Addictions

Concepts and Strategies for Treatment

Edited by

Judith A. Lewis, PhD

Professor and Director of Curriculum and Instruction
Illinois Addiction Training Center
Governors State University
University Park, Illinois

iii

Table of Contents

Cohen, S., Mermelstein, R., Kamarck, T., & Hoberman, H. M. (1985). Measuring the functional components of social support. In I. G. Sarason & B. R. Sarason (Eds.), *Social support: Theory, research, and applications* (pp. 73–94). Dordecht, the Netherlands: Martinus Nijhoff.

Davison, G. C., & Neale, J. M. (1986). *Abnormal psychology: An experimental clinical approach.* New York: John Wiley.

De Leon, G. (1984). *The therapeutic community: Study of effectiveness.* (Treatment Research Monograph Series). Washington, DC: National Institute on Drug Abuse.

De Leon, G. (1985). The therapeutic community: Status and evolution. *International Journal of the Addictions, 20*(6 & 7), 823–844.

De Leon, G. (1989). Therapeutic communities for substance abuse: Overview of approach and effectiveness. *Journal of the Society of Psychologists in Addictive Behaviors, 3*(3), 140–147.

Edwards, G., Hensman, C., Hawker, A., & Williamson, V. (1967). Alcoholics Anonymous: The anatomy of a self-help group. *Social Psychiatry, 1,* 195–204.

Hoffman, H., & Noem, A. A. (1976). Criteria for the differentiation of success and failure in alcoholism treatment outcome. *Psychological Reports, 39,* 887–893.

Kaufman, E. (1990–1991) Critical aspects of the psychodynamics of substance abuse and the evaluation of their application to a psychotherapeutic approach. *International Journal of the Addictions, 25,* 97–116.

Maddux, J. F., & Desmond, D. P. (1982) Residence relocation inhibits opioid dependence. *Archives of General Psychiatry, 39,* 1313–1317.

Mackay, P. W., & Marlatt, G. A. (1990–1991). Maintaining sobriety: Stopping is starting. *The International Journal of the Addictions, 25,* (9A & 10A), 1257–1276.

McLellan, A., Luborsky, L., O'Brien, C. P., Woody, G. E., & Druley, K. A. (1982). Is treatment for substance abuse effective? *Journal of the American Medical Association, 247,* 1423–1428.

Miller, W. R., & Hester, R. K. (1980). Treating the problem drinker: Modern approaches. In W. R. Miller (Ed.), *The addictive behaviors: Treatment of alcoholism, drug abuse, smoking and obesity* (pp. 3–13). Oxford: Pergamon.

Peele, S. (1988) Can alcoholism and other drug addiction problems be treated away or is the current treatment binge doing more harm than good? *Journal of Psychoactive Drugs, 20*(4), 375–383.

Robertson, N. (1988) *Getting better: Inside Alcoholics Anonymous.* New York: Morrow.

Smart, R. G. (1976). Outcome studies of therapeutic community and halfway house treatment for addicts. *International Journal for the Addictions, 11*(1), 143–159.

Snyder, S. H. (1980) *Biological aspects of mental disorder.* New York: Oxford University Press.

Staats, S. (1989) Hope: A comparison of two self-report measures for adults. *Journal of Personality Assessment, 53*(2), 366–375.

Stead, P., Rozynko, V., & Berman, S. (1990). The SHARP Carwash: A community-oriented work program for substance abuse patients. *Social Work, 35,* 79–80.

Vaillant, G. E. (1983) *The natural history of alcoholism.* Cambridge, MA: Harvard University Press.

Wallace, J. (1985) *Alcoholism: New light on the disease.* Newport, RI: Edgehill.

Wallace, J. (1987). Waging the war for wellness. 1. The attack of the "anti-traditionalist" lobby. *Professional Counselor,* January–February, 21–39.

Westermeyer, J. (1989) Nontreatment factors affecting treatment outcomes in substance abuse. *American Journal of Drug and Alcohol Abuse, 15*(1), 13–29.

Wexler, H. K., Falkin, G. P., & Lipton, D. S. (1990). Outcome-evaluation of a prison therapeutic community for substance abuse treatment. *Criminal Justice and Behavior, 17*(1), 71–92.

Zinberg, S. (1974). Evaluation of alcoholism treatment in Harlem. *Quantitative Journal of the Study of Alcohol, 38,* 550–557.

Chapter 24

Working with Substance-Abusing Adolescents through Project Adventure

H. L. "Lee" Gillis and Cindy A. Simpson

Mental health professionals conducting drug and alcohol recovery groups use various methods to teach concepts such as (a) how to ask for help, (b) how to get support from one's sponsor, (c) how to positively use support groups, and (d) how to prevent relapse. Adventure-based counseling, a mixture of experiential learning, outdoor education, and group counseling techniques (Schoel, Prouty, & Radcliffe, 1988), is one unique way of making concepts of addiction and recovery active and more easily understandable. It makes use of carefully designed activities such as trust exercises, cooperative games, problem-solving initiatives, and challenge ropes course elements to promote the improvement of clients' self-concepts (Schoel et al., 1988). The goal of this chapter is to show the power of an adventure-based approach to group counseling when activities are sequenced around the concept of recovery from addiction.

The ultimate objective of adventure-based counseling is to transfer lessons learned into changed behavior patterns. The belief is that participants learn these lessons best when they

1. experience an activity which shares some elements of the concept,
2. reflect upon the activity or listen to others reflect on their experience during a discussion or debriefing,
3. abstract some practical insights about themselves or others, and
4. apply the learned results to changing their behavior.

The belief in this format is grounded in Project Adventure's experience with client populations for more than 20 years. The activities presented in this chapter are currently being used successfully within a variety of programs, including those in schools, prisons, psychiatric hospitals, residential treatment centers, youth detention centers, and those run by independent mental health practitioners. Participants in groups using this approach report they are better able to understand the concepts they are being taught following a carefully designed adventure experience. Perhaps the concrete nature and shared experience of the

activity followed by a discussion of the meaning and application of the experience makes the increased understanding possible (Gillis, Williams, & Hollis, 1992).

A meta-analysis of drug prevention programs (Tobler, 1986) appeared to agree that adventure programming is effective for working with substance abuse when it noted that alternative programs focused on physical adventure (e.g., camping and wilderness activities) were most effective for drug-abusing adolescents. Gass and McPhee (1990) have specifically addressed the use of adventure-based programming for substance abusers. They conducted a survey of existing treatment programs and found that the majority responding to their survey only used adventure-based programming in conjunction with an existing drug and alcohol treatment program. The most frequent use of such programming was only 1 day (although multiple 1-day use was not accounted for in the survey). The 1-day use of adventure programming is perhaps indicative of substance abuse treatment programs responding to the survey, but not normative for all adventure programming with adolescents. Project Adventure's cooperative drug treatment program uses a 16-week approach based on principles of Alcoholics Anonymous (1981) and adventure-based counseling. Outcome findings on the initial clients in the program show a decrease in self-reports of depression and an increase in self-esteem following the initial 8-week intensive treatment program (Gillis & Simpson, 1991).

Having a clearer understanding of Project Adventure and adventure-based counseling may help the reader understand how experiencing a recovery concept and challenging clients to literally "walk the talk" of recovery may lead to greater success helping clients free themselves from addiction. The remainder of this chapter will explain some of the basic principles of adventure-based counseling and describe several activities that the reader may use immediately in his or her group counseling program.

PROJECT ADVENTURE

Project Adventure, Inc. began in 1971 as an attempt to put Outward Bound concepts into traditional school formats. They offer action-oriented experiences through games, initiatives, and "challenge ropes course" activities (Rohnke, 1984, 1989). An adventure activity involves physical challenges that are both individually and group focused. The activities generally require cooperation, problem-solving, trust, and communication among group members for completion.

School counselors began to work with special needs populations using Project Adventure's games, initiatives, and activities. These same activities also began being used in corrections, psychiatric hospitals, and youth detention centers because they were found to be more successful than previous treatments (Maizell, 1988; Witman, 1989). Therapeutic concepts and counseling tech-

niques began to be incorporated into the recreational atmosphere of the experiences. The challenges of cooperative games, problem-solving initiatives, and stressful high ropes course events enabled clients to achieve specific educational or therapeutic goals (Gass, 1991).

Gass (1993) believes the following seven points account for how counseling from an adventure base works:

1. It is *action-oriented*. Traditional approaches are expanded by a focus on a concrete, physical activity that is usually shared by all group members.
2. The *unfamiliar environment* of an initiative game or a ropes course is usually involved.
3. The positive use of stress (eustress) is used to provide a healthy *climate of change*.
4. The use of activities provides leaders with observable *assessment information* as participants spontaneously project their behaviors into the activity (Gillis & Bonney, 1989).
5. The use of a *small group format* with activities perceived as risky or stressful can create conflict that allows for opportunities to balance individual and group needs.
6. This approach typically focuses on *solutions and successful behavior* instead of patterns that lead to further failure.
7. The *role of the counselor* becomes active as strategies of change (activities) are designed to target specific client behaviors.

Adventure-Based Counseling

Adventure-based counseling experiences often begin with structured exercises that allow a group to encounter one another, to feel more comfortable interacting as a group, and to begin to experience the spontaneity of the adventure process (Gillis & Bonney, 1986, 1989). Ethically, the choice to participate when encountering adventure activities rests with the client. Adventure-based counselors generally follow Rohnke's (1989) attitude of "challenge by choice." Challenge by choices offers participants

- the opportunity to "back off" when performance pressure or self-doubt becomes too strong
- an opportunity to find a different level of participation that is comfortable and safe
- a chance to try a potentially difficult activity in a supportive atmosphere
- respect for the ability to take care of oneself (Schoel et al., 1988, p. 131)

A concept related to challenge by choice is the "full value" contract (Schoel et al., 1988). With the full value contract, all clients in the group are asked to make a commitment to

• work together as a group and work toward individual and group goals
• adhere to certain safety and group behavior guidelines
• give and receive feedback, both positive and negative
• work toward changing behavior when it is appropriate (p. 95)

The Adventure Wave

The adventure-based counseling experience has been compared to an ocean wave (Schoel et al., 1988). This wave incorporates the peaks, valleys, turbulence, excitement, calm, and activity that take place in an adventure-based counseling experience. The wave involves the following three components.

First is the *briefing* or preparation of the participants for the adventure experience. This briefing may involve telling the group a story or drawing some similarities of the adventure activity to the targeted concept. The briefing is also the time when the leader discusses any safety considerations the group must adhere to while completing the activity.

Second is the *leading* or implementing of the adventure experience (see Exhibit 24-1). A difficult part of this component for many beginning facilitators is not interfering with the group process by offering suggestions to aid the group in completing the activity. The group leader monitors the safety considerations of the group while trusting in the power of group dynamics.

Project Adventure believes strongly in a multicultural co-leading team for groups, especially groups for persons who are addicted or in recovery. These "cultures" from which the leaders come can include race, ethnicity, formal education, personal addiction and recovery, urban and rural backgrounds, and functional and dysfunctional families. This multicultural "tag-team" approach to co-facilitation allows for staff to utilize their backgrounds for effective treatment.

Finally, the *debriefing* or processing of the adventure experience is a time when participants are offered a chance to reflect on their own experience and benefit from any personal insight or other group member's perception about how the activity relates to issues in their own lives.

One useful debriefing technique for many adventure-based counselors is "The What. So What. Now What" (Rohnke, 1989; Schoel et al., 1988). "The What" is used to describe the group interaction and what happened to the individuals during the experience. The "So What" asks the group to describe the difference the experience made to them—the consequences and the meaning. The

"Now What" provides structure for planning the next activity or relating the activity to behavior change in the future.

A series of waves is created when activities are sequenced together or to concentrate on particular goals or on a particular theme such as recovery. In order to adjust the adventure wave to meet various group needs and goals, facilitators can make use of a scanning checklist. One helpful checklist flows from the acronym GRABBS (Schoel et al., 1988).

The G in GRABBS stands for *goals*: How does the activity relate to the individual or group goals that have been set? Group goals for an addiction recovery group can include the ability to more accurately understand the following four concepts: (a) how to ask for help, (b) how to get support from one's sponsor, (c) how to positively use support groups, and (d) how to prevent relapse.

The R stands for *readiness*: Is the group mentally, physically, and emotionally capable of handling this activity safely? Using warm-up activities, the leader can assess how physically able the group is to participate in more challenging activities. From observation of how the group handles touching or other forms of close physical contact, the leader can assess the group's readiness for emotionally handling more difficult challenges. Finally, by presenting several simple problem-solving tasks, the leader can assess the group's readiness for more difficult cognitive tasks.

The A is for *affect*: What level of feeling do group members have for one another? Similar to the assessment of readiness, an assessment of how group members feel toward one another must be conducted. During the debriefing of an activity, do group members demonstrate the full value contract?

B stands for *behavior*: How does the group act toward one another? Because many of the activities are physical, the leader can adjust the adventure wave when group members are not showing respect for each other. Such disrespect might be shown through making assumptions that only the males can handle the physically challenging activities or by sending all the small people in the group through an activity first.

The second B is for *body*: Are the activities appropriate for the physical ability of the group? Can the group appropriately touch one another? In assessing for readiness, the physical nature of the group is also assessed. Many times with recovering persons in various stages of withdrawal, the leader must make a special effort to know the physical capacity of the group. Such an effort can be made by having medical releases signed by a physician or at least by giving the group a chance to disclose any particular physical ailments that may prevent them from participating in a given activity. This opportunity to share can easily be framed as part of challenge by choice and the full value contract.

The S is for *stage* of group development. Depending on which group development theory the leader finds most useful, he or she should evaluate how particular activities fit within the formation, transition, experimentation, or termi-

nation stage of group process. The leader would also evaluate a one-shot group experience differently than an ongoing group process and would also treat an open membership group differently from a closed group.

Assumptions

The following four assumptions are made in sharing activities in this chapter that can be easily put into practice in an addiction recovery group: (a) you are

Exhibit 24-1 Activities for Recovery and Addiction

1. Activity: Quail Shooters Delight or Phones & Faxes

Source: Rohnke (1984, p. 63)

Concept: Too much too fast coming in all at once; losing control; unmanageability.

Goal: All group members throw their (soft) object to the pair in the middle to see how many of the items they can catch.

Materials: Enough soft frisbees, nerf balls, or combination for all group members to have one.

Safety Considerations: Minimal; be careful not to use materials that could hurt if/when they hit the people in the middle.

Description: Have two group members stand back to back in the center of the circle of group members. Try several pairs and see who can catch the most.

Debriefing: The feeling of having all the items coming at you at once and trying to retain any of them can be used to discuss the addiction concepts of feeling helpless over the world when things looked so simple. Also the issue of trying to manage an unmanageable situation has implications for many persons wrestling with Step 1 (Alcoholics Anonymous, 1981).

2. Activity: Balloon Frantic

Source: Rohnke (1984, p. 19)

Concept: Unmanageability.

Goal: To keep all balloons aloft for as long as possible, this activity works best indoors.

Materials: One 12" balloon per person plus 5–10 additional balloons.

Safety Considerations: Minimal, be careful that participants do not bump into one another as they try to keep balloons aloft.

Description: At the start, ask each member to throw/hit their balloon into the air. After 15 seconds, add another balloon to the frantic. If/when a balloon hits the floor, designate it a HECTIC by issuing a BERSIEK (screaming at it loudly) or counting it off ("1, 2" etc.) When 6 BERSIEKS are reached, you have a FRENZY.

Debriefing: A focus on how one can manage numerous issues, one's own and others', when more are being placed upon the individual and the group.

3. Activity: Marshmallows/Stepping Stones

Source: Rohnke (1994, p. 105)

Concept: 12 steps to recovery and need to have others' help.

Goal: To cross a designated area using only blocks or "steps" provided. There must be human contact with the blocks while they are in the designated area.

Materials: Various sizes of wooden blocks (12) that one person can stand on

Safety Considerations: Minimal

Exhibit 24-1 *continued*

Description: Participants are asked to cross a designated area (25–100 ft.) using only the blocks provided. If anyone steps off a block or the group loses human contact with a block, they lose that block for the duration of the activity. If someone "falls off" a block, he or she, along with anyone touching him or her must start the activity over.

Debriefing: Focus on how the group needs all 12 steps to recover, look at the impact of losing a particular block (Step 5, for instance), look at the importance of keeping human contact with each block.

4. Activity: Blindfold Line-Up

Source: Rohnke (1994, p. 98)

Concept: Feelings of powerlessness and powerfulness when not finding one's place in line/finding one's proper place.

Goal: The object is to have the group line up in an order you have given them.

Materials: Blindfolds if the group is unable to close their eyes for the duration of the activity.

Safety Considerations: Minimal.

Description: Split the group in half (if larger than 12 people) for this activity. Number the group from "1" to however many people are in that half of the group. Have unnumbered persons wander around blindly with hands in front of them (bumpers up) while you or a cotherapist number them (by whispering in their ear) quietly. Tell the group they must communicate their number to the rest of the group without speaking in this activity. Their goal is to form a line based on their given number.

After the group has successfully lined up, you can attempt the activity again with a "twist." Tell the group one member will be designated as a liar/fooler and that that person's job will be to confuse the group members by giving them false information and by generally mixing them up. The group member's job is to determine when they are being lied to and when they are being told the truth. If they believe they are being lied to, they can point their finger in the direction of the liar and say "liar" (or "fooler"). If they are successful in pointing out the liar/fooler, the liar/fooler is out of the game for 30 seconds. If they are unsuccessful, that individual has blown his or her (one) chance, and some other group member will have to call the liar's bluff.

Debriefing: It is very useful to focus on the feelings of group members when they *first* participated in the activity. What was it like to not know where you belonged in the group? What are other times in your life when you have felt similar? What was the feeling when you found your proper place in the group? What are other times in your life when you have felt similar? How might this experience relate to feelings of helplessness? How did you as a group member gain power to find your place? Did you do it alone or were others involved?

The experience of being lied to is also very useful to discuss here. How do you know when you are being lied to and when you are being told the truth? How can you tell the difference? When are you not sure? What can you do about it? How might these feelings be similar to how you felt in the past (or how you might feel in the future)? If when someone offers you a chance to use (drugs/alcohol) again?

5. Activity: Willow in the Wind

Source: Rohnke (1991, pp. 12–13)

Concept: Asking the group for help when trying to stay straight.

Goal: To pass a blindfolded or eyes-closed participant around in a shoulder-to-shoulder circle of participants.

Materials: None, unless blindfolds are used

Safety Considerations: Participants need to have "bumpers up" in that they will have their hands out in front of them and stand with one foot ahead of the other in order to support the participant in the center of the circle. Participants should have participated in other "trust activities" prior to doing this activity. With younger immature groups, be careful the group slowly passes and does not push the participant around the circle

Exhibit 24-1 *continued*

Description: One by one participants will stand in the center of a circle composed of participants standing shoulder-to-shoulder.

Debriefing: Focus on how the group can support the individual to "stay straight" in recovery.

Source: Rohnke (1994, p. 52)

6. Activity: Mine Field

Concept: Support needed from others since you can't make it alone.

Goal: To traverse, with eyes closed or blindfolded, a designated area full of obstacles without touching any obstacle or any person.

Materials: Blindfolds (if used), objects to "litter" the mine field, and some way to designate the boundaries of the area.

Safety Considerations: Minimal; be careful about blindfolded participants running into one another.

Description: Participants can begin by trying to cross the field by themselves. In a second round, they ask someone to help them traverse the field by "talking" them through the field without touching them.

Debriefing: Focus on differences between going alone and being guided by another (sponsor).

---

familiar with basic concepts of adventure-based counseling or group counseling; (b) you will ethically conduct only those activities with which you are competent; (c) you will focus on both the physical and emotional safety of participants while conducting each activity and debriefing; (d) you realize this chapter is presenting *a* way to introduce and debrief activities that Project Adventure has found to be successful, but that it is not the only way.

These six activities have been found useful when presented in a 1- to 2-day workshop sequence or as part of an ongoing group. For the most part, it is helpful to use the sequence of activities as presented here and not to put a higher numbered one earlier in the activity sequence. As noted earlier, safety considerations, both physical and psychological, are of utmost importance. However, the leader's competence to ethically conduct these activities in a group counseling session is by far the most important element of leadership behavior and responsible group counseling behavior that can be stressed here.

CONCLUSION

It is often difficult to present in narration an adequate description of adventure-based counseling activities such that the reader can get a picture of the action. But it is hoped that the reader will be able to try these activities from the description here and will adapt them or other activities from any of the sources listed below to help achieve the goals for participants in addiction and recovery groups. The purpose of this chapter has been to provide readers with a rationale and sampling of activities that can stimulate curiosity about further applications

---

of adventure-based counseling and enhance creativity in designing effective therapeutic activities for dealing with addiction and recovery. Any feedback as to the effectiveness readers find when using them will be greatly appreciated.

REFERENCES

Alcoholics Anonymous World Service, Inc. (1981). *Twelve steps and twelve traditions.* NY: Author.

Gass, M. A. (1991). Enhancing metaphor development in adventure therapy programs. *Journal of Experiential Education, 14*(2), 8–13.

Gass, M. A. (1993). *Adventure therapy: Therapeutic applications of adventure programming.* Boulder, CO: Association for Experiential Education.

Gass, M. A., & McPhee, P. J. (1990). Emerging for recovery: A descriptive analysis of adventure therapy for substance abusers. *Journal of Experiential Education, 13* (2), 29–35.

Gillis, H. L., & Bonney, W. C. (1989). Utilizing adventure activities with intact groups: A sociodrama therapy approach to consultation. *Journal of Mental Health Counseling, 11*(4), 345–358.

Gillis, H. L., & Bonney, W. C. (1986). Group counseling with couples or families: Adding adventure activities. *Journal for Specialists in Group Work, 11*(4), 213–219.

Gillis, H. L., & Simpson, C. (1991). Project choices: Adventure-based residential drug treatment for court-referred youth. *Journal of Addictions and Offender Counseling, 12,* 12–27.

Gillis, H. L., Williams, A., & Hollis, H. (1992). A psychological rationale for adventure therapy with hospitalized adolescents. In Karla A. Henderson (Ed.), *Coalition for Education in the Outdoors Research Symposium Proceedings.* (Bradford Woods, IN, January 17-19, 1992 ERIC Document Reproduction Service RC 018876.

Maizell, R. S. (1988). Adventure-based counseling as a therapeutic intervention with court-involved adolescents. *Dissertation Abstracts International, 50,* 06B, 2628. (University Microfilms No. AAD8921901)

Rohnke, K. E. (1984). *Silver bullets.* Hamilton, MA: Project Adventure, Inc.

Rohnke, K. E. (1989). *Cowstails and cobras II.* Hamilton, MA: Project Adventure, Inc.

Rohnke, K. E. (1991). *The bottomless baggie.* Dubuque, IA: Kendall Hunt.

Rohnke, K. E. (1994) The bottomless bag again. Second edition. Dubuque, IA: Kendall Hunt.

Schoel, J., Prouty, D., & Radcliffe, P. (1988). *Islands of healing: A guide to adventure-based counseling.* Hamilton, MA: Project Adventure, Inc.

Tobler, N. S. (1986). Meta-analysis of 143 drug prevention programs; Quantitative outcome results of program participants compared to a control or comparison group. *Journal of Drug Issues, 16,* 537–568.

Witman, J. P. (1989). Outcomes of adventure program participation by adolescents involved in psychiatric treatment. *Dissertation Abstracts International, 50,* 01B, 121. (University Microfilms No. AAD8907355).