CHANGES: An assessment model using adventure experiences

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Current efforts with therapeutic adventure programming generally focus on creating effective interventions for specific populations.[1] Connected to the creation of such interventions, as well as the organization of other therapeutic processes, are assessment techniques. Assessment is a critical and ongoing component of all therapeutic processes, often used for diagnosing client needs, planning therapeutic objectives and procedures, and evaluating treatment.

Initial assessment is typically conducted by performing traditional methods of intake interviews and psychodiagnostic testing. However, several individuals have found adventure experiences to provide a more meaningful vehicle for initial as well as ongoing assessment. For example, Kimball (1983) stated:

> The basic assumption underlying the use of projective (assessment) techniques is that clients reveal a composite picture of their global personality in the ways in which they respond to tasks, demands, and stimuli.
>
> Unlike a clinical setting, however, the testing demands of the wilderness are capricious and require adaptability. Although expectations are made clear during the wilderness expedition, a whole range of responses is possible. Personal characteristics and behaviors emerge in sharp focus.
>
> Like the well-known Rorschach ink blots, wilderness challenges are high in ambiguity. Clients must interpret or structure the task demands as well as their own responses to it. The challenges of the wilderness expedition offer great latitude in response. The greater the latitude and the higher the stress, the more likely the client will 'project' unique and individual personality aspects into the 'test' situation. (p. 154)

Farragher, Harman, & Bullard (1993) support this perspective, finding adventure therapy experiences rich in assessment, able to detect destructive and maladaptive client behaviors that "often remain hidden within the daily routine and structure of the (mental health) agency" (p. 186). Based on the insights of these authors and others (e.g., Creal & Florio, 1986), it seems certain features of adventure experiences provide therapists with assessment information difficult to obtain or represent in standard assessment procedures. Such experiences may also provide the ability to verify or contradict information contained in traditional assessments (e.g., "paper and pencil" assessments).

While these perceptions and applications exist, the methods behind using adventure experiences for assessment seem to only exist at informal or intuitive levels. While the intuitive aspects of assessment are vital, the lack of a formal model to guide professionals in acquiring, organizing, and applying assessment knowledge from adventure experiences may limit the efficacy of such procedures. The purpose of this article is to present a flexible theoretical model called CHANGES that: (1) capitalizes on the strengths of adventure experiences as assessment; (2) enhances existing intuitive processes; (3) enables professionals to

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proactively analyze, predict, and generalize assessment concepts to assist with client interventions; (4) may be used for assessing one specific client or a client group comprised of multiple members;[2] and (5) creates a congruence between a theoretical framework of assessment and how such a framework actually occurs in the field (e.g., Argyris & Schoen, 1974; Kolb, 1992). The CHANGES model was designed and field-tested to reach these five objectives.

The CHANGES model: Using adventure experiences as assessment to promote functional change

The CHANGES model is organized into six interactive steps focusing on acquiring information for developing functional client change. These steps include: (1) *Context*; (2) *Hypothesizing*; (3) *Action that is Novel*; (4) *Generating information*; (5) *Evaluation*; and (6) *Solutions* (see Figure 1).

Context

The first step, context, asks therapists to proactively search and access information from previous experiences of working with similar clients in similar situa-

tions. This process, done prior to conducting the adventure experience for assessment, assists therapists in gathering information that can serve as a source of information for the next step in the CHANGES model (i.e., hypothesizing). Several sources that may provide such information include: (a) client characteristics (e.g., why the client or client group has entered into the adventure therapy experience, how long they will be involved, their stated goals as a group and as individuals); (b) therapist characteristics (e.g., the level of training and competence with adventure activities, psychotherapeutic processes, and various client groups; the physical and psychological well being of the therapist, and how well the therapist's goals, competencies, and past experiences match with those needed and desired by the client group); and (c) environmental characteristics (e.g., whether the sessions are inside or outside, what adventure 'props' are available for initiatives or challenge ropes course experiences, how the weather and physical environment will affect what activities can be attempted).

Hypothesizing

The second step, *hypothesizing*, is the formulation of conditional ideas about client behavior based on

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Figure 1: Assessment for **CHANGES**

Context
- where is the therapist working?
- with whom?
- for how long?
- is the therapist competent, and is the therapist able to be competent with this group given the parameters of the situation (e.g., do these factors set the therapist up for success/failure?)

Hypothesizing
- what information about this client group from the therapist's past experience is brought to the client situation the therapists can test out?
- what information about the client group is the therapist provided with to formulate the testing of initial questions?

Action that is Novel
- are people's actions congruent/incongruent with the therapist's hypotheses?
- testing out initial hypotheses to confirm, adapt, revise, or reject the therapist's thoughts. This also adds richness or additional context for further assessment and the beginnings of information on possible interventions.
- engages clients in their motivational areas; not in the areas in which the therapist is focused.
- strong use of spontaneity - allows therapist to see the real/core issues of the client group instead of "persona" (e.g., social self) because of the "quickness" clients are required to act .
- strong use of projection - people don't come to task with preconceived ideas of success/failure, how they are supposed to act, etc. because they have no previous knowledge base to determine roles from.

Generating information, stories, and ideas
- what is the language of the clients (e.g., are there words that possess isomorphic connections?)
- what are their value systems and beliefs?
- tracking behavior patterns (e.g., what happens and in what order?)
- what are the cyclical patterns of behavior?)
- how can the therapist figure out why, and at what level, this behavior makes sense?
- is there a congruity between actions and spoken words (e.g., how are power issues addressed — done as well as stated?)
- what is the interplay of intimacy, closeness, distance, boundaries?
- what are the roles assumed, alliances, issues of power?
- what are the communication techniques being used (e.g., non-verbal/verbal, speaking through another person?)
- what does your intuition say about what is going on?

Evaluation
- what are the therapist's interpretations of the information generated by the client group?
- what type of general, specific, and circular feedback is occurring?
- what hypotheses are being confirmed or rejected?
- Which hypotheses seem to be validated by client behavior?

Solutions
- what would be potential solutions to the issue?
- if problems exist, when are there exceptions when they don't exist?
- what would be effective in working toward solving the therapeutic issues?

information presented by clients and the therapist's understanding of client behavior. Related to a similar concept advanced by Milan therapists (e.g., Cecchin, 1987; Selvini, M. P., et. al., 1980), this process involves therapists using the "context" of their past experiences with similar client groups (see Step #1) to develop an initial understanding of client behavior patterns in the form of "hypotheses." Therapists often supplement this information with knowledge they possess or obtain from other formal sources (e.g., intake forms and pencil and paper assessment tools) and informal sources (e.g., intuitive analysis of how the group feels about engaging in an activity, their physical ability level, their observable behavior, and comments about where they are and what they expect will happen next). Once established, therapists look to verify the validity of their understanding through client behavior in the adventure experience, willing to "reject" or "reconstruct" hypotheses if more appropriate ones are discovered.

Action that is Novel

The third step, action, looks to expand the step of hypothesizing through the use of a novel adventure experience. This step compares information from the therapist's initial hypotheses (Step #2) to client actions in the experience, seeing if the responses observed in the adventure experience are congruent/incongruent with the therapist's hypotheses. Based on the level of congruency, therapists confirm, adapt, revise, or reject their thoughts. Using adventure experiences in this manner adds to the validity, richness, and additional context for further assessment, as well as serving as a basis for developing possible interventions.

It is important to note the wide range of clients' responses to unfamiliar adventure experiences. This "freedom in responding" allows clients to portray their behavior as they see it and not just the realm of "predetermined hypotheses" of the therapist. This dynamic can be of tremendous assistance in helping therapists observe clients "in a new light" as well as remain open to other explanations of client behavior. This dynamic may also lead therapists to revise or change their hypotheses to make a more accurate assessment of client issues. This dynamic may also offer solutions to client problems that make the most sense to the client.

The novelty of the experience also enhances other psychological dynamics such as projection and spontaneity. As highlighted earlier, clients use projection to interpret the unfamiliar aspects of adventure experiences, similar to how clients are asked to interpret ink blots in Rorsarch tests or situations in the Thematic Apperception Test (Murray, 1943) without many of the limitations of such tests. Some of the advantages of adventure experiences include: (a) the combination of ambiguity and stress that coexist in adventure experiences; (b) the increased level of validity in client responses to assessment procedures (e.g., clients must "walk their talk"); and (c) the ability of therapists to receive appropriate information as well as simultaneously analyze psychological processes and behavioral content.

The spontaneity required of clients in adventure experiences may also allow therapists to see the real/core issues of the client group (Gillis & Bonney, 1989) instead of the more false social self or what Jung (1927/1972) called the "persona." This occurs since clients usually don't come to adventure experiences with an "actual" knowledge of what is success/failure or how they are supposed to act (e.g., they have no previous knowledge base to determine role behaviors).

Generating information, stories, and ideas

The next step, generating information, stories, and ideas, weaves together knowledge obtained from novel adventure experiences to generate valid and appropriate client information for potential interventions. One of the main objectives of this step is to try and determine how, and at what level, behaviors make "sense" to clients. One of the ways this may be accomplished is by "tracking" behavior patterns (e.g., what happens and in what order) in the adventure experiences.

Information may also be collected around issues of client value and belief systems; cyclical patterns of behavior; the level of congruity between actions and verbal expression; the interplay of intimacy, closeness, distance, boundaries, roles, alliances; and issues of power. It is also important to determine the communication techniques being used (e.g., nonverbal/verbal, speaking through another person), what type of feedback (e.g., general, specific, circular) is occurring, and the "language" of the clients (e.g., are there words that possess isomorphic[3] connections?) (Gass, 1991; 1993). Finally, and sometimes most importantly, identifying therapist interpretations of information generated by the client group (e.g., what does her/his experience/intuition say about the client's issue).

The whole purpose of this step is the very motive for assessment; piecing together hypotheses validated by actual experience to obtain the true "stories" of clients' behavior. As stated earlier, such information provides a rich source for diagnosing client needs, planning therapeutic objectives and procedures, and evaluating treatment.
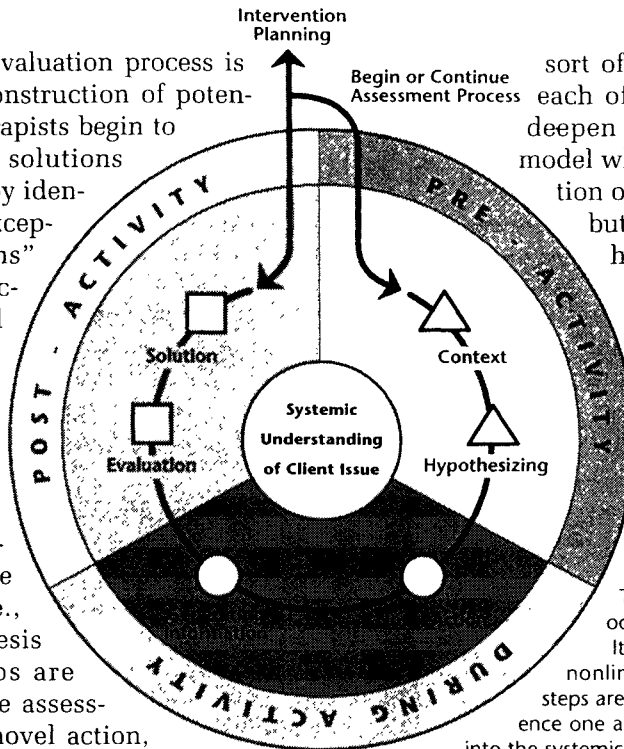
Evaluation

The next step, evaluation, integrates knowledge from the previous steps and allows therapists to develop tentative decisions on diagnosing processes and symptoms; identifying client motivation, strengths, needs; and determining possible interventions. Based on information from earlier steps, therapists look to see which hypotheses seem to be validated or rejected by client behavior.

Solutions

Integrated with the evaluation process is the identification and construction of potential client solutions. Therapists begin to "co-construct" potential solutions to the issue with clients by identifying when there are exceptions to client "problems" and what would be effective in working toward solving therapeutic issues.

One method of viewing these six steps is in a time sequence. For the most part, the first 2 steps are accomplished prior to the assessment activity (i.e., the context and hypothesis steps), the next 2 steps are accomplished during the assessment activity, (i.e., the novel action, generating of information steps) and the final 2 steps occur after the assessment activity (i.e., the evaluation and solutions steps). Figure 2 outlines the cyclical and interactive pattern of the model.

Interaction of the CHANGES AND GRABBS assessment models

The GRABBS acronym explained in *Islands of Healing* (Schoel, Prouty, & Radcliffe; 1988) also provides a useful way to conduct ongoing assessment and adjust the sequencing of activities. The letters of the GRABBS acronym stand for:

Goals: What are the goals of the experience (both those of the group, individual group members, and the therapist)?

Readiness: Are group members ready for the activity the therapist is offering (are they behaving physically and psychologically safely)?

Affect: What is the level of feeling or affect among group members?

Behavior: How have group members behaved thus far toward the experience, each other, and toward the therapist?

Body: Are group members treating each other's bodies respectfully?

Stage: What stage is the group in (beginning, middle, ending; forming, norming, storming, performing)?

The GRABBS model can work within the context of the first five steps CHANGES model, being used as a

Figure 2: The CHANGES model
One method of viewing the steps of the CHANGES model is in a time sequence. For the most part, the first two steps (i.e., context and hypothesizing) are accomplished prior to the assessment activity. The next two steps (i.e., action that is novel and generating information) are accomplished during the activity. The final two steps (i.e., evaluating and solutions) occur after the assessment activity.
It is critical, however, to note the interactive and nonlinear nature of the CHANGES model. All seven steps are interrelated to one another and do not just influence one another in a sequential fashion. Every step "feeds" into the systemic understanding of the client issue to contribute to a more accurate assessment.

sort of "scanning device" to search for how each of the GRABBS qualities relate to and deepen the understanding of the CHANGES model when it is used with groups. The interaction of these models and their unique contributions to the assessment process may be highlighted best through the following case example of an enrichment program for a group of single parents.

Case example: Pre-activity stages

1. Context
   In preparing for the experience, a therapist might go through her/his own reflective processes in the following manner: "I have worked with single parents in a variety of settings, some for strictly therapeutic issues and others for more enrichment and advocate focuses. The professional knowledge I have about single parents is...(The therapist provides this information here).

This is a voluntary program with a mixed number of female and male participants that is scheduled for four 8-hour sessions within the next two months. The experience was advertised to help parents understand new ways of working with their adolescents, and group members will not know each other before coming together. I have unlimited adventure activity resources available to me and I have asked participants to respond to a series of questions on a goal sheet which tells me...(Again, the therapist adds this information here for creating the context of the experience).

2. Hypothesis
   From this context, the therapist begins to establish initial hypotheses about the group: "There may be certain standard 'issues' for this group. Some of these could include the lack of 'adult' conversation and unrealistic expectations of self. Group members probably have similar ways of working with their children; some have been successful and others may not have been as successful as they would like. Group members are like-

ly to have some unique, positive ways of working with their adolescents that they may be willing to share with other group members.

From going over the participant goal sheet, such a group seems to possess a number of underrecognized strengths, like how well they do in finding solutions each day to problems that seem insurmountable at times to families who have two adults sharing parent duties (e.g., child care, car pooling, meal preparation). Highlighting points like this may prove to be helpful and oriented toward discovering solutions to issues."

Before the therapist moves on to the next stage of actually doing activities (i.e., the Action that is Novel stage), they quickly scan themselves using the GRABBS model "I'm reminding myself that the goals for this particular group are to help parents understand new ways of working with their adolescents. I feel ready to work with group members, but I need to know more about their goals as a group and particularly as individuals. I feel that my goal is well defined, although it may need to change depending upon the group's needs." At this particular time, the remainder of the GRABBS "scanning" model may not apply.

Case example: Activity stages

3. Action that is Novel

Here therapists introduce a novel activity based on its ability to test out their initial hypotheses. In this case, based on the context and constructed hypotheses, the activity of "Group Juggle" (Rohnke, 1991) is used. Besides "breaking the ice," this activity can provide initial feedback to the therapist on the group's ability to communicate their knowledge to each other, cooperate with others, share ideas, and respond positively to "mistakes." In the activity, the therapist also begins to see certain common strengths emerging (e.g., an eagerness to share with others, central themes on how participants project issues onto the activity).

4. Generating information, stories, and ideas

Based on the activity and discussions related to it, several themes begin to emerge. One particularly isomorphic[3] theme is the issue of how each parent is able to "juggle" the various responsibilities they possess. For the most part, each client seems to be self-motivated to relate their story to this theme, discussing how they handle difficult situations, how they deal with the times they "drop the ball," how difficult it is for them to ask for help, and believing that their issues are "abnormal." This last issue seems to generate from not having enough time to interact with other parents and the pressure and responsibilities placed on them as single parents. Intuitively speaking, the actions of the group currently seem congruent with the verbal statements most clients are making, however there are two individuals who seem to be "semi-resistant" to participating.

Throughout the activity, therapists may also choose to implement many aspects of the GRABBS model to enhance the richness of their assessment. For these stages of the model, some of this may include specific questions concerning their individual and group goals, and how ready group members are for the upcoming action. Such a "scan" might involve speculation about clients' moods (*affect*), physical abilities (*body*), and *behaviors*. The GRABBS assessment can also be used to determine if clients are ready to move to another activity or into a processing/debriefing of the activity, at what level the debrief or next activity should involve sharing of feelings (*affect*), and the developmental *stage* at which group members are collectively operating.

Case example: Post-activity stages

5. Evaluation

In evaluating the groups, the therapist feels most of her/his hypotheses are currently accurate. One issue that has arisen, validated by client behavior and previously unpredicted by the therapist, is an issue of parents seeming to "abnormalize" certain "normal" parental issues. In this evaluation process, the therapist thinks:

> It seems many parents in the group have "framed" the lack of certain attributes that all parents wish they possessed more of (e.g, patience, communication) as "problems" to the point where they have "given up" and considered themselves failures. This seems to be a major issue for many individuals and in need of attention.

6. Solutions

Given the issues of: (1) the inability to communicate with other parents for assistance, and (2) the "abnormalizing" certain parental needs, the therapist introduces an activity constructed around producing solutions to these issues. The activity used is "Hog Call" (renamed "Parent Call" in this case) and is presented in the following manner[4]:

> We'd like to do an activity that people may find quite humorous and sometimes eye opening. You know, as a parent one of the things I'm aware of are the times that can be particularly troublesome or trying. It could be putting the kids to sleep at night, potty training, juggling 15 things at once, or having your child going out on her or his first date. Can anyone else share a time like this?" (The parents share similar situations here).
>
> The facilitator continues with a statement like, "One of the things I know in dealing with these times is that there are certain qualities that are extremely important for me in my role as a parent. It seems when I have these qualities, these times go so much easier and I feel more capable as a parent. What I would like you to do right now is look around the group and, if you haven't already done so, notice the tremendous wealth of parental resources we have here. (Pause for a few seconds while the parents look around.) Please 'pair up' with someone

you don't know well, but who looks like a person you might seek out as a resource for advice on of parenting.

The parents proceed to 'pair up' following these directions. If there is an odd number of people, one group can form a trio. After this is accomplished, each pair or trio is directed to take five minutes to introduce themselves to each other. They are also told to decide on one quality they are seeking assistance with and share that quality with their partner(s). This quality doesn't have to be something difficult for them, but maybe something that if they had more assistance with or just more of, would make them feel more capable as a parent. In sharing this quality with their partner(s), each person should describe what it is in enough detail so their partner(s) understand(s) it. Then, one word should be selected that exemplifies this quality. They should not share their qualities with the other pairs at this time. They should also be reminded to remember the word representing their quality as well as their partner's quality.

After this is accomplished, each pair decides who will be "it." All of the "its" join hands with one facilitator and close their eyes. The "not its" do the same with the other facilitator.

The facilitator continues with: "What we want you to do is keep your eyes closed and let me place you in different spots in the playing field. Okay? Don't speak or move until I tell you."

After everyone is set, "Now you need to try and find your partner using the following rules:

1) The only word you may speak is the quality you are in search of that you shared with your partner. For example, if the quality I shared with my partner was 'patience,' this is the only word I can speak in searching for my partner. I know it may be tempting, but you shouldn't say: 'Hey Bill, I'm over here.' They only word you may use in the process of finding you partner is the quality you shared with your partner.

2) You may not open your eyes, as tempting as it might be, until you find your partner. You may open your eyes if you feel unsafe.

3) When you find your partner, open your eyes, do a brief sort of congratulations, then remain silent until everyone else has completed their search.

If you understand these three rules, get into the "bumper position" shown to you earlier. If you have any questions, raise your hand and I will help you. Is everyone ready? Okay, begin."

All parents need assistance, or feel like "failures" at one time or another. This activity, however, directs the group's attention to "normalizing" common parental issues and presenting the "solutions" of the group. It's also quite common for parents to select the same words (e.g., patience, communication), which can present an enriching "aha" and confirming experience, furthering positive focuses of the group.

Conclusions

When done correctly, information provided by adventure experiences can provide a rich assessment of client behavior. As early as 1983, professionals (e.g., Kimball, 1983) advanced the notion that adventure experiences provide assessment information difficult to obtain or represent in standard assessment procedures.

One of the difficulties in advancing this possibility, as well as the actual use of adventure experiences as assessment, has been the lack of a theoretical model. The CHANGES model advanced in this article, integrated with the GRABBS model developed by Schoel, Prouty, and Radcliffe (1988), has been developed as one solution to fulfill this need.

It is important to consider that adventure experiences used for assessment may create effective interventions for didactic therapies as well as those more experiential in nature (e.g., adventure experiences, play therapy, sociodrama). In addition, it is interesting to contemplate whether such applications will ever be integrated with more traditional assessment procedures (e.g., finding "typical" responses of a client with a certain diagnosis in a future "DSM-IV type" manual for the Spider's Web).

There are several important points to remember when using adventure activities as assessment. As seen in Figure 2, assessment should be viewed as an ongoing phenomenon, not a one-time procedure conducted prior to an intervention. Assessment processes are inextricably linked to intervention processes. In fact, feedback from interventions usually supplies invaluable assessment for future interventions.

Client assessment is a process most good facilitators do naturally. The idea of introducing the CHANGES and GRABBS assessment models is not to discount or replace intuitive abilities. Their purpose is to enhance existing assessment procedures by making them more conscious, alerting therapists to potential "blind spots" and focusing efforts around creating a system of change that is solution-focused.

In examining the interaction between the CHANGES and GRABBS assessment models, it appears the CHANGES model can be used at a more "macro" level, directing therapists toward an overall solution for client goals and functional change. The GRABBS model (Schoel, Prouty, and Radcliffe; 1988) seems to work well within the context of the CHANGES model, appearing to be especially effective on the "micro" level of certain individual steps (the steps of "Hypothesizing" and "Generating" information, stories, and ideas). Professionals are encouraged to utilize those interactive elements possessing the most relevance to their professional practices.

It is critical to remember that the professional perspectives used to view clients during the assessment process allow therapists to see different things. For

example, a family systems perspective might focus on interactions between individuals wondering how they may be playing out transgenerational roles. However, a cognitive-behavioral influenced adventure therapist might be more influenced by what people are saying to one another and the "automatic thoughts" associated with irrational ideas. Knowing the biases associated with such orientations is critical to successful client assessment. Therapists should also recognize the approach one takes to assessment often determines what will be "seen." Professionals open to receiving continual client interpretations and understandings will probably find more information accessible for use. Professionals closed to one rigid and static understanding of client behavior will probably tend to see the "problem" in a certain "sameness" of perspective. Professionals are encouraged to continually learn client characteristics through an attitude of flexibility and spontaneity.

Notes

1. An increasing emergence of adventure programming in therapeutic settings has occurred in the past 20 years. Associated with this development has been a compliment of written sources defining its methods (e.g., Gass, 1993; Schoel, Radcliffe, & Prouty, 1988; Cole, Erdman, & Rothblum, 1994), describing its applications (e.g., Bacon & Kimball, 1993; Davis-Berman & Berman, 1994; Gass & Gillis, 1993) and demonstrating its effectiveness (e.g., Gillis & Simpson, 1990; Wichman, 1990).

2. Note that the CHANGES model may be used in the assessment of an individual client's needs, the needs of an intact client group, or both. For the sake of the reader, the language in the article addresses assessment of a client group. However, readers should be alerted to the particular intricacies and dynamics that exist for individual and group assessment.

3. The term "isomorphism" literally means "similar structure" and addresses the ability of different situations to be linked by similar features in such a manner that what occurs in one situation has relevance in another. Further applications of isomorphism is adventure experiences can be found in Bacon, 1983; and Gass, 1991; 1993; 1995.

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