

**A psychological rationale for adventure therapy with hospitalized adolescents** 1

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### **Abstract**

Inpatient and residential therapeutic programs for adolescents are often fairly generic in format relying heavily on traditional, insight-oriented approaches to treatment without regard to how the intellectual functioning of the adolescent might impact upon therapeutic effectiveness. This study examined the WISC-R profiles of two treatment populations and presented a theoretical rationale for using adventure based treatment based upon the participants performance on verbal and performance subscales. It is hoped that the article might be used to help justify the implementation of adventure therapy in psychiatric treatment facilities and lead to further research to test the proposed hypotheses.

## A psychological rationale for adventure therapy with hospitalized adolescents

### Introduction

Many adolescents in therapy tend to have numerous problems including poor academic performance, peer relations, social judgment and family life. Therapeutic programs for adolescents are often fairly generic in format and treatment offerings, designed to address a range of issues common to this stage of development, e.g. family conflict, substance abuse, communication skills, and sexuality.

Test profiles associated with intellectual deficits of delinquency (Graff & Hubble, 1981), conduct disorder (Hogan & Quay, 1984; Paget, 1982), and other types of emotional and behavioral problems (Dean, 1977) have been identified with adolescent populations. Two findings appear consistent when troubled youth are evaluated using standardized intellectual tests: (1) Full Scale IQ scores are below the average for their age groups by approximately 8 to 12 points (Hirschi & Hindelang, 1977; Culbertson, Feral, & Gabby, 1989) and (2) Verbal IQ scores and other measures of linguistic facility are significantly lower than Performance IQ scores measuring perceptual and psychomotor skills (Kaufman, 1976; Walsh & Beyer, 1986).

Little attention, however, has been given to how intellectual deficiencies might mediate therapeutic interventions for such adolescents. In the present study we have attempted to identify an intellectual profile of variously diagnosed adolescents treated in two different settings: (1) a general psychiatric unit and (2) a residential substance abuse treatment facility. The profile will be used to make inferences about how best to psychotherapeutically intervene with these adolescents.

The data for the first group were obtained from the psychological testing records of 150 randomly selected inpatients (81 males, 69 females) treated on a 20-bed adolescent unit of a private psychiatric hospital during a three year period. The hospital is located in a smaller metropolitan

area (population approximately 286,000) serving surrounding rural counties. The average length of stay was 38 days. Data from the second group were obtained from 47 participants (36 males, 9 females) in an adventure-based residential treatment facility for substance abusing adjudicated adolescents over a one year period. The facility is located in a smaller community (population approximately 12,000) serving state youth development institutions.

Chronological ages of both groups range from 12 to 17 years, with a mean of 14.7 for the first group and a mean of 15.7 for the second. Racial membership for the first group was 81% white and 19% black while the second group was 38% white and 62% black. Diagnoses for the first group included mood disorders, disruptive behavior disorders, anxiety disorders, eating disorders, psychotic disorders, substance abuse, and significant personality and adjustment disorders while the second group was primarily substance abuse, oppositional, and conduct disorders.

### **Procedure**

Subjects were assessed by certified psychometrists, with the Wechsler Intelligence Scales for Children-Revised (WISC-R) administered as part of a comprehensive interdisciplinary evaluation. Scores from all subtests regularly administered were included in the analyses. Results from Mazes, an optional subtest, were omitted because it was administered only occasionally.

### **Results and discussion**

From the subscale data for each group presented in Tables 1 and 2, WISC-R subscales indicate that both groups of adolescents demonstrated relative strengths in verbal concept formation and information processing (i.e., applying newly learned skills to new situations). Relative weaknesses for both groups included their learning ability and knowledge related to academic scholarship and their ability to provide specific answers to given social situations. The second group, composed of primarily adjudicated substance abusing participants differed from the first

group in their relative deficit for short term memory.

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Insert Tables 1 and 2 about here  
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Globally our data suggest both groups of adolescents are poorly equipped to deal with verbally-mediated attempts to develop insight, to self-reflect or consider the perspective of others, or to report such experiences if they occur. Such traditional intervention strategies are essentially "going against the grain" of the adolescent's intellectual structure and will likely lead to increased feelings of frustration, inferiority, and disappointment in the process of therapy for both therapist and adolescent.

This data provides the groundwork for a rationale advocating more experiential therapy approaches that facilitate self analysis and social skills development. It is hypothesized that these approaches would be more effective with adolescents similar to those identified in this study. One such experiential approach increasingly being employed in inpatient settings is adventure therapy. This approach is currently being utilized as an adjunct to traditional therapeutic modalities (group and family therapy). The current data would theoretically support using adventure therapy, as opposed to traditional, verbally mediated insight therapy, as the primary therapeutic modality for the treatment of adolescents similar to those in this study. It is hoped that adventure-based therapist might use such data to help theoretically justify implementing this type of treatment in an inpatient or residential facility. Psychologist and psychiatrist who understand the implications of this data base and serve in administrative capacities might help to further the use of adventure therapy by helping programs become implemented in places where short term, impactful treatments are needed.

From the hypotheses raised in this study, future research should explore the ability of

randomly assigned participants similar to our sample who are involved in inpatient or residential treatment to perform better in an adventure-based, experiential therapy program when compared with participants in a traditionally-based, insight oriented approach to treatment.

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**TABLE 1**  
**VERBAL SUBTEST SCORES COMPARED TO VERBAL MEAN**

SUBTEST	Inpatients	Delinquents
	M (SD)	M (SD)
Information	7.7 (2.7)	7.4 (2.3)
Similarities	9.2 (2.8)	9.2 (3.2)
Arithmetic	8.9 (2.5)	9.1 (2.6)
Vocabulary	8.1 (2.3)	7.38 (2.4)
Comprehension	8.1 (2.7)	7.9 (2.9)
Digit Span	8.9 (2.9)	9.2 (2.5)



**TABLE 2**  
**PERFORMANCE SUBTEST SCORES**

<b>SUBTEST</b>	<b>Inpatients</b>	<b>Delinquents</b>
	<b>M</b> <b>(SD)</b>	<b>M</b> <b>(SD)</b>
Picture Completion	9.8 (2.7)	9.6 (2.7)
Picture Arrangement	10.1 (2.8)	9.2 (2.6)
Block Design	9.5 (2.9)	9.7 (2.6)
Object Assembly	9.8 (3.0)	10.1 (3.1)
Coding	9.7 (2.9)	9.5 (3.1)

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