

ATHABASCA UNIVERSITY

ART THERAPY IN A WILDERNESS SETTING:
A MANUAL FOR IMPLEMENTING A PROGRAM FOR ADOLESCENT
GIRLS

BY
ANDREA CARLSON

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COMMITTEE MEMBERS

The members of this final project committee are:

Name of Supervisor	Name of Second Reader
Dr. Jo Ann Hammond-Meiers	Dr. Paul Jerry

ABSTRACT

The focus of this final project is to present a manual that addresses a combined art therapy and wilderness therapy intervention for adolescent girls on a 10 day canoe trip. Currently, there are minimal resources available to therapists looking to use art therapy in a wilderness setting. A review of literature was conducted in order to survey and critique the literature in the areas of art therapy and wilderness therapy. Similar aspects were found after contemplating the relevance of the literature to this manual's development in terms of value with adolescents and common elements contributing to the effectiveness of each therapy. These two different therapeutic approaches work with varied sensory modalities and different challenges which can offer complimentary aspects through their respective strengths.

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CHAPTER I

Introduction

This project explores how art therapy (AT) and wilderness therapy (WT) can be combined and structured within the form of a manual to create a resource for trained counsellors who want to combine WT and AT experiences for female adolescents. In creating this manual I have taken into consideration the specific needs of this population, structured the experiences for safety precautions, indicated how the activities have therapeutic relevance in the wilderness environment, and demonstrated therapeutic interventions that are appropriate. Through personal experiences conducting AT with an adolescent population, I have noted the varied ways that AT is perceived, by others as well as myself, to be an effective therapeutic approach to helping adolescents (Malchiodi, 2003a; B. Moon, 1998; Riley, 1994, 2003). My observations are supported by the literature which produced results that indicate AT can offer ways to address developmental and psychological needs for adolescents between the ages of 13 to 18. (Hobday & Ollier, 2005; Malchiodi, 2003a; B. Moon, 1998). Malchiodi noted that art is a natural language which “can be a valuable modality for enhancing expression of trauma, distress, or loss” (p. 119). B. Moon, an art therapist with extensive experience working with adolescents, stated that “the arts are a natural language for adolescents who are grappling with the deep concerns of their existence” (p. 7). Generally, adolescents who are participating in therapy value safe therapeutic contexts in which to express their feelings, emotions, and world-views (B. Moon, 1998; Riley 2003).

In AT, the art and art process provide a way for the art therapist and adolescents to connect in a meaningful and supportive way by allowing the therapist to get a glimpse into the adolescents’ lives and perceptions of the world through art images as well as dialogues

about the art and the art making (B. Moon, 1998). Riley (1999) commented that “the art product becomes a dynamic tool and enhances the process of therapy” (p.201). This connection is important as it may contribute to establishing a good working relationship with teen-clients. Relational and therapeutic connections can often be difficult to establish and maintain with adolescents (Hobday & Ollier, 2005; B. Moon; Riley, 2003).

Naumburg (1987) stated that AT offers avenues to explore both verbal and nonverbal methods of communication through sculpture, painting, drawing, and many kinds of artful exploration. Art in the context of art therapy can help to hold the emotions and become a safe container for feelings (Riley, 2003). In reference to adolescents with depression, Riley (2003) wrote that it “is less confrontive, less familiar, less judgemental, and without contamination from customary words that this age group often finds unacceptable” (p. 220). Art therapy “must continue to grow in the schools” (p. 276) and not be seen as a watering down of art as a “special subject” (p. 276) by teachers or of taking away from the professionalism of art therapy by art therapist (McNiff, 2004). Art therapy skills can be brought into the wilderness therapy for the same reasons that they need to be brought into the schools -- AT works as a safe way for many adolescents to communicate.

Through the process of leading numerous wilderness trips, I have seen firsthand the benefits of bringing a group of adolescent girls into a wilderness setting. The wilderness setting provides opportunities, challenges, and activities, which can promote personal growth and can frame the wilderness therapeutic interventions. Generally I have seen that wilderness activities provide opportunities for teens and adults to learn more about themselves and their capabilities. For example, I have witnessed several adolescents transform from not wanting to participate on canoe trips to only a few days later changing their behaviours and eager to

participate and help with daily activities. Through the challenges and activities in the therapy, participants often are afforded the opportunity to gain a sense of success which may be linked to building a more positive self-concept and a realization that many of their limitations are self imposed (Herbert, 1998; Newes, 2001). Conrad and Hedin (1982) conducted a study with adolescents and compared regular classroom learning in schools to four different experiential learning programs. They revealed that there was support for experiential learning as students in the experiential programs showed higher increases in self-esteem, growth in moral reasoning capabilities, as well as personal and social responsibility as compared to the classroom-based group. Conrad and Hedin stated that “intensive outdoor experience may have a particularly strong effect on self-esteem” (p. 64) as the greatest increases in self-esteem were in the adventure education experiential learning group as compared to the regular classroom learning group.

Adolescence is often a difficult time for parents and teens as many changes are happening that are difficult to verbalize and understand (Riley, 1994, 2003). Many teenage girls lose touch with themselves, or do not yet know how to be themselves in the world, and unfortunately, many parents do not know what to do to help their daughters (Pipher, 1994). During adolescence, teens may be trying to become independent from their parents and may not see their parents clearly as people (Anderson, LaVoie, & Dunkel, 2007). There are efforts towards making some kind of individuation process, and some move into a differentiation process (Crespi & Sabatelli, 1993). Crespi and Sabatelli described individuation as “a developmental process through which an individual builds a background of knowledge about the self in relation to others” (¶ 5). The individuation process is about becoming more independent than in childhood and the differentiation process is about having ideas and

values that may be different from their family of origin (Anderson et al.; Crespi & Sabatelli). Having to re-establish privacy versus secrecy boundaries with parents makes the therapeutic process more difficult as adolescents often do not want their parents to be aware of their personal issues (Dickens & Cook, 2005). In fact, the majority of adolescents would rather not receive services for drug, emotional, or sex-related issues if it means having their parents aware that they are receiving services (Forehand & Ciccone, 2004). Therapists and parents are faced with unique challenges due the increased need for teen secrecy and must consider both parents' rights regarding minors and adult privacy issues. Therefore, it is important to find therapeutic interventions, which address adolescent issues and concerns in a real and effective way, and where teens and parents know the legal and therapeutic parameters (B. Moon, 2000).

In this project I present similarities and complimentary aspects to WT and AT which are illustrated through a literature review of both approaches, highlighting specifically on why each approach works well with adolescents, the therapeutic processes, and the relationship between therapists and clients. This combined AT and WT approach is a new area of research as presently there are only two known studies and no known research being done on a combined form of therapy which merges art and wilderness therapeutic techniques. More specifically, there is no known research combining these two therapeutic techniques with adolescents. The purpose of this project is to be a starting point for examining how the two types of interventions can be effectively employed together in a way to enhance the experiences of the adolescents involved in this type of program. As there is currently little research in this combined area, it is impossible for experimental or qualitative research to

state whether there would be added therapeutic value for adolescents by combining the two approaches.

In spite of the lack of research in the area of combined WT and AT, a rationale for the combined approach can be based on the separate features that both offer and the degree to which each compliment the other. By structuring aspects of both approaches into a manual, this affords further opportunities for future research and offers a means to a more consistently applied combined form. There may be new collaborations with art therapists and wilderness therapists. Art therapists and wilderness therapists could draw on this manual for future research in their data collection; they could further explore this combined approach through pilot studies as well as through application of this manual while systematically collecting both quantitative and qualitative data (Creswell, 2003; Leedy & Ormrod, 2005).

The Current Manual

By combining AT and WT in a manual, my goal is to help counselling professionals to conceptualize how to combine AT and WT by drawing from the strengths of each as well as identifying ways to prevent unnecessary pitfalls by drawing upon and examining research which forms the foundation of the manual. The manual is constructed to integrate the two forms in meaningful ways, which hopefully can then add value to the therapeutic experiences of the adolescents on their canoe trip. Wilderness skills, such as building fires, canoeing, and setting up camp, can be learned through the outdoor experiences; these skills are accumulated and built on throughout the journey. AT activities are completed each day and are suggested in a manner that would likely promote and facilitate therapeutic experiences for the purpose of enhancing psychological and relational growth. As, during my search, I found only two articles which addressed this combined form of therapy, I reviewed the relevant literature of

both AT and WT and illustrated the similarities and differences and how they could work to compliment each other as a combined form of therapeutic experience. In this paper, I provide a review of the literature including how WT and AT work or unfold with the adolescent population in particular. I discuss parts of group AT and aspects of WT groups as they pertain to a trip of this kind. Only very specific and relevant issues about group therapy are discussed in this project, such as how to process art together, how to end a group of this kind and what to do within the group to prepare the participants to return back home. The WT provides the contextual setting; however, both forms of therapy present therapeutic techniques through which new insights can be made, increasing the likelihood of enhancing complimentary opportunities to develop more self-awareness and increased self-esteem for the participants. The AT exercises are tailored to encourage the participants to think in new and creative ways using both found and brought art materials, as well as promoting imaginative ways to incorporate the wilderness challenges into their art explorations or art pieces. Although both AT (Hobday & Ollier, 2005; B. Moon, 1998; Linesch, 1988; Riley, 1999, 2003; Waller, 1993) and WT (Clark, Marmol, Cooley, & Gathercoal, 2004; Conrad & Hedin, 1982; Harper et al., 2007; Hendee, 2000; Marx, 1988; Russell 2001a; Russell et al., 2000) have success with troubled adolescents this manual is not intended as an intensive treatment program. Through this manual, I provide a means of increasing self-awareness and self-esteem for adolescents who do not need one-on-one intensive counselling for severe problems or require inpatient therapy. The program could be considered as a preventative intervention. Prevention is important for youth as it helps them avoid more serious difficulties which cost far more to treat (justice system, addictions, and mental health

treatments) and include the price to the emotional health of whole families and communities, in addition to the teens-at-risk (Public Health Agency of Canada, 1996).

CHAPTER II: THEORETICAL FOUNDATIONS

Theoretically, AT and WT can be combined in a variety of interesting ways that might lead to different therapeutic values and outcomes. In this paper I provide definitions of each approach, as well as a discussion of adolescent clients in WT and AT, the therapeutic processes of both forms of therapy, and a critique of existing literature. There are two articles that I was able to find that specifically discussed using aspects of WT and AT together. Klorer (1992) stated that WT challenges were the main focus of a program cited and art making was used as an adjunct tool to help the participants understand their daily wilderness challenges. The wilderness challenges (low ropes course, caving experience, high ropes course, rock climbing and rappelling) were aimed at encouraging the children to take personal risks, work together, and to trust one another (Klorer). At the end of the day, the participants explored their feelings and issues relating to the day's challenges by creating art. Klorer described the art as instrumental in helping the participants "take ownership of the experience" (p. 286). The participants often chose to draw the moment that they found most challenging in the day and Klorer stated that the "drawings typically reflect a 'wow' feeling of accomplishment" (p. 287) and that drawing self-portraits from a "position of strength is not typical for these children" (p. 287).

Abbenante (1982) shared information based on her clinical experiences of co-leading art therapy groups with rape victims in a rape crisis center. The women in the groups ranged from 15 to 65 years old and the groups ran for 6 to 10 weeks. Abbenante explained that a wilderness experience was included as part of the group process near the end of the group, and was included as a re-empowerment experience with the focus on enabling the participants to become "aware of their individual strengths and their abilities to take control

over situations” (p. 36). She stated that this was accomplished through the participation in the cooperative community and through controlled stress as the clients dealt with issues of anger, fear, trust, victimization, power, and body image. Abbenante (1982) noted that every evening a discussion was held about the daily activities and the art work played a role in clarifying the benefits or difficulties of the day’s activities, to help express emotions from the day, help with group discussions and to clarify the impact of the wilderness activities on the clients’ lives once they returned to the city. A group mural was also included as part of the wilderness experience to improve a sense of group cohesion. Abbenante stated that “the wilderness experience provided a beautiful culmination of the group process and a dramatic group closure” (p. 38).

Although both of these articles discuss how art helps in the processing of the WT challenges or activities, they do not address or develop the integrative task of using art and wilderness equally together to create a therapeutic experience for adolescents to increase self-esteem and self-awareness. One of the issues, therefore, in developing a manual based on theory from AT and WT is to have one therapeutic modality inform and even modify the other in appropriate ways.

Definitions

Wilderness Therapy Definitions

Russell (2001b) noted that there are several differing definitions of wilderness therapy; Russell discussed the problems of definitions and notes that there is no “consistent and accepted definition” of WT currently (p. 70). Davis-Berman and Berman (1994) define WT as: “the use of traditional therapy techniques, especially those for group therapy, in out-of-door settings, utilizing outdoor adventure pursuits and other activities to enhance growth”

(p. 13). Connor (2007) stated that WT is “an experiential program that takes place in a wilderness or remote outdoor setting” (p.1).

In fact there are numerous terms for WT as it is often known by other titles: wilderness experience programs, wilderness adventure programs, adventure-based therapy, challenges courses, adventure therapy, therapeutic adventure, or adventure based counselling (Clark et al., 2004; Newes, 2001; Russell, 2001b). Rosol (2000) defined the differences between WT, wilderness adventure therapy, and adventure therapy, noting that WT takes place in the outdoors and incorporates overnight trips, wilderness adventure therapy uses activities and resources in the wilderness setting but does not include over night stays, and adventure therapy is indoors. Gass (1993) distinguished the differences by defining WT as a therapeutic experience that occurs in a remote wilderness environment and consists of a small group of 8 to 15 participants who remain the same over the multiple day 24 hour intervention, and is a one time “intensive experience” (p. 9) with limited follow-up care. Gass defines adventure-based therapy as an experience that takes place at the facility where the clients are currently staying and are often in-patient programs that can be for multiple days and the group members change due to the changes at the nature of the facility. Gass explains a third divergence in the field which he calls long-term residential camping where adolescents are in longer term camps and provide for their own basic needs, dealing daily with natural consequences and peer culture.

In an attempt to bridge the gap in current research, Reece (2006) completed a final project that introduced the Delphi method and polled leading experts in the field of adventure therapy in attempts to determine common factors and theories. Reece proposed four common factors essential to adventure therapy: (a) perceived risk, (b) experiential learning, (c)

processing, and (d) presence of genuine community. For the purposes of this project, I define WT as an experiential learning experience that takes place in a wilderness setting with overnight trips and incorporates natural resources, natural consequences, a group setting, and the natural environment for learning.

Art Therapy Definitions

Ulman (2001) noted that in the field of AT, there are many different definitions and this makes it difficult to establish a clear concise definition that is agreed upon by all experts in the field. The American Art Therapy Association states that:

Art therapy is the therapeutic use of art making, within a professional relationship, by people who experience illness, trauma, or challenges in living, and by people who seek personal development. Through creating art and reflecting on the art products and processes, people can increase awareness of self and others, cope with symptoms, stress, and traumatic experiences; enhance cognitive abilities; and enjoy the life-affirming pleasures of making art. (n.d., p. 1).

Despite the differences, the definitions agree that the art is central to the process and that the creation of and reflection upon the art is important, and that in any form of AT: “the art is pivotal, the art is experiential, and the art creates change” (Linesch, 1999, p. 227).

Malchiodi (2000) pointed out that most definitions fall into two categories: (a) art-as-therapy, meaning that the art making process is therapeutic; and (b) art psychotherapy, sometimes called art-in-therapy, meaning that the art product has symbolic significance. For the purposes of this project, I define AT as a form of therapy which uses art as the central way to achieve personal insights and growth; the creation of art is inherently therapeutic as is the discussion about the art with the art therapist.

Adolescents in Therapy

The female adolescent clients for whom the service application of this manual is intended are generally described in the literature as having a teenage developmental profile and a likelihood of specific therapeutic challenges related to their development stage, which relates to Erik Erikson's stage from ego development outcome with identity versus role confusion (Erikson, 1968; Harder, 2002). Erikson (1968) noted that in the process of discovering self-identity many teens withdraw from responsibilities, which he called a *moratorium*. Unsuccessful navigating of this developmental stage may lead to role confusion and upheaval (Erikson; Harder). Erikson, stated that the concept of *identity confusion* is important when dealing with teens as there are "special dynamic conditions" (p. 132) in adolescence which must be recognized by counsellors. A program of WT and AT, or in combination, may help teens navigate this developmental passageway.

Adolescence can be a hard transition period for the adolescents, as well as the people around them as many things are happening at once. B. Moon (1998) stated that "beyond infancy, no other phase of life holds so many changes that occur with such rapidity" (p. 11). Adolescents experience physical and emotional changes (Maat, 1997), as well as relational changes (Riley, 1999). Therapists working with adolescents and children need to be familiar with human development, as well as phases and changes that occur intellectually, socially, morally, emotionally, and linguistically (B. Moon, 1998; Waller, 1993). In this section, I discuss the current literature that supports the use of WT and AT with adolescents.

Most WT programs are geared specifically to the adolescent population ages 12 to 18 (Berman & Davis-Berman, 1995; Hendee, 2000; Russell et al., 2000; Russell, 2001b). WT tends to fit for adolescents for whom other traditional therapy approaches have shown little

success, as a last resort for adolescents who are already in serious trouble or who are at high risk for problems, and who show self-destructive behaviours (Clark et al., 2004; Russell et al, 2000). Russell et al. (2000) noted that there are some reports that there is a gap in the mental health services available to adolescents as often outpatient services are inadequate and inpatient services are too restrictive. Davis-Berman and Berman (1994) list five challenges with adolescents in outpatient therapy: the first is that verbal therapy requires clients to be verbal, reflective, and disclosive. As the families some adolescents come from may have communication problems, these characteristics may be “foreign to many adolescents in need of counselling” (p.10). Berman and Davis-Berman (1995) pointed out that traditional verbal approaches for therapy are not as effective as adding alternative approaches with some verbal discourse for dealing with people who tend to be nonverbal, people who have difficulty staying focussed on verbal stimuli, as well as people who are strong verbally but tend to over-intellectualize and over-discuss feelings.

Secondly, sometimes adolescents feel forced to see a counsellor by their parents and may be worried about trusting the therapist (Davis-Berman & Berman, 1994). Marx (1988) noted that there is often a lack of trust between adolescents and parental type figures and states that “traditionally structured treatment systems have difficulty reaching needy or at-risk teenagers” (p. 517) and are often inappropriate approaches for dealing with the needs of the adolescent population.

Third, traditional therapy usually has a specific time frame and setting, usually about an hour long and in an office setting. Although this format may work well for many clients, it also may not work for others as they may find “the office setting intimidating or time limits constraining” (Berman & Davis-Berman, 1995, ¶ 8). Fourth, some adolescents need time to

warm up to therapists or to the activities and short infrequent sessions do not allow for this to occur (Davis-Berman & Berman, 1994). Lastly, many adolescents are living in dysfunctional environments and their behaviours are normal in this environment and maintained by the environment and this limits the potential for change (Davis-Berman & Berman, 1994). Experiential education outdoor programs are aimed at providing concrete action oriented solutions that traditional therapy sessions cannot always provide (Marx, 1988). Russell (2001a) found that more than half (57%) of the WT clients had previously tried outpatient treatments and 17% had used inpatient treatment services prior to coming into WT. Clients in WT programs have often been in many other treatment programs and are knowledgeable of how the process usually works and therefore the WT approach needs to be different so that clients are not able to manipulate the process (Russell et al., 2000). Research studies (Clark, Marmol, Cooley, & Gathercoal, 2004; Conrad & Hedin, 1982; Harper, Russell, Cooley, & Cupples, 2007; Marx, 1988; Romi & Kohan, 2004; Russell, 2001a, 2002) that indicate the success of WT with adolescents are encouraging and will be discussed in a later section of this project.

Similarly, AT is sometimes effective with clients who are not responding to other forms of therapy (J. Hammond-Meiers, personal communication, January 25, 2009), but successful treatment can still be a challenge to implement. Riley (2003) stated that “traditional verbal therapies may fail to help adolescents with depression, because their resistance to therapy is so strong and their sense of disillusionment is so pervasive” (p. 220). On this same issue, B. Moon (1998) noted that there are specific challenges when working with the adolescent population as “the anguish of adolescents often manifests itself in intense and conflicted feelings about their parents, other family members, teachers, and authority

figures of any kind” (p. xv). This resistance to therapy can be overcome through the use of art making as it can bridge the connection between client and art therapist. Through his clinical observations of adolescents from a variety of backgrounds with a variety of issues, B. Moon noticed some commonalities between his many clients. For example, few were “interested in, or capable of, engaging in insight-oriented verbal psychotherapy with an adult authority figure, but nearly all of them were willing to make art” (p. 5) and of all of the adolescents that came into his AT studio and made art that “the great majority of those who did experienced the creative art making process as a potent and healthy means of self-expression, self-exploration and self-revelation” (p. 5). Jo Ann Hammond-Meiers, Ph.D., Registered Psychologist, Academy of Dance/Movement therapist Registered, and Registered Canadian Art Therapist, has observed that many adolescents between the ages of 12 and 18 engage easily with art and/or dance/movement, but often put up defences when too many questions were asked to them directly. She found that approaching sideways or more indirectly through art and creativity can be very constructive, revealing, and therapeutically healing (personal communication, January 24, 2009). There are numerous studies that show the effectiveness of WT and AT. I discuss the studies which are pertinent to this final project in terms of outcomes of effectiveness for dealing with the adolescent population, as well as for increasing personal awareness and self-esteem. I begin with WT research.

Wilderness Therapy Studies

Herbert (1998) conducted a study to determine the therapeutic effects of participating in adventure therapy for persons with severe disabilities. There were 35 participants with a mean age of 25.87 in the experimental groups and 23.83 years in the control group and disabilities including: schizophrenia, moderate mental retardation, personality disorder,

learning disabilities, orthopaedic disabilities, multiple disabilities. Herbert used two measures to assess the therapeutic effects of the programming: the Coopersmith Self-Esteem Inventories (CSEI) and the Internal-External Locus of Control Scale (I-ELCS). Herbert administered the tests prior to treatment, immediately following treatment, after three months, and again after one year to determine the results. The results showed that the people who participated in the adventure programming reported positive changes in self-esteem and locus of internal control over a short period of time immediately following the programming; however, the changes were not sustained over the three month and one year time period. Herbert offers three reasons for this: if the intervention had been longer the therapeutic effects may have also lasted longer, secondly, although there were positive effects the impact was too weak to last over a long period of time and perhaps if the program were more powerful it would have a longer lasting effect, and lastly, there may not have been adequate follow-up interventions.

Herbert's (1998) study supports the idea that participation in a WT program may have positive effects on self-esteem for the duration of the program as well as immediately following. One of the strengths of this study is that it used three different groups, including a control group, which indicates the programming itself was responsible for the increases in self-esteem and locus of internal control. However, as Herbert pointed out, the effects are not long lasting and although he offers some hypotheses as to why this might be, he cannot reject his null hypothesis.

Marx (1988) evaluated a program that exclusively dealt with adolescents. Marx describes a program called "Teen Adventure Program" in which adolescent males between the ages of 13 to 15 are the main clientele and 75% of the participants are referred from the

protective care units from the Maine Human Services Department and have histories of neglect and abuse. In Marx's findings, evaluations of the program (using nominal scales, nominal-ordinal scales and open-ended questions) indicated that 100% of the parents and 95% of the adolescents rated the program as positive. Also, 59% of the adolescents rated their behavioural progress good or excellent, 89% of the adolescents "felt good about themselves" (p. 520) while taking part in the program, and 100% noted that what they would miss most about the program was the friendships with other participants and staff (Marx). The results of this program suggest some support for the notion that WT may be received positively by troubled adolescents and that it may improve adolescents' self-esteem and self-worth, in particular for adolescents who have a past history of abuse or neglect. This quantitative and qualitative, or mixed, research study is interesting as it uses both scales and open ended questions as part of the evaluative process and is then able to derive and summarize the results of the open ended questions to discover what the most important part of the program was for the participants: the relationships that they formed. This program was solely for adolescent males: a future study, which includes females or both genders, is also warranted. The research does not discuss the admitting issues of the participants in detail (other than histories of abuse and neglect), nor does it specify the changes observed through the program in detail which should be an improved areas for future studies.

One WT study was particularly well structured in spite of no control group. Clark, et al. (2004) conducted a study to determine the effects of a 21 day WT program for adolescents on defense styles, dysfunctional personality patterns, clinical syndromes, psychosocial stressors and also to identify which types of clinical concerns (Axes I, II or IV) most benefited from WT. Three different questionnaires were used as part of this study: the

Defense Style Questionnaire-40 (DSQ), Millon Adolescent Clinical Inventory (MACI), and the Youth Outcome Questionnaire-2.0 (YOQ). This study had 109 participants (41 female and 68 male) between the ages of 13 and 18. The participants completed the DSQ and MACI before and after the WT program and parents completed the YOQ at the family meeting prior to the program and again 60 days after the program. The results of the study rejected the null hypothesis as WT produced “statistically significant improvement on immature defense and maladaptive behaviour scores, and on dysfunctional personality patterns, expressed concerns, and clinical syndromes scores” (Clark et al., p. 225).

The results of this study suggest that WT may be an effective intervention for mood, behavioural, substance abuse, anxiety, impulse control, and eating disorders, as well as family dysfunction, identity confusion, and low self-esteem (Clark et al., 2004). One of the most promising outcomes from this study is that WT may be an effective intervention for “facilitating positive characterological change, and in treating character pathology” (Clark et al., p. 227) and this is significant as personality disorders are very difficult to treat and tend to exhaust resources.

The entire family system is important to consider when dealing with an adolescent as the family system affects adolescents’ mental health and adolescents often go back home to their families following WT programs (Harper et al., 2007). Harper et al. conducted a longitudinal case study with participants of a 21-day WT program with the goal to determine how a residential treatment program would affect the family system (Harper et al.). Harper et al. noted that the 252 participants had primary diagnoses of substance abuse issues (61%) and mood and anxiety disorders (24%). Caregivers also participated and were contacted three times to complete a 20 to 30 minute survey. The adolescent participants were ages 13 to 18

and 62% were male. Results showed some major differences between genders as at the beginning of treatment males had more issues with substance abuse, whereas females had more significant emotional issues. At the two month follow-up, improvements were seen in emotional health and substance abuse, at the twelve month interval most scores stayed the same with the exception of two scores decreasing in family functioning, suicidal thoughts, and school performance showing improvement. Overall, the study measured positive changes occurring through the WT program. Harper et al.'s study indicated that males and females had different issues and reasons for entering treatment. Notably, this study addresses the inclusion of the family in treatment plans and outcomes.

Russell (2001a, 2002) completed the most comprehensive study of the effectiveness of WT in the field as he assessed the results of eight outdoor behavioural healthcare programs currently operating in the United States over a one-year period. The participants assessed in this study were mostly between the ages of 16 and 18 with the average length of the program being 38 days. The participants had a variety of diagnoses, the most prevalent being behavioural disorders (38%), substance abuse (30%), and mood disorders (22%). The therapeutic outcomes were assessed using the Youth Outcome Questionnaire (Y-OQ) at the beginning and end of treatment and both the clients and parents completed the questionnaire. The results of the study suggest that adolescents participating in outdoor behavioural healthcare programs saw significant reductions in the severity of emotional and behavioural symptoms as perceived by their parents as well as themselves; the mean scores of the clients' self-reports were 70.67 at the beginning and 47.55 at the end of treatment and the parents mean scores were 101.19 at the beginning of the program and 48.55 upon discharge (Russell, 2001a). The majority of the participants in this study were adolescent males (69%), however,

Russell found that there were some gender differences and that female scores, both self-report and parental assessment, were higher at the beginning and end of treatment. The female participants' scores showed a greater decrease than the males, although the female self-report scores at the end of treatment remained higher than the males as the females' mean score was 54.37 and males' was 47.44 (Russell, 2001a). Russell (2002) again administered the questionnaires at a 3, 6, and 12 month period and found that at the 3 and 6 month period the clients' self-report scores indicated that the changes were maintained, although the parental scores indicated that there was a slight deterioration of the outcomes. At the 12-month interval, the client self-report and parental assessment indicated that the clients had maintained their outcomes and were well behaviourally and emotionally; in fact, some of the clients had continued to improve over the year long period (Russell, 2002). This majority of the participants in this study were older (ages 16 to 18) adolescent males (69%) about older adolescent male teens, and therefore the results do not necessarily mean the females would have the same experiences or outcomes (Russell, 2002).

All of these studies dealt with adolescents who were already experiencing life issues and needing mental health treatments, but adolescents without severe behavioural, abuse-history, or emotional issues may also derive therapeutic benefit from WT. Conrad and Hedin (1982) conducted a study involving students taking part in four different experiential learning programs: an outdoor adventure experiential learning program modelled after Outward Bound, voluntary community service, career internships, and community study/political action programs. Conrad and Hedin used two scales to determine whether self-esteem and self-worth had increased due to the programming and tested the students at the beginning and ends of the programs to determine the differences. The first scale was the Janis-Field Scale

that deals with self-esteem particularly in social settings; the second was the Rosenberg Scale that deals more with feelings of self-worth. The results of the study indicated that all groups showed increases in both scales; however, the “most consistent pre-post gains” were from the students in the outdoor experiential programs (Conrad & Hedin, p. 64). This study supports the possibility that WT experiences help adolescents to feel an increased sense of self-worth and increased self-esteem. These students were not a high risk population and so this indicates that WT can be applied successfully with normal populations. Current research of the effects of WT with a normal teen population is needed.

Romi and Kohan (2004) conducted a study in Israel with adolescents who had dropped out of school. Ninety-four participants were divided into three research groups: a wilderness group, an alternative group which participated in a 6-day residential program, and a contrast group that received standard treatment in the community. Participants in all three groups displayed behavioural problems (most common was vagrancy, criminal activity, or borderline criminal activity), as well issues with adapting and integrating into normal structures and activities for their age group. Three different tools were used to assess the effectiveness of the treatment: Self-Esteem Questionnaire, Loss of Control Questionnaire, and observations done by the researchers throughout the process (mainly of the wilderness group). The wilderness program consisted of a 6-day hiking trip travelling 25 to 30 km per day, with a number of different challenges (navigating, climbing steep cliffs, cooking, passing through water, first aid, as well as an individual experience). Group discussions were held to discuss experiences, ways of completing tasks, planning next steps and getting feedback. The alternative group also participated in a 6-day program, but were given the choice of choosing an activity to become skilled at through the week (activities offered were:

diving, sound system operation, horseback riding, literature, hiking, navigation, and sailing). The contrast group received treatment in the community by youth care workers, without any specific intervention.

The results of the self-esteem questionnaire at first did not show any significant improvement (Romi & Kohan, 2004). However, with further analysis, the results demonstrated that in the wilderness and alternative group that 4 of 6 factors in the questionnaire showed improvement which would suggest a positive trend towards improvement (Romi & Kohan). This does not suggest that only the wilderness programs would increase self-esteem, but rather supports the “idea that active intervention has positive outcomes, whereas no intervention may decrease self-esteem” (Romi & Kohan, p. 130). The locus of control did not demonstrate any significant differences between the three groups at first, however, a further analysis of the wilderness group led to the discovery that there was support suggesting a positive trend to “progress” (p. 130) in the area of internal control. The results were gathered using quantitative measurements and the researchers confirmed the positive results through the observations of the participants and concluded that “the youngsters were assuming responsibility for their actions and that they realised that success or failure are a result of their actions” (p. 130).

After the study, Romi and Kohan (2004) noted that the results might have been measured more accurately by using qualitative measures as many youths made drastic changes and the experiences in the program improved functioning at school, work, and with family. Overall the researchers discovered that the participants learned a great deal from the mental and physical hardships, cooperating and living as a group, and having to take initiative and responsibility. Many of the participants experienced life changing events which

were evident in their behaviours after the program. A better measurement tool was needed to encompass all of the results.

Art Therapy Studies

There are few quantitative studies which demonstrate the effectiveness of AT. Typically, AT is assessed through the use of case studies, anecdotal reports, and qualitative research methodology. This section discusses the clinical observations of experienced art therapists, as well as articles which demonstrate the effectiveness of AT where there are various presenting issues. B. Moon (1998), through 24 years of clinical AT experience conducted with children and adolescents, has carefully structured the AT and observed what works and what is problematic with teens. Through his own firsthand experiences, B. Moon stated that “art making has a vital role in the successful psychotherapeutic treatment of adolescents” (p. 5). Riley (1999, 2003), also an experienced adolescent group art therapist, believes that AT can give adolescents the following things: control of communication, opportunity to feel omnipotent, to externalize problems, and to feel respected. Rogers (1993) stated that the creative process in AT can be the path to self-discovery, self-esteem, and self-empowerment. There are limited studies which address AT with the normal population as a means to increase self-awareness and self-esteem and therefore I will present articles that I found which specifically addressed AT with adolescents. These articles present a variety of psychological and physical issues and take place in many settings.

Orton (1994) used a case of a 19 year old mother suffering from grief after the loss of a child to demonstrate how using expressive therapy interventions can help the grieving process. Orton conducted a series of 10 sessions, although not all included art. Before and after treatment Orton administered several scales: the Coping Resources Inventory (CRI), the

Grief Scale, as well as a 10 item self-monitoring scale as created by Orton. After treatment it was found that the client's coping resources were improved as indicated by the improved scores on the CRI. The client's scores on the Grief Scale also suggested a positive change as her scores indicated a more hopeful outlook and decreased feelings of sadness and guilt. This article is good in that it used quantitative measures to assess the benefits of art for the grieving process. However, as it is a single case, and art was used in combination with other methods, it is not conclusive whether the art was the only factor in change.

Milia (1996) presented a case study of how AT succeeded in helping an adolescent girl, Mary, deal with her self-mutilating behaviours. Milia observed that "when Mary mutilated symbolic self-representations, her tension seemed relieved" (¶ 40). Mary's art showed repetitive themes which Milia believed indicated that Mary was processing and integrating powerful feelings and revealing underlying pressures that might have been contributing to Mary's self mutilation. Milia suggested that art is a helpful medium to help people deal with trauma because it allows for the "gradual processing of memories" (¶ 40) through the tactile, visual, non-verbal, and sensory experience of creating spontaneous art. Milia described her role in the process as "to acknowledge and witness the entire creative process of disintegration and reintegration, intervening when necessary to model integration with technical assistance and suggestions" (¶ 4). This study demonstrated how art can be a container for intense feelings and help in the processing of traumatic memories.

Epping (1994) described the case of a 13-year-old girl who had recently become quadriplegic. Adolescents can present "unique emotional problems during rehabilitation" (¶ 7) because they are often in denial and project anger towards the staff. Epping noted that this was the case with JC as she insisted that therapy was not necessary and that her quadriplegia

was not a big deal. JC used a Wanchik writer (a device that enabled her to write and draw) as part of psychotherapy. Her drawings showed themes of disturbed body images, isolation, and relations to others. JC used art to address these issues indirectly and she was “able to process material that likely would have remained otherwise unexpressed” (Epping, ¶ 18). She was able to maintain a safe distance “from her feelings by projecting them into her drawings” (Epping, ¶ 18). This study also demonstrated how art can be used as a way to deal with difficult emotions and feelings that might otherwise be hidden, or manifest in a different way.

Hanes (2000) presented a case study of Amy, who had been sexually abused by her step-father, as an example of an adolescent who easily adopted art to express her intense feelings. Hanes proposed that art allows for catharsis, the “a process that alleviates tension and anxiety through the expression of emotions that have been hidden or restrained, or the existence of which has been unrecognized” (¶ 2). In her first AT group experience, she created an altar and paper effigy, and then attacked the effigy for several minutes; then she added blood and wrote words on the altar like “die” and “burn in hell” and identified herself with the effigy by saying “look how he hurt me” and “he’s got me, and I can’t get away” (Hanes, ¶ 14). This anecdotal article illustrates how powerful AT can be at allowing clients to express strong emotions and content in a safe environment, allowing the feelings to be released and not acted out inappropriately or in a way that might harm herself or another.

McGann (1999) used a case study to demonstrate how AT can be helpful in working with severely disturbed and aggressive adolescent females. McGann drew on her 13 years of experience in working with this population of homicidal adolescents in a day treatment program for the basis of her hypothesis and observations. McGann noted that poor verbal communication is one of the traits that homicidal adolescents present and therefore art is a

“particularly appropriate treatment modality with this group” (p. 53) as it offers a way for alternate relating and the ultimate treatment goal of sublimation to occur. McGann used a case study of a 15 year old adolescent female, Tina, to demonstrate how increased aggression and homicidal ideation in the art was a reflection of the steady behavioural deterioration in the client. Tina did a series of abandoned houses and the ways in which she constructed the pieces were often of significance as in one example she used a ruler to cut symmetrical clay bricks which McGann hypothesized to signify the need to control unexpressed rage and feelings. This assessment was soon confirmed by Tina’s behaviours of head banging and wall punching in attempts to control violent urges towards her mother and siblings. In this article, McGann revealed how art can be used as a way to see into an adolescent’s world and thought processes, even in a small way.

Although AT facilitates the holding of intense feelings, it can also be used to integrate feelings that are not as explosive, and as a learning tool, or even preventative measure. In the following studies, researchers explore ways in which art was used for groups with common issues or themes, and how art helped the clients to discover that their experiences were not unique and that there are alternative ways to expressing frustrations and emotions.

Robertson (2001) proposed that AT can be a very helpful approach when working with adolescents who are adopted because it allows for exploration into the differences between adoptive and genealogical kinships. Robertson created a program to assist with this process of exploration based on her clinical and personal observations called “Origins and Connections: Filling in the Blanks” (p. 76). Robertson described it as “a collection of art therapy interventions to help guide the adolescent adoptees to a greater understanding and acceptance of their personhood, life history, adoptive connections, and right to full

acceptance in society” (p. 76). This article highlighted the accessibility of art to adolescents in creating and understanding their stories and place in the world. Unfortunately, Robertson’s claims are based upon personal clinical experiences and do not include a case study or research that can support her claims about the effectiveness of her program.

Viscardi (1994) began an AT group with adolescent students in her school with Muscular Dystrophy (MD). The school staff were concerned because they began to notice that the MD students were becoming more and more socially withdrawn and unwilling to communicate. The staff observed remarkable changes in the students over the course of the two sessions described in the article as they “found that certain behaviours were changing during both the art process and the commentary afterwards” (Viscardi, ¶ 15). Art also gave the students the “rare experience of getting outside themselves, outside their wheelchairs, outside their disability, outside feelings of loneliness, alienation, and reluctance to discuss their situation” (Viscardi, ¶ 18). Students were able to represent themselves in the art as one student created a jet and commented that “I am big and powerful, like a jet, but I have a wall around me. I can’t take off” (Viscardi, ¶ 13). The art sparked discussions that allowed the students encourage one another and experience empathy and sympathy and the students “discovered they were not alone, a powerful feeling for individuals who had previously felt no one understood them” (Viscardi, ¶ 17). This article illustrates the powerful aspects of art as a way to encourage adolescents to connect to one another in a group setting. It also demonstrates how art can serve as a metaphor.

Another article which highlights the benefits of using AT in groups with adolescents is Epp’s (2008) which outlined the successes of a social skills group with children ages 11 to 18 the on Autism Spectrum. Epp noted that “art therapy offers a way to solve problems

visually” (p. 30) and that acting out behaviours can be lessened because art provides a way to express frustrations and self-soothe. The program discussed is called SuperKids and runs groups with around six children who are similar functioning levels and meet on a weekly basis, the aim of the program is to use group therapy and AT “to translate abstract social-emotional concepts into a curriculum that reaches children who function more easily in a visual/kinaesthetic orientation that in the social/intuitive environment” (Epp, p. 36). Epp used the Social Skills Rating System (SSRS) before and after the program to determine the effects of the program on 44 students. The results showed significant improvement in assertion scores, as well decreased internalizing behaviours, hyperactivity, and problem behaviours scores. All the other skills showed some improvement, but it was not statistically significant and no changes were noted in responsibility scores. This article shows the therapeutic benefits of AT through quantitative measures, which is somewhat rare for AT studies. It also demonstrates how AT can be used to clarify abstract concepts and practice social interactions. However, this population has very different needs than the population that is addressed in this project, as the art directives are very structured and conversation about the art is tailored to meet the needs of the group and to correspond with other group activities.

Maat (1997) conducted two simultaneous AT groups for immigrant adolescents. The groups were 10 weeks long and each had 8 members. The goal of providing these groups was to offer the adolescents a way of understanding their feelings and thoughts regarding depatriation. Through the art making process, Maat observed that “students began to express grief at the loss of their homeland, and find support and a sense of community among themselves” (¶ 15). In one session, group members were asked think of past memories that were related to what it was like when they learned that they would be moving to the United

States. This allowed members to reflect on the feelings of being in a new country and they discovered they were led to believe that they would be happy when they relocated, but were in fact, unhappy. Maat found that the group setting allowed the members to realize that they shared the same feelings as other members and that they were not alone, “feelings of connectedness replaced their former isolation” (¶ 56).

Waller (1993), an art psychotherapist and group therapist, wrote a book based on her experiences of group AT. In her book she gives a case study of an interactive AT group with adolescents that was facilitated by an AT trainee under Waller’s supervision. In the summary of the group as reported by the trainee (no name is given), adolescents taking part in group AT benefited greatly even from just a few group sessions and benefited from the positive interactions that took place within the group setting and their classroom behaviours were positively influenced. The AT trainee went on to state that “it is a pity that there does not seem to be more appreciation of the value of interactive art therapy groups for children and adolescents” (Waller, p. 89) as she noted that AT groups could have a major impact on children and adolescents and could for example help children who are aggressive and who have dysfunctional behaviours, as well as children who are bullied and withdrawn.

Hammond-Meiers (in press) completed art-based research through phenomenological studies with children, adolescents, and adults who were involved in AT and dance/movement therapy in her practice. By listening to her clients and “reflecting upon their experiences” (¶ 20), Hammond-Meiers was able to focus on the client’s journey in the therapeutic process of her practice and states that “research can be alive and dynamic rather than shelved, and it can be the lived-world revisited through reflection, where learning can be extended” (¶ 20). Hammond-Meiers researched the experiences of two adolescents in her practice who were

attending therapy for loss, anxiety, substance abuse, and depression. Eighteen higher order themes were discovered as part of the research: support of experiences, relationships with parents and adults, issues with peers, losses, noticing movements, discussion of the therapy experience, increased self-esteem, approaches to life, use of metaphors, noticing changes, increased awareness, reduced stress, more movement incorporated into lifestyle, decreased addictions and less negative behaviours, stopped addictions, choosing to be healthier, and more awareness of a psychological journey. The themes outline some benefits and changes that can occur through an art therapy and dance/movement therapy approach. This research is significant as it presents the aspects of the therapy that the adolescents found helpful from their own perspective.

Summary

There are some overlapping reasons as to why WT and AT are often chosen as a primary method for dealing with adolescents and how they are similar. They are: (a) less traditional methods that do not rely solely on verbal therapy and work in different ways; (b) the other aspect (art and wilderness) that add the challenge to the therapy mentally and physically and allow for the client to move at their own pace and be more in control of the direction of the therapy; (c) peer dynamics of the group and the sharing of similar experiences throughout the group process; (d) the therapists take on a different role and become more approachable because instead of directing the therapy, they are also experiencing the art or wilderness and become a participant in the process alongside the adolescent; and (e) the ending rituals or activities of wilderness and AT groups as an important process to the continued growth and benefits of the intensive experience. In this above section, I discussed the first point and demonstrated that AT and WT can work well

for the adolescent population as an alternative to more traditional verbal therapies. I will discuss the remaining four points in more detail in the following section about the therapeutic processes.

Therapeutic Processes

Key Factors of the Wilderness Therapy Process

Professionals in the field of WT are often unable to explain precisely why WT is so effective, what factors determine how and why WT works (Russell, 2000; Russell & Phillips-Miller, 2002; Russell et al., 2000). Russell (2000) addressed this question in a research study which evaluated four different therapy programs by doing a case study within each program. Russell (2000) found that there were three common elements which all the case studies highlighted as helping them to change: (a) time alone for reflection on their lives; (b) the program and staff using a non-confrontive approach; and (c) the wilderness environment itself in providing physical exercise, alone time, and picturesque beauty. The three above mentioned common factors led to three outcomes for the participants involved: (a) improved relationships with parents, (b) no substance abuse, and (c) the desire to work harder academically (Russell, 2000). Russell and Phillips-Miller (2002) conducted a study to examine the WT process in order to determine how it brings about change in the participants behaviours. Twelve case studies (9 male, 3 female clients) were randomly selected as part of the study with the average age of the clients being 17. The participants were observed at four different intervals of the therapy program and were interviewed following the treatment program. The elements that the participants indicated as helpful in the process were: “(a) relationship established with counselors and leaders, (b) peer dynamic, (c) facilitated reflection on life through use of solo, and (d) challenge and structure of process” (p. 422).

Some of the therapeutic aspects of an outdoor setting according to Berman and Davis-Berman (1995) are: the unique setting, perceived risk of activities, putting people outside their comfort zones, immediate consequences, cooperation and leadership, and the small group environment. Russell (2001b) noted that WT can facilitate a process of “hands-on learning of personal and social responsibility, with modeling and practice of appropriate social skills and cooperative behaviours, all reinforced by logical and natural consequences from the wilderness conditions” (p. 75). The key elements of WT that I will discuss further are: the wilderness environment, the challenges and activities provided in the structure of the program, reflection time, peer relationships, and the relationship between the therapist and clients.

Key Factors of the Art Therapy Process

AT can be and has been done in combination with many other therapeutic approaches. In fact, a survey done by American Art Therapy Association found that there were six approaches that were given as primary theoretical orientations by the surveyed art therapists (Elkins & Stovall, 2000). Elkins and Stovall reported that approximately 20.8% of those surveyed described their approach as eclectic, 10.1% as psychodynamic, 5.4% Jungian, 4.6% object relations, 4.5% art as therapy, 3.0% psychoanalytic, 2.9% humanistic, 2.2% cognitive behavioural, and between 1 to 1.9% client centered, cognitive, family systems, developmental, existential, and Gestalt. Other approaches also currently used are: family therapy (Landgarten, 1987; Linesch, 1999; Riley, 1994), as well as AT incorporating spiritual aspects (Allen, 1995; Malchiodi, 2002; McNiff, 1992, C. Moon, 2002).

The diversity of primary theoretical orientations of art therapists makes it difficult to provide a common method of practising AT, and this area of study is beyond the limits of

this project. C. Moon (2002) discussed the importance of creating a space, tailoring art to a client's needs, relating aesthetically to the art, and the relationship between the art therapist and client. McNiff (1992) discussed the importance of image dialogue through responding to the art, talking with images, the dimension of movement and performance, and dreaming of the art. Allen (1995) offered a way for people to begin the AT process by paying attention to the following: work space, music, materials, art materials, time, intention, and attention to what is happening in the process. Waller (1993) discussed important factors in conducting group interactive AT such as: determining why and when to use a group format, the role of the group conductor, the relationships between group members, practical matters such as materials and space, as well as using themes and projects. B. Moon (1998) talked about important aspects of the art making studio in order to keep the adolescent engaged in the process, the relationship between the art therapist and client, how to discuss the art and relate to the images, and how art can offer a way to express issues that otherwise cannot be expressed. For the purposes of this project, I will focus on six aspects of AT that are relevant to this project and are mentioned in the literature as important factors in the therapeutic process. They are: the art, materials, space, art making, processing of the art, peer interactions, and the relationship between the art therapist and client.

Key Factors for Both: Merging the Two

The key elements of WT and AT may be seen as related. In order to further highlight the similarities and the potential for a combined approach, I have organized this section in the following way: (a) the other element, which for WT includes the wilderness environment and the activities and challenges in the program, and for AT the other element refers to the art and includes the art materials, space or environment, and art making; (b) the reflection time

which includes processing of activities in WT as well as processing the art; (c) peer relationships; (d) relationship with the therapist; and (e) ending the group process. Although ending the group process was not mentioned in the literature as a key element of AT or WT, attention to follow-up care and the ending process was mentioned several times in WT studies (Davis-Berman & Berman, 1994; Herbert, 1998; Marx, 1988; Russell, 2001; Russell & Phillips-Miller, 2002; Russell, Hendee, & Phillips-Miller, 2000) that demonstrated that the ending process is significantly related to the lasting effects of the wilderness experience (Clark et al., 2004; Hendee, 2000; Herbert, 1998; Newes, 2001; Russell et al., 2000). Also in AT, the ending process can be a very important part of the closing and ending of the process or group (Liebmann, 1986; B. Moon, 1998; Waller, 1993).

The Other Element: Wilderness

An important feature of WT is the unfamiliar environment - the wilderness setting (Russell, 2001b). However, simply bringing adolescents into a wilderness setting will not create a program with therapeutic value (Berman & Davis-Berman, 1995). Rather, the intentions of the program and the careful selection of participants and treatment plans determine the therapeutic value (Davis-Berman & Berman, 1994). Davis-Berman and Berman (1994) define the term wilderness in regards to WT as:

Any outdoor environment that fosters positive change and allows one to gain a sense of peace may be an acceptable location for wilderness therapy, although it is probably easier to find a place of this sort in unspoiled, natural environments where one can get away from the urban, crowded, mechanized world. (p. 13)

One of the goals of WT is to enable participants to “generalize metaphors of self care and natural consequences to real life, often a difficult task for adolescents” (Russell et al., 2000,

p. 212). The natural environment provides an excellent place for natural consequences.

Russell (2001b) noted that the use of natural consequences is crucial to all WT programs, and it is a powerful therapeutic tool. WT offers the opportunity for hands-on learning reinforced by natural, immediate, and logical consequences (Beringer, 2004; Russell). The natural environment also helps to cleanse the clients from any substance or chemical dependencies and introduces healthy diets, exercise and self-care skills (Russell et al.) and removes all of the clients from mainstream cultural stimuli such as clothing styles, food, music and mass communications as there is no access to television or radio (Herbert, 1998; Russell et al.).

Some research supports the idea that wilderness environment itself can also be seen to contribute to the success of programs (Berman & Davis-Berman, 1995; Russell et al. 2000). In case studies conducted by Russell et al., the wilderness setting which was “characterized by naturalness and solitude” (p. 213) was seen in itself as being therapeutic. Russell et al. determined that there were seven therapeutic factors of the wilderness shared by the participants: (a) appreciation for simple things (such as food and water); (b) healthy cleansing environment; (c) unfamiliar culture; (d) reduction of distractions; (e) simple, primitive lifestyle; (f) vast open spaces; and (g) vulnerable humbling. The last factor, vulnerable humbling, is important as it empowers the participants, thus helping their self-esteem and at the same time humbles them as they realize that they are not the “centre of the universe” (Russell et al., p. 214).

Berman and Davis-Berman (1995) pointed out that a unique aspect about WT is that it is able to intensify the therapeutic experience by capitalizing on the therapeutic aspects of the wilderness environment and therefore “change may occur more rapidly and with greater intensity, than would occur in more traditional settings” (¶ 20). In a case example given by

Berman and Davis-Berman to illustrate this point, Thomas, a 16 year old boy with a diagnosis of depression who had been in a treatment centre for two months with no improvement, participated in a three day wilderness trip and experienced a breakthrough. Berman and Davis Berman noted that “we were able to evaluate and observe Thomas in a way that had not been possible in the hospital setting” (¶ 29) and this opportunity for intense psychotherapy enabled Thomas to talk about and deal with his issues for the first time.

Challenging activities. Davis-Berman and Berman (1994) stated that a characteristic of WT is that it employs “outdoor, recreational and/or adventure education activities” (p. 13); these activities are ones which may be perceived to be high risk by the participants, but are actually low risk. Some of the activities listed in the literature include: adventure games and activities geared at enhancing group cohesiveness, improving self-esteem, developing problem solving skills, and an increasing trust, flat water or mild white-water kayaking (Davis-Berman & Berman), ropes courses, rock climbing (Herbert, 1998; Marx, 1988), backpacking, and canoeing (Davis-Berman & Berman, Herbert; Marx). The challenging aspects of the WT experience are important factors in helping adolescents want to change (Russell & Phillips-Miller, 2002). In a study by Russell and Phillips-Miller (2002), the participants indicated that they needed to feel challenged and uncomfortable in order to change and that their self-confidence was boosted after completing such a challenging program.

Caulkins, White, and Russell (2006) determined that backpacking was an essential element to the WT experience for the adolescent girls and contributed to the overall learning. Caulkins et al. conducted a qualitative case study to determine the role that physical exercise, more specifically backpacking, had on the WT experience. There were six participants aged

15 to 16 and three female leaders that were interviewed as part of the study. All of the participants had received previous psychological treatment, were suicidal, and had been diagnosed with clinical depression. Data collection was through direct observation, interviews, and documentation by the participants. The results showed eight central impacts attributed to the backpacking element of the wilderness experience. The researchers divided these impacts into two categories: *general impacts* and *substantive impacts*. General impacts were seen earlier in the therapeutic experience and were easier to describe and identify. General impacts were: (a) reflection, (b) perceived competence, and (c) accomplishment. Substantive impacts came later in the experience and were more intense and difficult to describe. Substantive impacts were: (a) self-efficacy, (b) awareness of others, (c) awareness of self, (d) awareness of surroundings, and (e) timelessness. Although this study addressed backpacking only as a physical activity on WT, Caulkins et al. (2006) stated that some form of trust-building or physically demanding activities “may foster some of the same impacts” (p. 35). Caulkins et al. also note that it is presently unknown whether the “impacts and processes” (p. 36) identified as part of this study are unique to the experiences of females or not as further research needs to be conducted in this area.

Autry (2001), similarly, found that the physical activities in WT led to significant learning in her study about female participants’ responses to outdoor experiential experiences. Nine girls between the ages of 13 and 18 were interviewed as part of this qualitative study. Autry constructed four themes from the data collected: (a) trust, (b) empowerment, (c) teamwork, and (d) personal values. Trust in oneself and trust in others was gained through the experience and the girls learned that they could depend on others and themselves. Empowerment, or a feeling that they had control over their lives, came after

completing the ropes course and hiking trips. One participant said that the ropes course made her feel like “I can instead of I can’t” (p. 298). Teamwork improved as part of the program as the girls had to rely on each other for many activities. The last theme that emerged was personal values and the meaning that they attached to the experiences in the WT program.

The Other Element: Art

In AT, the other element is the art. Using art as the central focus of the session and allowing the adolescents to decide the direction of the art helps the therapist to move into the adolescents’ world and find a metaphor, theme, or project that suits their needs (Riley, 2003). Schaverien (1992) described art as “soul-making” (p. 25) and that the psyche will find the visual images that it needs when they are needed. B. Moon (1998) stated that “through the artistic processes, the adolescent offers the world a partial portrait of self: how she sees the world around them; how he feels and thinks about the world within” (p. 5). Art in therapy has the potential to give more control and/or active involvement of the treatment to the adolescent, and therefore increases the opportunities for self-investment into the therapeutic process (Riley, 1994). Ulman (2001) reflected that art therapy “is a way of bringing order out of chaos—chaotic feelings and impulses within, the bewildering mass of impressions from without” (p. 9). People tend to have fewer defence patterns for non-verbal communication such as visual communication in AT as it is typically less established than spoken language (Waller, 1993). Landgarten (2001) stated that through AT people are showing intimate parts of themselves without necessarily realizing it as “art gets us right down to the nitty-gritty and fast” (p. 82).

Materials, space, and art making. In WT, the environment and the activities dictate the therapeutic process; in AT, the materials, space, and art making are the key factors in the

therapeutic process. The therapeutic space is important as the type of environment and atmosphere that is offered can impact the therapeutic outcomes (B. Moon, 1998). B. Moon noted that the structure of the therapeutic space must be the following: safe, predictable, and be focused both on making art and establishing relationships. When working with clients, there may be limits to what can be done in the therapeutic space and these limits can be part of the therapeutic process. There are several rules that can be used when working in a space with adolescents as outlined by B. Moon: (a) use what you need, but do not waste art materials; (b) take care of the furniture, brushes, and tools; (c) respect other's rights; and (d) "be positive" (p. 146) and "express yourself" (p. 146).

The therapist, the client, or a combination of the two dictates the structure of sessions. However, with AT sessions, there is, never the less, an overall structure that is frequently applied. Often there will be a brief check-in, a time to make art, a time to reflect on the art, and a closing process (B. Moon, 1998). The check-in-time is an opportunity for clients to discuss any major issues or concerns that they have been experiencing (Johnson, 1999). Johnson stated that when beginning an art making session, some clients need only minimal instructions and yet, at other times, clients need a starting point or help to facilitate getting them into the art making. The main focus of the session is spent working with the art media. The client may focus directly on a problem or not (Johnson). Sometimes the art making is done in a spontaneous manner; other times the therapist gives a specific task or exercise for the client to do. In spontaneous (non-directive) art making or free expression art making, the therapist encourages the client to do whatever he or she feels like with the art materials, and sometimes this means simply trying out the materials, or following an impulse (Malchiodi, 2002, 2003b; Vich & Rhyne, 1967).

Naumburg (1987) and Waller (1993) noted that the art materials provided in AT are chosen for certain qualities or characteristics and are usually simple and easy to use; they are meant to be a tool for clients to use to help them express themselves. Ward (1999) suggested that a wide choice media provides the client with an opportunity to choose a medium which reflects their state of mind. Often, the client will choose his or her media; however, there may be times when the therapist and client decide together on a particular media to use during the session depending upon the client and the presenting issues (Johnson, 1999). Through the use of art materials, teens may connect to the simple wisdom that they had as young children and the materials may inspire visual images that produce insights, resonance, and associations that can be recognized when they take the time to consider them (Rhyne, 2001). The growth and relationship between the media, the client, and the therapist is one of the most compelling qualities of the process of AT (Ward). Hammond-Meiers (2005) noted that the act of creating art uses more than just the individual's cognitive functions; it also involves body movements and engaging the senses in a different way. Clients can improve their personal sensory awareness as they become more aware of their bodies and physical movements and are encouraged to focus on the relationships between the art and body positions, movements, and body image (Vich & Rhyne, 1967, Hammond-Meiers).

Importance of Taking Time to Reflect

Reflection is a vital part of the process in WT and AT. In his study to determine the therapeutic factors of WT, Russell (2000) found that one of the common elements that helped to facilitate change for the participants was time alone for reflection on their lives. In another study to determine factors that promoted change in participants, Russell and Phillips-Miller (2002) similarly found that time to reflect on their own lives was an important part of the

process; participants can do these reflections individually or in a group setting. Gass (1993) defined processing as a method “used to augment the therapeutic qualities based on an accurate assessment of the client’s needs” (p. 219). Processing is intended as a way to “encourage clients to plan, reflect, analyze, describe, and communicate their experiences” (Autry, 2001, p. 301) and can occur before, during, or after the experience. AT and WT often uses a number of therapeutic techniques such as journal writing, reflection, self-disclosure, and counselling (Betensky, 1995; Hammond-Meiers, in press; Malchiodi, 2002; Russell, 2001b). Russell stated that these therapeutic techniques are meant to help a participant process the events and integrate them into his or her life. For instance, part of the therapeutic process for the teens is to reflect on the experiences that they have had in the program and assess how these phenomena might impact or influence other areas of their life (Herbert, 1998; Rosol, 2000).

The Value of Dialogue. Open dialogue is important in both therapeutic modalities (McNiff, 2003; Russell, 2000). In WT, the dialogue is about the challenges and emotions surrounding the experiences (Herbert, 1998; Rosol, 2000; Russell 2000), whereas in AT the dialogue is part of the ongoing experience with the art. In AT, McNiff noted that one of the main therapeutic aspects of the process is the dialogue with and about the art and the art making process. The adolescents, group members, and therapists can all connect in the context of dialoguing about the art and the art process. Art has a mediating function while at the same time promoting therapeutic distancing from difficult and current psychological issues (McNiff). In other words, the client and therapist are often not talking about the self directly; through the art, they encounter aspects of the teen’s self through a mediating process

that enables the art-oriented, therapeutic space to hold both the non-self and self at the same time (Levine, 1995).

The therapist can continue to hold this relationship open between the therapist and client and the art by focusing on the art and continuing to dialogue and question the art (Phillips, 2003; Riley, 1994, 2003). For example, when a therapist is working with difficult or violent images made by an adolescent, it is important to confront the art, as opposed to the client; this projection allows for safety yet still permits the content to be addressed (Phillips). Riley (1994) pointed out that the art itself is another observer in the therapeutic process. Riley's (2003) approach to AT offers adolescents the option of expressing their adolescent experiences and the choice of whether or not to share the content of their art work, as well as the opportunity to respond to the therapist's comments and questions about the art. The art therapist establishes an environment in which all forms of art and creativity are accepted and there is no aesthetic judgement and this allows the client to create images without having to censor any of the content (Naumburg, 1987).

Art is an important channel of expression and communication and can express things simultaneously, as well as show feelings or thoughts through images when words are not adequate (Liebmann, 1986). As can happen with all forms of art expression, once the piece is completed "the symbolic expressions assume a life of their own" (Riley, 1994, p. 35). McNiff (1992) in describing the process of dialoguing with images states "the painting might have something to say to me, and so I take on the role of listener rather than explainer" (p. 105). Waller (1993) noted that the art images themselves may have their own emotional responses and do not necessarily need to be transcribed directly into words. Hammond-Meiers (2005) explained that sometimes the art pieces can be talked about verbally and other

times the art pieces may not need to be discussed in verbal terms and can be experienced using other methods such as poetry, body responses, music, or other creative responses. Through his extensive experiences working with adolescents, B. Moon (1998) concluded that interpreting and attempting to transform the image from a visual form into a verbal form can reduce the visual-processing and the AT intention, sometimes limiting what is so helpful and unique about AT.

A unique characteristic of AT is that the art creations become tangible objects that can be used as part of the therapeutic discussion and process. Regardless of what the discussion about the art is, the client responses to the art images can facilitate further learning. Riley (1994) noted that the discussion about the art pieces creates opportunities to discover new themes, provide alternate views, invent new realities, and find new histories. In addition, Riley stated that AT provides a means for the therapist to reframe or alter the client's worldview as the art itself provides a mode of communication that is capable of being framed physically; physically reframing the art product by repositioning or cropping the piece can help the client to view the issue in a new light. In conclusion, Naumberg (1987) pointed out the self-reflective-function of the art itself as clients can use art pieces as mirrors in which to see his or her own motives and to discover what is happening inside them.

Peer Relationships

Although, much has been written about group dynamics and how and why interactive groups work, it is beyond the scope of this project to discuss group therapy or group dynamics in detail. Specific aspects that make groups unique within WT and AT are considered, especially in terms of combined AT and WT applications and awareness of developmental age-factors relevant to adolescent group dynamics.

Peer dynamics in the group process are crucial to WT and help the participants to learn more about themselves and others (Caulkins et al., 2006; Russell, 2001b; Russell & Phillips-Miller, 2002). Confronting fear and experiencing trust within a group are theoretical components of the process of WT (Powch, 1994; Russell, 2001b). For teens, the natural consequences and interactions with peers are powerful therapeutic influences which help the participants to learn social and personal responsibility (Russell et al., 2000). In the study that Russell and Phillips-Miller (2002) conducted to determine how the process affected outcomes, participants felt that the relationships that they had with peers in the group were influential and attributed this influence to the idea that they were able to learn about themselves through feedback and they felt comfortable being in the group format. Russell et al. note that through the group structure and atmosphere adolescents are helped to express emotions, manage anger and deal with interpersonal issues; given therapeutic confidentiality, the expression of emotions can be practiced and modeled in a safe environment.

Russell and Phillips-Miller (2002) noted that little research has been done to discover how the development of the group dynamic and cohesion through living with each other affect the group therapy. Russell and Phillips-Miller used a multi-site/multi-case study approach with 12 participants in 4 programs to determine how the WT process relates to changes in the participants. Common responses by the participants to the questionnaires indicated that strong peer relationships formed during the wilderness experience and these relationships were an important part of the learning process and were related to sharing, engagement and attachment (Russell & Phillips-Miller). Anecdotal reports indicated that living, learning, and working beside each other have a bonding effect on participants (Russell & Phillips-Miller). Autry (2001) noted that teamwork improved through the process as and

the participants were also eating, living, and breathing “with their group members 24 hours a day, 7 days a week” (p. 299). Living and working beside each other in a wilderness setting creates some unique qualities in the group dynamics as compared to meeting once a week for a group session or even in a verbal group that meets daily, partially related to the action-orientation in the wilderness environment (Autry; Berman & Davis-Berman, 1995; Russell & Phillips-Miller).

Continuing from the bonding reported in WT, the AT group members bond through sharing the art making experience, looking at the art together, and talking about one’s own AT experiences with the group. Linesch (1988) stated that “the group modality touches the needs of the adolescent and the art modality facilitates the group process” (p. 135). Group AT is accessible to all as members are encouraged to join at their level of ability and art images can be an important contribution to the group no matter what the aesthetic product looks like (Liebmann, 1986). Siegel (2007) noted that coherence is important for group members to make sense of their experience in an integrated fashion. The art helps to improve the group cohesiveness as art making helps group members form connections with each other (Maat, 1997). In fact, B. Moon (1998) noted that the quickest way for a therapist to build a solid therapeutic relationship with adolescent group members is through creating art, as opposed to a verbal discussion. The ability of the therapist to harness the adolescent’s expressive potential can create and maintain positive interactions in therapy (Waller, 1993).

In the context of an AT group, the adolescents are engaging in the here and now and this occurs on two levels (B. Moon, 1998; Waller, 1993): first, as members make art, they are forming feelings with the art, peers, leaders, process and group. Secondly, the adolescents as a group reflect on the images created. In a group setting, adolescents can transform powerful

unhealthy inner feelings and forces into meaningful and constructive objects (B. Moon). Waller observed that a “safe container” (p. 89) for feelings is created by the art creations in group adolescent AT. The social interactions of the group are one of the most important characteristics of the group work as it is typically through the group member interactions that the most insights and learning is made possible and occurs (Waller).

The diverse contexts of group dynamics relate to the age-range of the group members; however with adolescents, group dynamics related to age is of particular importance as adolescents are intensely concerned with how their peers and group members feel about them (Hobday & Ollier, 1999; B. Moon, 1998). Through group interactions, participants learn that others may have similar feelings and issues; adolescents realize that they are not alone in their feelings and problems (Liebmann, 1986; Maat, 1997; Viscardi, 1994; Waller, 1993). Commonly, it is through others that adolescents see themselves most clearly (McNiff, 1989).

One of the benefits of AT is the use of the art materials. Group members are able to interact with, experiment with, and, in some cases, master the art materials, enhancing the creativity level of the participation of the group and the individual (Waller, 1993). In an interactive AT group, Waller noted that it is important that group members are able to move around freely and interact with the materials and each other. For example, at a certain time in the activity, participants might be able to walk around a sculpture and look at it from various angles in order to get diverse perspectives. Using art materials with a group in a free situation is an effective means for increasing psychological growth (Vich & Rhyne, 1967). Combined art making between two or more group members, or as a whole group can provide additional

learning for the group members as members can get inspiration from other members and themes may emerge (Liebmann, 1986; Waller).

After the participants create art images, group discussion and processing of the images takes place. The therapist can organize the discussion about the art in different ways. Each member needs to be able to see the art and, if possible, have visual contact with other members; this promotes group cohesiveness and interactions (Liebmann, 1986). Every member taking turns in a group discussion relates to group structure and organization; members may focus upon one or two art pieces, or focus on their group dynamics by talking about their feelings, observations, and relationships (Liebmann). The leader may dictate how the processing occurs, or the group can decide together depending on the kind of group the leader promotes based on their theoretical background and their experiences with adolescents (Liebmann). Leaders are advised to be familiar with the art exercises and the social skills of the participants in order to evaluate the art making confidence level of the adolescents, especially the strengths and challenges for those who may struggle with self-esteem issues; leaders review the initial assessments of the group members in order to address the varied levels of psychological stability and proactively provide support (Berman & Davis-Berman, 1995; Davis-Berman, Berman, & Capone, 1994; Liebmann, 1986; Waller, 1993).

Relationship between the Therapist and Client

Wilderness therapists' level of participation and their role within the environment is different than other therapists' involvement in that they are often with the clients for extended periods of time. Russell et al. (2002) noted that the relationships between the staff and the clients are different from traditional forms of therapy. Many of the lessons participants learn through WT are taught by natural consequences allowing the environment

to shape the client (Berman & Davis-Berman, 1995; Russell, 2000; Russell, Hendee, & Phillips-Miller, 2000). Russell et al. (2000) observed that the environment served as a tool which challenges, confronts, and influences the participants through natural consequences and the counsellors are freed from taking on the role of making participants feel uncomfortable or challenged. Instead, the counsellors allowed the participants to be shaped and changed by the unique factors of the experience such as being away from family, the physical exercise, and the most importantly the challenge of surviving in the wilderness with little resources (Russell et al.).

Russell and Phillips-Miller (2002) found that the therapeutic alliance was very important to the success of the treatment. The wilderness therapists used a “non-confrontive and nurturing approach” (p. 433) and were able to establish an effective connection with the participants. In some cases, it has been noted that the adolescents reported very different rapport experiences than their previous counselling experiences; as an example response in one study was a participant reporting that the counsellor “could just sit there and talk with me” (Russell & Phillips-Miller, p. 424). There is case-study-support for a positive therapeutic trend where the relationships that therapists have with the participants are directly related to the success of the programs as Russell (2000) found in his research that all the case studies “similarly referenced the relationship that each had established with the therapist and staff while in the field, and how that relationship helped them to speak openly of their issues” (p. 172). Romi and Kohan (2004), in their study on the effects of wilderness therapy and self-esteem, noted that some of the differences in how the groups improved might have been due to the different personalities of the youth care workers involved, as upon second examination one specific group with a particular worker made more progress than another. Therapists are

seen as role models by the participants, and not as feared authoritative figures (Russell et al., 2000), and this idea supports a sense of alignment that has been found to be very important in WT and in AT too (B. Moon, 1998; Riley 1999).

Similar to how the wilderness challenges the client in WT, in AT the art may take on a bigger role and be a challenging resource, leaving the art therapist in the role of support facilitator. The therapist's role is to facilitate an interpersonal relationship in which the adolescent is encouraged to discover personal meaning in expression through spontaneous creations (Malchiodi, 2003b). Art therapists sometimes help clients to discover the emotional impact of symbolic communications and reflect upon the art in order to process feelings and symbolic meanings as they relate to the adolescent. Clients learn to be aware that the art can hold symbolic forms that are representative to them and how to integrate the new information into their life and relationships (Robbins, 1987). Through the art making and art, the client and therapist make various kinds of therapeutic contact. One of the most important aspects of processing the art is that the therapist encourages the clients to discover the meaning of the art for themselves, as opposed to the therapist interpreting the art (Malchiodi, 2003a; B. Moon, 1998; Riley, 2003). Naumburg (1987) noted that the therapist encourages clients to discover their own meanings through free association and considering the mood and circumstances in which the image was created. In addition, Rhyne (1990) suggested that the art provides a context for communication as it is a shared environment and both can respond to the art. Jointly, the therapist and client search for meaning of the stories (Meldrum, 1999). Ultimately, the therapist is supporting clients by encouraging and assisting them to learn to accept themselves, to have a deeper relationship with themselves, and to understand how their actions affect others (B. Moon, 1998). These AT goals compliment and strengthen the

likelihood of meeting similar WT objectives as outlined in this chapter. The AT objectives in no way take away from, but most likely support further processing of the experiences for adolescents.

Ending Processes

WT programs are sometimes perceived by counsellors and researchers as a beginning of a lifelong journey of personal growth for clients. This journey highlights process and the main goal aims at helping the adolescent achieve increased self-esteem and both mental and physical well-being (Russell et al., 2000). WT programs often include rites of passages and ceremonies which reflect similar practices in the world, as a way to help process the events and to serve as reminders of progress and changes (Russell, 2001b; Russell et al.). In the final weeks or days of the WT process, the staff help the clients enter their transition and aftercare phase in which they prepare to go back into their normal environments by working with staff to learn how to take home all the lessons that they have learned throughout the experience (Russell et al.). Russell et al. noted that preparation for the transition is made through intense counselling sessions done individually and with peers. The wilderness therapists and aftercare professionals expect clients to demonstrate their newly acquired self-care, as well as personal and social responsibility skills in their home environment, or aftercare placement (Russell et al.).

In his meta-analysis of WT literature, Hendee (2000) discovered that follow-up after the treatment program is crucial to its lasting success; as the new demeanour and perspective gained through the program quickly dissipate if the participant returns to their previous culture and living pattern without support. Regardless of the program's length, a participant's transition back into his or her former culture is the most important predictor of lasting

change; WT does not work by itself, but must be followed up with an aftercare treatment plan (Russell et al., 2000). The lack of proper follow-up programs reduces the gains made in the WT programs and will decrease the lasting effects of the treatment (Clark et al., 2004; Herbert, 1998; Newes, 2001). Behavioural, cognitive, and creativity habits need to change enough to be implemented and practiced in the adolescent's lived-world environment. Similar to WT, art therapists have the same concern about how to properly end the groups and transition back into the everyday world (Liebmann, 1986; Waller, 1993). The adolescents need to find success in the here-and-now of their everyday world when they leave the experience.

AT groups have an added task -- what to do with the art. At the end of an AT group, the therapist may be faced with some dilemmas as to what to do with many of the images as an AT group typically amasses a large amount of art products and objects which have symbolic significance (Waller, 1993). The therapist's decisions around what to do with these objects are an important part of the group process; these objects signify the group and individual processes of all group members (Waller). Waller noted that many of the art objects will still contain powerful content and simply leaving them may not be a good option; however, other art objects may have lost their significance and power; by the end of the group, the teens may see their significance or content in a different light. Cleaning up the space, sorting and reflecting back upon the process and the work helps to break the "spell of the powerful group process" (Waller, p. 152) and therefore, helps group members to assert ownership and responsibility for their contributions to the art pieces and the changes in their own lives. Cleaning the space together can increase group cohesion, as well as facilitate a

practical way to return to normal life and wind down after the group experience (Liebmann, 1986).

Critique of existing literature

Currently, there is very limited literature that addresses a form of therapy using art and wilderness together. More studies in this area would have been useful for this project as it would have provided a starting point for how to merge the two in a real and practical way.

In both WT and AT, researchers and therapists hold conflicting opinions about which theoretical frameworks are used or should be used. Berman & Davis-Berman (1995) noted that WT treatment plans are related to other forms of therapy like behavioural, cognitive, or psychodynamic approaches. A well known WT program in the United States is Catherine Freer WT Expeditions and its programming consists of individual and group counselling which combines family systems, cognitive behavioural, psychodynamic, and behavioural theories and techniques (Clark et al., 2004). Reece (2006) attempted to ascertain the defining features of WT by using the Delphi method to poll leading experts in the field to have a starting point for a common theoretical approach. Russell et al. (2000) found that a common theoretical framework for WT is a “clinically based, eclectic, therapeutic model guided by a family systems approach” (p. 207). WT is often used in conjunction with other forms of therapy, such as group therapy (Clark et al.; Russell, 2001b), clinical approach based on family systems theory (Clark et al.; Russell et al., 2000), as well as cognitive behavioural, behavioural, and psychodynamic (Clark et al.). Therefore, the treatment approach used in the context of WT is not always clear (Russell, 2001b). A more integrated theoretical approach would be helpful. Workable WT models, addressing needs and contexts, are slowly evolving.

In AT, the study by Elkins & Stovall (2000) illustrated the differences between the theoretical frameworks used by art therapists in the American Art Therapy Association. Each of the case studies, articles, and books mentioned in the literature review used different types of theoretical frameworks, and it was clear in reviewing them that there are many opinions and clinical observations which vary greatly in their scope. These differences make it impossible to form only one cohesive view of the method in which WT and AT work.

WT would benefit from further studies to prove its effectiveness, especially in Canada, as most of the literature that I obtained was from the United States. It would be interesting to know if the effectiveness of treatment differs with genders or if it is the same. Caulkin et al. (2006) stated that little is known about how WT might work differently with males and females and that more research is needed in this area. Unfortunately, most of the studies on the effectiveness of WT have been done using mixed groups of adolescents (males and females) and as a result gender differences are not known (Levitt, 1994). Few studies (Clark et al., 2004; Harper et al., 2007; Russell, 2001a) mentioned that there were some gender differences, such as females tending to self-report higher, and that males had more issues with substance abuse and females with emotional issue; however, there were few studies that addressed females specifically. A topic to be considered in the future could be to explore whether groups of same gender participants, or mixed gender participants in WT programs change group cohesiveness and overall learning.

The research about the long term effectiveness of WT is not conclusive as several articles noted that further longitudinal research is needed to confirm the lasting affects that WT may have on emerging personality disorders, and more research is needed to confirm the successes and benefits of such programs and to link it to other forms of therapeutic treatment

(Clark et al., 2004; Newes, 2001). Russell (2001a; 2002) and Herbert (1998) did do longitudinal studies, however more are needed to confirm the short-term and long-term results of WT. One of the challenges of evaluating WT is how to measure and capture the uniqueness of the wilderness environment and how it impacts the participants' learning and success; in addition how to find the common elements of how the wilderness experience works for each individual (Russell, 2000). Herbert commented that "although summary scores on experimental measures provide some indication of the therapeutic value of an adventure program, they pale in comparison to the information one learns about each participant" (§ 32). Herbert suggested that a study using also qualitative methods such as interviews and observations of the participants would be beneficial as "to fully appreciate this intervention, it must be experienced directly (§ 32). Romi and Kohan (2004) concluded that the assessment tools they employed were inadequate at capturing and reflecting the changes that actually occurred. It is clear that more research to state the effectiveness of wilderness-based therapeutic interventions is necessary to establish evidence-based effectiveness.

The literature about AT is lacking as evidence-based research studies are limited and the development of theory in some applied areas of practice needs further consideration. There are a lot of articles about AT and specifically, AT with adolescents; however, most of them are case studies with specific themes or with application to certain populations. Historically, case studies and interviews have been the methods of choice when conducting research in AT (Saunders & Saunders, 2000). This makes it difficult to generalize the results as these articles are single case examples. Additionally, there are some books which through case studies and clinical observations demonstrate the use of AT with adolescents and AT

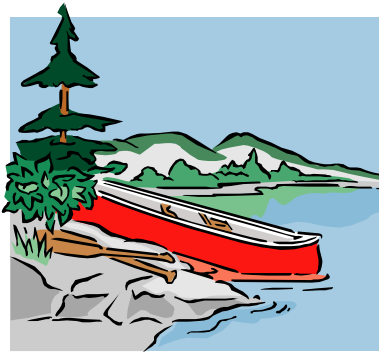
groups. Most of the information pertaining to adolescent AT groups was obtained through these kinds of sources. Hammond-Meiers (in press) discusses that art-based research might be more viable if the researcher published in peer-reviewed journals rather than in books or theses (§ 13).

Research addressing the benefits of group AT with adolescent girls is needed, as there is little research which speaks specifically to this topic. I did obtain one article by McGann (1999) that discussed females specifically; however, McGann works with homicidal females and therefore this research does not generalize to the “relatively normal” population.

Hammond-Meier’s (in press) research was helpful in that it was with two adolescent girls who had various issues that are common for adolescents and it presented the benefits to the adolescents from their own perceptions of their therapeutic experience. Self-esteem and awareness increases were among the themes discovered in the research. Additional phenomenological research like this would be helpful, especially phenomenological studies with adolescent groups. More research that discusses the preventative effects of using AT and WT, such as increased self-esteem and self-awareness would also have been valuable.

CHAPTER III
Applied Product

Art Therapy in a Wilderness Setting:
A 10 day canoe trip for Adolescent Girls



Andrea Carlson

Introduction

This manual was developed for the purpose of a final project to combine aspects of art and wilderness therapy for use with female adolescents. My aim is to provide an outline of how art therapy can be used in a wilderness setting on a 10-day canoe trip with six adolescent girls. This manual is meant to be a resource tool and a starting point for counsellors, art therapists, and wilderness therapists interested in pursuing a multi-disciplined approach in an applied setting. Although the manual has been specifically geared to a female, adolescent-population, it could be adapted for other ages or special-needs-populations through appropriate and specific modifications. Environmentally, the manual is also site specific as it is tailored to the environments that are found on a wilderness canoe trip, but this could be altered with proper considerations and preparations for the appropriate level of wilderness activities/challenges, and art exercises.

The information and exercises outlined in the manual have been created through careful consideration of my own past experiences with leading canoe trips and doing art therapy with children and adolescents, as well as the research completed as part of this final project. Although it is beyond the scope of this final project, future research with the program outlined in this manual should be implemented in a manner where data is collected for research. From this, recommendations can be made for modifications to assure that the various needs of the participants and program are being met, as per the criteria specified in this final project and manual regarding teenage girls' in this context.

Preparing for the Trip

This manual has been created for a 10-day, lake canoe trip for six adolescent girls and two trip leaders. Each day has group and individual goals specified with a sufficient

allotment of time suggested to complete the physical aspects of the trip (travelling from one site to another), conduct the daily activities (basic camp set-up and meal preparation), and to debrief emotional, personal and group issues through self reflection (processing the art therapy and group dynamics).

There are many necessary preparations for a trip of this kind. The first is to choose a suitable trip location. There are several reasons why a lake trip has been chosen specifically for this manual. For the purpose of this trip (using art therapy in a wilderness setting), the best choice of trip is a lake trip, or an easy level river trip, because each day there needs to be enough time to do the required travel to different sites, the daily tasks (e.g., setting up camp, meals), wilderness activities (e.g., learning wilderness survival skills such as building a fire and shelter), wilderness group bonding activities (e.g., swimming, portaging, canoeing skills) as well as the art therapy exercises and sufficient time to reflect on the exercises and process. River trips also bring in more variables (the possibility or having to run a large number of rapids, or do many portages). Therefore, I am basing this manual on the assumption that the trip will be a lake trip and that the entire trip will be a total of between 100km-200km and includes two to four short portages. The length of the trip will ultimately depend upon the canoeing skills of the participants and past wilderness experiences.

In order to increase the number of wilderness skills and the likelihood of the development of group cooperation, the participants are expected to help with the set up and take down of daily camps, as well as cooking and cleaning. The trip begins and ends at a base camp. Before the trip starts out, packing and preparations are completed. Unpacking and wrapping up take place at the end of the trip. Therefore, the first and last nights of the trip are spent at the same camp which helps to promote a sense cyclic completion to the efforts of the

adolescents through the achievement of a stable processing of the beginning and the ending of their journey.

Safety Considerations

This trip is not designed as a desperate last-resort for seriously distressed adolescents nor as an intensive therapeutic program. However, as for any wilderness program or art therapy program, the leaders must be qualified in a number of different areas in order to ensure the safety of the participants and leaders. Areas of training must include: wilderness therapy, art therapy, and group therapy. Specifically, at least one of the leaders must be trained fully in wilderness first aid, have the necessary canoeing certifications, and be trained as a life-guard if they intend to allow the participants to swim on the trip without personal floatation devices (PFD). All participants must wear a PFD while canoeing. One leader must also be an art therapist in order to ethically and skilfully accommodate art therapy exercises and facilitate the process of any feelings or dynamic issues that arise through the art-making and the wilderness experiences. For the purpose of employing the guidelines of this manual, both leaders would have some experience leading this type of wilderness canoe trip with adolescents, as well as art therapy, before they combine the two modalities. In the case of emergency, the leaders will take a satellite phone or another means of communicating from remote areas. With the correct preparation, training, and equipment, an art therapy wilderness trip has the potential to be a safe, successful, and therapeutically meaningful experience for all involved.

Selecting Suitable participants

This type of trip is not intended to be an intensive therapy program; rather it is designed as a program to increase adolescent girls' self-awareness and self-esteem.

Participants must be screened appropriately in order to have a suitable group dynamic form and promote individual success. For example, participants with severe mental health issues that may pose a danger to themselves or to others and should not be selected as there is neither sufficient staff nor support to accommodate extremely high-needs adolescents. All participants should be interviewed with their parents/guardians to discuss the nature of the trip and the goals for the trip. On a positive note, it should be noted that art therapy can help to contain strong feelings and this may facilitate a way to process and contain feelings that may arise on a wilderness adventure trip like this (B. Moon, 1998). The initial interview stage affords an opportunity to evaluate each participant's level of self-management abilities concerning their regulation of feelings, their current attitudes that serve as initial assets and/or challenges, their skills, their cognitive abilities, and their willingness to participate in art therapy and wilderness therapy.

It is recommended that the interviewers review the proposed therapeutic objectives of the art therapy and wilderness therapy. These objectives relate to the main intentions of the leaders and the activities. They focus on the therapeutic goals which will be explained to, and hopefully achieved, by participants:

- Increase self-awareness.
- Increase self-esteem.
- Use the group setting as a control and means for learning about self and others, and how each participant relates to self, others, and environment.

- Use the wilderness setting intentionally and to potentially promote new skills (such as survival skills, wilderness safety, canoeing skills, and artful appreciation of nature/self and others).
- Use art-making to express one's self in a new way or context.
- Develop or enhance one's creativity.

Once participants are selected, they and their parents/guardians are given a packing list and information about the trip route. They are also given a list of menu items and asked to pick three meals that they would like to have on the trip (one breakfast, lunch, and dinner). Parents/guardians and participants are given information about art therapy and wilderness therapy and what to expect on this trip. (See Appendix A for an example of an information sheet).

Consent to Participate

Each participant and her parent/guardian(s) must sign a consent form, which includes confidentiality clauses, as well as all waivers and conditions of participation. Each participant must also complete a medical form listing any medical conditions, concerns, or allergies. Listed below are important confidentiality and conditions that must be specifically addressed and explained to all persons participating in the trip. These requirements and conditions help to ensure that all persons on the trip are safe physically and emotionally. The described items are of the utmost importance and must be facilitated with clarity in order to ensure that clients understand the content and can ask questions if they need further clarification. (See Appendix B for a sample consent form).

Limits of Confidentiality

1. Everything that the adolescents share on the trip will be kept confidential unless they talk about wanting to hurt themselves (suicide), hurt someone else (intent to injure and homicide), or disclose anything to do with an adolescent being at risk (including themselves). If an issue of self-harm or intent to harm another person arises, then police and guardians will need to be called. If the participant already has a counsellor, case worker, or social worker through a counselling service or children's services, then their worker will also be notified. If an issue comes up of suspected child (teen) abuse, then a report will need to be made to child services and parents/guardians may or may not be informed depending upon context regarding the child (teen) abuse allegations. Any action taken to notify police/parents or guardians, or child services will have a necessary follow-up plan relevant to the situation. Regardless of who is informed of any intent to harm or child abuse, the well-being of the participant will be the main concern and a follow-up plan will be set in motion which will ensure that the participant's immediate future well-being will be monitored (by either parents, guardians, current case worker, social worker, psychiatrist, psychologist, and/or counsellor).
2. At the beginning of the trip, the group discusses and develops group-guidelines, which include how to share information about the trip upon returning home. For example, they can talk about their experiences, but not those of other group members as that would be a violation of the group trust.

(e.g., a girl might talk about how she liked people, but not state details about what she liked or disliked about other people's stories.)

Waivers and Conditions

1. If a participant has any emotional, behavioural, or physical need that was not presented in the initial interview and that is revealed on the trip that prohibits her from participating fully or is disruptive to the other group members and prohibits other group members from participating fully in the group process, the leaders have the right to send the participant home.
2. The trip leaders have the authority to dismiss any participant who in their opinion poses a safety hazard to herself, or to others.
3. Every precaution is taken by the leaders to ensure the safety and well-being of the participants; the leaders are released from any and all liability in the event of an accident or misfortune that may happen to a participant.
4. In the event of an emergency and need of medical attention, the leaders arrange for any medical services needed by the participant and inform the parents/guardians as soon as possible. Parents/guardians are responsible to cover any such medical costs. All participants must have coverage through provincial or private insurance. Extra private insurance for the duration of the trip is the responsibility of parents to obtain.

Other

In the event that the leaders feel that after completion of the trip, one or more of the participants would benefit from counselling services, a follow-up plan should be discussed with the participant and the parents/guardians and a recommended plan of action should be

presented. By signing consent for the trip, the parents/guardians consent to this option of a follow-up plan, at the discretion of the leaders, or at the request of the parents.

Notes about the manual

Art Therapy

All of the art therapy directives and activities have been created in a way that allows for personal creativity, while also intentionally incorporating aspects of the environment to enhance the likelihood of learning and creativity for participants. Some of the activities require certain environmental requirements. For example:

- To paint pictographs, the group needs to have access to mud and a suitable rock surface or rock face to make the pictographs. (It is important that if a group or individual owns the land that the canoe trip will be passing through or may use to create a pictograph, these persons or groups be informed about the nature of the trip and the activity and asked for their consent to have an art activity created on site that will remain until it is washed away by natural elements). Another possibility is to create pictographs and wash them away as part of the process.
- As well, it is necessary to have adequate space for personal presentations at the end of the trip and therefore the site needs to have adequate space to present art pieces.

Finally, it is important that the leaders, prior to proceeding, read through the entire manual and establish what environmental considerations need to be met in order to use the ideas in this manual safely and to its full potential. The leaders need to bring appropriate

materials and storage containers to store the art on the trip. Possible options for storage are cylindrical containers and large cardboard folders - waterproofed for protection from weather damage.

Photography of the Art Work

The leaders will bring a Polaroid camera and a digital camera on the trip to allow the participants to take photos of all the work that they do. The Polaroid shots can be given out in a timely fashion and can even become part of the art; the digital pictures may be printed out after the trip for the leaders and participants to keep a record of the artwork. The digital pictures are to be used by the leaders only for educational or consultation purposes only, the participant and parents have to right to withdraw from this consent at any time (this is indicated on the sample consent form). There should be a specified locked place that printed pictures and the camera equipment, including the disc cards with digital pictures, will be stored after the trip.

The participants are asked to take three photos of each art piece (two Polaroids and one digital photo). The participants are asked to consent to keep one Polaroid photo for themselves, and give the other Polaroid to the leaders. The leaders keep the Polaroid and put the other in a personal art album to be given to each group member at the end of the trip. Art albums given out at the end of the trip are the participants own art work and are for each participant's personal use and viewing. Participants can choose what to keep in album and how to arrange the items. A group collaborative album can also be made for each member to take home with them. Consent from all members is necessary for this transaction to happen. Participation in this group book is voluntary. Near the end of the trip, a group discussion is held about whether or not group members are interested in choosing art pieces to be included

in group album. If participants want to contribute, they are asked to choose one piece of their choice to add to the group album. Group art projects are also photographed by participants and leaders, and if all participants consent, these photos are included as part of the group albums. Discussion is held about who should be able to view this group album once participants take it home.

Other group activities

In this manual, daily activities are listed as *other group activities* that can be done on site in the specific environment. These group efforts are important to enhance group cohesiveness as they allow for relaxation and fun as a group. Examples of these activities include: swimming, canoeing, taking photographs, singing, playing games, and making special meals or desserts. Part of the art therapy program includes these photographs and creative food activities. Participants are challenged to be creative in all aspects of the trip and this includes things like food preparation and planned daily events.

Structure of the Manual

The manual has been created in a way that each day the participants are gradually introduced to the art materials, other group members, and group processes. This is done to promote group cohesiveness and comfort in the group setting, as well as to encourage ease with the art materials and exercises. Each day, goals are listed for the group and the individual. These goals are completed by participation in the listed activities as described in detail each day following the goals of the daily activities, art-making, and discussion topics. It is important for leaders to read through the entire day's program as some activities require preparations the day before or morning of the tasks. It is the leaders' responsibility to alter discussion topics or add in more time for group processing or debriefing if an event occurs

which warrants more time or discussion (e.g., a scary storm, big waves, or a disagreement between group members).

Day One

Goals

Group goals:

- Begin to get to know all the participants.
- Learn how to set up and take down camp.
- Learn how to make fires and use a camping stove.
- Learn how to pack food and equipment.
- Discuss basic trip concerns, group guidelines, and what *group process* means.

Individual goals:

- Acquire new wilderness skills.
- Consider what the experience might mean to them.
- Reflect on feelings about the trip and record them.
- Help promote individual responsibility within a community; general awareness of community, group awareness, and cooperation.
- Begin to be familiar with format of the trip.
- Start becoming familiar with the other participants and with art making by creating name tags.

Activities

Participants arrive on site in the early afternoon. Initial introductions and name tags are made and packing begins. Participants are asked to learn how to build cooking fires, use the wilderness stove, and set up and take down tents. Food and group equipment is then packed. The leaders go over some basic trip concerns such as what the leaders roles are: to

facilitate the group process, to facilitate art therapy and wilderness tasks, to keep the group safe, and to determine group arrangements and organization as needed (paddling partners, meal preparation, meal clean-up, daily set up and take down, and sleeping arrangements).

Group discussion is held to decide upon group guidelines. Each group will determine their own set of guidelines. However, some important items to include are:

- Confidentiality of personal issues discussed in group.
- Respect for other group members.
- Respect for art (own and others).
- Safety concerns.

Also, it is important to discuss the group process in general and the importance of respecting all members of the group, whether they are sharing verbally or not. Discuss how some people may take longer to feel comfortable sharing orally in the group, and therefore, it is not an expectation for everyone to speak each day; rather, participants are invited to share whenever they feel ready to do so. If a participant chooses not to share orally, it is to be interpreted as if she is an active listener unless evidence of disclosure from the participant suggests otherwise. Not talking very much or doing little active art-making does not mean that the members are not participating or benefiting the group. It simply means that these quieter members are supporting other group members non-verbally by listening and by working at their own pace; this idea should be reinforced by the leaders. These quieter members are still participating in the group art therapy process by being present and supportive. Participants are encouraged to share verbally when they are able and willing to do so.

Art

At the beginning of the day during initial introductions, participants are given materials to make name tags and asked to create name tags in any way that they like. All name tag results are accepted. Suggested materials for making the name tags are: markers, crayons, oil pastels, name tags on a string, sticker name tags, and/or plastic name tags with a safety-pin-backing.

After dinner, participants meet as a group. They are given personal journals which are for their own use and are to be kept safely and privately with their personal belongings. Alternatively, the leaders can keep the journals and give them out as participants request them. Confidentiality and privacy is of utmost importance to maintain trust; no one has the right to read someone else's journal, including the leaders (unless there is a serious concern about immediate harm to self or others, in which case leaders talk to the specific participant and determine the next appropriate step). Personal journals should be small enough to carry easily (smaller than 8x11 inches) but large enough to have space to do art work inside (larger than 4x6 inches). The paper should be blank so that art pieces or writing can be done without lines on the pages.

Each day, there should be times set aside for participants to use their journals, which may be used for:

- Personal reflections.
- Daily log.
- Sketchbook.
- Creative writing.
- Poetry.

- Scrapbook.
- Scribble drawings.
- Drawings with any available art materials.
- Collages.

Leaders should ask participants to think about their fears and hopes for this trip, and then provide time for the teens to contemplate their feelings (fears, hopes, or other feelings) and further to record them in their journals using any medium or form (e.g., collage, painting, drawing, or writing). Leaders can invite participants to share their reflections verbally or non-verbally. For the initial group processing, the group members may take turns by passing around an object; when a person has the object, they can either share orally, or simply hold on to the object for a few minutes, or choose to pass it on immediately. An object such as a natural sponge, pine cone, moss, or another safe substance or object that is light and easy to carry for the rest of the trip is recommended.

A discussion is held about photographing and storing the art pieces. Leaders inform participants about how the art is stored (if they decide that they wish to keep it and it is able to be transported). Preferably, participants take a photo of the art piece before destroying it. Leaders talk about the cameras (Polaroid and digital) that are available for use to photograph the art pieces and how to care for the cameras. Participants are asked to take three photos of the art pieces. Each participant keeps one photo and they can choose to do whatever with it (alter it, put it in journal, discard it) and the other Polaroid will be given to the leaders, along with the digital photo. The leaders put one photo in an album to be given to the participants at the end of the trip, and the digital photo is stored on the digital camera's disc card, to be

kept as a record of the group's work. When a disc card is full, the leaders keep it in a safe and dry place.

Day Two

Goals

Group goals:

- Improve canoeing and navigation skills.
- Strategies to evoke awareness of how the environment affects the trip.
- Art-making for the purpose of exploration and experimentation of art materials.

Individual goals:

- Participants to demonstrate self reflection about the trip and how they are feeling about where they are right now by talking, writing, or art-making. They are encouraged to identify their feelings and they recognize feelings from self and others about the trip-and record those feelings.
- After encouragement to notice their experience of their environment, participants begin to think about and notice the wind and the water and how they affect daily activities such as travel, swimming, cooking, setting up tents, and art-making. Characteristics of the wind and water are used in upcoming art therapy tasks.

Activities

1. Camp take down and meal preparation and clean-up. All group members are expected to help with daily tasks. Throughout the trip, the participants learn to

recognize what needs to be done and alternate through the tasks (either at a leader's request or by volunteering). If any participant is unwilling or unaware of the importance of doing the expected tasks, the leaders should initiate a group discussion about the tasks and how group cooperation is important and when people work together they can all experience what it is like to contribute to the accomplishment of daily tasks. Positive reinforcement can be used to praise the group efforts.

2. Paddle to new location. Arrive around lunch, prepare and eat lunch and set up camp. Afternoon and evening are spent doing the art activities.

Art

1. Before leaving camp in the morning, the participants are asked to notice or sense feelings, or see, and/or hear the waves and how they impact the daily travels.
2. After arriving at new camp, participants are asked to choose an object at the site or from their brought belongings that represents them in some way. For example, the object can illustrate where they are right now, who they are, where they have come from, how they are feeling at the beginning of the trip, something that they like or admire, or any other way that the participants feel this object is relevant. They are asked to use their journals to reflect on the chosen object and to explore the aspects of how it represents themselves.
3. Art materials are presented to the group

- An assortment of paper (it is recommended to have a wide variety of sizes: 4x6 inches, 8x11 inches, 11x14inches, 18x24inches and a large roll).
- Oil pastels.
- Chalk pastels.
- Liquid tempura paints in small containers.
- Paint brushes (an assortment of bristle-type brushes, all sorts, sizes and shapes).
- Glue (glue sticks, white glue, tacky glue, and wood glue).

Participants are given time to journal and to explore any of the art materials that they would like.

4. There is group processing about the art materials as well as the objects that they have chosen. Participants can choose to: (a) explain why they chose the object, (b) simply show it to the group, or (c) can choose to not share with the group and support other members instead. As it is early in the group process, it is not expected that all group members are comfortable sharing personal feelings.

Day Three

See Appendix C for a brief history of pictographs as compiled by this author.

Goals

Group goals:

- Explore natural art materials in the environment.

- Work collaboratively in a group on an art process. As this is day three on the trip, the group is starting to form together and this exercise is a way to further the group connections and promote group cohesion.
- Learn about the history of pictographs.

Individual goals:

- Experiment using natural materials.
- Experiment using full body movements and body parts to create a large scale group art piece. Group does a warm up exercise first to work with body movements (see art therapy directives below).
- Record ongoing personal feelings about trip and group process.

Activities

1. Camp take down and meal preparation and clean-up.
2. Paddle to new location. Arrive around lunch and eat lunch and set up camp.

Today participants are asked to be thinking about textures and body movements. The food today could add to this process and could include highly textured foods and finger foods so that participants are aware of the textures and feelings of the foods (pudding, tacos, rice casserole). Afternoon and evening are spent doing the art activities.

Art

1. Discuss more of the history of pictographs with group. Bring visual examples of pictographs. If possible, choose a route that will include pictographs on canoe trip journey. If this is not possible, then bring a variety photographs for

participants to view. Discuss whether the pictograph will remain visible or will be washed away by participants before leaving the site.

2. Participants are asked to think about what kind of things they would like to share with other one other and other journeyers in the form of a pictograph. What message would they like to leave for others to see? What might others think about the message? What responsibility does it hold to create something that might be seen by others? What responsibility do they have to each other to create something that they all agree is appropriate and meaningful? Group may come up with more things to contemplate regarding pictographs. Participants are given time to reflect on these questions and may choose to write them in their journal to aid in this process.
3. Ask participants to look around the environment and think about what materials could be used to make a group pictograph that are environmentally friendly and that will wash off over time through exposure to the elements. Examples include: charcoal from fire ashes, mud, clay, leaves, sticks, and possibly rocks.
4. Participants are led in a warm up activity to use larger body movements as part of the art piece. Some examples of possible warm up exercises are:
 - Participants and leaders look around their environment and choose one animal, object, or sound to represent in a body movement. For example, a person could sway from side to side if they are representing a tree in the wind, or if representing a wave crashing on shore could

start in a small ball then move forward become very large and explosive.

- One leader begins by using one body part to make a particular movement and each person takes a turn inventing a body movement with a different body part that has not been used yet. This is meant to be a fun and silly exercise that will allow people to think of creative ways to move their bodies. All body movements can build on each other, thereby either doing all at once or separately.
- If music is available, then music is put on and participants and leaders create a series of movements, either together or individually, that is inspired by the music.

5. Create pictograph.

6. After creating the pictograph, participants are asked to reflect, and then the group will be involved in other activities like journaling, swimming, (as time permits), and supper. They come back to the pictograph later in the evening to take another look at the pictograph and see if they see something new in their creation. Their reflection time involves contemplation to help the participants see multiple perspectives as one of the benefits of art therapy is that it widens the range of experience by creating a space where experiences can be repeated, re-experienced and integrated (Ulman, 2001).

Day Four

Goals

Group goals:

- Enjoy doing activities, including art therapy activities together in the environment (swimming, canoe games, etc.), and water-themed-art.

Individual goals:

- Think about the environment (the terrain, the weather, the sites, the insects).
- Consider how water has affected the trip experience so far.
- Record feelings about the trip and the experience.

Activities

1. Regular camp take down and meal preparation and clean-up.
2. Paddle to new location. Arrive around lunch and eat lunch and set up camp.

Afternoon and evening are spent doing the art making and other group activities.

Art

1. Participants are asked to think about how water has affected their trip experience thus far and to take time to journal contemplatively about this as they will have to use water in an art piece today. Water can be used in any way possible, as long as it somehow affects the way the piece is created or displayed. For example, water could be simply used to mix the paint, it could be part of the piece in a container or used to pour on or into the piece, the audience could be in the water while viewing the piece, or the art piece could take place in the water (as long as all the materials are water friendly and will not have an adverse affect on the ecosystem).
2. Journaling and group processing about the water piece.

Day Five

Fewer activities are planned for this day in case the group is behind in some way (due to uncontrollable events such as illness, bad weather, or any other reason). This will give the participants a chance to catch up on any needed tasks. Otherwise, the time is spent doing other site activities such as swimming, canoeing, journaling, cooking a special meal and dessert, doing additional art making of their choice, and journaling.

Goals

Group goals:

- Think about how wind has affected their trip experience so far and use wind in an art piece. Thinking about the wind may evoke thoughts about the characteristics of the wind, benefits, risks, and uses.
- This is the halfway-day of the trip so participants are asked to think about the trip so far and if the trip has met, failed to meet, or exceeded expectations. What might they talk about, do, or express in the art to make the rest of the trip more successful? What revised intention, if any, might they have?
- Catch up on the trip distance, activities, art-making, or any area that group has fallen behind on.

Individual goals:

- Expand creative abilities by incorporating aspects of the wind in their projects.
- Reflect on any feelings during, or about, the trip and record them.

Activities

1. Camp take down and meal preparation and clean-up.
2. Paddle to new location. Arrive around lunch and eat lunch and set up camp.

The afternoon and evening are spent doing the art activities and other group activities.

Art

1. Think about how wind has affected the journey and consider its uses, characteristics, and benefits/downfalls. Use wind in an art piece, similar to the way that water was used in previous art piece. Wind can be used in any way (e.g., hang the piece where it will be affected by wind, or lack of wind, or use own breath to affect the art piece in some way). Consider how the wind impacts the presentation of the art piece.
2. Group processing about the wind and wind art pieces.
3. Discussion about midway point of the trip. Discussion may include the following depending on the group: how relationships have developed, conflicts, frustrations, fun, and challenges.

Day Six

Goals

Group goals:

- Explore the environment and find materials to use in an art piece.
- Observe colours and in the surrounding environment and choose one colour to create using art materials and incorporate this colour into art piece.

- Think about a final presentation to be made on day nine.

Individual goals:

- Consider new materials that can be used to create art.
- Think about feelings on the trip and record them.
- Begin to think about going home and preparing for the final days of the trip.

Activities

1. Camp take down and meal preparation and clean-up.
2. Paddle to new location. Arrive around lunch and eat lunch and set up camp. The afternoon and evening are spent doing the art activities and other group activities.

Art

1. Talk about personal presentations to take place on day nine. Discuss purpose of the presentations and the nature of the presentations. The presentations are a time for participants to have 20 minutes to share their work with the rest of the group. The presentations are to be presented in any way or form that the participant feels is necessary to most effectively present their work (using all or none of their art pieces, portions of journal entries, poetry, drama, music, dance, or movement). After arriving on site on day nine, participants are given time to prepare and set up.
2. Think about the environment and consider what other materials that have not already been utilized could be used in an art piece. Use art materials, both

found and brought, and create an art piece (this may be a collage, sculpture, installation).

3. Group processing about environmental materials and art pieces.

Day Seven

(See Appendix D for information about sand paintings).

For the purposes of the sand painting art exercise planned for today, it would work best to have a site that has a large flat rock area or beach in order to have an appropriate place to create the sand paintings as a group. Each individual may create their own; however, the group may decide to do the paintings in close proximity to each other, or to create a piece as a group. Working in close proximity to the other group members is important as it will help the group to see how everyone works and hopefully to feel a connection with other group members while creating art. Working in a group allows the opportunity for participants to see how other group members reflect and work on art and this may provide inspiration and insight and group themes may emerge (Waller, 1993). The sand paintings are a temporary piece and therefore are made and then put back to the environment after being completed (washed away by water, blown away by the wind, or dispersed by the artists). It would also be beneficial to have a site that has sand available for use, or other objects that could be used in conjunction with sand or instead of sand such as rocks, pine cones, leaves, dirt, or sticks. The leaders could also bring sand from another site in the area (however, bringing sand to a site is less desirable as it would be bringing foreign materials to the environment and be heavy to transport to the site for this project).

Goals

Group goals:

- Learn about the history of sand paintings and discuss the purpose of creating this sand painting/found materials art piece.
- Observe how other group members work and what the benefits are of working in close proximity to each other.

Individual goals:

- Learn how to complete a sand painting/found materials art piece.
- Record feelings and experiences from trip.

Activities

1. Camp take down and meal preparation and clean-up.
2. Paddle to new location. Arrive around lunch and eat lunch and set up camp.
The afternoon and evening are spent doing the art and other group activities.

Art

1. Discuss sand paintings and the reasons to create a sand painting/found object art piece on this trip.
2. Ask each participant find an object that whole group can gather and use as part of art piece.
3. Each member chooses a location to create their art piece. All members are located within an area where they can see all the other members.
4. Take a tour of the art pieces. Group process about the art and the aspect of working in close proximity (what was it like to see what others were doing? Did it give other members ideas? Was it inspiring, distracting?).

Day Eight

Today does not have any new art projects as it is nearing the end of the trip and the group members need time to prepare themselves for the presentations.

Goals

Group goals:

- Prepare for presentations.
- Think about what it will be like to go home and begin preparations to go back to home environment.

Individual goals:

- Begin to consider how they are different now than they were at the beginning of the trip.
- Reflect on feelings about the trip and record them.

Activities

1. Camp take down and meal preparation and clean-up.
2. Paddle to new location. Arrive around lunch and eat lunch and set up camp.

Afternoon and evening are spent doing the art activities and other group activities.

Art

1. Discuss any questions or concerns about the personal presentations.
2. Participants have time to prepare presentations; this may include creating further art pieces, reflection time, arranging photographs, and adding to or modifying present pieces.

3. Group discussion about the end of the trip and what it will be like to go back to their home and no longer be in group setting. Discuss feelings that participants are having and feelings that might arise upon returning home.

Day Nine

Ideally this day does have any travel or very minimal travel time as presentations take a lot of time and energy, as all six members have to present today. No travel, or travel time of 1 to 2 hours, is ideal.

Goals

Group goals:

- Support other group members in presentations as appropriate to the presentations.
- Prepare group for end of trip and going home tomorrow.

Individual goals:

- Present personal presentations.
- Think about feelings about the trip and record them.
- Start to think about what it might be like to be home soon.
- Reflect on presentations.

Activities

1. Meal preparation and clean-up. If travelling to a new site, then pack up camp.
2. If travelling to another site, then paddle to new location. Arrive before lunch and set up camp. Easy meals on this day are good to allow for more time to set up and do presentations. Morning, afternoon, and evening are spent doing the personal art presentations.

Art

1. Participants are asked if they would like to have a group album that everyone takes home with them. Discussion is held as to what this might mean (who will see this album) and are participants okay with sharing their work in this lasting way with others. If participants wish to participate in group album they are asked to choose one piece that they would like to contribute to group album. Photos of group projects (pictographs and sand paintings) are also included in album if participants consent. Participants may want to use photos from their personal presentations for this group album, and therefore can keep this in mind while photographing presentation.
2. Art presentations. Each participant is given time to set up, present their work in any way they choose, receive comments from the group, and then take down their work. The participant informs the group of any necessary information they need in order to participate in the presentation and interact and respond in the way that the presenter wishes. It is recommended that each member receive about 40 minutes in order to include the 20 minute presentation plus setup take down time as well as group comments and group discussion about the presentation. Comments are intended to be supportive and an opportunity for group members to respond to what it was like to be observing the presentation, or to be a part of it, and is voluntary (not all members need to comment on each presentation). Presentations can take place before lunch, after lunch, and after dinner if needed.

3. After the presentations have been completed, the leaders present each participant with an album and photos of art that they have created over the course of the trip. Photos of the presentation may be taken by the presenter and leaders and added to the album. The participant can arrange the photos in the album how they choose and discard any photos that they do not wish to keep. One page is left for day ten. This is a reminder for each person of all the work that they created while on the trip and the memories. There is also room for each group member to sign everyone's album and write positive and supportive comments to each other if participants choose to do so.
4. Discuss the end of the trip and how participants can reintegrate back into their home life. Talk about supports that they might access if feeling like they need help with the transition or people to talk to (e.g., journaling; art making; looking at albums; reflecting on memories; talking to parents or friends; contacting group members, group leaders, or counsellor).

Day Ten

Goals

Group goals:

- Say goodbye to group.
- End the art therapy and wilderness experience in a positive manner.

Individual goals:

- Say goodbye to group and prepare for what life will be like upon returning home.
- Think about feelings about the whole trip and record them.

Activities

1. Camp take down and meal preparation and clean-up.
2. Paddle to base camp. Arrive around lunch and eat. Clean up and unpacking of all group trip supplies.

Art

1. Before leaving the last camp site in the morning, participants are asked to think about an object that represents where they are now at the end of the trip. In order to give participants adequate time to contemplate what object best represents them now, sharing of this object and its meanings are later in the day after clean-up. After completing group clean up group discusses objects and changes that have taken place using questions like: How does this object compare to the first object that you chose at the beginning of the trip. What is different? How will this affect how people see you and how you see yourself now?
2. Journal and group discussion about where participants are now and how they are different than before. Put photo of object into album.
3. Discuss whether there might be any group follow-up or contact (depending on group and locations of all group members) and say goodbyes.

Appendix A

Art Therapy and Wilderness Therapy: A Brief Introduction

Art Therapy Definition

Art therapy is the therapeutic use of art making, within a professional relationship, by people who experience illness, trauma, or challenges in living, and by people who seek personal development. Through creating art and reflecting on the art products and processes, people can increase awareness of self and others, cope with symptoms, stress, and traumatic experiences; enhance cognitive abilities; and enjoy the life-affirming pleasures of making art. (American Art Therapy Association, n.d., p.1)

Wilderness Therapy Definitions

“An experiential program that takes place in a wilderness or remote outdoor setting” (Conner, 2007, p.1).

or another slightly different definition:

“The use of traditional therapy techniques, especially those for group therapy, in out-of-door settings, utilizing outdoor adventure pursuits and other activities to enhance growth” (Davis-Berman & Berman, 1994, p. 13).

What does this have to do with our upcoming journey?

Well, it means that every day we are in the wilderness learning about how to survive in the wilderness with limited resources and materials and doing things like:

- Building fires.
- Cooking meals on fires or camp stoves.
- Setting up and taking down tents.
- Canoeing.

- Portaging (carrying our canoes and packs over land to get into another lake or water system).
- Charting our path using only a map and compass.

We are also doing fun wilderness activities that help us to bond as a group and enjoy the natural environment like:

- Swimming.
- Rock climbing/cliff jumping (if appropriate places are on route and leaders are properly qualified to supervise this type of activity).
- Canoeing tricks.
- Singing/dancing/drama.

We will add art to our daily journey and do things like:

- Make our own pictograph (if you do not know that that is, do not worry, you will soon find out!).
- Creating art with only materials found at our camp site.
- Using the natural environment to create art and influence how we display art pieces.

Finally, we are talking about what is it like for us all to be on a trip like this, the challenges, the frustrations, the fun, learning new skills, doing group activities, making art, and the things that we have learned from being in the wilderness.

Be prepared to learn lots about the wilderness, yourself, others, and have tons of fun!

We cannot wait to meet you, see you soon!

Appendix B

Sample Consent Form

Each participant and her parent/guardian must sign this consent form in order to participate on the trip. Each participant must also include a medical history listing any medical conditions, concerns, or allergies. Parent/guardian and participant must initial beside each point in space provided.

Confidentiality

Initial here

1. Everything that the girls share on the trip is kept confidential unless they talk about wanting to hurt themselves (suicide), or hurt someone else (homicide). Parents, police, and child welfare may need to be notified depending upon the concern presented.
2. At the beginning of the trip, the group discusses and comes up with group guidelines which include how to share information about the trip upon returning home. For example, they can talk about their experiences, but not other group members, as that would be a violation of the group trust. Another guideline may be to be supportive of all group members both in the trip and after, therefore discussing other group members art pieces, or issues with others after the trip is also a violation of group trust.

Waivers and Conditions

Initial here

1. If the participant has any emotional, behavioural, or physical need that was not presented in the initial interview and that is revealed on the trip that prohibits them from participating fully in the group process, the leaders have the right to send the participant home.
2. The trip leaders have the authority to dismiss any participant who in their opinion poses a safety hazard to herself, or to others.
3. Every precaution is taken by the leaders to ensure the safety and well-being of the participants; the leaders are released from any and all liability in the event of an accident or misfortune that may happen to a participant.
4. In the event of an emergency and need of medical attention, the leaders arrange for any medical services needed by the participant and inform the parents/guardians as soon as possible. Parents/guardians are responsible to cover any such medical costs. All participants must have coverage through provincial or private insurance; parents may wish to obtain additional private insurance.

Artwork

1. All of the artwork created by the participants belongs to the participants.
2. Participants are asked to photograph work on the trip and keep record of the work. However, as the art belongs to them, they have the right to choose not to photograph all or any art pieces.
3. If the participants so choose, they can contribute art pieces to a group album that all group members will receive to take home. This is optional and this

Initial here

_____ album is for personal viewing only, not for public sharing unless agreed upon by the artist of the work.

_____ 4. The leaders keep a photographic record of the art work created to be used to educational or consultation purposes only and will only be viewed by other professionals. The identity of the participant is kept confidential. Participants and parents have the right to withdraw this consent at any time.

_____ I agree that art work can be used for future presentations for educational or consultation purposes. Please circle one: Yes No

Other

I agree to all of the above mentioned statements: Date: _____

X _____ X _____ X _____

Signature of parent/guardian

Signature of participant

Signature of Witness

Appendix C

A Brief History of Pictographs

Pictographs, or rock art, have been found all over the world and have been credited to many different peoples throughout history including prehistoric humans in France and Spain (Grant, 1983; Vastokas, LeMaitre, & Fafard, 2007), North American First Nations (Grant), and have also been found in Australia (Willcox, 1984) Scandinavia, Finland, Siberia, Northeast Asia (Vastokas et al.) and South Africa (Willcox).

In Canada, there are two different forms of rock art: pictographs (painting) and petroglyphs (carvings) (Vastokas et al., 2007). Pictographs were often made with a red ochre colour, or less typically, white, yellow, or black paints (Vastokas et al.). The majority of pictographs were made using fingers; however, some could have been created using brushes made from vegetal or animal fibres (Vastokas et al.). Pictograph sites have been discovered all over Canada and are, in fact, Canada's most prevalent and oldest artistic tradition (Vastokas et al.). The Maritimes, Canadian Shield, Prairies, British Columbia, and the Arctic all have been found to have distinct rock art styles (Grant, 1983; Vastokas et al.). Some examples of commonly found pictograph images in various regions of Canada are:

- **Maritimes:** moose; birds; caribou; snakes; as well as fishing and hunting scenes; fingerprints; footprints; ornamental designs; anthropomorphic figures; and images that have come from a European influence such as firearms, sailboats, churches, and Christian designs (Vastokas et al., 2007).

- **Canadian Shield:** unidentified abstract symbols, human-made objects, handprints, other human subject matter such as figures doing activities, mythological creatures, animals, and birds (Dewdney & Kidd, 1967).
- **Prairies:** spiritual icons; battle scenes; camp; warriors; tipis; guns; and sometimes images showed European influences such as wheel carts, horses and men with guns (Vastokas et al., 2007).
- **Interior British Columbia:** stick people, bear tracks, thunderbirds, and dot patterns (Grant, 1983).
- **Arctic:** humans dancing; or hunters with a bow; or people in a boat; people with masks; or faces without any outlines-just mouths, noses, eyes, and eyebrows; birds; whales; mammals; and pregnant women (Grant, 1983).

Appendix D

A Brief History of Sand Paintings

Sand painting is practiced mainly by two groups of people, Navajo Native Americans (Parezo, 1983; Sander, 1979; Stokstad, 1999) and Tibetan Monks who typically do mandala sand paintings which are destroyed upon completion (Martinez, 2007; *The Mystical Arts of Tibet*, n.d.). The intended purpose of creating a sand painting (or found object art piece) on this trip is to experiment with the materials and colours in the surrounding environment, work on a piece together or in close proximity to one another, and to consider the impact on the participants to create a piece which they are going to deconstruct after completion. Betensky (1995) stated that experimenting with art materials in “playful ways may lead to little discoveries about the materials” (p. 15) and new discoveries about the clients.

Native American Sand Painting: Navajo

The colours used in sand paintings are created naturally from items such as: pollen, crushed stones, gypsum, ashes, bark, sand, flowers, cactus, coloured rocks and stones, roots, and other natural colours (Anderson, n.d.; Stokstad, 1999). There are two different types of sand paintings: the first is used as part of healing or blessing ceremonies and the second type is sand painting as art (Anderson; Parezo, 1983). Sand paintings, used as part of sacred ceremonies, must be destroyed at the end of the ritual (Parezo; Stokstad, 1999). Sand paintings can also be created for blessing rituals such as a new home, child, job, marriage, or planting; these sand paintings are usually small and completed in one day (Anderson).

Navajo sand painting has now broadened into an art form for others to enjoy (Parezo, 1983; Stokstad, 1999). Sand painting as art is created by using a glue-base on particle-board or plywood (Anderson, n.d.). These sand paintings are created on boards that can be sold but

are ceremonially safe because of intentional errors within the designs (Stokstad). They are not created by healers but rather by laymen or women and are never used as part of Navajo ceremonies, rather are decorative art (Parezo).

Tibetan Sand Painting

Sand painting as an art “personifies the idea of continuity, self-maturation, rebirth, and karma...” (Martinez, 2007, p. 124). Tibetan Buddhist sand paintings are usually mandalas and all mandalas have inner, outer, and secret meanings (The Mystical Arts of Tibet, n.d.). The outer level represents the world in divine form, the inner level represents the map of how the normal human mind is changed into an enlightened mind, and the secret level of the mandala represents the perfect balance of the energies of the body and the dimension of the mind (The Mystical Arts of Tibet). The creation of the sand painting is created to purify and heal on all the three different levels (The Mystical Arts of Tibet). Substances used to create the coloured sands are: herbs, grains, powdered flowers, and powdered stones (The Mystical Arts of Tibet). After completion of the mandala, its sands are swept and put into a stream or river as from there it is believed that the healing energies are spread throughout the world (The Mystical Arts of Tibet).

CHAPTER IV

Synthesis and Implications

The manual formed for this final project offers an alternative form of intervention for adolescents who are potentially interested in learning more about how they behave with others, who they are becoming as persons, and wanting to increase their self-esteem through non-traditional forms of therapy. In the literature review of WT, a positive increase in self-esteem and self-worth was a common factor in the research that I reviewed (Clark et al., 2004; Conrad & Hedin, 1982; Hendee, 2000; Herbert, 1998; Marx, 1988; Romi & Kohan, 2004; Russell et al., 2000). Russell et al. found that participating in a WT program gave the adolescents “sense of accomplishment” (p. 215) that is real and that they can “draw strength from [these experiences] in the future” (p. 215). Russell et al. noted that the factors contributing to an individual’s increased self-esteem in WT, including physical health, a sense of accomplishment, connecting with self and others in community, indicates that these programs may produce a client that has an overall increased sense of well-being.

B. Moon (1998) and Riley (2003) stated that AT approaches promote ways to view adolescent perceptions through their own narratives and art images. Art making is a natural process to experience self-expression, self-revelation, and self-exploration (B. Moon). B. Moon noted that AT is a way for teens to learn more about themselves and connect to their inner self. Allen (1995) stated that “art is a way of knowing who I am” (p. i) and Malchiodi (2002) stated that “artistic creativity offers a source of inner wisdom that can provide guidance, soothe emotional pain, and revitalize your being” (p. x). In published works, Allen, Hammond-Meiers (in press), Malchiodi, B. Moon, and Riley (1999) have all supported art therapy as a means to improve clients overall well-being.

My goal for this project was to find a way to combine AT and WT into a usable manual that will hopefully provide a meaningful experience to participants in the future. The therapy itself is intended to be therapeutic with an emphasis on prevention since it aims to help adolescents learn more about themselves and increase self-awareness and self-esteem. A strength both AT and WT share is that they are reaching and connecting to the individuals who have been lost and seemingly unaffected by the traditional forms of therapeutic interventions (Berman & Davis-Berman, 1995; Clark et al., 2004; Davis-Berman & Berman, 1994; Marx, 1988; B. Moon, 1998; Riley, 2003; Russell, 2001a; Russell et al., 2000). Client connection to a therapy and engagement with the therapeutic process relates to having a good therapeutic fit, and therefore a more likely positive outcome as perceived by both client and therapist (Horvath & Symonds, 1991; Saunders, 2000). When AT is done in a wilderness setting, families will still need to be informed and educated about the process as the families, including the adolescents themselves, will need to support the approach. Riley (1999) discussed the need to educate families to AT because “most adolescent change comes as a new experience for all members, there is often a need to create a new vocabulary to describe the situation” (p. 196). From Riley’s work, it can be reasoned that parents need to be well-informed and guided by the leaders of the WT and AT program, in order to form realistic expectations and interactions with their adolescents who participate in the wilderness program using AT.

Through the group setting, the individual may gain a greater sense of trust with the larger community after the program finishes since they have likely formed a sense of community in the program and made some positive memories upon which they can draw upon as resources when they transition to their communities. Through a process by which

people become more aware of themselves they can potentially increase their awareness of the world and be more aware of their orientation in the world. A teen that is authentic and grounded within a community context may have a better chance to be oriented to help build and contribute to a genuine community (Vich & Rhyne, 1967).

The unique aspects of each therapeutic approach were carefully considered through the literature review. The relevant factors were arranged to provide the reader with an idea of how the two therapies could be theoretically merged. AT (Kahn, 1999; Malchiodi, 2003a) and WT (Berman & Davis-Berman, 1995; Clark et al., 2004; Russell et al., 2000) are already being implemented by counsellors in conjunction with other forms of therapeutic interventions. Although some therapeutic approaches cannot be combined with other approaches because they are conceptually incompatible, AT and WT have complimentary aspects as I outlined in literature review. AT and WT are also flexible and versatile in their implementation.

The manual I presented in this project could be modified and used in other settings. It would need to be altered in order to accommodate different ages, groups, issues, activities, or sites. It is possible that this manual could be altered in order to take place in a different outdoor setting (not a 10 day canoe trip) and could still have similar effects. The art exercises would need to be adapted in order to accommodate any changes to the manual. The qualifications of the leaders needed for this type of trip are advanced and it is possible that it would be difficult to find the proper staffing. The manual would need to be altered in order to accommodate the resources available. The leaders required for the trip need to either both have skills in each discipline or one leader in each (WT and AT). The selection of participants for this type of trip is crucial to the effectiveness of the trip experiences for all

involved. This type of trip requires a lot of planning and safety considerations; therefore adequate time and environments are needed in order to use the manual for its intended purpose. It is important that the counsellors adhere to my recommended safety procedures and keep the participants safe. Many of the AT exercises are site specific (e.g., particular environmental items or supplies) and it may be difficult to find all of these objects in all areas of Canada; substitutions can be considered if they are known to be safe to the counsellors.

Strengths and Limitations of this Project

One of the strengths of this final project is that it is proposing a new form of intervention. It is the first attempt to combine a literature review on both AT and WT in order to look at combining them into a model that could be researched in the future. The manual could be employed as a valuable tool for research management of consistency and data collection. This final project and manual begins to fill in a gap in the current literature and is a starting point for other therapists to begin to research this area and even make improvements to the techniques and procedures through future revisions to the manual based on the feedback from collected data from a few initial wilderness-art therapy retreats.

This project offers a unique opportunity for leaders to take adolescents on wilderness experiences combined with AT. In this final project, I explored some of the proposed advantages and further examined whether there are therapeutic contradictions. Combining the two approaches does not appear to be contraindicated. The combination offers a distinct opportunity which could increase the growth of all the participants as well as the leaders; it introduces a novel approach that is likely to have the potential to have lasting benefits for all involved. By using the WT and AT journey, therapists can introduce and offer the participants to a new way of expressing themselves, but more evidence-based research will

need to follow. The AT exercises included on this wilderness journey are tailored specifically for adolescent girls on a canoe trip and offers a unique combined and fresh approach for adolescents to learn how to use art during a trip as a way to increase their mental health and daily functioning. Participants can reap beneficial and lasting effects from the creativity in this modality; having an active imagination and creativity can enhance a person's life and can help to prevent mental breakdown (Case & Dalley, 1992). The model offers the chance to be in an outdoor group setting which is a great place for adolescents to learn and grow (Beringer, 2004; Berman & Davis-Berman, 1995; Caulkins et al., 2006; Russell, 2001b; Russell et al., 2000).

A limitation of this project is that due to the lack of the literature in this specific area, there is no evidence-based research that can support the integration of AT and WT. Similarly, there is no current research to support AT and WT complimenting each other theoretically. However, I have presented rational arguments in this final project which indicate ways that the two therapies are compatible; future research should address this. This manual could be used as a starting point to conduct a pilot study as to whether this type of intervention is feasible and beneficial for adolescents. Positive spill-over to the adolescents' daily lives from new learning experiences would be a desired outcome.

Future Research Directions

Future researchers could determine the added therapeutic value of these combined approaches using this manual as a basis and a foundation for comparing groups. A quantitative correlational study to explore potential correlations between the use of a combined WT and AT and self-esteem and self-awareness could be employed, or an experimental study could be used to determine cause-and-effect relationships between the

combined use of WT/AT and self-esteem and self-awareness (Leedy & Ormrod, 2005). Structured interviews, semi-structured interviews, standardized tests, and rating scales could be used as part of the research (Leedy & Ormrod). Researchers could use the manual as a consistent model and compare large numbers of adolescents in different treatments or in a control group. The research could measure and track self-esteem and self-awareness, before, during, and after the program through a follow-up study. In order to determine the effects of a combined WT and AT approach as compared to only WT or only AT, 4 different treatment groups could be compared. All groups could participate in a 10-day program. The first group could be involved in a combined AT and WT approach using the manual as presented in this project, the second group could use only WT, the third group could use only AT and the fourth group could be a control group. The manual is based upon 6 participants and so each group could have 3 groups of 6 members each, giving 18 members in each type of program and the control group. Eighteen participants would allow for some drop-outs but would likely still keep at least 14 members in each category. The groups could then be examined for psychological comparisons using either statistical testing or rating-scales. A research study of this kind would be able to examine statistics as opposed to only anecdotal or qualitative data. There is a possibility that quantitative research might lead to evidence-based statistics to support a combined WT and AT approach for adolescents; however quantitative studies might not be able to show significant differences between the combined form as compared to the other group formats or the control group.

Qualitative data, as well as mixed studies with both quantitative and qualitative data collection (Creswell, 2003) could also advance our understanding of the phenomenal experiences and give evidence to their efficiency and effectiveness. Mixed-methodology

studies may be able to explore what the adolescents perceive as helpful or unhelpful to their self-esteem and personal growth. A mixed-research approach is significant as it can give important information to counsellors and assist with future revisions of the present manual with feedback from the participants themselves.

Employing an evidence-based approach, research could focus upon whether there are new adaptive behaviours learned during the trip, in order to help answer questions such as: (a) Have the participants learned something new about themselves from the WT/AT experience?, (b) Has their sense of self improved during the program and does this carry over into their lives after the program?, (c) Have the participants gained a greater appreciation of the natural environment and will they continue to assert this appreciation in their lives?, (d) Is there a greater appreciation for art-making, and art-making in a wilderness environment (e.g., understanding of found natural materials or an appreciation of how art and wilderness can be related)?, and (e) Did the group experience illuminate new aspects of self-functioning that can be applied in other relationships? Research needs to be extended to investigate many of these factors in order to demonstrate evidence-based changes in the lives of the participants during and after the combined WT and AT journey.

The development of the manual was aimed at contributing to AT and WT by interweaving complimentary aspects of both therapies in a way that I perceived would enhance the therapeutic intentions of increasing self-esteem and self-awareness with female adolescents. At the present time, a field test was beyond the scope of this project. Research will be imperative to validate whether AT and WT combine successfully and to determine to what extent the ideas, presented in this manual, work in the field.

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