



Charles Sturt
University

Social Sciences Week 2024
Resources Packet

Will Dobud, Phd

School of Social
Work and Arts
Faculty of Arts and
Education



Recordings

Outdoor Therapies: Client Outcomes and Pathways for Change

Dr. Will Dobud & Professor Nevin J. Harper

<https://youtu.be/IamehXNEKyo>

Wilderness Therapy and the Dissociative Mechanism of Change: Protecting Youth from Systemic Harm

Dr. Graham Pringle

<https://youtu.be/d1EsUDyCeOA>

Engaging Children in Nature Play

Dr. Jasmine B. MacDonald

<https://youtu.be/P9ZeTNZ1PKc>

Conversation as Experiential Learning: We Make the Road by Walking

Associate Professor Susan Micek, Dr. John Paul Healy, & Dr. Will Dobud

https://youtu.be/5NxjDpz_RVE

Kids These Days: Youth Mental Health from 40,000 Feet

Professor Nevin J. Harper & Dr. Will Dobud

https://youtu.be/SDi_Pg9OfPM

Diversity, Equity, and Inclusion in Outdoor Adventure Therapy Education: A Mixed Methods Study

Daniel Cavanaugh, PhD, LCSW, Cristy E. Cummings, PhD, LMSW, Winnie Liu, M.Ed., NCC, LPC-A, Chris Russo, LICSW

<https://youtu.be/0XXmLKaswaw>

Tailoring Adventure Therapy Practice to Specific Age Groups

If you are interested in taking part in a focus group for a study I am conducting with psychologist Kylie Agnew and hopefully more, with outdoor and adventure therapy providers to discuss implications for tailoring practices to specific age groups, [please submit your EOI by clicking here](#).



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TAILORING ADVENTURE THERAPY TO TARGET AGE GROUPS STUDY

AN INVITATION TO PARTICIPATE IN ONLINE
FOCUS GROUPS WITH PSYCHOLOGIST KYLIE
AGNEW AND DR. WILL DOBUD

*contact: wdobud@csu.edu.au for more
information*

Outdoor Therapies: Client Outcomes and Pathways for Change

Open Access Research: Adolescent Wilderness Therapy: The Relationship of Client Outcomes to Reasons for Referral, Motivation for Change, and Clinical Measures

[Read the Full Text Here](#)

Authors

Professor Nevin J. Harper (University of Victoria)

Dr. Will Dobud (Charles Sturt University)

Professor Doug Magnusson (University of Victoria)

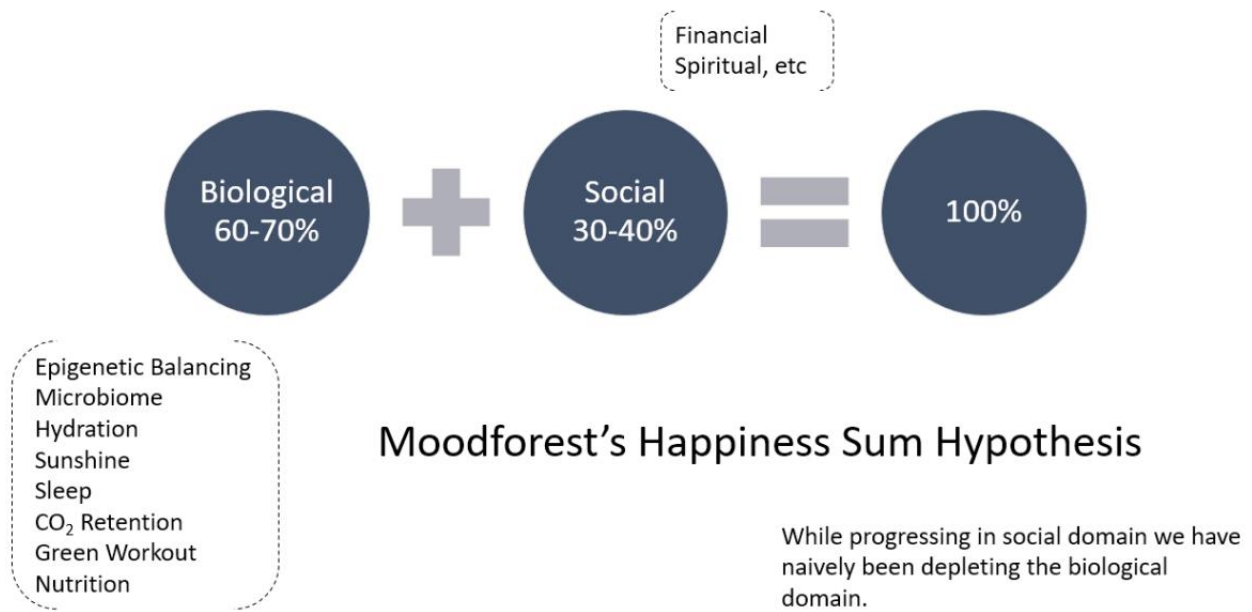
Abstract

Outdoor behavioral healthcare is a specific model and industry utilizing wilderness therapy (WT), a residential treatment approach comprised of outdoor travel and living for youth experiencing mental health, substance use, and behavioral concerns. We present data from 6417 participants about reasons for referral, admission, and discharge scores from the Youth-Outcome Questionnaire (Y-OQ), youth interest and commitment to treatment, reliable change scores, and the relationship between these variables. One-third of youth entered WT with sub-clinical scores, varying levels of client motivation and voluntariness in relation to clinical outcomes, a diverse range of presenting problems without clear indication of specialized treatment planning, and differing responses to treatment by referral reason. Identifying those not responding to WT and those at risk of deterioration from the time of admission requires further investigation to improve client outcomes for this treatment modality. Recommendations include placing increased importance on accurate and thorough screening and assessment, utilizing baseline and routine outcome monitoring, reducing coercion, and considering specialized intervention.

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Wilderness Therapy & The Dissociative Mechanism of Change

[Access the Pre-Print Article Here](#)

Authors

Graham Pringle (Charles Sturt University)

Soren Dubon (Wilderness Therapy Survivor)

Jamie Mater (University of New Hampshire, Survivor)

Catherine Keech (Refractory Think Tank with The Plural Association)

Lynette Danylchuk (International Society for the Study of Trauma and Dissociation)

Abstract

Wilderness and adventure therapy (WT, AT) have employed cognitive or adaptive dissonance and involuntary treatment for decades. Cognitive dissonance occurs when people are faced with situations that do not confirm their expectations. Past WT participants have protested that involuntary, inescapable and harsh conditions harmed them through PTSD and dissociation. We compare dissonance and dissociation using a critical realist and argumentative research process using publicly available data. We argue that dissociation is a response, recorded both in the design of WT and in participant statement, that is mistaken for dissonance. Deliberate use of forced cognitive dissonance during involuntary treatments are also the conditions that may cause dissociation. Therefore, planning to enforce cognitive dissonance during coercive WT or AT is likely to be harmful and, knowing of this potential, may be regarded as malpractice.



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Dr. Jasmine B. MacDonald

Engaging young children (0-5 years) in nature play

Authors

[Jasmine B. MacDonald](#)

[Kylie Butler](#)

[Kristel Alla](#)

Overview

This practice guide synthesises research evidence relating to young children's (0-5 years) engagement in nature play. It covers:

- what nature play is
- factors impacting the likelihood of young children engaging in nature play
- ways to support parents to involve young children in nature play

Counselling effectiveness and the therapeutic alliance

Authors

Dr. Jasmine B. MacDonald (Senior Research Officer in the Child Family Community Australia information exchange at the Australian Institute of Family Studies)

Dr. Will Dobud (Charles Sturt University)

Dr. Jasmine MacDonald's PsychAttack Podcast



Adventure Therapy Collective Podcast

[Click here to Access the Podcast](#)
(Available wherever you get your podcasts)



[Path to Adventure: A Qualitative Exploration of Provider Training for Adventure-Based Prevention Practice](#)

Recent April 2024 Research project related to the presentation focused on Diversity, Equity, and Inclusion in Adventure Therapy.

Authors

Dr. Daniel L. Cavanaugh (Washington State University)
Dr. Will W. Dobud (Charles Sturt University)
Professor Joanne Riebschleger (Michigan State University)
Christopher Russo (University of Washington)

Abstract

Despite the utilization of adventure therapy techniques in behavioral health disorder prevention programming, little is known about how providers become trained in adventure-based prevention practice. Additionally, limited literature examines how adventure therapy providers are trained. This exploratory qualitative study provides a starting point for understanding the education and lived experiences that prepared providers of adventure-based prevention for professional practice. A purposive sample of 23 clinicians and administrators participated in semi-structured interviews with the first author. Interviews were transcribed and analyzed using thematic analysis with first-cycle coding, second-cycle coding, and in-vivo coding. Strategies to ensure the trustworthiness of the data were utilized including researcher reflexivity, memoing, intercoder reliability, triangulation, in-vivo coding, and member checking. Primary themes were providers' lived experiences leading to adventure-based work, education & training, and mentorship. Discussion of new findings about preparation and education for adventure-based prevention are offered. Implications are described for practice, policy, research, and education.