have also been used in group treatment/education.
Foundational Addiction Group materials can be found in the Foundational Addiction Groups binder in the Shunda Creek main office.

<u>Safe Communities Young Adult Curriculum Modules</u>
* indicates provincially required topic areas

Topic 1: ATODG (Alcohol, Tobacco, other Drugs & Gambling) Addiction and Recovery*

- Introduction to treatment
- Group skills/working together/team development
- Process of Addiction
- Major Life Area review (effects of addiction)*
- Habits- exploring change*
- Stages of Change* & individual change process
- Recovery "bumps" (barriers to treatment and recovery)*
- Letter to addiction/family/self
- Support, why it's important

Topic 2: Identity*

- Self Awareness & Identity Exploration*
- Self-Esteem* & Self-Concept
- Resiliency & Strengths*
- Virtues & Virtue Inventory
- Community: Who am I within the Community/Family/World?*
- Effects of Addictions (& Mental Health) on Identity*
- Coping with Change (stress, boredom, feelings, identity)

Topic 3: Alcohol, Tobacco, other Drugs & Gambling info (ATODG)

- Drug information (uppers, downers & all arounders)*
- Tobacco Use Awareness*
- Traditional Use of Tobacco*
- Medication (Addressing the importance of medications and the difference between drug abuse and medication use)*
- Impact of ATODG on Physical & Mental Health

Topic 4: Communication*

- Importance of Clear Communication
- Styles of Communication including Passive, Aggressive, and Assertive
- Characteristics of Effective and Ineffective Communication
- Defense Mechanism & Risks Associated with Honest & Direct Communication
- "I" Statements
- Conflict Resolution Strategies

Topic 5: Practical Life Skills*

- Budgeting & Money Management*
- Job Skills* & Resume
- Education Goals/Advancement*
- Housing*
- Shopping*
- Cooking*
- Healthy Living & Healthy Eating/Nutrition
- Decision Making: Planning & Consequences/Impacts

Topic 6: Relationships*

- Healthy vs. Unhealthy Partners*
- Parenting Skills* (if applicable)
- Boundaries (types, healthy boundaries, healthy relationships & friendship boundaries)*
- Trust
- Role Models, Mentors, Supportive Relationships
- Maintaining Self within Relationship/Community/Group
- Giving and Receiving Feedback

Topic 7: Managing Emotions*

- Anger*
- Irrational Thinking*
- Sadness*
- Grief & Loss*
- Impulsivity
- Emotional Self-Awareness, Emotional Literacy
- Safe Place/Visualization
- Coping Mechanism
- Fear & Courage
- Guilt & Shame

Topic 8: Aftercare*

- Recovery as a Process*
- Community Treatment Supports*
- Family (roles, boundaries)
- Refusal Skills
- Triggers
- Making a PLAN

Topic 9: Wellness*

- Spirituality*
- Mental Health Issues (Concurrent disorders awareness & Impact on Addiction)*
- Leisure Activities*
- Sexuality & Sexual Health*
- Self-care

Topic 10: Family* (These modules are designed for family & support members)

- Transitions in Young Adulthood*
- Families & Change*
- Families & Boundaries*
- Patterns of Relationships*
- Self-Care for Family Members*

<u>Shunda Creek Supplemental Curriculum</u>

Outdoor Trips
Short Sharps
Solos/Reflection
Meditation
Yoga
Sweat Lodge
Fasting Sweats
Elder Visits
Harvesting
Service

First 30 Days

The first 30 days (ideally) will focus around the idea of introducing the client to the idea of "self" and developing the "whole self." This idea of "self" will include components of:

- Self awareness
- Self care
- Self expression/reflection
- Self control/reliance
-

In terms of wilderness/adventure, five experiences have been identified that could be spaced within the first 30 days including:
Intake overnight
Basic skills trip (those basic skills being identified as awareness of food, shelter, direction/orientation and "we all")
A short sharp ?
A trip to raise the Adventure Threshold (something that takes the client just outside their present abilities and comfort)
A solo

Another idea for organizing the first 30 days is as preparation for the first home visit, that experience being a marker for the beginning of the next phase of work.

The next two phases could then be themed (and involve theme specific activities/curriculum):
"Other" for 30-60 days and "Us" for 60-90 days.

First 30 Days "Self" (supporting self awareness)

Introduction to treatment

- Program components, phases, Shunda's values
- Models of addiction, Addict Brain, Reason for Wilderness/Experiential focus of treatment
- Developing the capacity for personal expression

Areas of "self" to become aware of in the first 30 days

Topics marked with an asterisk* highlight provincial requirements of treatment; marked with a carrot^ already have an existing module in the Safe Communities Young Adult Curriculum or YAT binders.

Self Concept/Identity
Emotional Self-Awareness
Emotional Literacy
Identity Exploration
Effects of Addiction (& Mental Health) on Identity*
Identity Exploration*

Self Care/Esteem
Negative emotions/Cognitive distortion^
Coping with Change (stress, boredom, feelings, identity)
Virtues and Virtue Inventory (exploration, shield, etc.)
Healthy vs. Unhealthy Partners*

Boundaries (types, healthy boundaries, healthy relationships, friendships and boundaries)*^

Self Expression/Reflection
Major Life Area Review (effects of addiction)
Letter to self/addiction/family
Personal Process of Addiction^
Habits-Exploring Change
Stages of Change & Individual Change Process

Self Control/Reliance
Resiliency and Strengths*
Impulsivity
Anger*
Irrational Thinking*^
Triggers/Cravings

Putting it altogether, an organization for the First 30 Days of treatment combining the introduction, five wilderness experiences, and self awareness topics could look like the following:

1. Intake Overnight

Introduction to treatment

Self Care/Esteem
Negative emotions/Cognitive distortion^
Coping with Change (stress, boredom, feelings, identity)
Virtues and Virtue Inventory (exploration, shield, etc.)
Healthy vs. Unhealthy Partners*
Boundaries (types, healthy boundaries, healthy relationships, friendships and boundaries)*^

2. Basic Skills trip

Self Expression/Reflection
Major Life Area Review (effects of addiction)
Letter to self/addiction/family
Personal Process of Addiction^
Habits-Exploring Change
Stages of Change & Individual Change Process

3. A Short Sharp

Self Control/Reliance
Resiliency and Strengths*
Impulsivity
Anger*
Irrational Thinking*^
Triggers/Cravings

4. A Trip to raise the Adventure Threshold

Self Concept/Identity
Emotional Self-Awareness
Emotional Literacy

Identity Exploration
Effects of Addiction (& Mental Health) on Identity*
Identity Exploration*

5. A Solo

Ceremonial Sweat and Acceptance Fire

<u>Foundational Groups</u>

1. 10 Signs of Addiction
2. How bad did it get?
3. The Disease Concept of Addiction
4. Music group
5. Recovery, The Road Ahead
6. Addiction and the Brain
7. Shame Cycle of Addiction
8. Emotions and Recovery: Anger Iceberg
9. Dealing with Cravings
10. Maslow's hierarchy of Needs. 1st Stage Addiction Recovery
11. 1st Stage Recovery: Recovery as a Healing Journey
12. Cross-Addiction
13. How do you know you're not in denial?

<u>Other Groups</u>

Shunda Creek Staff each run various groups (topics listed monthly on dry erase board in Shunda Creek main office and then recorded in yearly binders also kept in the main office).

Logistics

Staff Onboarding
Please see documents at the end of this chapter

Ask Jeeves binder (located in Shunda Creek main office)
Important Contact Information/Telephone numbers
Staff Consistencies and Expectations
Client Consistencies and Expectations

Hard Copies for All Forms Binder (located in Shunda Creek main office)
Kitchen: menu plans, grocery lists, Costco list, hygiene/health lists, purchasing forms
Cleaning duties: kitchen, client, school house (Wolf Den), staff cabin, cleaning products (labeling, mixing and use), Safety, Cleanliness & Condition Check
Vehicles: Daily Driving Log, Post-Trip Vehicle and Trailer Checklist, Accident Log
Incoming Phone Log
Daily Communication Report
Client Gear Signout
Canoeing Signout
Climbing Signout
Climbing Rope Log Book
Day Trips Personal Gear Check List (Climbing, Hiking, Canoeing)
Day Trips Group Gear Check List (Climbing, Hiking, Canoeing)
First Aid Supplies
Kit List (Kitchen, Stove, Hand Wash, Bear Hang, Toilet Kit, Water Purification Kit)
Pretrip Form
Trip Plan
Wilderness Trip Record
Enviros Reports/Case Plans/Contact Notes (checklists re: client treatment)
Enviros Time Off Request/Report (Employee)
Enviros Business Card Request Form
Time Sheet (employee)
Enviros Cheque Request Form (Reimbursement)
Enviros Expense Summary Sheet (Reimbursement)
Enviros Client Release of Information Form
Enviros Audio/Visual/Photographic Methods Informed Consent
Enviros Admission Form
Enviros Aboriginal/Cultural Resource Consent
Enviros Family History Form
Enviros Personal Belongings Form
Client Approved Telephone Contact Sheet
Client Daily Form
Client Search Form
Lesson Plan Form
Group Treatment Log
Accident/Incident Report
Plan/Evacuation and Treatment

Program Structure

Non-negotiable:

Health and Safety Regulations (vehicle, sanitary, fire, laws, forestry)
Best Practice Standards (Enviros and AADAC policies)

Negotiable:

Revolve around community living and a therapeutic program with consideration of individualized treatment plans
Takes into account areas of:
1) Environmental setting
2) Group dynamics and situations
3) Client-staff interactions
4) Environmental behaviors
5) Therapeutic tools and strategies

The experiential component allows natural consequences and "wilderness" to provide the "authority." Staff are perceived more as sharing the experience with the clients. Relationship based more on role models.

Keep the base camp (remote site) as simple and uncluttered as possible. Minimize the rules, the distractions, and opportunities for power struggles and "fighting the system."

Have a mechanism of change opportunity (i.e. a weekly meeting where concerns or proposals of change are presented to impact the negotiable structure such as the guidelines for community living). This fits with allowing clients to exercise control over their circumstances, communicate their emotions/concerns, develop negotiation (win/win) skills as they must first understand and address "our" concerns in their proposed changes and open the dialogue to any win/lose "fight the system" stories that may be part of their addiction cycles.

Cleansing Phase – addresses client chemical dependence by removing them from the destructive environments that perpetuated their addictions. Important components include:
1) Healthy diet
2) Physical exercise
3) Teaching basic survival and self-care skills
4) Removal from intense cultural stimuli (dress, music, junk food, internet)
The treatment team steps back and lets natural consequences teach basic lessons of wilderness living.

Personal and Social Responsibility Phase
Natural consequences and peer interaction are strong therapeutic influences
Self-care and personal responsibility are facilitated by natural consequences in wilderness, not by authority figures.
A goal is to help clients generalize metaphors for self care and natural consequences to real life.
Through their experiences, they will learn appropriate social behaviors (i.e. role model, community living guidelines) to replace prior social skill deficits (i.e. inability to form close relationships).
The intense social units at camp in a basic living situation makes communication essential for safety and comfort. Proper ways to manage anger, share emotions and process interpersonal issues within the group are modeled and practiced in a neutral and safe environment.
Hence, the wilderness therapy provides hands-on learning of personal and social responsibility with modeling and practice of appropriate social skills and cooperative behaviors, all reinforced by logical and natural consequences from wilderness conditions.

Politics: Stakeholders/Agency:

Eco-Cycle of change: In creating Shunda Creek, we needed to design systems that both serve flexible/nimble programming and still address that we work within nested systems (agency, government, accreditation, etc.) We want to keep processes of each inherent in our program design and delivery. This involves creating a balance between the program and the nested systems. This balance involves:

Conservation of energy: something must be given up/adapted to get the resources for something new

Program	Nested systems
Needs generalists	Wants specialists
Needs flat structure and process	Wants clear tools, rules, policies, procedures
Tolerance for risk (At Stake)	Low risk (At Risk)
Flexible rules	Certainty, standardization, one-size-fits-all
Flexible funding to support evolution	Currently allows flexible funding

In order to maintain programming over time, we must also consider traps which would prevent this including:

1) Parasitic trap: Currently we are still dependent on the founders of the program for leadership. In order to create a sustainable leadership, we need to continue to expand our pool of resources and build foundational capacity.

2) Scarcity trap: Energy can be spread too thin across many directions. To counteract this, we work on building staff capacity

3) Chronic disaster trap: inability to let go of the past, difficulty agreeing on shared vision and values (e.g. Shunda Creek vs. Enviros)

4) Rigidity trap: fear of uncertainty, self-interest, fear of failure (e.g. Shunda Creek vs. government agencies)

You must look out for the greater good of your supporting agency. They carry the reputation and historical continuity of funding and hold the larger relationships with government agencies. Their role is also to provide the support systems which streamline your work, to maximize the time you spend in direct client care. They carry the accreditation and liability coverage. They pay and provide the benefit packages to your key resource – the staff team.

Addressing the climate of regulations, accreditation, policy, standardization. One size fits all is a fear based At risk approach attempting to control outcomes and minimize perceived risk. Risk assessment has a valued place, but not as a stand alone in creative, innovative programming.

Accept this as a What's So analysis and then get to work figuring out how to move the innovation forward (conflict with the intent to stay in the relationship).

The creative, innovative programs often have subtle to strong resistance within their own agency. As they ask for exceptions, or challenge status quo (looking for leadership not just management), or find and need changes in existing systems, they can be viewed as being 'special' or favored.

Look at every single little change policy or stakeholder request carefully. You must put that in the equation and see how it may interact and affect the vision and the delivery of your program. Collaborate and inform. It is most often the small changes that, once embedded, create the greatest disruption and erosion "death by a thousand small cuts." -Jeff Wilson

Program Sustainability/Succession Planning

At present, Shunda Creek has built a culture that is a platform for driving succession over time. We have reached a critical mass where, if we lose key staff, the culture of the team and program rises to meet the loss of skill and experience. There will be variations and minor changes but the overall philosophy and approach is maintained. This culture requires constant tending to avoid complacency or loss of program identity.

The leadership at Shunda Creek started with the four founders, Jeff, Will, Bev, and Serena. Each has contributed uniquely to the program in terms of program organization, development of therapy approaches and tools, curriculum, and culture. We feel that by having developed a strong culture and vision involving the roving leadership model that the right people will ultimately step up to take leaderships positions as they are vacated. In order to ensure there is a pool of future leaders, we must invest in current and future staff by encouraging recruitment and retention of creative and skilled workers and providing necessary resources (including financial support and schedules that allow for work/life balance). -Jeff Wilson

STAFF ENGAGEMENT

We are currently putting together the required material to address the following components of an orientation program. In essence, we will be trying to staff in advance so staff have a couple of intensive weeks to wade through all of these requirements. Many are set to be honed over the course of their 3 month probation period and will happen in the action of work. The key will be self-motivation and S.S. support to look for the learning opportunities.

1. Site Tour	S.S.
2. Shunda Staff and Client Consistencies	S.S.
3. Camp Logistics – Ask Jeeves Book	S.S.
4. Shadow Flow of a Day	S.S./assigned
5. Daily Schedule	S.S.
6. Program – 3 months from a client and staff perspective	S.S. & elder client
7. Paperwork – Client Notes/Research	Therapist
8. Set up IT Account/etc.	P.S.
9. Wilderness Policy Manual	S.S./assigned
10. T2/TL/ROPES – start process	W.C.
11. Site Security/Keys/Site Safety	S.S.
12. 3 Month Evaluation – start Goals	P.S.
13. Addiction/Group Work	S.S./assigned
14. Intention Setting	W.F./assigned
15. Professional Boundaries	S.S./Therapist
16. Preparations video	W.F.
17. Touchstones video	W.F.
18. Community Meetings video	P.S.
19. Sweats/Ceremonies/Aboriginal Awareness	Warren
20. Shunda Philosophy/EL/AT – Shunda Gray Book	P.S.
21. Therapeutic Approaches	Therapist
22. Equipment Systems	Wilderness staff
23. Kitchen Protocols/Food Safety modules	S.S.
24. Vehicle Protocols/Trailer & 15 passenger van tests	P.S./assigned
25. In the Realm of Hungry Ghosts/Buddah's Brain/etc.	Therapist

In addition, all of the normal accreditation requirements will be planned within the timelines as per policy. This is what it takes to be a functioning staff!

All of these trainings will be tracked on individual staff sheets and managed by S.S./assigned.

STAFF DEVELOPMENT REQUIREMENTS (6 MONTHS)

ENVIROS ACCREDITATION:	DATE DONE:	SIGNATURE:

1. Resume
2. 2 x References
3. Emergency Contact
4. Oath of Confidentiality
5. Employee Agreement
6. Degree/Diploma
7. Criminal vulnerable sector check
8. Child Welfare Intervention Check
9. First Aid
10. TCI
11. ASIST
12. Aboriginal Awareness
13. Diversity Training
14. Outcomes Training
15. Driver's License
16. Class IV
17. Driver's Abstract (3 or 5 year)
18. Vehicle Declaration
19. Toole Peet Form
20. Insurance Information
21. Drive Personal Vehicle
22. Drive Agency Vehicle
23. Orientation Modules
24. Working Alone Safely
25. Enviros Overview/EL
26. P&P Sign-Off
27. Evaluation (3 month)

Research

Research at Shunda Creek is part of what informs our therapeutic approach and provides objective checks and direction to the evolving program (FIT-ness).

Two researchers, Keith Russell (Western Washington University) and Lee Gillis (Georgia College) have been instrumental in setting up research at Shunda Creek which is a crucial part of Shunda's feedback informed treatment.

Below is a list of reports and research papers in which Shunda Creek has been involved as one of the research sites.

1. Shunda Creek Alumni Final Report (full report included at the end of this chapter)

2. Russel KC, Gilles HL, Heppner W. (2016). An Examination of Mindfulness-Based Experiences Through Adventure in Substance Use Disorder Treatment for Young Adult Males: a Pilot Study. Mindfulness. 7,320-328.

3. Russell KC and Gillis HL. (2017). The Adventure Therapy Experience Scale (ATES):
The Psychometric Properties of a Scale to Measure the Unique Factors Moderating an Adventure Therapy Experience. The Journal of Experiential Education. 40, 2, 135-152. https://atescale.info/

4. Russell KC, Gillis HL, Kivligan D. (2017). Process factors explaining psycho-social outcomes in adventure therapy. Psychotherapy. 54,3,273-280.

2017 FINAL MONTH REPORT

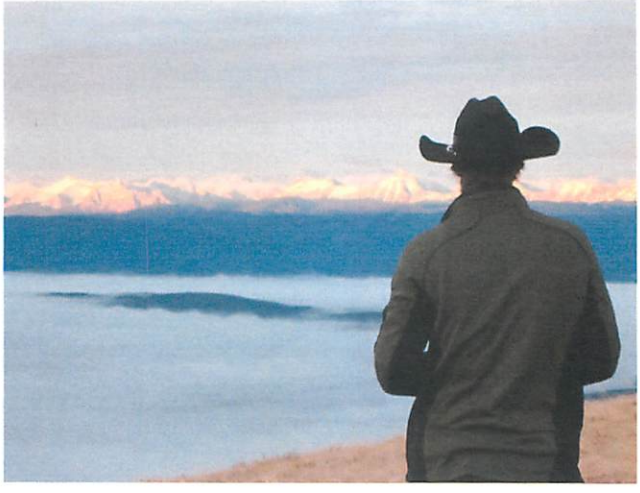
MARCH 31, 2017

SHUNDA CREEK ALUMNI EVALUATION PROJECT

Prepared for

The Shunda Creek Program of the
Enviros Wilderness School Association
Calgary, Alberta, Canada

ENVIROS



By

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The results of this report suggest that the clients who completed treatment are doing well at the time of follow-up, but most have had their challenges readjusting to their daily lives and in their struggles with substance use and misuse. This is supported by their numerical ratings on how well they feel they are doing, qualitative comments provided in the assessment, and which is validated by their OQ scores which statistically differ from their discharge scores, suggesting slight deterioration in the progress they have made during treatment. It should be noted, that at the time of follow-up, which averaged 1.68 years posttreatment, client scores averaged 50.46, which was below the cut score of 63, indicating a "normal" degree of symptomology at this time.

Given the yes/no nature of the current relapse question we posed to alumni, they do report relapsing after they leave Shunda Creek and are handling it in different ways. Given that this assessment averaged over 1.68 years posttreatment, this finding is not surprising. The goal of this project has been to provide additional resources to alumni and interject treatment intentions while clients are at Shunda Creek to help them address potential situations and experiences that are reasoned to lead to relapse.

Despite occurrences of relapse, according to self-report responses, the transition period after leaving Shunda Creek went fairly well for 54 of the 81 clients (66%), and not as well for the remaining 27 clients (34%) for whom we had data. Client ratings of their overall health varied, but a trend emerged that indicates they are struggling with relationships with peers and significant others and in using their leisure time more beneficially.

When examining the two alumni groups identified at follow-up that had completed treatment (N = 74) and those that did not (N = 7), differences (though not statistically significant) exist between total scores on the OQ (Non completers (TN) = 61.5 and Completers (TC) = 51.19). Interpreting this finding is difficult because of the disparity between the relative size of available data from each stratum (61 TC and 6 TN), but it is clear that those that did not complete treatment are not doing as well as those that did complete. When examining their admission scores, the treatment completer group scored 82.05 while the non-completers scored 79.61. When examining the change score (discharge OQ – intake OQ) for completers and non-completers, there was a statistically significant change on the total OQ and three of the four subscales (the exception being Social Role) This supports the notion that treatment completers were doing significantly better as a result of completing treatment, even though the two groups were showing the same level of symptomology at admission.

Introduction

This document serves as a final progress report for Drug Treatment Funding Program (DTFP) funded by Health Canada, and through continued support from Alberta Health Services. An introduction provides a brief overview of the context of the current project. The report addresses progress made on the aims of the project and presents final results

Alberta Health Services and Enviros are committed to adhering to evidence supported practice. The critical nature of this evaluation is to ensure that the Shunda Creek Alumni program is meeting the needs of the post-treatment clients and to gain a greater understanding of post-treatment issues that compromise client sobriety and harm reduction for the long term. Through partnership with Alberta Health Services Shunda Creek is able to work together in inviting past clients to participate in the evaluation wherever they live in the province.

The central aim of the Shunda Creek Alumni Evaluation Project is to identify, refine, and evaluate the process of providing support in the aftercare process for clients as they are discharged from the Shunda Creek Treatment Program (SC) and become "alumni" of the program.

Shunda Creek data reports a 67.3% completion rate (Oct 2009 – March 2017) for all clients (113/168), and research and evaluation into the outcomes of Shunda Creek indicate that clients have statistically and clinically improved as a result of treatment (see Russell & Gills, 2013; 2014; 2015; 2016). Of the 81 clients in the alumni dataset, the completion rate is 91.4% (74/81). Shunda Creek implemented a program to more intentionally and systematically track client well-being and progress post-program. It is widely known that well formulated aftercare plans are critical to the success of treatment completers as they continue to develop resiliency and coping strategies to maintain their treatment progress and their subsequent reduction.

The staff at Shunda Creek and the alumni facilitator represent the strong support network, and in many cases the only support network, that many of these young men have as they return to their everyday lives. An additional outcome of this project is to further develop, refine, and increase the impact that Shunda Creek in providing continued support for clients through the Alumni Program.

Methodology

The Shunda Creek Alumni consist of all clients (N=81) who had discharged from the program after April 1, 2015 to the March 2017 and have responded to the Alumni Coordinators. After contact is made with each client, a formal interview process was conducted using the Follow-up Assessment Instrument (FAI) and the alumni staff maintain any qualitative notes. The Revised FAI contains 22 questions rated on a 10 point Likert scale where 1 is a low response and 10 is the highest (positive) response. Each question also allows for comments that help explain the rating given. These interviews may be in person, on-line responses, or via telephone contact. At this time, the client also completes an Outcome Questionnaire (OQ) measure to determine general well-being and to which can be linked to pre- and posttreatment assessments conducted at this time. The OQ-45.2 assesses three domains of psychosocial functioning: a) Subjective Discomfort ("I feel that something is wrong with my mind"), Interpersonal Relations ("I have frequent arguments"), and Social Role Performance ("I feel that I am not doing well at work"). The OQ-45.2 is a Likert-scale instrument that contains 45-items that computes a total score, which can range from 0 to180, with lower scores indicating high levels of psycho-social functioning and higher scores indicating lower levels Analysis of the OQ-45.2 by Vermeersch, Lambert, and Burlingame (2000) demonstrated the instrument's ability to assess sensitive psychosocial change. All data are compiled and then entered and recorded into an Excel database and then linked to the existing database using the client's study identification number as the link. All data remains confidential and anonymous to the evaluators.

The data analysis included in this report includes descriptive statistics of OQ 45.2 scores at admission, discharge and follow-up, demographic analysis, and descriptive analysis of all data contained in the FAI. The evaluators reviewed qualitative responses individually, patterns and themes were developed based on responses to specific questions, and consensus was achieved through discussion and agreement. These results are reported in the next section.

Final Alumni Results April 1, 2016 –March 31 2017

At the end of March, 2017, all data from the current outcome monitoring project was provided to evaluators from the ENVIROS database. A total of 81 alumni had been interviewed at the time of writing this report. Of those 81 clients, 62 had data on completion of the program and indicated 61 (88.4%) had completed treatment and had reached their goals, while eight (11.6%) had not. On average, it had been 1.45 years since the clients had been discharged from Shunda Creek. The goal of the Alumni project was to talk to all clients at six months after discharge. This final report includes all clients that could be

located and responded to the Alumni coordinators. For this sample, the clients averaged 87.9 days in treatment (SD = 23.8) at Shunda Creek and had OQ scores at admission consistent with an inpatient population (84.37) and, as indicated in Table 1 demonstrated clinically and statistically significant changes in scores as a result of treatment with an average effect size of d=1.521.

Table 1. Treatment effect for follow-up sample

	N	M	SD	Difference	t	*p*	ES
OQ Total Intake	61	83.89	22.04	44.59	11.63	0.00	1.82
OQ Total Discharge	61	39.30	24.49				
OQ Symptom Distress Intake	62	47.11	14.40	25.47	10.56	0.00	1.80
OQ Symptom Distress Discharge	62	21.65	14.14				
OQ Interpersonal Relations Intake	62	21.31	6.67	9.66	9.38	0.00	1.32
OQ Interpersonal Relations Discharge	62	11.65	7.34				
OQ Social Role Intake	62	15.89	4.79	8.30	9.09	0.00	1.15
OQ Social Role Discharge	62	7.58	7.25				

Table 2 indicates OQ Total and subscale scores for the 69 alumni in this report. All data for the alumni are below the clinical cutoff of 63 points indicating on average, the clients in the alumni sample are within the "normal" range of behavioral health at the point of follow-up.

Table 2. OQ 45.2 Scores at time of follow-up, which averaged 1.68 years posttreatment.

OQ 45.2 Scores	N	M	SD
OQ 45.2 - Total Scores	69	52.39	22.53
OQ 45.2 - Subjective Distress	69	25.75	12.87
OQ 45.2 - Interpersonal Relations	69	16.22	10.22
OQ 45.2 - Social Roles	69	10.57	5.75

Table 3 below shows that for this sample, on average, Shunda Creek alumni paired with their OQ discharge scores (M = 41.12) are statistically and clinically below the range of a "normal population (M = 52.39), and though have regressed as indicated by the average follow-up OQ-45 score, remain under the cut-score of 63. This suggests that these clients have maintained the clinical progress they have made as a result of treatment, despite their challenges transitioning into posttreatment life. This finding is further

supported by the results of the paired statistical test below comparing discharge OQ-45 scores to follow-up OQ-45 scores illustrated in Table 3 below.

Table 3. OQ 45.2 Mean scores and score changes from discharge to follow-up to assess stability of mental health outcomes from treatment to time of follow-up assessment.

		N	Mean	SD
Pair 1	OQ Total Discharge	69	38.90	24.46
	OQ Total Alumni	69	52.39	22.52
Pair 2	OQ SD Discharge	69	21.46	14.10
	OQSD Alumni	69	25.75	12.87
Pair 3	OQIR Discharge	69	11.51	7.36
	OQIR Alumni	69	16.22	10.22
Pair 4	OQSR Discharge	69	7.49	7.22
	OQSR Alumni	69	10.56	5.75

SD = Subjective Distress / IR = Interpersonal Relations / SR = Social Roles

In the paired test, all scores on the OQ went up from discharge to the follow-up point of contact with their alumni contact. The reader should be reminded that increases in scores are in a negative direction, thus indicating an increase in symptoms associated with each subscale. The total score, and three subscale scores, showed increases during this time period that were statistically and clinically significant. It is important to note, that the scores at the follow-up point of contact remained under the cut score of 63, representative of a "normal" range of functioning. This finding reflect other studies at follow-up, where gains made due to treatment may have faded, they are still well below pre-treatment symptoms and within a normal range of functioning.

Table 4. Comparison of score changes between Discharge and Follow-up

	M	*SD*	*t*	*df*	*P*
OQ-Total Discharge - OQ Total at Follow-up	11.56	24.69	-5.30	62	.000
OQ-SD Discharge - OQ SD at Follow-up	3.29	15.20	-1.71	62	.091
OQ-IR Discharge - OQ IR at Follow-up	4.83	11.73	-3.26	62	.002
OQ-SR Discharge - OQ SR at Follow-up	2.57	6.99	-2.92	62	.005

SD = Subjective Distress / IR = Interpersonal Relations / SR = Social Roles

In addition to taking the OQ at follow-up, a semi-structured interview was also conducted with a total of 81 clients and the results of these interviews are presented below. Of the 81 contacted for the interviews, the alumni follow-up evaluation team could not get OQ assessments for 12 clients because of time constraints and or communication issues. Table 6 shows that overall clients rated their wellness immediately following treatment as 7/10. Looking closer, those clients who were doing well rated themselves as an 8.4 while those who did not rated themselves 3.24/10.

Table 6. How well did things go for you in the months after you left treatment?

	N	M	SD
Average Score	81	6.75	2.77
Not well (Scores ranging from 1-5)	27	3.41	1.64
Well (Scores ranging from 6-10)	54	8.43	1.32

Comments

The qualitative comments below capture the essence of the Table 6 ratings of how well clients did following their immediate discharge from treatment along the spectrum of doing "well" and doing "not well." As noted above, when placed into the categories based on scores (1-5: Not Well and 6-10: Well), the data suggest that the majority of clients navigated this difficult time well, with a smaller subset experiencing challenges. The comments below shed light on these quantitative data and highlight the challenges faced with posttreatment transition.

Well

- *had big plans/ dreams, but had to slow things down. still great*
- *had big plans/ dreams, but had to slow things down. still great*
- *sober, working, had solid housing, in a relationship*
- *I followed through in my aftercare plan and worked out 100%*
- *Thing were amazing, life as moving forward. I had minimal problems.*
- *Good roommates, sober-living, charges dropped*

Not well

- *"started using right away ""heavy; "got into some low times; took a couple months to get on my feet*
- *Didn't know how to live sober*
- *I was motivated to keep going but I found myself flipping my house upside looking for stashes*
- *Not well. I went right back to the place I never wanted to go again*
- *started using right away. was resentful for what happened to me at Shunda Creek*
- *Didn't have a good plan, nothing was working out*
- *Used within a week. After care plan fell through. Things went upside down for me.*

Table 7. Responses indicating whether the client had a relapse event since discharge from treatment and how well they are now doing managing their substance use.

Have you had a relapse since your discharge from Shunda Creek?	N	%	
Yes	63	77.8	
No	18	22.2	
	N	**M**	**SD**
How would you rate the severity of the relapse	69	6.26	3.21
How well are you currently managing your substance use	77	8.16	2.28
Not well (Scores ranging from 1-5)	9	3.00	1.65
Well (Scores ranging from 6-10)	68	8.84	1.24

Comments

Relapse definitions were defined by the clients and might range from one drink one time, to drinking and smoking constantly. The highlight of Table 7 is again, that clients rated their current management of their substance use in the range on the 10-point scale as well or very well ($M = 8.16$). Coupled with the above data indicating that the majority of clients *initially* did well after their discharge from treatment, it is possible to begin focusing attention and resources to clients in the 6-month to one-year range following treatment. In the revised form of the FAI, we asked more detailed questions about relapse including when the relapse occurred, how long it lasted, what substances were used, and how they stopped.

Table 8. Time to relapse and drug of choice after Shunda Creek

How long after leaving Shunda Creek, on average, did you relapse	22	Median Months till Relapse = 3
Did you relapse on your original drug of choice (DOC)?	86%	19/22 = yes
How long did your relapse last?	17.5	Median days Range 0.5-730 days

Table 9. Index of responses indicating how clients were currently doing at time of alumni assessment

	N	M	SD
How are things going right now	81	7.06	1.92
How well are you currently managing your substance use?	77	8.16	2.28
How is your current employment situation?	81	6.65	3.23
How is your financial situation?	80	5.73	2.78
Do you have any legal issues that you are dealing with?	81	4.48	3.19
How satisfied are you with your opportunities for further education?	81	7.26	2.51

Note: This scale ranges from 1 (Not Well at All) to 10 (Doing Extremely Well).

Comments

The qualitative comments below capture the essence of how clients were doing along the spectrum of doing "well" and doing "not well." On average, these clients were on the doing well side of the 10-point scale aside from their financial situation, which was average ($M = 5.73$).

Well

- *"I think everything is going super will; moving out, work is good*
- *now just coasting, not doing a lot e.g. drivers licence"*
- *I'm sober today, longest its been in awhile. Starting to reconnect w/family starting to wake up happy. Recovery is #1 right now.*
- *life is perfect. Better than before xmas*
- *"life is so much better now*
- *new environment and circle of friends'*

Not Well

- *"worn out from work, bills, lack of sleep; something more in life, I'm worth it"*
- *Dealing with addiction*
- *No job, feeling down. Lost my job 2 months ago. Feeling like I have poor mental health*
- *Everything I've built up is now gone*
- *no job, no house, I'm sick. I'm stressed*

The highlight from Table 9 is the 8.1 rating of how well substance use is being managed. While we have to keep in mind this number, like all the ones in this initial use of the FAI comes from those alumni who could be contacted and who were willing to answer the question, it speaks well of the lasting impact of Shunda Creek.

Table 10. Index of responses related to the general health and well-being of client at time of follow-up assessment.

	N	M	SD
How would you rate your physical health?	81	7.13	2.14
How would you rate your mental health?	81	6.99	1.98
How satisfied are you with your spiritual life?	81	5.60	2.76
How would you rate your hope for the future?	81	7.84	2.16

Comments

Table 10 illustrates one of the questions added to the survey from Program Supervisor, Jeff Wilson, asking for a rating of hope for the future. Here the clients are rating this hope as (7.84), which is above average, and suggests that these clients are positive about their future prospects. Of note is the average quantitative assessment and satisfaction of their spiritual life ($M = 5.60$); this remains unchanged from the past assessment. The qualitative data also suggest that the clients would like to be more physically active and engage in healthier leisure time physical activities.

Well

- *things have been going only "uphill"*
- *"saving for a house; things working out";"looking up"*
- *I'm happy where I'm at right now.*
- *don't need to use*
- *"lots of opportunities; I have a plan"*

Not Well

- *I'm in a good spot, but find myself stressing out. Debt/family/future in general.*
- *I'm hopeful but I can't see it at this time*
- *Things are not looking bad but not great. I tend to look at the negative things.*
- *I feel there is too much going on in my life to be able to grab one thing at a time, It feels like it's just too big to handle at times*
- *No job /#1*

Table 11. Index of responses related to how well the client was doing in their relationships at the time of follow-up assessment.

	N	M	SD
How satisfied are you with your relationships with your family of origin?	80	7.09	2.72
How satisfied are you with your relationships with your significant other/partner/spouse?	72	5.78	3.44
How satisfied are you with your relationships with friends?	80	7.17	2.40
How satisfied are you with your professional relationships?	79	7.16	2.65

Well with family

- *"get along well trust is there"*
- *going well. I'm reconnecting and building the trust back*
- *"I don't take advantage of them; trust them"*
- *I have fixed many problems with the family*
- *lots of support from dad/uncle/auntie and girlfriend*
- *Love my family*
- *My relationship with my family is not typical but I am full satisfied with the way things are. Everyone has a different normal*

Not Well with family

- *have not seen mom and family in 5 years*
- *have not seen them/talked to them since my relapse*
- *I still need to connect with my biological mother*
- *We have our differences and they are not healthy*
- *Working lots in the past. just started kindling with grandma*
- *I feel I'm in a mind trap or mind battling all the time*
- *not very good, the last time I was drinking I got into a really bad argument with my family*

Well with satisfaction in relationships with significant other/partner/spouse

- *"going great, honest.*
- *in the past I focus more on the partner and a not on myself/ this relationship I can focus on myself too"*
- *Not dating now, working on myself*
- *Don't have one*
- *very happy expecting a baby in April*
- *work well together; "comfortable*
- *ups and downs, everything happens for a reason"*

Not Well with satisfaction in relationships with significant other/partner/spouse

- *no relationship currently*
- *Don't have one*
- *nonexistent*
- *It's really hard to be in a relationship, I still find it hard to love, stems from my mother, also I need to work on trust*
- *No girlfriend*

Table 11 also illustrates that family ratings were higher but reflected the complexity of their relationships with parents and siblings related to previous history and substance use.

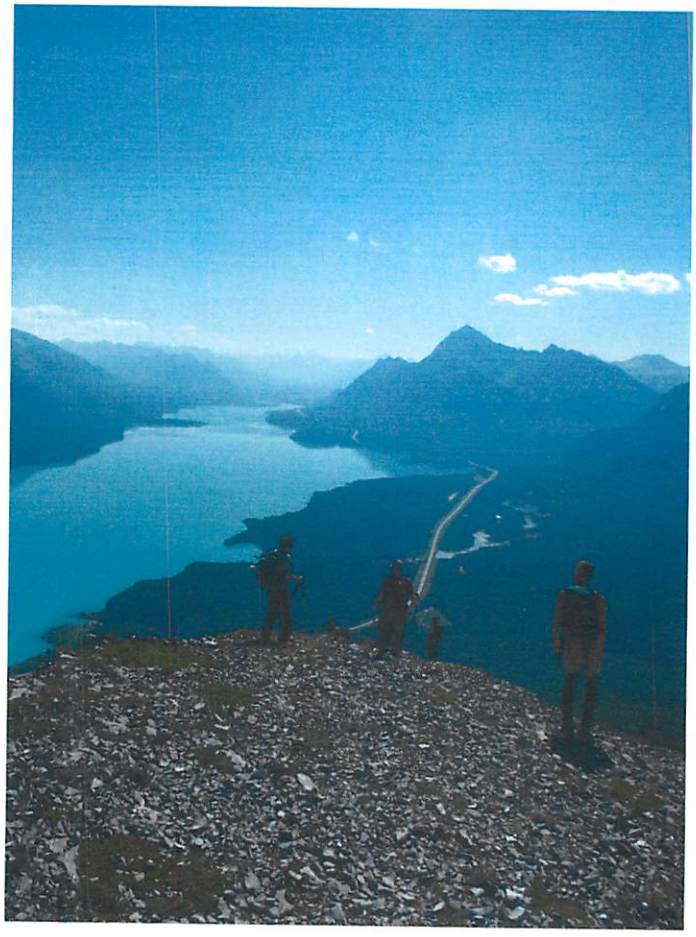
Table 11 illustrates satisfaction in their relationships with family and significant others and reported frustration in finding a relationship. One client stated "It's really hard to be in a relationship, I still find it hard to love, stems from my mother, also I need to work on trust." Another stated some intentions around reconnecting with loved ones, stating that he "still needed to connect with my biological mother."

Conclusion from Data Analysis and Future Directions

The 64 clients who have been contacted and the results support the following conclusions that can be used as a framework to guide future data collection as well as practice in working with clients after they leave Shunda Creek.

1. Clients who completed treatment are doing well at the time of follow-up, but most have had their challenges readjusting to their daily lives and in their struggles with substance use and misuse. This is supported by their numerical ratings on how well they feel they are doing, qualitative comments provided in the assessment, and validated by their OQ scores which statistically differ from their discharge scores, suggesting slight deterioration in their progress of the progress they have made during treatment. It should be noted, that at the time of follow-up, which averaged 1.68 years posttreatment, client scores averaged 50.46, which was below the cut score of 63, indicating a "normal" degree of symptomology at this time.
2. By self-report, the transition period went fairly well for 54 of the 81 clients (66%), and not as well for the remaining 27 clients (34%) for whom we had data. To further explore their history and experience with relapse, the Follow-up Alumni Interview (FAI) was developed to determine factors that influenced relapse events for all alumni.
3. Given the yes/no nature of the current relapse question we posed to alumni, they do report relapsing after they leave Shunda Creek and are handling in different ways. Given that this assessment averaged over 1.68 years posttreatment, this finding is not surprising. The goal is to provide additional resources to alumni and interject treatment intentions while clients are at Shunda Creek to help them address potential situations and experiences that are reasoned to lead to relapse.
4. Client ratings of their overall health varied - they are struggling with relationships with peers and significant others and in using their leisure time more beneficially. Their scores on the outcome instrument, OQ 45.2 support this finding.

5. When examining the two groups identified at follow-up that had completed treatment (N = 74) and those that did not (N = 7), differences exist between total scores on the OQ (Non completers = 61.5 and Completers = 51.19) and for all subscales. Interpreting this finding is difficult because of the disparity between the relative size of each strata, but it is clear that those that did not complete treatment are not doing as well as those that did complete. The reasoning for their non-completion could be due to more pathology at admission. However, this was not supported in the data. At admission, the treatment complete group scored 82.05 while the non-completers scored 79.61, a non-significant difference. This supports the notion that treatment completers were doing better at follow-up as a result of completing treatment, even though the two groups were showing the same level of symptomology at admission.



	A	B	C	D	E	F	G	H	I	J
2	**Appendix 2**		What other thoughts or feelings would you like to share about your experience?							
3		Applied Theory	Touchstones/ Adventure Thresholds	Touchstones	Wilderness/Nature	Adventure Thresholds	Adventure Thresholds			Alumni comments
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
5	1402	3		1. through intention setting I felt it was easier to learn from the trip				1. rapell was awesome	yes	"at risk at stake" thinking
6	1494	3		1. Had a wonderful time, took so much in and also realized there are still somethings I will have to carry on working on 2. Had a great time I learned a lot in the two trips					unk	

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
7	1496	4		1. I accidentally/ intentionally deprived myself of water 2. I learned comfort in being outside my comfort zone 2. Anxiety out the ass when it comes to unknown/uncertainty		1. I felt so proud of myself after saying yes when it only made sense to say I stopped far out of what was comfortable			unk	
8	1499	3	1. It was useful to bond with staff and clients						yes	that I was emotionally illiterate

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
9	1500	4		1. The river crossing made me realize how much I care about safety and being safe 2. Realizing I can deal with my shit without other peoples shit (3 day hike) 3. Night hike I was scared of the dark 4. The experience was awesome and I learned to support others by supporting myself 4. The whole trip was very metaphoric of getting high and coming down	1. The wilderness aspect of Shunda is huge and holds many metaphors to my life and was very dear to me				yes	Sober, breathe, mindfulness, acceptance

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
10	1501	5		1.Getting to the top of the ice climb brought out lots of emotions in me like I can do this I can be happy		1. I felt like the trip was very challenging physically and mentally. It made me excited for for the next trip so could physically and mentally, spiritually, emotionally prepare myself		1. I wish I was there for the first day 2. It felt good to show Keith and Lee how Canadian we are	yes	I can do anything
11	1502	2		1. was very good learning experience			1. Really enjoyed ice climbing forms its very therapeutic will be keeping the activity in my life		unk	
12	1503	4					1. It was fun		unk	

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
13	1504	6	1. The leaders/staff were always helpful and just the experiences were amazing!	1. These trips provided me a great opportunity to learn more about myself as well as others 2. Being able to take my time with this trip really helped me get in touch with myself 3. This trip allowed me to examine and build upon my assertive communication	1. Being out in nature helps me to connect with myself on a deeper level then Im use to		1. loved it		yes	You need to slow things down and deal with issues that arise
14	1507	4				1. It was challenging test setting 2. that trip is crazy hard	1. it was fun all and all	1. I was interested in doing the other high rope courses as well	yes	How to stay sober
15	1508	3					1. I realized there are all kinds of fun beneficial things to do instead of drinking, excited open, engergetic		yes	spiritually - helped me heal my souls

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
16	1510	2						1. The way they placed us together was unintentionally intentional	yes	communicating my feelings and not being afraid to feel and talk
17	1511	6							yes	opportunities to learn " how to make decisions" take a step back be in the moment
18	1512	5			1. I just loved the beauty of it (nature)		1. great time on trips, fast was very powerful 2. loved it 3. loved it	1. I was pissed I had to leave	yes	I learned that things will not always be bad. Nothing is permanent. Mindfulness
19	1516	5	1. It was a strong community which helped achieve intent	1. the intentions have given me time 2. It was refreshing after the holidays to put me back on course 3. I felt this trip was good for the intentions 4. It opened up a world of new intention to explore					yes	1-Empathy 2-To listen first 3-talk to the person not the situation

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
20	1517	6	1. It was a blast can't wait to do another canoe trip. Although I feel it at times I pushed my paddle partner too much 2. two days before climbing eagle I said to some of the clients that I just want to walk from here and climb that mountain and two days later I'm standing on top of it. I felt really good to set a goal and complete it. 2. the first trip I thought the leaders were messing with us not knowing the trail and conditions of it. Debrief I found	1. that I should not have talked negative about antics with lyle and when brett was present and he wasn't even on the trip giving him a bad message about this phase		1. that I over came my fear of heights and was able to trust my belayers to catch me and offer support for my next grip with was huge for me because of my unhappy experiences in the past before shunda	1. Absolute blast will never forget any of it		yes	Being authentic accepting things I can't control Being able to live my life drug / alcohol free boundaries balance and much more helps stop using thoughts and cravings

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
21	1518	6					1. It was fun it is good 2. It was fun, gotta do it again	1. I love Shunda 2. I love Shunda everyone should come to Shunda 3. climbing rocks 4. I had fun in the sun and the scuckiness was next to none	yes	
22	1521	4		1. it was nice to have a short day trip with strong inentions 2. It was amazing to go from a feeling of fear on the rappel to one of accomplishment	1. Nature is super theraputic and something I would like to be out in more			1. The rappell was a good confidence booster	yes	aspect of community
23	1522	4		1. That it was the best trip I've been on and that it gave me the tools to be able to be proactive in the future 2. it gave me time to think and be with self	1. being able to work in nature gave me a lot of new things to thnk about				unk	

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
24	1523	4		1. I find that i'm getting stronger and feel better 2. I feel like I made a big step out of my comfort zone and it felt good		1. It was an opportunity that pushed me and also felt good for me 2. I felt that it helped me by pushing myself to do it to tell myself, I can do it not, I can't do it and I want to do it			yes	tools for sobriety, how, when, what
25	1524	5		1. I can take my fears and anxieties with me and manage them 2. Challenged my trust w/ new people. More fearful than my previous rock climb 3. I experienced a sense of leadership which was different for me				1. This is a very different way on how I thought treatment would help me, Wilderness experience	yes	I have a lot to offer, I am strong, I have a voice, I am in control, I have stretched my comfort zone!
26	1525	6							yes	how to manage my anger. Don't snap back just listen now

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
27	1526	3		1. I felt a sense of connection to my higher self after the trip was done 2. I was sceptical on repelling. Secared, fearful but I ended up doing it and I felt a huge sence of accomplishment					no	changed my world
28	1527	3						1. Will is very insightful and wise man and taught me a lot during the bighorn trip	yes	being myself

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
29	1528	6	1. These intentions were difficult for me to be aware of but the group was helpful and FL helped me make sense of what I', blinded to.	1. I enjoyed practicing mindfulness during this experience and I couldn't help but notice a lot of the experiences I had were very heady 2. These experiences were amazing. I learned some things about how my brain opertes and through them I got to practice being able to take new actions 3. The bighorn passage helped me to see that sticking to a plan is not always the best option, sometimes, plans are changeable	1. I loved being out in nature with a group, I'm not sure that I neccesarily learned much until we did a debrief		1. The experience was awesome		yes	human connection

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
30	1529	4	1. It really helped bring the group together	1. It was a lot more meaningful doing these activities while being sober 2. This trip in general helped me look at the little joys of life and allowed my brain to start rewiring itself in a healthy manner		2. canoeing was a great challenge for me, but the climbing needs to be more intense to challenge me			yes	how to communicate better with everybody. How to "sit in my shit."
31	1530	4	1. Body not producing as wall as imagined	1. Great experience to see G mother tree, learned about trust fall	1. Good view, bad shoes				no	learning about how addiction works
32	1531	5		1. It was a very positive decision for me in recovery		1. Found that I wanted to give up but found a way to push thru it		1. Best trip I have been on so far	yes	Learned about my patterns, learn how to let stuff go, information I learned about myself was very beneficial. Learning how to be in relationships (friends, family etc.)
33	1533	1							unk	

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
34	1535	3		1. I was a lot more relaxful to reflect on myself and easier to follow intentions instead of being rushed and having 75% of the time bad feelings or not caring				1.That I had an amazing time with Stroh, Mat, Ty, Stefan, Cody and Jaden	unk	
35	1536	2			1. cool to be in the alpine and explore nature	1. challenging experience	1. fun time		yes	Connection- connecting w/others, letting go of what I knew/thought I know. Listening to others and actually taking advise. Feeling a sense of family.
36	1537	4		1. Just easy experiences to reacclimatize myself to being on trail 2. learning a new set of skills take a high degree of patience. It was great to experience something new while being on the river	1. great sense of accomplishment while discovering a new area and climbing five summits very relaxing and full of wonder, to soak in the beauty of nature	1. Challenged me more physically than other trip here. Amazing sense of accomplishment. Real feeling of staying present and in the moment			yes	mindfulness awareness of my body and thoughts helps stop using thoughts and cravings

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
37	1538	4		1. Trips were an awesome learning experience					yes	To always play the tape through
38	1539	4	1. It was great to be a part of this experience, awesome to see Dwayne conquer his dragon repelling	1. Everything was very awesome and fulfilling during my solos I realized a lot of positive things about myself, as well as how important it is too have a team. I also noticed some more aspects of my dragon during the day hike 2. I was able to get over a lot of my fears rappelling, also was able to act assertively leading DK down rappel while he was blindfolded 3. For the mock evac, I was having a really bad day but once we started the activity I felt 100% better than earlier that day					unk	

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
39	1541	4	1. I learned a lot on this trip, I feel more connected to the guys, feel like I can be more myself. Also realized how much fun I can have staying sober for new year, this will help me realize for my future	1. Didn't have much opportunity to speak my voice due to not being a long hike 2. The passage hike was difficult and I was able to be conscious about how I was feeling mentally, physically and emotionally and express me feelings to the group	1. Just being out in nature and hiking was fun experience and peaceful. gave me time to think a lot about my life and reflect.				yes	deal/cope with cravings
40	1542	4	see 1496						yes	to use mind and body as one
41	1543	5		1. Passage, fast and alumni trip were most helpful for me in relation to my recovery					yes	open arms- feel loved make you feel good and welcome **realization w/out change there is no future growth* wilderness trips -hard but had break throughs
42	1544	5						1. The rappel brought up lots for me	yes	Who I was. Who I actually wanted to be
43	1554	3			1. I felt at home in nature				yes	to love myself

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
44	1555	6		1. It was a good trip but I found myself impatient with the other clients mainly due to the amount of bitching going on 2. solo was great because I realized what I needed to work on going forward. Issue at last trip with Jare, Tanner and Chris		1. both were great trips for me, the rappelling at Kootney Plains was challenging which helped me with working on my intentions 2. climbing vision quest was very hard for me because I had to deal with my fear of heights the rest of the trip was fairly easy 3. It was a great experience all around, the boys bonded even more and we pushed the limits physically and mentally, great experience and I over achieved what I thought were my physical limits			yes	practising and knowing how to say no in bad situations and just that when times are tough you have to stay focused

	A	B	C	D	E	F	G	H	I	J
4	Individual	number of experiences	**Group Adventure** 1. Bond Peers 2. Leader Support 3. Peer Support 4.Exercise 5. Treatment Goals	**Reflection** 1. examine behavior 2. think differently 3. new emotions 4. intentional actions	**Nature** 1. "away" 2. beauty	**Challenge** 1. limits pushed 2. limits challenged	**Sober fun**	**Other** 1. activity specific 2. nonspecific	treatment completer	Most important thing learned at Shunda?
45	1740	2		1. I learned how to control how I was feeling in a moment				1. Found trip was amazing but felt I needed rest for four days later	unk	
46	1741	1			1. going on those trips allow me to connect with the outdoors which allows me to realize what a connection is				unk	
47	avg	3.98								

Appendix 3

Request for Determination Form

OREGON HEALTH & SCIENCE UNIVERSITY
Research Integrity Office
Mail Code L106-RI
Portland, Oregon 97239-3098
Phone: 503.494.7887
Fax: 503.346.6808

Version 1.0
Updated 3.15.2018

PI Name David Buckley eIRB _____
Project Title Adventure Therapy and Treatment of Mental Health Conditions

INSTRUCTIONS
Use this form when:

- *You are not sure if your project requires IRB oversight, or*
- *You would like a formal determination from the IRB as to whether the project requires IRB oversight, or*
- *You are conducting research with samples or data that are not individually identifiable to the research team, but the project involves genetic research.*

Complete the entire form unless your response to a particular question instructs you to skip ahead.
Upload the form to the eIRB in place of, or in addition to, a protocol.
If your project meets the definition of Research (Section 1), includes Human Subjects (Section 2), and OHSU is Engaged in the research (Section 3), you should submit a new study with a full protocol instead of submitting this form.

Section One – Research

Research is a **systematic investigation**, including research development, testing and evaluation, designed to develop or contribute to **generalizable knowledge**.

☐ This project is research. → **Skip to Section Two.**

☒ I don't think this project is research, or I am not sure. → **Answer the questions below:**

1.1. Is this a case study of a single patient or a case series of three or fewer patients? If so, describe.
Note: Inclusion of more than three patients is generally considered research.

No.

1.1.1. If yes, will it involve testing of biological specimens for non-clinical purposes? If so, describe.

1.2. Is this a quality improvement/quality assurance, program evaluation, or public health project? If so, explain. (*These types of activities may not meet the definition of research. See the Quality Improvement or Research? Quick Guide on the IRB Policies and Forms web page for more information.*)

Part A:

We are proposing to review anonymized comments from participants in an outdoor/adventure therapy program conducted by an outside, independent organization, called Shunda Creek. These free-text comments are regarding the perceived value of the program and were voluntarily offered by participants as part of a survey that the organization (Shunda Creek) used for its own internal

purposes. The comments are not linked to any personally identified information. We would be reviewing the comments to identify and describe recurring themes, which would shed light on what participants do and do not value about the program and would help the organizers refine their program.

Part B:

We would like to conduct an online survey that is anonymous and voluntary. Participants will be recruited through rock climbing FaceBook groups. A link to a Google survey will be posted on the FaceBook group page. The survey will include the following topics – rock climbing experience, employment in the rock climbing field, region of US reside in, level of contribution of rock climbing to sense of personal wellbeing, ranking aspects of climbing that may contribute to sense of wellbeing, interest in volunteering for a rock climbing program that promotes mental health, and a field for open ended comments.

1.3. Will individuals, groups, or institutions/organizations be randomized or otherwise designated to receive different interventions that will be compared? If so, explain. *Note: Randomization or comparison against a control tends to indicate a systematic investigation, which may be research.*

No.

1.4. What are you hoping to learn from this project? Will the knowledge you gain be generalizable to other contexts or situations?

Part A: Identify components of adventure therapy program that are the most helpful to their therapeutic process. We are not sure if it will be generalizable to other adventure therapy programs.

Part B: To gauge whether the rock climbing community feels climbing contributes to their mental health/sense of wellbeing, and to get a general feel for rock climbers' willingness to volunteer for climbing programs that can help treat mental health conditions. We don't believe this will be generalizable to other outdoor activities.

1.5. What will you do with the results? *Note: Whether you intend to publish does not itself determine whether your project is research.*

Part A: We will share the aggregate results with Shunda Creek.

Part B: We will share the aggregate results on the rock climbing group FaceBook page, except for open ended comments.

Section Two – Human Subjects

A **human subject** is a **living individual** about whom an investigator conducting research obtains:

- Data through **intervention** or **interaction** with the individual, or
- **Identifiable private information** (*information is identifiable if the identities of the subjects are **readily ascertainable** to the investigator, either directly or indirectly through a coding system*)

☐ This project involves human subjects. → **Skip to Section Three.**

☐ This project is not research. → **Skip to Section Five.**

☒ This project is or may be research, but I don't think it involves human subjects, or I am not sure. → **Answer the questions below:**

2.1. Are all of the subjects in the research known to be deceased? *Note: Decedents are not considered human subjects.*

No.

2.2. Describe the data and/or specimens to be used for the project.

Part A: De-identified comments from Shunda Creek's program survey.

Part B: Survey responses from an anonymous online survey.

2.3. Are all of the data and/or specimens pre-existing or going to be collected for some purpose other than this project?

No.

If yes:

2.3.1. What is the original source of the data and/or specimens? How will they be provided to the investigators?

2.3.2. Are all of the data and/or specimens de-identified such that none of the investigators working on the project could readily ascertain the identities of the subjects, either directly or indirectly through a coding system? Explain. *Note: If investigators have a way of identifying individual subjects, the project likely involves human subjects.*

If no:

2.3.3. How will the investigators (at OHSU or another institution) collect the data and/or specimens? *Note: If investigators will intervene (including both physical procedures and manipulations of the subject or subject's environment) or interact (including all forms of communication or interpersonal contact) with individuals in order to collect information about them, this project likely involves human subjects.*

Part A: Shunda Creek invites program participants to consent and complete the survey. Shunda Creek will de-identify the data and send it to us for analysis.

Part B: Survey link will be posted in FaceBook climbing groups and data collected in Google Survey spreadsheet. No human subject intervention or interaction and no use of identifiable information.

Section Three – Engagement in Research

OHSU is engaged in a research project if **OHSU employees, students, or other agents** do any of the following:

- **Intervene or interact** with human subjects for the research,
- Obtain **individually identifiable private information** about human subjects for the research, or
- Obtain the **informed consent** of individuals for participation in the research.

There are exceptions for certain recruitment activities and for performance of some protocol-required procedures as a commercial service or on an emergency or temporary basis.

☐ This project is research and OHSU is engaged in the research project. → **Skip to Section Four. If the project also involves human subjects, STOP and complete a new study submission.**

☐ This project is not research, or it is research that does not involve human subjects. → **Skip to Section Four.**

☒ This project is or may be human research, but I don't think OHSU is engaged in the project, or I am not sure. → **Answer the questions below:**

3.1. Describe OHSU's and any other institutions' roles in the research, including which investigators will interact with human subjects, obtain subjects' identifiable private information, or obtain informed consent for the research. *Note: If OHSU investigators will do any of these things, OHSU is probably engaged in the research.*

Part A: Shunda Creek invites program participants to consent and complete the survey. Shunda Creek will de-identify the data and send it to us.

Part B: *No human subject interaction, no use of identifiable information, and no informed consent.*

3.2. Will OHSU employees, students, or agents obtain ***only de-identified data or specimens*** (that is, the data/specimens are completely anonymous or the data/specimens are coded and OHSU investigators will not have access to the key to the code)? *If so, OHSU is probably not engaged in the research.*

Part A and Part B: Yes, the data will be de-identified.

3.3. Will OHSU employees, students, or agents ***only release pre-existing data or specimens*** to investigators at another institution (that is, OHSU investigators will have no part in testing of specimens or data analysis)? *If so, OHSU is probably not engaged in the research.*

No.

Section Four -- Oregon Genetic Privacy Law

Genetic Research is research using human DNA samples, genetic testing, or genetic information. **Genetic information** is information about an individual or the individual's blood relatives obtained from a genetic test. For more details, see our Genetic Research web page.

☒ This project does not involve genetic research. → **Skip to Section Five.**

☐ This project involves genetic research. → **Answer the questions below:**

4.1. The specimens/data are (check one):

- ☐ Anonymous (meaning the identity of the individuals or their blood relatives cannot be determined by anyone, including through a code or other means of linking the information to a specific individual)
- ☐ Coded (meaning that some link exists that would allow re-identification of the data/specimens, even if the OHSU investigators will not have access to it)

NOTE: If the specimens or data are individually identifiable, you are likely conducting human research. ***STOP and complete a new study submission.***

4.2. For coded data/specimens, describe the method of coding and steps you will take to ensure data security. (See HRP-461 WORKSHEET – Oregon Genetic Research – Anon-Coded on the IRB Policies and Forms web page for specific criteria regarding coded genetic research.)

4.3. In Oregon, the individuals who originally provided the data/specimens must have consented to genetic research, or you must verify that the individuals have not "opted out" of genetic research at OHSU (see our Genetic Research web page for more information). Indicate how your project complies with this requirement (check one):

- ☐ Subjects consented for this project specifically
- ☐ Subjects consented for future genetic research generally
- ☐ Subjects did not consent, but we will exclude any subjects who opted out of coded/anonymous genetic research – Describe your plan to verify opt-out status:

- ☐ None of the specimens/data are from subjects in Oregon
- ☐ Other – Describe:

Section Five – HIPAA

Protected Health Information (PHI) = health information + one or more of the 18 identifiers. See our HIPAA and Research web page for more details.

Even if your project is not human research or OHSU is not engaged in the research, you may have requirements under HIPAA if you are using, obtaining, or releasing/disclosing PHI.

All HIPAA forms linked below are available on the IRB Policies and Forms web page. Upload them on the ***Recruitment, Consent and Authorization*** page of the IRQ.

- ☒ This project does not collect any health information. → **Stop here, no HIPAA requirements.**
- ☐ This project collects health information, but does not involve access to or recording of any of the 18 individual identifiers, and therefore does not involve PHI. → **Stop here, no HIPAA requirements.**
- ☐ Investigators on this project will only have access to data/specimens already at OHSU and that meet the definition of a Limited Data Set *(no direct identifiers such as name, MRN, initials, or street address, but may include dates and geographic subdivisions smaller than a state*), and the Limited Data Set will NOT be sent outside OHSU. → **Stop here, no additional HIPAA requirements.**
- ☐ PHI will be accessed, used, and/or sent outside OHSU, but not for research purposes (examples: case reports, QA projects, public health reporting). → **Stop here, comply with OHSU HIPAA policies for non-research activities.**

  Investigators who wish to publish a case report that is not completely de-identified to the standards of the HIPAA Privacy Rule (contains any of the 18 individual identifiers, photos or illustrations that contain identifiable features such as pictures of a patient's face or tattoos), must first obtain each patient's authorization. In the case of deceased individuals, consent might be obtained from the next of kin.
  Authorization to Use and Disclose Protected Health Information Form
- ☐ PHI will be accessed only for purposes preparatory to research, such as preparing a protocol or compiling a recruitment list, and the PHI will not be released outside OHSU. → **Prep to Research form required.**
- ☐ This project is research and will collect and use PHI, but all subjects are known to be deceased. → **Decedents Representation form required.**
- ☐ This project is research and will collect PHI, but only for the purpose of preparing a Limited Data Set to send outside OHSU. → **Data Use Agreement required.**

☐ This project is research and OHSU will receive a Limited Data Set from another institution for this project. → **Data Use Agreement may be required by the other institution. If so, submit DUA for review and signature to the office that handled the contract for the project (if there was one, or to OPAM if there was no contract). DUAs for OPAM should be directed to Contract-triage@ohsu.edu.**

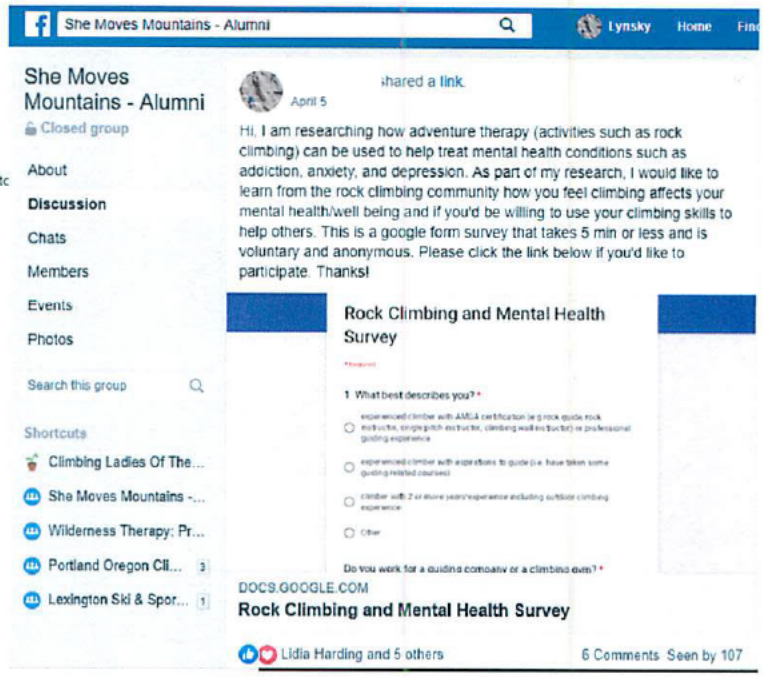
☐ This project is research, PHI will be accessed, used, and/or sent outside OHSU for purposes of this study, and none of the above options apply. → **You most likely need a Waiver or Alteration of Authorization. Any disclosures outside OHSU must be tracked in the Accounting of Disclosures System.**

☐ Other – Explain:

Appendix 4

Rock Climbing and Mental Health Survey

Form description



1. What best describes you? *

- experienced climber with AMGA certification (e.g rock guide, rock instructor, single pitch instructo
- experienced climber with aspirations to guide (i.e. have taken some guiding related courses)
- climber with 2 or more years experience including outdoor climbing experience
- Other

2. Do you work for a guiding company or a climbing gym? *

- Yes
- No

3. What region of the United States do you live in? *

- West
- South
- Midwest
- Northeast
- I live outside the United States (in another country)

4. On a scale of 1-5 how important do you feel rock climbing is to your sense of mental health/mental well being? *

- 1 - not important
- 2 - slightly important
- 3- fairly important
- 5 - very important

5. Below are listed some aspects related to rock climbing. Please rank in order from 1 to 5 how you feel these aspects contribute to your mental health/well being (with 1 being the most contributory and 5 being the least contributory). *

	1 most	2 quite a bit	3 some	4 a little	5 least
Nature					
Challenge					
Physical Activity					
Accomplishment					
Peer Support					

6. If a program existed locally that used rock climbing in the treatment of mental health conditions such as addiction, anxiety, or depression, would you be willing to volunteer your time and climbing skills to help with this program? *

- Yes
- No

7. Comments?

Appendix 5

Rock Climbing Survey Comments

1) Be aware that climbing gyms are pretty new in the history of climbing. Most seasoned climbers learned to climb outside before there were climbing gyms. It used to be an extreme sport before gyms were built. So, the psyche of a young gym climber and an old, crusty outdoor climber are likely pretty different.

2) Hi Kelly!

3) I started to climb because I wanted a new sport and it has helped my anxiety that has bloomed over the past few months.

4) I've been volunteering at a climbing centre a few years ago, but not for that reason, more for beginners - all ages and levels at a KFUM place n Sweden.

5) What people perceive as helpful is not always synonymous with what is actually helpful

6) One of the most important heath aspect from climbing for me is the total mental focus needed. It helps my brain relax from all other issues. Mindfullness!

7) If I can just go off on a tangent for a moment... thinking about my answers to this question also makes me wonder if my intense focus on climbing can be just as detrimental to mental health as it can be helpful. I often find myself in a slightly poorer mood before a big climbing trip - I think more due to logistics, expectations, and who is in the party - which of course is shaken off by the end of the trip. But I find myself so caught up in climbing sometimes that it can have an odd, slightly negative effect on my mental health (which again, is quickly outweighed by the post-climbing benefits).

8) I'm a psychologist and would LOVE to get involved in rock climbing for mental health!

9) I put that climbing is fairly important to my mental health, but to clarify, SOME form of exercise is absolutely critical to my mental well-being. It just doesn't HAVE to be climbing. I also love every aspect in question 5. I think my ranking would vary every single day if asked, but all are important.

10) Just a little personal story. I quit drinking a year ago, after recognizing my addiction to alcohol. I lost all those drinking activities, and most of my social group. So I got back into climbing. While AA was there for me at the beginning, climbing is what sustains my sobriety today. Whenever I have a day that would typically drive me to drink, I climb instead. I have a social group filled with positive, supportive individuals that cheer me on, whether on the wall, or in life. There's a saying that the opposite of addiction isn't sobriety, it's connection, and I found that to be incredibly true.

9) Climbing is a main facet to how I destress from life.

10) I have an anxiety disorder and mild depression. Climbing has helped me start to work through a lot of issues and gain "control" over my mental state.

11) My child has a lot of anxiety and fear trying new things but some for reason responded really well to rock climbing as the 'fun' overtook the 'fear'. He was 7 at the time, now 10. I could see his confidence increasing exponentially before my own eyes. I can only imagine what it could do for other.

12) I suffer from depression myself, and climbing is one of the few activities where I can let go of that self-critic and just enjoy the act of doing.

13) I believe being outside is amazing therapy & I enjoy rock climbing. But rock climbing also can evoke fear. I personally have a tough time getting through the mental game to actually lead rock. Realizing that most people will just top rope. But I think fear, fear of heights might not work for some people. Personally hiking in nature is even better therapy!

14) I am a very experienced climber 20+ years with experience from bigwall to bouldering but no aspirations to guide

15) I'd be one of the participants.

16) When I started climbing I took clinics with She Moves and felt really excited about the peer support and the community I experienced. Unfortunately I've had a hard time finding female friends to climb with since but once that changes peer support would be ranked higher for its contribution.

17) I've often compared climbing to mindfulness for people that at too restless for sitting down to breathe. Maintaining focus on the next grip on climbing is very much practicing being present in the moment.

18) Rock climbing is impactful to my amount of joy

19) I think climbing, as with any activity, can impact mental health positively or negatively. It depends on how we attach our work to the outcome.

20) Interested in the results - Message me at Mandy Schenkemeyer on FB please!

21) Good luck with your research

22) My no answer was based on my other commitments and limitations not on whether this is a good idea

23) No on number 6 only because I already work in the mental health business

24) Rock climbing has helped me get over so many debilitating fears in my life, like fear of driving and fear of heights. I'd love to support a program like the one you've described!

25) Rock climbing forces me to be present. There's no room to allow your head to wander as you're climbing. Anxiety and depression have a lot to do with NOT being present.

26) Climbing and related rope sports are part of why I haven't killed myself yet. It gives me community (that part took a while), making me plan things for the future (on days where I was living 5 minutes at a time this meant everything) and feeling like part of a team (I'd practice skills at home like knots/ anchors/research emergency bail scenarios) doing things to occupy my time knowing that I was building on valuable skills resulting in me becoming a trusted person to be invited on the bigger trips, getting me out of the house instead of being trapped in a downward spiral of depression and hopelessness I was building a foundation of badassery that gets me out of my mind. I still struggle, I'm drunk right now and the sun is still up, but climbing and the related outdoor world is saving me from myself.

27) I would volunteer for something like that if I was more experienced. Such a program sounds like a wonderful idea!

28)Climbing stresses me out, especially gym climbing. I do enjoy long trad climbs away from crowds. 29) I am an ARNP and have bipolar disorder. I think your questions assume climbing contributes to wellbeing, when for some it may be detrimental, eg eating DO, ruminating on success etc.

30) Climbing is addicting. This has been proven by the immense growth of interest and involvement across the world. When I first started everyone thought I was some dirtbag thrill seeking junkie. Now it's kids parties at gyms and my friends bringing their 60+ parents to come try it.

31) I presently volunteer at Rim Rock Trails.

32) I started climbing about 6 years ago, right after college. I had major depression and anxiety in high school / college but never did anything (therapy / meds) since my parents didn't think it was an issue when I told them. After climbing I saw an improvement in my depression/anxiety. Last year I took my longest break (6 months) and I saw a huge increase in my depression/anxiety. I've never been motivated to do typical exercises like cardio, but climbing has changed that for me. I also had a stroke three years ago and temporarily lost the feeling in two fingers. I was told I don't need physical therapy but when I went back to climbing the two fingers would go numb on the first climb of a session. After that, I still didn't do any PT. I just kept climbing and now I don't get the numbing feeling. I don't take medication for my anxiety/depression, though I have thought about it. I know that's not a possibility for everyone (to not be on medications), but I am grateful that I found an activity that can help my naturally manage it and super excited for what you have planned!!

33) I have ADHD and anxiety, but I've found that when I'm climbing I'm able to tune out all the thoughts constantly swimming in my head and just focus. I've never really liked exercise or fitness, and the ADHD makes it hard to stay motivated, but climbing is a fun mental and physical challenge that doesn't even feel like exercise to me.

34) I say yes with a caveat. If its once in a while sure. Where I live if I volunteered time for rehabilitation centers I would be out of a job and would be working full time for free as there are countless programs like that here.

35)

36) Answer to 6 is because I already volunteer over 500 hours a year to maintain climbing and need time to actually climb....

37) I'll be working with Aspiro adventure therapy this year, hoping to help others through lots of climbing. I really dont know where I would be without it

38) Thanks for the survey and good luck in your project research! This topic is invaluable.

39) I have done my share of this work in the 80s and I do a ton of stewardship and other volunteer work so I don't have time

40) I have worked at VisionQuest a program for troubled teens for over 40 years. For the first 25 years VQ kids lived on Wagon Trains, Tall ships, and particpated in many challenging adventure activities including rock climbing. I have witnessed the benefits od adventure and nature in overcoming the odds for these kids. Unfortunately, this is no longer valued as a treatment option by the juvenile courts and child welfare systems. In addition liability both in the costs of insurance and fear of lawsuits makes utilizing adventure activities such as rock climbing not a viable option in my field, however I firmly believe in its value in treating mental health issues.

41) Having worked with the described population above I would be concerned for the safety of the patients and there ability to be and stay safe.

42) Cottonwood has an ongoing program working out of the gym here in Tucson. We have also worked with SAAF and multiple programs that deal with recovery and at risk youth. Anecdotally, climbing has shown a strong impact on clients involved with these programs, however, I believe that the nuances of implementation are the key to success in the use of adventure sports in therapy.

43) I work in the hospital as a nurse!! We need some alternative methods to treat mental health conditions!

44) Love this! Good luck ❤

45) Basically climbing forced me to get outside my comfort zone. Particularity with people. I had to make friends in order to climb and the friends I've made through climbing have had a huge impact on my mental well-being.

46) I find this research very interesting as someone who experiences anxiety and depression and as someone who has lost a relative to suicide. Please keep me updated if you end up starting a program to help individuals with mental illnesses. I would be interested in volunteering. Chris,

47) I'm a domestic abuse survivor. Climbing, and the radical self-reliance that comes with it, has been vital to my growth.

48) I think that time spent in unspoiled nature and outdoor sports are critical for mental health and brain development. Thank you for taking the time to put this together.

49) I'm not sure how to answer #5. If I was supposed to rank them in order, that would be hard. I guess I would say: Challenge, Nature, Peer Support, Physical Activity, Accomplishment (greatest to least)

50) I am transgender. Rock climbing and the community around it are part of my support structure that I depend on. Otherwise I don't think I'd get out of bed.

51) Hope I could help,greetings from Hungary,the far side of the Earth.

52) Not just rock climbing but nature in general can help depressed people immensely

53) Climbing is the ultimate opiate. No worry, nothing about your life, no finances, no relationships, no work issues, no troubles at all matter when stacked against making that next clip, or making that next jug. It's the ultimate escape. Let's go hit some walls!!!

54) I have actually used climbing in the mental health setting during my time as a social worker. It's an untapped gold mine of mental health benefits, especially for developing confidence, competence and drive. Good luck!

55) I wouldn't volunteer as I don't think those conditions prevent someone from learning climbing skills the way everyone else does. Many of my climber friends, and it seems plenty of pro-climbers, struggle with mental illnesses (diagnosed and otherwise).

56) I believe that now I am in a more stable place in my life, Rock climbing is not as crucial as it was. However, when I was in a crisis several years ago where my brother was hospitalized, it was my lifeline.

It was a healthy coping mechanism where I felt safe and supported, could take a break from the hospital, and gave me an alternative to isolating myself and drinking or something more harmful. It was a crucial crucial aspect of my life.

57) Currently volunteer at the Lee County Rec Center helping kids learn to climb

58) Rock climbing is an extremely important aspect of my mental health. I'm much much more stressed when I don't get out and climb.

59) Rock climbing was key for me in surviving 9 years of infertility. We have since had triplets + 1. It's a need in my life.

60) I would add that climbing is also my quality family time (with husband and son), and it is a time to disconnect from screens, work, stress that result from being out in nature.

61)I am a recovering addict. I have 3 years clean. Climbing is my outlet

62) Thanks! I think this is a great idea to pursue!!!

63)Check out Phoenix Multisport

64) i got real into climbing after i was devastated by my partner of ten years leaving me. i was pretty depressed for about a year and half after. climbing was good for physical health, socialization (climbing w friends, not necessarily talking about climbing the whole time), and mostly, it allowed me to just not think for a few minutes or more.

65) Climbing helped me with confidence, social anxiety, physical fitness, energy, and fear

66) This is awesome! Would love more info. My email is glasslauren2@gmail.com

67) Climbing has helped me through more mental health predicaments than I can count; in fact, I am the only person in three generations of my family that hasn't had to resort to anti-depressants because of it. Make this a thing in Central Oregon and I will happily take beginner climbers struggling with mental health issues to Smith as often as I can!

68) Overall climbing does good for my mind. But can sometimes be a factor of a bad mindset. In other words; not climbing enough or as well as you think you should can bum you out..

69) Please update this survey with some introductory info about who is doing the survey! Thanks

70) As someone who suffers from depression and addiction I am constantly looking for ways to help myself, and others. I have found that the outdoors and physical activity are the best way to manage my life.

71) I participated in the first decents program for cancer survivors. Fantastic experience