FROM ADVENTURE TO THERAPY: A MODEL FOR HEALING

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ABSTRACT

Adventure therapy (AT) uses outdoor modalities that immerse clients in natural environments and challenging outdoor experiences to improve psychological dysfunctions in emotion, behaviour, and life effectiveness skills. The healing power of AT rests on the therapeutic factors of the natural world, the role of the treatment team and the effective and intentional use of adventure therapy tools. The AT practitioner is both a competent adventurer and professional helper who helps clients begin their process of personal change. The effects of AT are growth-producing and will take them on a journey that lasts a lifetime. It also reduces the reference to the stigma clients assign to traditional forms of therapy. AT interventions tend to be solution-focused and humanistic in their orientation, although many programmes also have important behavioural underpinnings, particularly for programmes involving delinquent youths, conduct disorder, low self-esteem, oppositional defiance, adjustment disorder, bipolarity, grief, chemical dependency and dysfunctional families. AT has been purported to be a potentially unique therapeutic modality that can be used either independently or as an adjunct to other forms of psychotherapy. AT programmes perceive clients with innate goodness and having the resources needed for change. They can be guided to know where and how to access them to make the desired change. This paper also examines the way and the conditions under which adventure activities can become therapeutic. It determines change as a central concept in the therapeutic process. The foundations of adventure therapy, its rationale and strategies, and therapeutic factors are discussed. In addition, it illustrates a local case of AT in practice and introduces the potential use of AT in the Programme Khidmat Negara (PKN) (National Service Programme) in Malaysia. This paper includes some timely recommendations in working with youths who are on the PKN programme in order to deal with problem behaviours and to obtain long lasting change.

DEFINITION AND SCOPE OF ADVENTURE THERAPY

Gass (1993) defines AT as placing clients in activities that challenge dysfunctional behaviours and reward functional change. Gillis and Thomson (1996) explain that adventure therapy is a therapeutic model which uses an experiential approach (relating to or derived from direct experiences) with regards to psychotherapy, or counselling that entails activities. While there is more than one accepted method of conducting adventure-based therapy, there are several critical components that seem to serve as a foundation for most sound adventure therapy programmes (Gass, 1993).

These include the following:

1. Client becomes an active participant
2. Therapeutic activities are conducted in unfamiliar and adventurous environment
3. Therapeutic activities have meaning
4. It has experiential learning principles

5. Adventure experiences are created to support the attainment of therapeutic goals
6. Reflection is a critical element of the therapeutic process
7. Functional change must have present as well as future relevance for client and his/her society

Adventure Therapy is an active, experiential approach to promoting personal change and growth. It refers to a concentration on changing behaviour, attitudes and cognition using adventure vehicles and conducted experientially in the outdoors (Lee, 2002). It often includes rope course challenges, rock climbing, repelling, abseiling, canyoning, caving, white water kayaking, sea rafting and mountaineering that require responsibility, commitment, self-discipline, problem-solving skills and outdoor skills. All activities have therapeutic intent and consist of facilitated use of adventure techniques and tools to bring about personal change toward the desired treatment goals. AT's programme immerses clients in a natural setting and provides them with skills to overcome self-imposed limitations. Nature offers the restorative environment to allow clients to create a new way of being and doing. Much of the healing takes place when clients are connected to the natural world in a meaningful way.

APPLICATIONS OF ADVENTURE THERAPY

While evidence of the use of the outdoors, challenge and adventure as part of a healing and learning process can be found dating back thousands of years (Davis-Berman and Berman, 1994), it has not existed as any form of professional discipline until about 20 years ago (Itin, 1998). There are many organisations and practitioners that conduct Adventure Therapy for different purposes of personal growth, counselling, therapy, education, team and leadership development. These programmes can either take fee-paying or non-paying clients/ customers into the wilderness, outdoors or comparable lands in order to develop their human potential through selected area/s (Schoel, Prouty and Racliffe, 1988).

Adventure Therapy has been applied in rehabilitation settings for recovery purposes. Such example include group counselling for victims of incest (Goodwin and Talwar,1989), changing delinquent behaviour for youth at risk and in chemical dependency recovery (Obermeier and Henry, 1980). Past research reports on the applications of AT were on the mentally retarded (Dillenschneider, 1983), couples and families (Gillis and Bonney, 1986), alcohol (Kirkpatrick, 1983), cohesion (Lee, 2002), sexual assault survivors (Levine, 94), incest and rape victims (McNally, 1994), mental health (Roland, Keene, Dubois and Lentini, 1988), anti-social offenders (Reid and Mathews, 1980), the emotionally disturbed (Voight, 1988) and victims of rape (Pfirman, 1988).

The use of adventure therapy experiential learning principles and strategies (either direct or modified adoptions and adaptations) found in public, private schools, colleges, universities, correctional institutions and private organisations in North America has been estimated as 200 or more (Conger, 1992; Krakauer, 1995).

Research on the use of adventure therapy methods (adaptation or adoption) with a keen focus on improving team cohesion is revealed in studies done by Meyer (2000), Barbara and William (1991), Glass (1999), and Spink and Carron (1992). In summary, AT principles, techniques and strategies have many applications. Most of the above examples can be applied in diverse settings according to their respective programme objectives. Their studies also reveal positive effects on their respective groups in terms of meeting the therapeutic goals.

PRINCIPLES, TECHNIQUES AND STRATEGIES OF ADVENTURE THERAPY

Many of the origins, principles, and philosophies

of adventure-based learning models are founded in the field of experiential education (Gass, 1993). Most programmes that employ Adventure Therapy methods rest on the belief that learning is best when the learner engages in direct experiences. Given this perspective, experiential learning often requires problem-solving, skills, curiosity and inquiry of the learner (Kraft and Sakofs, 1985). In this instance, the learner is placed in an active mode in the process of learning.King (1988) stated·that in the experiential learning process, the learner is required to be self-motivated and responsible for learning and the "teacher" to be responsible "to" and not "for" the learner.

Another important learning principle is that change occurs when people are placed outside their comfort levels and in states of dis-equilibrium. Under these conditions, participants are challenged to change, adapt and move to reach equilibrium. They are challenged to question existing and old paradigms about themselves and the surroundings. Adventure-based programmes focus on placing participants in circumstances and activities that are mentally, physically and emotionally challenging, that impel them to respond and cope with these new demands, tasks and stimuli. Through this process, learners' consciousness can be heightened, rediscovered and redirected towards productive and positive behaviours.

Reflection remains a critical element of the change process (Gass, 1996). Reflection allows direct experiences formed during an activity to construct new insight and knowledge that pose an opportunity for application in a real-life setting. Facilitating an Adventure Therapy treatment plan invites learners to give their best and reflection draws powerful learning lessons for change. While some activities drawn are more physical, and others are more analytical and perceptive, they all provide valuable opportunities for clients to draw on their strengths from the team while developing solutions to overcome their weaknesses.

In summary, Adventure Therapy principles consist of experiential learning, putting learners in an active, hands-on learning position, taking charge of their own learning, challenging dysfunctional behaviours by placing clients out of their comfort zones, drawing powerful insights through reflection, debriefing and carefully sequencing activities that have parallel to the real world for immediate application.

RATIONALE FOR USING ADVENTURE THERAPY TO IMPROVE CONGRUENCE

The rationale for using Adventure Therapy to rebuild individuals or families to enhance their productivity and meet planned goals has been well documented (Gillis and Bonney 1986; Kimball, 1983). The widespread use of adventure-based and outdoor experiential approaches in diverse populations recognises the experiential, physical and therapeutic value of adding or employing such interventions to their treatment and learning options. Their use offers an alternative to "traditional" learning approaches that rely heavily on verbal and cognitive processes.

Adventure-based and experiential learning methods are based on the belief that change can be facilitated through behaviour, action and reflection (Winn, 1982). As a matter of fact, experiential learning has become a fundamental building block of many adventure programmes Drawing from the works of Walsh and Golins (1976), Yalom (1975), Gass (1993), Nadler and Luckner (1992), Jacobs, Masson and Harvill (1998), the eight-point rationale will help explain why the Adventure Therapy approach is a good approach to improve congruence.

Action and client-centered learning.

The authoritative figure of the counsellor or therapist is easily removed from the programme when clients get into their element of action. There is also a concept that high impact

adventure experiences have a natural appeal. Going through a challenging experience can provide a deep sense of "I exist", "I matter" and "I can do it". Such existential affirmation can be very helpful to clients who desire to rebuild a sense of self-worth

Novel Setting.
An outdoor experience requires clients to step out of their comfort zones. An unfamiliar setting often provides an opportunity to adapt, change and re-evaluate "old assumptions and behaviours". Another notable advantage of conducting an adventure therapy is using natural consequences as "teacher" to highlight certain issues. The natural environment becomes the therapist and teacher because consequences are real, direct and impartial (Chase, 1981).

Climate for change.
An outdoor setting offers some element of healthy stress. This type of stress places individuals into situations where the use and practice of certain skills and attitudes are necessary to reach a desired state of balance.

The power of group healing.
Adventure Therapy impels clients to draw resources from all clients who can offer more viewpoints, insights and solutions to a particular team problem or challenge. Yalom's curative factors are relevant for this argument. A group setting will allow members to bring them together, foster trust and collaboration, to work through treatment and rehabilitation goals. These allow healing for all parties in the therapeutic relationship.

Transfer of learning through parallel potential.
How a client responds to an outdoor challenge can serve as a vehicle for self discovery. When clients engage in an outdoor activity, they will be living in two realities simultaneously – the programme experience and the real-life experience.

Vicarious learning.
Bandura (1977), Kottler (1994) and Posthuma (1996) have all concurred on the positive value of vicarious learning in group therapy. Clients have plenty of opportunity to hear issues and concerns similar to their own. Even a silent member in a group can learn a great deal by listening or watching how the adventure activities and outdoor challenges are handled.

Safe and real life learning.
Adventure therapy involves putting clients through direct experiences and group challenges are learnt primarily through doing them, correcting them and experimenting solutions in a safe environment that encourages congruence with reality.

THEORY APPLICATION

Adventure therapy is derived from deep-seated models of therapies and counselling. The primary individual counselling theories or therapies used alone or in combinations, which contribute to Adventure Therapy are Cognitive (Beck, 1976), REBT (Ellis, 1973), reality (Glasser, 1972), Behavioural (Skinner, 1971), and Gestalt (Zinker, 1978). Gestalt therapy is relevant to the adventure experience in that individuals process events while they are occurring. This takes place with micro-processing skills that are applied to real life. Besides, the "in the moment" focus of Adventure Therapy is consistent with Gestalt therapy.

Narrative therapy's Rewriting a Story technique is often used in Adventure Therapy. Many of Adventure Therapy's work is on group therapy or counselling. Luckner and Nadler (1992) have identified a framework for group work. Such a model has been used in Adventure Therapy work. Elements of the model's development have been applied skillfully by

many experienced Adventure therapists. They include:

1. Acquaintance
2. Goal ambiguity
3. Diffusing anxiety
4. Client's search for meaning
5. Focus on affect and confrontation
6. Sharpened interactions
7. Norm crystallization
8. Distributive leadership
9. Decreased defensiveness
10. Group potency
11. Increased experimentation
12. Termination

Several family counselling models have also been used in Adventure Therapy. They include Strategic (Madanes, 1984), Structural (Minuchin, 1974) and Systemic models (Bowen, 1978). One good example is the use of Structural theory in Adventure Therapy in the areas of assessments and restructuring client's preferred transactional patterns, flexibility and lifestyle.

Not only does it incorporate many relevant models of counselling and therapy, but it is important to note that Attitude Therapy was developed from the field of experiential education and outdoor education (Ewert, 1989). Heavy use of outdoors and natural environment as a therapeutic setting is what makes Attitude Therapy unique and special. With such sound grounding and support, Adventure Therapy has been used as an adjunct to treatment or the primary treatment (Gass, 1995).

Diverse populations

Since the beginnings of Outward Bound and the experiential education movement, Adventure Therapy has gained much attention and has been used in different populations such as troubled youths, anti-social behaviours, bipolarity, women, families, suicidal individuals, sex offenders, incest and rape victims, addiction, college and university students, corporate employees, adjudicated youths, and many more.

Troubled youths

Many of Adventure Therapy's programmes in this area deal with various issues such as behavioural, psychological, sociological, economic, cultural, academic or family problems. Adventure Therapy has been applied to teach life skills training that are appealing to youths between 14 to 25 years of age. Adventure Therapy has been conducted in camps, residential centres and correction centres.

Women

Adventure Therapy has been dedicated to addressing gender issues, often to facilitate the empowerment of women, individual development and the breaking down of prejudices and stereotypes concerning image and expectations.

College and university students

Adventure programming has been applied to orient incoming fresh students to college or university. Some of such programmes have been implemented to deal with student retention, social adjustments, underachievers, low self-esteem, anti-social behaviours and lack of interpersonal competence.

Victims of abuse, Sex survivors, trauma victims and suicidal cases

Documented use of Adventure Therapy has been found in several settings involving women diagnosed with major depression, PTSD, anxiety and adjustment disorder. McNally (1994) examined the relevancy of using Adventure Therapy in working with survivors of sexual assault and incest. Levine (1994) studied the use of such therapy on sexual assault survivors.

Therapeutic relationships

While there is more than one way to establish a therapeutic relationship with a client in a

therapy process, practitioners of Adventure Therapy typically approach their relationships with clients by nurturing trust. This includes not judging their clients throughout the change process, not imposing one's therapeutic model onto a client or forcing their clients to change. A servant-leader's attitude is most preferred as this restructures the client-therapist alliance and changes the client's preconceived notions of power and authority.

A considerable amount of patience needed to facilitate change and the therapist goes along with the client's pace and willingness to address his or her present problem. Adventure Therapy practitioners set a good example throughout the process and they live by the messages and lessons they teach to clients. Clients are also given time to reflect on their lives and the therapist works on identifying clients' coping patterns and emphasising their ability to take charge of their lives. The Adventure Therapy's approach to building client-therapist relationship is nurturing and well structured.

ADVENTURE PROGRAMMES IN MALAYSIA

Traditional outdoor programmes

The Outward Bound Schools (OBS) in Lumut and Kinarut, Borneo, Malaysia are two land-based facilities that conduct outdoor adventure programmes in the wilderness setting for purposes of personal growth, education and character-building. They are two of the oldest outdoor-based survival programmes in operation in this country. Due to the "Hahnian" nature of their approach (named after their founder, Kurt Hahn), their programmes focus heavily on "participants' immersion" in the wilderness, living independently and interdependently with peers and applying life-skills such as navigational skills, jungle tracking, 'kayaking' and team working, all aimed at acquiring survival skills and building the desired character. Most of these programmes run on an extended period of live-in formats ranging from 7 days to 25 days. Because of the outdoor nature of these programmes which incorporate elements of leadership, teamwork and self-improvement, they have gained considerable appeal, particularly among youths and corporate adults who desire to experience learning outside of the conventional classroom settings. Besides the OBS movement, there are also privately owned and managed organisations which offer adventure-based programmes that are evolved from the OBS model.

Among these, there are quite a number that offer outdoor pursuits or adventure with a recreational or educational objective to the paying public. All do not use adventure with a "therapeutic intent" or as a modality for personal change from the mental health perspective. Besides, neither OBS nor these derivative forms provide any provision of mental health services or "therapy" to participants or clients during their programmes.

There is also no evidence of use of diagnostic assessment process, employment of psychologists, counsellors or therapists who provide individual or group therapy during such programmes. There is also no effort on maintaining the family dynamics for instance, weekly communication with their child's counsellor or child-parent involvement in a therapeutic process designed to prepare their clients for better adjustment upon their return. There are also no follow-up mechanisms to help parents reinforce the changes made in their children's behaviours. In other words, these programmes do not fit the definition of AT when we consider their programme objectives, clients' background, overall methodology, tools for change and the people behind these programmes.

New outdoor programmes with Adventure Therapy

Therefore, Adventure Therapy as a documented discipline or practice in Malaysia that uses adventure programming with a "therapeutic

intent" is very young. There is no published record of Adventure Therapy by any established programme in Malaysia. Intentional and organised use of Adventure Therapy by the Malaysian Mental Health Community is also unknown. Neither is there any literature of participation in AT that addresses cases of juvenile delinquents, dysfunctional families or any other mental health issues by Mental Health Providers.

Mental Health providers in Malaysia are still providing traditional mental health services using traditional counselling approaches that are typically held indoors. The "nature", extent, conditions or practice of Adventure Therapy in Malaysia is still not known. To date, there is only evidence of selected use of adventure programming as an outdoor pursuit activity, educational or recreational activity conducted by providers at OBS and Kem Bina Semangat (courage building camps) or privately owned facilities that are either state-run or managed by ex-military men.

There is also no national-level type of governing body that regulates outdoor professionals who offer such activities. Hence, many design and conduct adventure programmes without proper certification, training, accreditation or safety guidelines. Many are influenced by the popular "adventure culture" that blends elements of fun, recreation, outdoor pursuit, eco-tourism, corporate team building, self-help and leadership for profit-making purposes. Theoretically sound and professionally competent counsellors or therapists who employ Adventure Therapy in Malaysia are rare.

The recent national service programme (Programme Khidmat Negara-PKN) which has just completed its first run (with 85,000 students) came close to what one might label an "Adventure-in-a-bun". It is a "fast food" version of OBS with elements of patriotism, community development and character-building. It consists of four core modules: Physical, Patriotism, Community and Character Building (www.khidmatnegara.gov.my). The Physical module consists of adventure-based activities such as kayaking and ropes courses held at the designated campsites across the country. The overarching objective of this module is to promote a "healthy lifestyle" among the Malaysian youths.

There is no study or research to examine if the PKN Physical module has reported any increase in self-esteem, or self-confidence or efficaciousness in promoting positive mental health. A closer look into its curriculum and module from the "therapeutic" perspective, goals and Adventure Therapy developmental model is needed to see if it satisfies the actual definition of Adventure Therapy and to identify areas where the Adventure Therapy approach can be introduced to help bring about lasting change.

PELITA TREKS

Pelita Treks is a two-week continuous and intensive Adventure Therapy programme held in selected outdoor facilities in Malaysia. It was founded in 2001 with active staffing from Australia and Malaysia. The programme begins with an extensive diagnostic assessment process with carefully crafted modules on Personal Change, Experiential Education and Adventure Therapy. A pre-programme assessment involving clients and sponsors is mandatory to enable effective planning and streaming for clients to be on the right "treks". Each "trek" consists of a personalised journey into the natural environment with a careful blend of adventure-based activities such as 'white water kayaking', camping, mountain biking, orienteering and rope course challenges.

Counselling approaches guiding treatment include Anger Management, Narrative Therapy, Types, Boundary Breaking, Art Therapy, Conflict Resolutions, Personal Mission Building, 12-step-Method, Servant Leadership, Emphatic Communication, Crucial Conversations, Diversity Dialogues, Curative Factors,

Experiential Education and the Maturity Continuum. Under the guidance of a team of registered counsellors and therapists, every client who is placed under each "trek" will receive group and individual counselling and therapy every day. The theoretical foundation of Pelita Treks comprises Adventure Programming theory and a clinically-based eclectic model guided by humanistic and existential approaches.

The model is influenced by the notion that change is achieved by connecting to natural consequences, and that nature has the power to open, awaken, humble, inspire, heal and restore. Pelita Treks submit that therapeutic factors can be created and facilitated to overcome presenting problems faced by every client. It uses cognitive behaviour management and interdependency.

Experiential tools and homework assignments are also used to help clients see their problems in the context of the Big Picture. The treatment team assigned to each "trek" skillfully draws out behaviours by employing various experiential and adventure-based strategies designed to break down client's defenses, reduce distractions, and reduce resistance to change. But this is done with compassion and in a nurturing way. Each treatment plan is personalised to create an emotionally safe place for clients to gain new insights into their current behaviours. Every client is shown in an experiential way that he or she has innate goodness which is valuable and can be value-added to serve others.

Every trek leader's role is to remove from a position of power and authority through the creative use of metaphor. There is also a leadership component in the approach that teaches servant leadership and interdependence. Therapeutic tools that help shape the foundational treatment model include the use of emotional threads, rescripting, positive intention, and systems thinking. The results of every session are recorded in progress charts, personal journals, and they are shared with the relevant sponsors and stakeholders.

The culminating event of the Adventure Therapy programme is a "Future Conference" conducted for sponsors and clients. The "Future Conference" is developed to provide a connecting "bridge" or prepare clients to face their real world environments. Table 1 illustrates the key components of Adventure Therapy found in each treatment "trek" and Table 2 relates to cases and issues diagnosed.

APPLYING ADVENTURE THERAPY IN THE NATIONAL SERVICE PROGRAMME

The utilisation of outdoor modalities to assist youths make a positive change is promising. There is established evidence of the efficacy of AT in promoting positive changes in problem behaviours among adolescents. PKN's physical module delivers the adventure-based activities by involving youths in outdoor challenges that are land-based. Such activities demand discipline, respect, responsibility and interdependence. They will acquire the experience of "Saya Boleh" or " I can do" attitude, which defines who they are and what their potentialities are.

With well-managed learning processes, there is tremendous potential of incorporating lessons learned into their school relationships, family relationships and community relationships. There can be exciting possibilities of applying innovative counselling approaches besides traditional methods for treating problem behaviours such as "mengambil dadah" (drug-taking), sex and early-age pregnancy, child-abuse and neglect, poor self-concept, vandalism, polarisation and race-related biases.

With the existing physical infra-structures available at each campsite, youths can have an opportunity to delve into adventure, self-reflection and personal growth. Camp directors and instructors can work directly with trained counsellors and therapists to help students develop after-care plans to help them address their personal and family related issues. Youths

Table 1. Key components of the Adventure Therapy found in each Pelita Trek

Pre-Trek	During Trek	Post-Trek
Pre-programme Assessment and diagnosis	Structuring and Managing Expectations	Treatment Team and Clients
Therapeutic Relationship issues	Adventure Activities	Meeting with Key sponsors and stakeholders
Therapeutic orientation	Diversity	Future Conference
Client's presenting problems	Therapeutic Factors and Tools	After-care Plans
Immediate Crisis	Nature as Healer and Outdoor Skills	Maturity Continuum
Meeting Key Sponsor and relevant stakeholders	Emotional Detox	Parental Involvement
Real-world contextual analysis	Appreciation	Communication Links
Continuum of Care	Use of Metaphor	Individual Growth Journal
Metaphor Building	Locus of Control	Relapse Prevention Activities
Nature's Therapeutic Factors	Cohesion Building	Journal Assignments and Homework
Transition to Group	Proactiveness	Individual Counselling
Key relationships with significant others	Innate Goodness	Group Therapy
Individualized treatment plan and goals	Solo Time	Invited Change
	Acquaintance	Awareness of Behaviour Change
	Diffusing anxiety	Acquisitions of new knowledge, insights and skills
	Client's search for meaning	Outcomes Assessments
	Focus on affect and confrontation	
	Sharpened interactions	
	Norm crystallization	
	Distributive Leadership	
	Decreased Defensiveness	
	Group potency	
	Increased experimentation	
	Equality	
	Peer Mentoring	
	Feedback	

Table 2. Cases and Issues Diagnosed

Cases	Issues	Treatment Phases
Alcohol Use	Relapse and trouble at work	Trek 1 and Trek 2
Defiant Behaviour	Not doing well in school and oppositional defiant	Trek 3 and 4
Personal Image	Not getting along with Self and Family	Trek 1 and 4
Family	Problems with intimate relationships and sibling rivalry	Trek 1
Family	Relationship with Father	Trek 4
Self-acceptance	Negative attitude and Anger	Trek 3
Client Conduct Disorder	No change to problem-Dropping out regularly	Trek 1,2 and 3
Too Smart	Boss-Subordinate Relationship	Trek 2
School	Peer Pressure from “Gang Life” and anxiety	Trek 3
Low Self-esteem	Poor achievement and cheating	Trek 1 and 3
Adjustment Disorder	Social Adjustment and Managing Expectations	Trek 1, 2 and 3
Work	Coping with Stressors at work	Trek 1
Self-Image	Weight Problem, loss of work and poor self-confidence	Trek 1 and 2
Self-esteem	No goal in life	Trek 2 and 4
Depression	Not eating regularly and depression	Trek 1, 2 ,3 and 4
Suicidal	Life is unfair	Trek 1,2, 3 and 4
University	Problems with Authority, Trouble with law and Rules breaking	Trek 3 and 4
Anger Management	Violent Anger and uncontrolled aggression	Trek 2, 3 and 4
Friendship Building	No real friends	Trek 1, 2, 3 and 4
Sexual and Physical Abuse	Fear and withdrawal	Trek 4
Grief	Living in the past and not letting go	Trek 2, 3 and 4

who are found to be "at-risk" or "delinquent" can seek immediate help from counsellors who can help them to enhance their interpersonal competence.

Issues of being underachievers, non-achievers, slow-learners, less able, language impaired, dropout-prone, impoverished, and disenfranchised and truancy can receive the appropriate assessment and attention at the Camp. Perhaps these conditions can be better managed when youths with such conditions can be streamed and assessed at a different Camp with a balanced emphasis on institutionalised prevention efforts or social adjustments strengths and patriotism. There is documented evidence of how adolescents with such "conditions" are compared and placed under greater pressure to outperform their peers. Such impact can be devastating if streaming is not done.

RECOMMENDATIONS

AT interventions should not be viewed as the last resort for youths or clients who have tried various traditional methods of therapy to develop self-efficacy or strengthen locus of control. Youths who come for treatment should be assessed systematically; have their presenting problems diagnosed by each programme and careful thought should be given to assess and recommend choice of outdoor activities for youths with histories of problem behaviours.

The counsellor who leads such a programme should be competent to facilitate the social and interpersonal development of youths. Youths should be properly guided and coached to develop social skills and healthy peer relationships and should not be left to chance. Trained counsellors should work in collaboration with camp directors to draw up personalised plans to deal with transfer of learning, how to process stressful situations and difficulty in facing up to authority.

The "yell" and "tell" methods of coercion (which is evident in the militaristic style of communicating) to get youth to obey and "just do it without question" can lead to more disruptive and antisocial behaviour.

The PKN programme for instance, can consider the following recommendations:

1. Integrate the Adventure Therapy developmental model into its curriculum to ensure deep and lasting personal change.
2. Consider incorporating a mental health model of change rather than solely having patriotism or nation-building for the programme.
3. Enlist the helping profession community to support positive change during and after the programme. This includes engaging professional counsellors and therapists in working directly with youths before, during and after the programme.
4. Adopt a comprehensive assessment of all potential youths eligible for the programme using a locally developed Mental Health Assessment Instrument. This assessment should include dimensions on Social Skills, Ethnic Diversity, Language Proficiency, Emotional Maturity, Vocational Interest, Career Goals, Aptitude and Ability.
5. Weave "therapeutic intent" into every programme objective that has an emphasis on personal change.
6. Expose instructors and trainers at the PKN Camps to "therapeutic" conditions that promote change. Conditions include genuineness, unconditional positive regard, empathy and concreteness. They should also be screened for these qualities, and the role of change agents should be assigned to those who score high on such core qualities besides appraising their age, race, gender, physical fitness, educational background or experience.
7. Train potential instructors and trainers on cross-cultural counselling skills to ensure greater effectiveness and sensitivity when dealing with youths from different races,

gender, SES, cultural and ethnic backgrounds.

8. Use therapeutic techniques such as reflection and journal writing, individual and group counselling and feedback to allow youths and their parents/teachers/school counsellors to follow-up on their progress after the programme.
9. Stream youths with a history of problem behaviours (at school or outside) into a special camp with a different approach in dealing with them. A special therapeutic approach to programme design, individualised treatment plan and evaluation is recommended.
10. Attend to seriously and emotionally disturbed youths and youths from dysfunctional families with pre-determined tactics and target outcomes compared to normal youths.
11. Introduce appropriate outdoor activities used as experiential metaphors of family integration and enactment to reflect issues that relate to youths with family issues such as divorce, death of a loved one in the family, abuse and HIV.
12. Overcome the "fading effects" of the programme by implementing proper follow-on procedures and mechanisms in post-programme settings involving key stakeholders such as school counsellors, parents, teachers and sponsors.

CONCLUSIONS

AT reaches youths in a different way from traditional treatment methods. AT has been viewed as an intervention approach to therapy and counselling that develops growth producing qualities that promote positive mental health. It can also be an effective adjunct to other forms of treatment or programme that aims at promoting personal growth, therapy, rehabilitation, education or leadership. What is important to consider when designing or applying AT into any treatment plan or programme is its objective, theoretical framework, principles, approach, assessment, evaluation, competency of outdoor instructors, sponsorship, choice of outdoor activities, format and outcomes.

The provision of qualified counsellors and therapists is also a critical component of any AT work. In the case of Malaysia, the National Service Programme (PKN) can be an excellent platform to introduce the AT approach and because of the multi-dimensional nature of human change, one should address change with the inclusion of several critical mental health dimensions. It has the ability of creating a "critical mass" by virtue of the tens of thousands of youths required to attend such programme. The "critical mass" will help promote the right conditions of unity and communities of change.

The three-month long National Service Programme may be able to promote awareness at the cognitive level among youths but studies have pointed many cases of deterioration of programme effects over long term which suggested a strong need for follow-up mechanisms within post-programme settings such as schools and the community to help youths maintain the desired behaviours acquired in the programme.

Youths who have a history of problem behaviours should receive a different kind of attention and be dealt with differently. The current practice of not screening or assessing their presenting issues may result in damaging consequences through "uncontrolled experience sharing" and "contaminating interactions". Potential trainers and instructors for the PKN should also be screened and placed appropriately based on several important mental health criteria.

Special emphasis should be given to the criteria of "congruency" and "concreteness". There is certainly plenty of room to apply AT within the mental health profession and all Adventure Therapists should strive to promote AT as a viable treatment approach for dysfunctional behaviour and at the same time,

establish a local empirically-based model of AT framework, process and outcomes that can gain the trust and respect from the mental health profession, regulatory bodies, government agencies, non-governmental organizations, parents, school authorities, and other important stakeholders.

NOTE

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