



## Executive Summary

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### Description of the Typo Station Program

Typo Station is a unique pioneer-style program for youth considered at-risk of adverse outcomes in their educational, vocational and life-course pathways. The program is 2 years in length, and can be most closely categorised as a *therapeutic wilderness camping* program. It involves an initial five-week residential experience, regular week-long follow-up programs and long-term support for families, schools, employers and the young person. The program commits to four programs a year that coincide with Victorian Government school terms. Each program block consists of a Basic Skills week, a 10-day bushwalk expedition and a 2 week block of practical activities such as blacksmithing and joinery. At the completion of each program block, each young person has a home visit. The program targets young men between 14 and 17 years who are most at risk of failing in education and social relationships, but who still have intact family and community networks. The literature suggests this is an ideal target group for this form of intervention.

### Aims & Method of Evaluation

This evaluation sought to determine a) that the program does, in fact, service those clients it targets, b) that the program is effective in making meaningful changes in its clients, and c) that the program's practices are of high standard and adequately protect the psychological safety and broader welfare of participants. This evaluation adopted 2 approaches: 1) collection of pre and post-program survey data that was subjected to statistical analysis to determine any post-program differences, and 2) an on-site service audit of the program's management systems and practices with clients.

### Major Findings

The results of the evaluation show Typo Station to be effective and functioning at a very high standard of service delivery. The program is clearly reaching the intended client target group: young men with poor social competence and school adjustment, who have clinical levels of delinquent behaviours and poor coping strategies. Importantly, following the program, participants reported significant improvements in delinquent behaviour, self-esteem, and their style of coping. These changes appeared to be consistent and robust. When the program's practices were compared to benchmarks of best practice in Wilderness Adventure Therapy®, 49 of the 54 benchmarks were met. In fact, with the exception of 2 criteria, the Typo Station program meets all other requirements to gain accreditation under the Australian Wilderness Adventure Therapy® Program Accreditation Scheme. Further, when assessed according to Australian Commonwealth Health System Performance Indicators, the program showed, on average, a *good* level of performance, and showed substantial evidence that it was *appropriate* to the needs of its clients, *efficient* and *safe*.

### Recommendations

Future evaluation efforts should attempt to gain a greater understanding of client and stakeholder perceptions and satisfaction with the program, routinely employ standard quality assurance evaluation measures (including family and school perspectives), investigate the processes underlying the effects of the program, and should track, interview and evaluate participants over the longer-term. These research activities would more adequately determine the impact of the program over time and the effects of it from the community perspective.

Recommendations to ensure continued service development include:

1. The program be resourced to routinely involve families more directly in the intervention itself and staff receive training in family adventure-based methods as a preferred modality to do this,
2. Program staff undertake training in basic psychological safety and case-plan approaches to youth interventions (such as *Psychological First Response* and *Wilderness Adventure Therapy* training, that is readily available),
3. Improved networking with, and access to local mental health, education and youth service providers,
4. Resources for families and referring agencies be developed for use in the post-program phase to further integrate changes into the normal environment,
5. Seek recognition as an Accredited Wilderness Adventure Therapy® Program, and accreditation with the Australian Council for Children & Youth Organisations (ACCYO),
6. A 'case-plan' approach be adopted to more efficiently and effectively review and document client progress,
7. Development of a 'Rights & Responsibilities' brochure for clients and families,
8. A 'Staff Training' or 'Professional Development' portfolio be established for a senior member of staff to ensure that staff skill needs are reviewed regularly,
9. Secure sustainable long-term funding for the program's regular operations. In particular, consolidate funds towards continuing the outreach support in terms of enhancing relationships with participants, families, schools and the community post-program.

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## Background to this evaluation

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### ***The Importance of evaluating youth programs***

Programs that aim to make important changes in young people 'at risk' often need to employ novel and intensive approaches. This places a substantial ethical burden on such service providers to ensure they are at least 'doing no harm' through their methods. In addition, it behoves these services to demonstrate that the resources committed to such endeavours are effective and are being applied to the intended target group. This recent trend toward such an 'evidence based practice' approach is a major step forward in encouraging a culture of openness, transparency, accountability and efficiency among services trying to address the important needs of youth in the community. Unfortunately, and despite this trend, some operators of youth programs, which are of poor standard or clearly dangerous, wish to avoid subjecting their practices to review, and their program outcomes to evaluation. Often it is argued that their methods and the resulting outcomes are not appropriate for 'scientific' inquiry. However, if such program practices were as reliable and valid as these proponents and the client testimonials they present argue, then 'science' would be sure to detect it. So, it is through open evaluations of programs, such as this, that the community, referrers, families and young people themselves are able to make more fully informed choices about the value of taking a risk to change their lives profoundly, for better or worse. Typo Station is to be applauded and congratulated for its commitment to self-improvement and accountability to the community. Without coincidence, it is these very same values it attempts to instil in the young blokes who it aims to help.

### ***Background of the evaluator***

In many respects, the quality of any evaluation will be determined by the expertise of the evaluator. For an evaluation to be practical and meaningful, the evaluator must bring two equally important abilities to the task. First, he or she must hold appropriate qualifications and experience to execute the evaluation with sufficient scientific and academic rigour and an understanding of applied research. Second, the evaluator must have an exemplary level of practical expertise gained through hands-on experience in running services for youth at a high ethical and quality standard.

Dr. Simon Crisp is a registered Clinical Adolescent & Family Psychologist, and is a member of the Australian Psychological Society and College of Clinical Psychologists (APS). He holds 4 university qualifications in psychology (representing 10 years of full-time formal study); including the post-graduate Diploma in Educational Psychology, Master of Psychology (child & developmental) and Doctor of Psychology (clinical child, adolescent & family). His doctoral thesis involved the long-term follow-up evaluation of a group-based program for youth with serious mental health and suicidal behaviour problems. He has also undertaken clinical research in mental health, community health and educational settings over a 10-year period. Dr. Crisp was the Director of the acclaimed Brief Intervention Program (BIP) – an innovative adolescent mental health day-program - at the Austin Hospital Melbourne. This program was awarded the Australian Hospitals Association's Community Outreach Award in 1995. Further, he was awarded a Churchill Fellowship to conduct an on-site study of innovative youth programs overseas in 1996. Since 2000, Dr. Crisp has undertaken a number of significant research studies into wilderness adventure therapy programs in schools, community and mental health settings. Dr. Crisp currently consults to youth organisations in program development, implementation and evaluation, as well as training youth professionals in adolescent issues through the organization he established Neo Psychology - [www.neopsychology.com.au](http://www.neopsychology.com.au) Telephone: +61-(0)3-8430-2208

# 1. Rationale for an evaluation of Typo Station

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## **Rationale**

Programs that aim to address the needs of youth who are considered 'at risk' need to be able to demonstrate a) an understanding of what risks are present, or are likely to be present in their client group, b) that the program's rationale, objectives, and methods of intervention are likely to effectively address these risks, and c) that the effects of participation in the program do, in practical terms lead to an improvement in life course in the immediate and longer-term future. This evaluation aimed to address these three evaluative agendas.

## **Theoretical Underpinnings**

The concept of youth 'at risk' takes a number of sometimes divergent directions in the literature. However, 'risk' can be globally considered as a set of conditions in a young person's life which forecast a higher than average probability of adverse outcomes later in life. More extreme outcomes include suicide, death by misadventure, drug and alcohol abuse, criminal and violent behaviour. Less extreme, but serious outcomes include self-harm and harmful behaviour, serious mental health problems, unemployment and homelessness.

The literature is clear about a number of factors that are associated with many of these outcomes - so called 'risk factors'. Further, the literature is also beginning to identify factors that are associated with good outcomes in 'at risk' groups - so called 'protective factors'. Studies to date show some success in reducing risk factors but many risk factors are beyond intervention. For this reason, the literature is now looking at ways to increase and promote protective factors. This principle of reducing risk factors while increasing protective factors is considered to be 'best practice' in approach to the needs of youth 'at risk'.

Finally, a growing literature focuses on the importance of developing resilience in 'at risk' youth. Closely related to protective factors, resilience is considered to be the ability to successfully endure adverse critical life events or conditions. Amongst other contributions, resilience is thought to be enhanced significantly through feelings of social connectedness: family, peers, school, church, community.

## **Aims**

The aim of any program evaluation must be to address the three areas listed above: a) determining what risks are present in the client group, b) that the program's rationale, objectives, and methods contribute to reducing risk factors, increasing protective factors and promoting resilience through connectedness, and c) immediate and long-term positive outcomes in regard to b).

## **Methods**

A combination of approaches is necessary to achieve these aims:

1. An overview of current literature pertinent to the aims, rationale and client characteristics of the program would be required to assess the validity of the rationale for intervention methods used,
2. Collation of client characteristics, requiring the use of descriptive statistics on demographic and other client variables,
3. Standardised measures of a number of variables relevant to risk and protective factors and resilience would need to be collected pre and post-program and at follow-up and subjected to statistical analysis to empirically determine program effects. Additionally, and significantly placement outcomes post-program and at follow-up would need to be documented to chart life course outcomes.
4. An on-site service audit would determine that policies, procedures and program methods

are appropriate and effective, and that procedures provide for the psychological safety and broader welfare needs of client participants. With a view to improving the quality and effectiveness of services, benchmarking involves a systematic process of gauging and then implementing best practices (Owen & Rogers, 1999).

## 2. Theoretical rationale of the program and brief literature review

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### **Introduction**

The Typo program was founded in 1993 by CEO Matt Pfahlert and began running programs in 1996. It is an independent non-profit organization established and run with support from philanthropic trusts and community donations. It has no ties or affiliation with any other group, organization or program. It offers a five-week residential program with two-year community follow-up. It is based at the remote property named 'Typo Station' in north-east Victoria. Emphasis is given to simple communal living and vocational and life skill development through activities such as building and restoration, furniture making, blacksmithing, Koorie heritage, cooking, a bushwalking expedition, work experience and community service. Small groups of up to fourteen young people live and work with staff with the aim of achieving personalised goals.

### **Program overview**

Typo Station is a unique early intervention program operating over a two year period. The program is aimed at supporting young people who wish to make positive changes in their lives. This involves an initial five-week residential experience, regular week-long follow-up programs and long-term support for families schools employers and the young person.

The program commits to four programs a year that coincide with Victorian Government school terms. Each program block consists of a Basic Skills week, a 10-day bushwalk expedition and a 2 week block of practical activities such as blacksmithing and joinery. At the completion of each program block, each young person has a home visit.

The program is challenging within a supportive team environment, providing participants with a diverse range of experiences, designed to encourage young people to take greater responsibility for their lives. In presenting these activities, Typo Station utilises a competency-based approach to working with the young person, their family and school. Typo aims to act as a catalyst for participants by developing skills that are valued by the community, whom in turn, hopefully then share responsibility for the on-going development of these young men once they complete the program.

The group activities that Typo Station offers aim to create an effective medium for addressing issues involving anger expression and aggression management, effective communication, conflict resolution, teamwork, respecting others, initiative and goal setting. A strength of the program is the intensive support offered to each individual. This is achieved by a small group size of no more than 14 participants in the program at any one time. This allows the program to have at least 3 staff members working with each group. Typo Station has a staff of 9. Six are full-time with the program participants. Staff have varied backgrounds and qualifications including teaching, social work, counselling, youth work, trades and outdoor education. Staff are trained and qualified in the provision of residential life skills, vocational training, competency-based approaches, mediation and group facilitation.

Typo Station has a long term commitment to young people. This takes the form of 2 staff dedicated to follow-up of participants following the program. These staff play an integral role in the ongoing support for each young person, their families and key support people, schools and other associated agencies. The follow-up phase is crucial to maximize the transference of positive changes in to the young person's everyday life.

Importantly, participants have the opportunity to revisit Typo Station over the 2 years of formal contact for shorter follow-up experiences. These build on the experiences of the initial residential stage. After the completion of the 2-year journey each participant has the

opportunity to become a 'Supporter' - a part of the community support network for Typo Station.

Typo Station is also the name of the bush property located in the foothills of The Alpine National Park – one hour south-east of Wangaratta in north-east Victoria. The bush property is 12 acres of land surrounded by natural bushland and a pine plantation. The historical and purpose built site includes the historic mud-brick homestead and a bunk room that is based on the traditional cattleman's hut, the "New Woolshed" that includes a pioneer-style kitchen and recreation room, a joinery and blacksmithing work station, a glass house, and substantial space for effective program delivery.

### ***Typo's unique approach***

While the Typo program is difficult to categorize, it could probably be best compared to what is termed in the North American literature as *therapeutic wilderness camping* (Gass, 1993). These programs are residential and involve building and living in pioneer style accommodation. Experiential activities including educational and vocational programs are integral (Davis-Berman & Berman, 1994; Gass, 1993; National Association for Therapeutic Wilderness Camps, 2001). However, there is poor evaluation of these programs, almost all literature being descriptive in nature (Crisp, 1998). Two early evaluations of programs that are loosely comparable to Typo found that improvements in self-concept and decrease in negative behaviour occurred following the program (Chenery, 1981), but emotional states remained unchanged (Krieger, 1973). The lasting effects were unknown as no follow-up was done.

In Australia, there is similarly poor documentation of wilderness programs for 'at risk' youth (Reddrop, 1997). There are a number of outdoor programs developed here for young offenders, but few comparable to Typo. However, the Cobham Survival program for young offenders in New South Wales (cited in Reddrop, 1997) was a three month program with similar elements to Typo. An evaluation found improved self-esteem, and possible short-term reduction in recidivism rates.

With such little known about such programs, the need to evaluate the outcomes of any type of wilderness camping program is great. Indeed, the Victorian Government's Taskforce on Suicide Prevention emphasises the importance of a) keeping young people at risk connected to schools b) strengthening local communities (p64-66), families (p55), and positive relationships outside the family (p57), c) creating problem solving skills (p67) and d) building self-esteem (p67) as key prevention strategies. The Typo program has been developed around these principles. Typo emphasises positive involvement in local community and client awareness of the elements and importance of community and community service. Relationships with staff and other young people provide a model that is hoped to generalise to the community. This is supported through long-term follow-up with the young person and their family in the community.

### ***Typo's relevance to the needs of young people***

The past few decades have seen continued changes and threats to the traditional structure of families, neighbourhoods, local and school communities. Pathways to employment have become longer, more demanding and with less certainty of outcome. Also, the links between educational preparation and vocational opportunities are the most inadequate for the young who have greater psychological and social needs. These contemporary conditions place higher barriers to meaningful and productive futures in front of many of today's youth than in the past. This means that youth who struggle for a hopeful and positive future increasingly feel isolated from those who do participate in purposeful community and vocational activity. Without adequate support networks, many young people, especially males, lose hope for the future and become disconnected from family and the local community. Indication of this is the high suicide rate among adolescent and young adult males (Victorian Government, 1997).

### ***Identifying those most in need***

Population-based research has shown clear links between a number of risk factors and poor life outcomes in adulthood. Poor outcomes in adult years may include a continuation through adolescence of poor psychological and social functioning, including depression and suicidal behaviour, or a decline from previous adequate functioning to serious mental health and social problems in early adulthood (Resnick, Blum, Bauman, Harris, Jones, et al., 1997).

While there are many different factors that contribute to risk, they cluster around three areas. Namely, individual factors, social factors including school, and family relationships. Individual risk factors known to significantly increase the probability of poor life course include aspects of poor functioning such as drug and alcohol abuse, anti-social and criminal behaviour, as well as less obvious factors such as social withdrawal and depression, anxiety. School factors include school failure, school refusal and truancy, being a victim of bullying, poor social skills (Beautrais, 1999; Compas, Hinden & Gerhardt, 1995; Dryfoos, 1990; Gross & Capuzzi, 1996). Finally, the home environment also features as a source of increased risk. High levels of conflict, poor cohesion between family members, family values of anti-social behaviour, domestic violence, incest and homelessness are associated with difficulties in later life (Resnick, et al., 1997).

### ***Young people that warrant intervention***

Unfortunately, research is beginning to suggest that once a young person has developed ingrained patterns of failure and psychological and social problems they are likely to be significantly marginalised from even the most basic support networks (Withers & Russell, 1998). These young people frequently face chronic and intractable lives of drug and alcohol abuse, criminal behaviour, permanent unemployment, homelessness and perpetual life instability. At this point, young people often have little likelihood of salvaging even the most basic quality of life. They often also require vast public resources just to contain the many serious crises they may become involved in. For many, achieving a 'turn around' to a healthier direction in life becomes decreasingly possible.

With such a broad range of problem areas, it follows that efforts to interrupt the negative effects of these risks should be focussed. Targeted interventions also ensure maximum potential effect and make the best use of resources. Early intervention, or targeting those who have, or are most likely to enter into a state of being 'at risk' is an ideal point to direct remedial efforts (Spirito, 1996). It is important to balance the likelihood of maximum benefit of the intervention with achieving the greatest degree of certainty of reaching those most in need.

Acting before problems become entrenched means interventions may achieve more in less time. Further, acting earlier and involving the young person's community increases the opportunities to salvage and bolster crucial support networks before they are lost completely to the young person. To best utilise resources, it is important to consider thoughtfully when, and with whom to intervene in order to make a difference.

### ***Typo Station's target client group***

Typo's aim is to assist 14 to 17 year old young males who are considered to be at risk of adverse life outcomes in adulthood. This includes young males who have precarious links with their community. In practice, this means those young males who (a) are at risk of, or have been expelled from school or its equivalent, (b) leave school early in search of work but are unemployed, and (c) live in an unsupportive home environment due to a high level of family conflict or chaos. Typo seeks to have a significant impact on the life course of these young males by helping them to strengthen community connections and become motivated for, and skilled in reaching educational and vocational success.

### ***Key indicators for inclusion***

Given the risk factors mentioned above, young adolescent males who present with the following are considered to be especially suitable for the program:

- failure at school, truanting or with poor school attendance
- poor social skills or few social networks
- victim of bullying, socially isolated or withdrawn
- anti-social or delinquent behaviour
- depression or anxiety
- family conflict or chaos, unsupportive family environment, anti-social or criminal family values
- at risk of significant mental health problems

Those young males who are unlikely to be suitable for the program would be a) clearly unmotivated to attend, b) not able to adhere to basic safety guidelines, and c) have major behavioural or mental health problems that would make them a significant risk to themselves or others.

### **Theoretical foundations of the Typo program**

In dealing with youth 'at risk', the literature suggests a combination of two approaches. First, reduce risk factors where possible, and second, increase protective factors (Victorian Government, 1997). Protective factors are those things that have been found to build resilience in otherwise vulnerable youth. Resilience has been found to occur in those young people who feel connected to family, peers or other significant person in their life (Resnick, et al. 1997). Interventions for reducing risk factors and increasing protective factors can be explained according to a number of theoretical perspectives. The following briefly describes key theories and how Typo applies them.

*Systems Theory:* Relationship building and connectedness to one's family and community means that an intervention should take a systems focus (Davis-Berman & Berman, 1994). Simply stated, this means including key members of a participant's social network in the process of change. This ensures that those with most influence on a young person are mobilised to support and maintain changes made.

A systems focus is central to the Typo approach. First, the referring professional and the young person's family are involved in the referral to the program. The young person's family are included in a) discussions about the goals for the young person, b) visits to Typo Station property as part of a three stage application process, c) discussions about what will happen at the conclusion of the program, and are d) regularly updated about progress (including weekend home visits). Importantly, during the follow-up phase the family and school are supported by Typo through home and school visits and phone contact. More broadly, through its focus on community work and service projects, Typo brings the young person into contact with their broader community. This allows opportunities for inclusion in community life and a sense of belonging and connection to others outside the family. Finding ways to interact with broader society gives social skills that enhance the young person's ability to find social and work roles within any community.

Focussing on the individual, a systems framework also posits that ingrained patterns such as anti-social behaviour or poor coping, are best changed by interrupting these patterns with the use of novel and challenging environments or experiences (Nadler & Luckner, 1992). This places demands on the individual that highlight old patterns as being maladaptive, while impelling the person to develop more adaptive approaches to problems. In particular, the program works centrally within *competency-based frameworks*<sup>1</sup> that focus on building existing strengths and abilities of the individual or group. This involves highlighting the exceptions to any perceived lack of personal or group resources available to deal with problems or challenges. Mobilising and building on existing strengths avoids labels and blaming and focuses on a more positive future outcome.

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<sup>1</sup> Competency based frameworks draw from Solution focused therapy (Insoo Kim Berg & De Shazer) and Narrative Therapy (Michael White)

At the program level, the young person is placed in a novel environment with adults and peers he does not know. Facing challenging tasks within this new social group the young person experiences a state of psychological *disequilibrium* that makes change in approach, attitude and behaviour more possible and pervasive. In particular, the wilderness trek component aims to introduce an even more novel environment and living situation. This means from the start of the program the young person must learn how to adapt to many new social and physical demands.

*Social Learning Theory:* This theory emphasises the importance of observing other's behaviour and social interactions as a means to learn new behaviour, such as social skills (Bandura's, 1977). Importantly, peers or adults 'model' appropriate behaviour and provide feedback to the young person about the effectiveness of their behaviour. Desired behaviour is reinforced by a positive response from the person's environment.

Typo staff are selected and trained to be effective 'role models' for participants. Focus is given to staff and peer modelling of, and being rewarded for, effective displays of motivation, positive social values and attitudes and appropriate norms of behaviour. Such specific behaviours include negotiation skills, assertiveness, conflict resolution, responsibility, cooperation, commitment to a task. Staff interactions with participants aim to develop a working alliance between the young person and staff based on trust, mutual respect and open and honest communication. It is expected that these behaviours and experiences then generalise to other settings such as home, school or the workplace.

*Self-efficacy Theory:* Related to social learning is the concept of self-efficacy. That is, an individual's belief in their ability to perform a task or behave in a certain way (Bandura, 1982).

Clearly, a young person's motivation is determined by their belief and expectation of achievement at a given task. Where a young person experiences success and competency in a task, this increases the likelihood of them repeating this task if the result has been rewarding. Further, the more the young person is exposed to new experiences that yield success, this expectation generalises to other tasks and behaviours.

Typo participants set goals at the beginning, and during the program that test their ability to master skills in a range of areas from vocational and domestic settings, personal organization as well as in social interactions. Tangible achievement of success in these areas that is observed and noted by staff, peers and significant others, such as family, helps to promote the belief that subsequent attempts in the same or similar skill will also likely be successful.

*Cognitive Theory:* In a similar way, a person's general belief about themselves, the world, and the future will have a major impact on their mental health, especially depression and suicidal thoughts (Beck & Young, 1985). Specifically, if an individual holds negative views of these things, they will see themselves as worthless, view the world as hostile and unsupportive and feel hopeless. Clinically, this negative cognitive state is associated with depression and suicidal wishes and behaviour. Such a set of beliefs clearly places a young person at significant risk. Where these beliefs can be challenged and replaced

with positive ones, the young person is likely to have good mental health, be free from depression, and be protected from risk in the future. Attitudinal changes that emphasise a) self-worth, b) expectations of support and nurturance from the world around and c) a hopeful and optimistic outlook are significant in reducing risk and providing protection.

Personal, social and programmatic experiences help to develop a view that the young person is worthwhile, that the world can provide support and protection and that there are positive events likely to befall the individual in the future. First, developing a positive view of oneself is likely to occur through positive social feedback from peers, staff and family following various achievements the young person makes as they work towards personal and group goals. Second, developing a positive expectation of the world and others occurs through a) being a member of a group and social support from peers and staff, b) the consistent and trustworthy application of consequences by staff during the program, c) the opportunity for new and inspiring experiences, and d) engagement with members of the community and community projects. Last, hopefulness is developed when the young person envisages a positive and meaningful future ahead, both after the program and beyond, and the realisation that difficult or negative situations can be acted upon and changed.

*Attachment Theory:* Bowlby (1960) emphasises the importance of critical developmental experiences in shaping expectations (or 'templates') of future relationships. In particular, how individuals are able to attach in a healthy way to 'significant others', such as caregivers, can influence how well a person will cope with stress and generally function in life. Frequently, young people with high needs have confusing or damaging developmental experiences. These result in distorted expectations of relationships, and therefore attachments, with peers or adults. For this reason, youth at risk are often unable to form a healthy, but essential attachment to significant people in their lives.

Typo plays a crucial role in providing a significant 'corrective' experience of relationships with peers and adults, thereby encouraging healthy attachment. More broadly, the physical place and program also serve as a positive 'significant other', or attachment figure in the young person's life. This relationship to peers, staff and the program as a whole can provide a crucial, alternative template of positive relationships and attachments for the young person as they form new relationships following the program. This is hoped to lead to healthy attachment to important figures in the person's family or within their community that may be critical for future life success.

### ***Aims of the Typo Station program***

Ultimately, Typo aims to build resilience to future adverse life events in young people who are at risk. Specifically, Typo aims to:

1. Address gaps in critical life skills, especially those related to education and vocation
2. Enhance relationships and connection with family, peers and the community
3. Effect a change in young peoples' view of themselves and expectation about their own future success

### ***Specific outcomes sought***

Typo strives to make specific changes that are thought to contribute to the overall aims of the program. These cover four areas: (a) personal skills, (b) experiences and opportunities, (c) attitudes and values, and (d) behaviour changes.

a) *Personal Skills*

- Conflict resolution
- Decision making skills
- Goal selection and goal commitment
- Anger expression and aggression management
- Inter-personal communication
- Knowledge of healthy relationships
- Co-operation and team-work skills
- Cooking skills and knowledge of dietary needs
- Educational and vocational skills
- Work performance tasks, eg. punctuality, application, etc.
- Dealing with failure and set-backs

b) *Experiences and Opportunities*

- 10 day bushwalk expedition
- Living in a small communal living situation
- Experience of a positive and supportive peer group
- Significant and lasting relationship with adult mentor
- Successful completion of tasks - tangible achievement
- Constructive, esteem-building recreation opportunities
- Exposure to positive male and female adult role-models who demonstrate competence and assertiveness
- First-aid certification
- Work experience and business and sales experience running a market stall
- Pre-vocational training: resume, job applications, interviewing skills
- Information on drug and health issues
- Opportunity to learn a musical instrument
- On-going support to family, referring agency and young person for 2 years

c) *Attitudes and Values*

- Development of optimism about one's abilities, the world and the future
- Increased expectation of positive relationships with peers and adults
- Increased expectation of help or support from others
- Increased positive attitudes towards members of the community
- Increased awareness of environmental and resource issues
- Ethic of contributing to others through community service projects
- Increased respect for authority figures
- Increased understanding and acceptance of different cultures and social backgrounds

d) *Behaviour Changes, increasing*

- co-operative behaviour and decreasing aggressive behaviour
- effective communication of feelings and needs
- responsibility for self and others
- independence, self-reliance and autonomy
- the range of effective problem solving behaviours
- the ability to set and achieve goals, stay on task
- the appropriateness or social behaviour in different settings
- motivation, self-efficacy
- feelings of self-worth

### **Summary**

Typo Station is a unique pioneer-style residential program for young men who bring with them significant risk factors for failure in educational and vocational pursuits. It is an early intervention program that carefully targets those most in need in balance with those who may be helped the most. Typo Station's approach is innovative in its use of a range of community building and pre-vocational experiences that are considered to be effective and relevant to building life skills, particularly educational and vocational reintegration and long-term success. These approaches can be understood in contemporary psychological and social theories such as Systems, Social Learning, Self-Efficacy, Cognitive and Attachment theories. The program aims to achieve outcomes for participants in important personal skills, experiences, attitudes, values and specific behaviour changes. Evaluating the outcomes of Typo is especially important to validate the apparent benefits for participants and lend support for the future development and expansion of this approach to meeting the needs of an especially vulnerable group.

### 3. Evaluation results

#### **Completeness of the data set**

The data used in this section of the evaluation was a combination of pre-existing data (from the LEQ-H) that was collected by Typo Station staff as well as measures recommended by the author. All data here, was collected from participants through the efforts of Typo Station staff.

The data set examined was for 87 participants who completed the TYPO Station program during the years 2000, 2001 and 2002. As frequently occurs with an adolescent sample the rate of fully completed or valid questionnaires returned was low. Consequently, the sample investigated is not fully representative of the whole cohort of participants during that time. However, it should be noted that data collection of this type is often very difficult from adolescents who are referred to programs such as Typo, even when undertaken by appropriately experienced research psychologists. It is often developmentally normal adolescent behaviour to use requests for data collection as an opportunity to rebel against adult authority and refuse to participate. Also, literacy and attentional difficulties of participants further reduce the likelihood of gaining a complete set of valid responses. The number of participants who completed the LEQ-H, the Coopersmith Self Esteem Inventory and the Adolescent Coping Scale was 42. All participants were male, and their ages ranged from 13-17 years of age. The average age was 14.6 years (SD = 0.89).

#### **Measures used**

With the exception of teacher rating of school adjustment, adolescent self-report has been shown in Australian adolescents to be a more sensitive method of determining the level of symptoms of psychological disturbance than parent report (Sawyer, et al., 2000) and because of the adolescent focused nature of the program was considered to be a more appropriate and reliable method of measuring psychological risk factors. Further, some participants were homeless and parent-based data was likely to be impossible to obtain or invalid. A detailed description of the measures used in Appendix 1.

#### **Pre-program social competence and school adjustment**

A sub sample (n=15) completed the Walker McConnell Scale of Social Competence and School Adjustment (WMS) at Pre-program. Few Post-program WMC questionnaires were completed or returned therefore no change statistics are available, however Pre-program analyses indicate the levels of functioning for these clients before starting the program. Table 1 outlines the range of scores and average responses for these clients on the WMC.

Table 1. Average scores from the Walker McConnell Scale of Social Competence and School Adjustment at Pre-program.

Scale	Range	M	SD	N
Self Control	4-52	30.93	13.09	15
Peer Relations	7-64	44.87	15.22	15
School Adjustment	4-62	39.07	14.28	15
Empathy	5-21	15.20	3.95	15
TOTAL	71-79	138.73	32.12	15

N= sample size; M is the Mean (or average score); SD is the Standard Deviation and shows variance of scores.

Walker, Hill & Stieber (1991) published results of a normative sample using the WMS. By comparison this sample has low scores on the Self-control scale, although the mean for this

sample (see Table 1) falls within one standard deviation (SD= 11.27) of the normative scores (41.23). Similarly the average Empathy score in this sample is lower than the published normative mean (M= 21.80) with scores falling just below one standard deviation (SD= 5.83) from the normative mean. The scores on the Peer relations subscale are quite low in this sample, falling almost two standard deviations (SD= 16.40) below the normative mean (M= 74.26). The School Adjustment scores however were close to that of the normative sample (M= 36.08) and well within one standard deviation (SD= 10.18).

In summary, Typo participants came to the program with below average levels of social competence and school adjustment. In particular, Typo participants were very low in empathy and extremely low in peer relationships. These data confirm the social and school behaviour needs of this group.

**General life skills and effectiveness**

Outward Bound Australia (Outdoor Education school) developed a Life Effectiveness Questionnaire to measure (LEQ-H) aspects of social, emotional and intellectual abilities and other aspects related to outdoor education and leadership. The LEQ-H was administered to Typo participants prior to, and after the program. Table 2 shows the average scores on the LEQ-H at Pre-program and Post-program. Table 3 shows the results of statistical analyses for the pre-to-post measurements.

Table 2. Average scores for the LEQ-H at Pre-program and Post-program.

Scale	Pre-program			Post-program		
	N	<u>M</u>	<u>SD</u>	N	<u>M</u>	<u>SD</u>
Time Management	40	16.50	4.16	40	16.45	3.99
Social Competence	40	17.45	3.80	40	16.83	3.20
Achievement Motivation	40	19.70	4.11	40	19.15	3.37
Intellectual Flexibility	40	18.72	3.33	40	17.45	3.39
Task Leadership	40	15.50	3.43	40	16.42	3.68
Emotional Control	40	13.70	4.08	40	14.53	4.31
Being Active	40	19.77	3.70	40	18.63	4.28
Self Confidence	40	19.33	3.83	40	18.33	4.41

N= sample size; M is the Mean (or average score); SD is the Standard Deviation and shows variance of scores.

Table 3. Results from repeated measures ANOVA's (Analysis of Variance) for the pre-program and Post-program LEQ-H scales.

Effect	df	Error df	F	p	? <sup>2</sup>
Measure					
Time Management	1	39	.005	>.05	.000
Social Competence	1	39	1.18	>.05	.029
Achievement Motivation	1	39	.800	>.05	.020
Intellectual Flexibility	1	39	1.53	>.05	.038
Task Leadership	1	39	2.18	>.05	.053
Emotional Control	1	39	1.06	>.05	.026
Being Active	<b>1</b>	<b>39</b>	<b>3.39</b>	<b>&lt;.05</b>	<b>.080</b>
Self Confidence	1	39	2.27	>.05	.055

Note: ?<sup>2</sup> is the effect size index; eta squared. Bolded statistics show significant results.

The post-program results show that there was a significant change in client’s levels of activity (*Being Active*) over the course of the Typo program. Figure 1. shows the change in the *Being Active* scale of the LEQ-H from Pre-program to Post-program. As can be seen, there is a reduction in reported levels of *Being Active* from baseline to after the program. However given that the scores on this dimension range from 4 to 24, a change of one point is not deemed to be significant in practical terms. Further, the magnitude of change is small (ES=.080), therefore representing only a small change in activity levels.

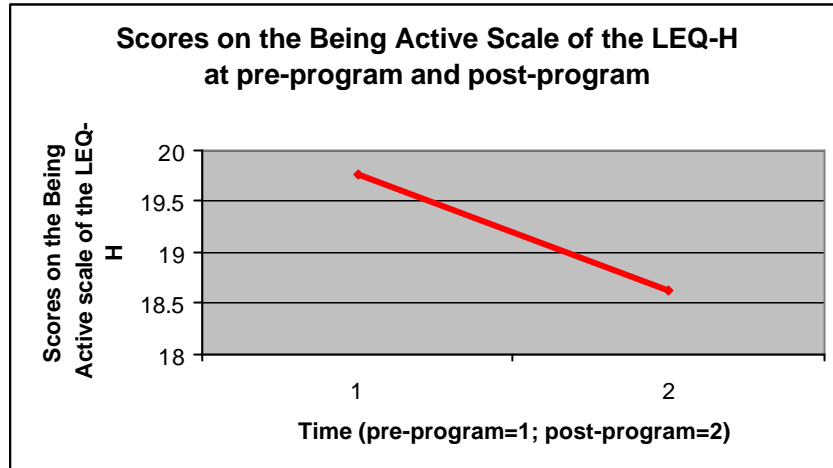


Figure 1: Scores for the LEQ-H Being Active Scale at Pre-program and Post-program.

The apparent lack of *change* at the end of the program on other dimensions of this measure may not reflect no real change, but a limitation with this measure. Before the program, participants reported high levels on these dimensions to begin with, so showing an increase over time becomes problematic as the measure does not have the any latitude for change remaining (a so called ‘ceiling effect’). This result is interesting as it suggest that the participants perceived themselves to already have good life skills when they came to the program compared to most people. This finding suggests participants may have been attempting to be perceived by others as motivated and capable (so called ‘faking good’). This phenomena sometimes occurs at the beginning of programs where participants’ may feel they need to impress staff to become accepted, or to avoid attention because of problems.

**Self esteem**

The Coopersmith Self Esteem Inventory (CSEI) measures aspects an individual’s self esteem in several contexts; at Home, at School, Socially, and in General. There is also a Total score, which gives a broader indication of self-esteem across several domains. The CSEI was administered to clients before the program and after they completed the program. Table 4 shows the average scores on the CSEI at Pre-program and Post-program. Table 5 shows the statistical outcomes for the pre-post measurements.

Table 4. Average scores for the CSEI at Pre-program and Post-program.

Scale	Pre-program			Post-program		
	N	<u>M</u>	<u>SD</u>	N	<u>M</u>	<u>SD</u>
General	41	16.07	4.54	41	16.73	4.65
School	41	3.15	1.54	41	3.85	1.61
Social	41	5.93	1.78	41	5.90	1.76
Home	41	4.00	2.43	41	4.24	2.76
Total	41	58.83	12.77	41	61.46	16.00

N= sample size; M is the Mean (or average score); SD is the Standard Deviation and shows variance of scores.

Table 5. Results of repeated measures ANOVA’s (Analysis of Variance) for the pre and

post Coopersmith Self Esteem Inventory scores.

Effect	df	Error df	F	p	$\eta^2$
Measure					
General	1	40	.78	>.05	.019
School	<b>1</b>	<b>40</b>	<b>6.10</b>	<b>&lt;.05</b>	<b>.132</b>
Social	1	40	.007	>.05	.000
Home	1	40	.461	>.05	.011
Total	1	40	1.27	>.05	.031

Note:  $\eta^2$  is the effect size index; eta squared. Bolded statistics show significant results.

The analyses showed that Self Esteem at School increased significantly at Post-program. The eta squared statistic ( $\eta^2$ ) shows that 13% of the variance in the scores on the Self Esteem at School measure occurred following the program (Pre-program to Post-program). In psychological measurement, this is a reasonable magnitude of change.

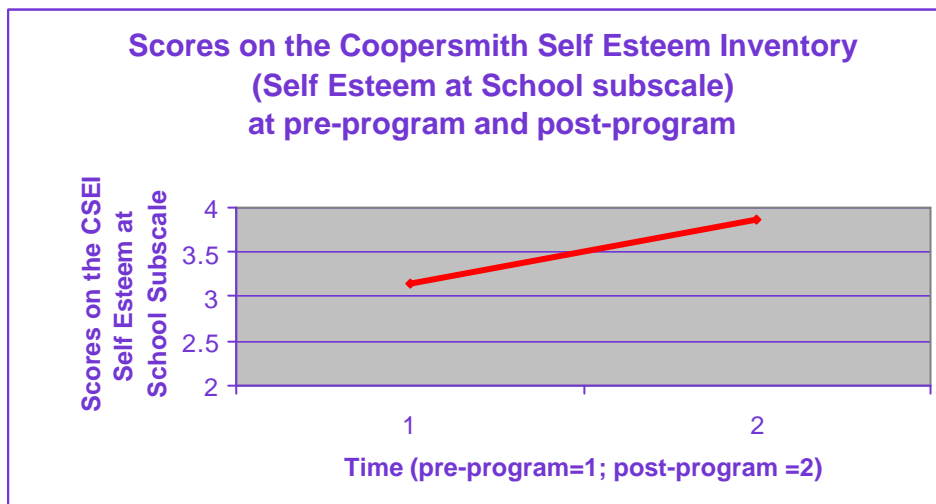


Figure 2: Scores on the CSEI – School subscale from Pre-program to Post-program.

Therefore, it appears there is evidence that self-esteem in regard to school situations has shown a reasonable change following the program. This result suggests that vocational learning and group work aspects of Typo Station readily translate to school-like situations, and participants feel better about themselves in regard to this setting.

### **Mental health symptom profile**

The Youth Self Report – YSR (Achenbach, 1991) measures individuals' mental health symptoms, and groups these into either *Internalising* symptoms or *Externalising* symptoms. There is also a total score giving an indication of overall psychological symptoms. The YSR was administered to clients before the program and after they completed the program. The participant's ages ranged from 14-17 years old, and some of the YSR scores showed trends of correlating with age ( $p = .055$ ), therefore age was entered as a covariate with the repeated measures analyses. Table 6 shows the average pre-program symptom profile for program participants. This profile is presented graphically in Figure 3.

Table 6. Average scores for the YSR at Pre-program.

Scale	Pre-program		
	N	<u>M</u>	<u>SD</u>
Withdrawn	43	56.72	8.97
Somatic Complaints	43	59.02	10.82
Anxious/Depressed	43	58.88	10.15
Social Problems	43	58.05	8.31
Thought Problems	43	57.02	9.94
Attention Problems	43	62.53	11.11
Delinquent Behaviour	43	70.35	10.38
Aggressive Behaviour	43	62.44	10.44
Internalising	43	54.40	15.41
Externalising	43	65.44	11.47
Total	43	58.60	11.53

N= sample size; M is the Mean (or average score); SD is the Standard Deviation and shows variance of scores.

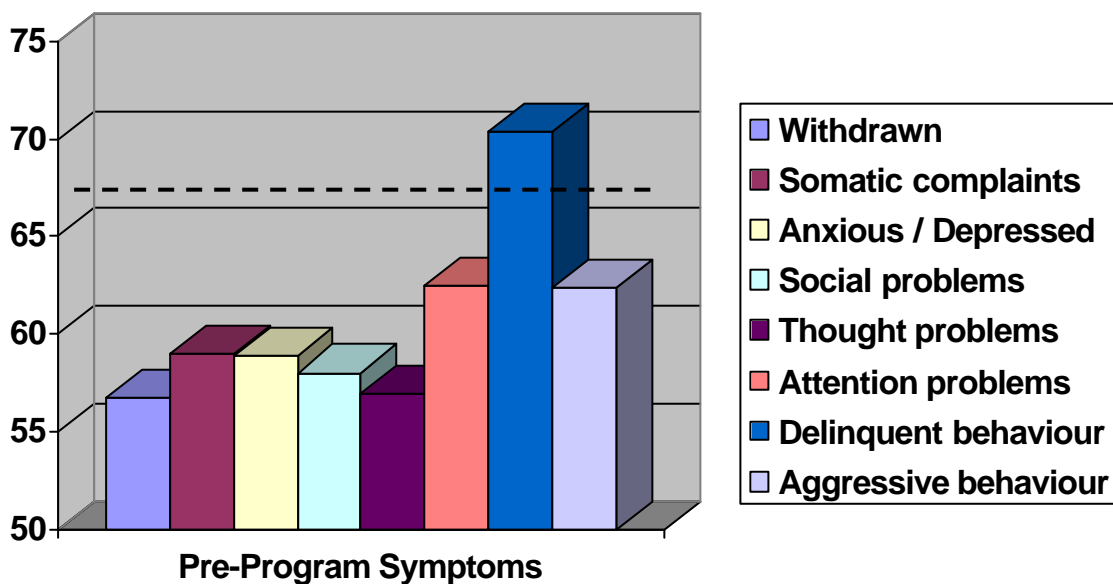


Figure 3: Profile of the average YSR symptoms at Pre-Program (- - - clinical cut-off)

Table 6 and Figure 3 show that the most common psychological problems experienced were a cluster of *Delinquent* behaviours. These levels of problems are well above the level that warrants clinical attention (>T=67). It can be deduced from this result that Typo Station participants typically present with defiant and rule-breaking behaviour, as well as anti-social attitudes that would likely cause them substantial impairment in functioning in school and home environments. This psychological profile is consistent with the group profile Typo Station targets for its program.

Further, it was important to consider if mental health symptoms changed following the program. Table 7 shows the average scores on the YSR at pre-program and at completion of the program (post-program). Table 8 shows the results of the statistical analysis that compared YSR scores at pre-program to those at post-program.

However, this pre-program sample of YSR scores (n=43) was significantly larger than the sample that had completed *both* the pre and post-program questionnaires (n=18). To ensure that there were no differences between the sample that returned post-program questionnaires and the sample that had only returned pre-program questionnaires, comparisons were made between the two groups. An Analysis of Variance showed no significant differences between these two groups on any subscale or total score (significance levels ranging between  $p = .150$  and  $p = .816$ ). It can therefore be assumed that the participants who provided data at post-program, had similar levels of mental health symptoms before the program to those who only returned data at pre-program. Thus, the data representing changes in mental health symptoms following the program (presented below) are likely to be representative of a larger sample than was measured in the pre to post-program analysis.

Table 7. Average scores for the YSR at Pre-program and Post-program.

Scale	Pre-program			Post-program		
	N	<u>M</u>	<u>SD</u>	N	<u>M</u>	<u>SD</u>
Withdrawn	18	54.56	6.91	18	54.67	5.85
Somatic Complaints	18	55.39	6.39	18	55.83	8.88
Anxious/Depressed	18	56.89	8.25	18	55.72	6.61
Social Problems	18	57.72	7.85	18	56.72	8.37
Thought Problems	18	59.39	11.74	18	58.78	12.50
Attention Problems	18	61.22	10.34	18	61.11	10.45
Delinquent Behaviour	18	72.44	11.22	18	70.56	6.95
Aggressive Behaviour	18	60.67	9.22	18	62.83	8.55
Internalising	18	52.61	10.88	18	53.67	9.27
Externalising	18	65.39	10.74	18	66.17	8.42
Total	18	57.83	9.91	18	56.50	12.95

N= sample size; M is the Mean (or average score); SD is the Standard Deviation and shows variance of scores.

To determine any changes from pre-program to post-program, these means were compared using a repeated measures Analysis of Variance (Table 8).

Table 8. Results from the Main effect of the repeated measures ANOVA's (Analysis of Variance) for the pre and post YSR.

Effect	df	Error df	F	p	$\eta^2$
Measure					
Withdrawn	1	17	.201	>.05	.012
Somatic Complaints	1	17	.615	>.05	.037
Anxious/Depressed	1	17	.705	>.05	.042
Social Problems	1	17	.029	>.05	.002
Thought Problems	1	17	.275	>.05	.017
Attention Problems	1	17	.135	>.05	.008
Delinquent Behaviour	1	17	<b>5.79</b>	<b>&lt; .05</b>	<b>.27</b>
Aggressive Behaviour	1	17	1.49	>.05	.085
Internalising	1	17	1.35	>.05	.078
Externalising	1	17	3.21	>.05	.167
Total	1	17	.002	>.05	.000

Note:  $\eta^2$  is the effect size index; eta squared. Bolded statistics show significant results.

The repeated measures analyses of variance showed that when age was entered as a co-variate that the YSR *Delinquency* scores showed a significant decrease from pre-program to post-program (see Figure 4). The significance of this result is very encouraging given it was observed with such a small sample size (n=18). Further, the size of this effect is very reasonable (ES=.27), especially with behaviours that are typically some of those least amenable to change.

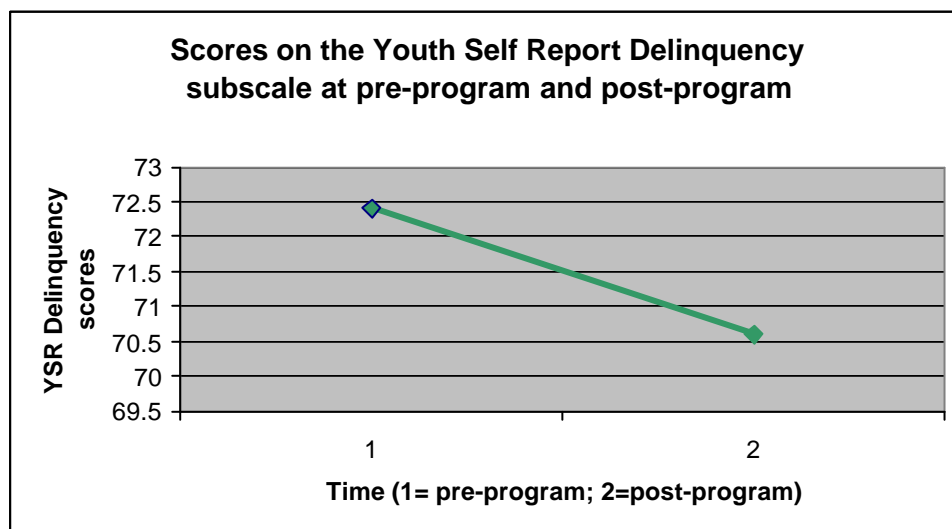


Figure 4. YSR Delinquency scores for Pre- and Post-program

This result suggests a targeted intervention effect directed at the behaviours most requiring change.

**Productive and non-productive coping styles**

The Adolescent Coping Scale (ACS) measures aspects of coping, including coping styles that research has found to be both productive and non-productive ways to manage problems adolescents face. The ACS was administered to the clients before the program and after they

completed the program. Table 10 shows the average scores on these coping scales at Pre-program and Post-program. Table 11 shows the statistical outcomes for a repeated measures analysis of variance over time (Pre-program to Post-program).

Table 10. Average scores for the ACS at Pre-program and Post-program.

Scale	Pre-program			Post-program		
	N	<u>M</u>	<u>SD</u>	N	<u>M</u>	<u>SD</u>
<b>Productive Coping strategies</b>						
Talk about the Problem/Seek social support	35	50.74	16.63	35	50.63	16.82
Solve the problem/Focus on the problem	35	61.26	15.82	35	58.26	16.17
Work hard to make changes	35	58.17	16.39	35	58.71	18.21
Spend time with my partner	35	69.37	14.42	35	60.89	17.16
Improve relationship with others	35	62.00	13.94	35	55.51	16.73
Join others with similar concerns	35	43.00	14.86	35	41.40	13.79
Look at the positive side of things	35	60.71	14.46	35	58.11	15.97
Seek relaxing diversions/Leisure Activities	35	81.20	14.23	35	71.57	20.97
Keep fit and healthy/Physical recreation	35	62.60	19.50	35	61.40	22.19
TOTAL Productive Coping	35	549.06	79.15	35	516.49	123.16
<b>Non-productive coping strategies</b>						
Worry about the problem	35	56.80	19.01	35	51.40	18.57
Use of wishful thinking	35	64.80	18.09	35	56.77	19.87
Not coping with the problem (ie get sick)	35	49.49	13.85	35	44.77	14.86
Let off steam/tension reduction (ie scream)	35	53.03	19.26	35	52.66	19.59
Shut self off (from problem)	35	57.03	16.26	35	56.69	18.76
Self blame	35	57.00	18.56	35	53.71	19.30
Don't talk to others/Keep to self	35	61.43	15.51	35	59.69	17.29
Seek spiritual support/ Pray	35	32.29	15.55	35	29.11	12.29
Ask for professional help	35	46.29	20.52	35	46.26	20.69
TOTAL Non-productive Coping	35	478.14	81.72	35	451.05	120.95

N= sample size; M is the Mean (or average score); SD is the Standard Deviation and shows variance of scores.

Table 11. Results from repeated measures ANOVA's (Analysis of Variance) for the Pre-program and Post-program ACS subscales.

Effect	df	Error df	F	p	? <sup>2</sup>
<b>Productive Coping strategies</b>					
Talk about the Problem (seek social support)	1	34	0.00	>.05	.00
Solve the problem (focus on the problem)	1	34	0.92	>.05	.03
Work hard to make changes	1	34	0.03	>.05	.00
Spend time with my partner (invest in close relationship)	<b>1</b>	<b>34</b>	<b>7.28</b>	<b>&lt;.05</b>	<b>.18</b>
Improve relationship with others (seek to belong)	1	34	3.62	>.05	.09
Join others with similar concerns (social action)	1	34	0.03	>.05	.01
Look at the positive side of things	1	34	0.47	>.05	.01
Seek relaxing diversions	<b>1</b>	<b>34</b>	<b>7.20</b>	<b>&lt;.05</b>	<b>.17</b>
Keep fit and healthy (Physical recreation)	1	34	0.09	>.05	.00
TOTAL Productive Coping	1	34	1.78	<.05	.05
<b>Non-productive coping strategies</b>					
Worry about the problem	1	34	2.11	>.05	.06
Use of wishful thinking	<b>1</b>	<b>34</b>	<b>5.80</b>	<b>&lt;.05</b>	<b>.15</b>
Not coping with the problem (ie get sick etc)	<b>1</b>	<b>34</b>	<b>4.06</b>	<b>&lt;.05</b>	<b>.11</b>
Let off steam (Tension reduction ie scream, use drugs )	1	34	0.02	>.05	.00
Shut self off (from problem)	1	34	0.01	>.05	.00
Self blame	1	34	1.76	>.05	.05
Don't talk to others about problem (Keep to self)	1	34	0.22	>.05	.01
Seek spiritual support (pray for help)	1	34	2.39	>.05	.01
Ask for professional help	1	34	0.00	>.05	.00
TOTAL Non-productive Coping	1	34	2.03	>.05	.06

**Note:** ?<sup>2</sup> is the effect size index; eta squared. Bolded statistics show significant results.

The repeated measures analyses of variance revealed that there were several significant changes. Over the period of the program participants reported using the coping strategy *Spending time with my partner* less frequently. While this is usually categorised as a productive coping strategy, the circumstance of the programs would account for the reduction in the use of this strategy. The program was residential, therefore little contact with the participant's partner could have occurred. This readily explains the reduction in these scores.

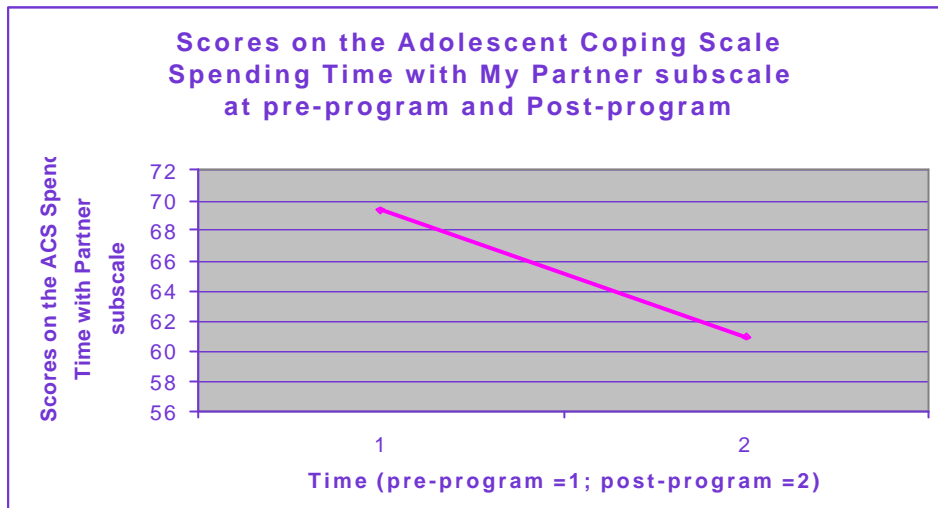


Figure 5. ACS Spend time with my Partner subscale scores for Pre- and Post-program

Participants also reported less frequent use of *Seeking relaxing diversions* after they completed the program. This subscale represents a form of productive coping. However two points should be considered when interpreting this result. The scores at both Pre-program and Post-program fell within the “used frequently” category, indicating that even after completion of the program, the clients still used this form of productive coping frequently. This less frequent use of relaxing diversions may also be attributable to their increased participation in physical activities, which form a considerable part of the Typo Station program. As a result of participation in these activities, clients may have been less likely to seek relaxing diversions in their own time. Alternately they may have been partaking less frequently in their “usual” relaxing diversions (such as playing video games), which would not have been available to them during the program.

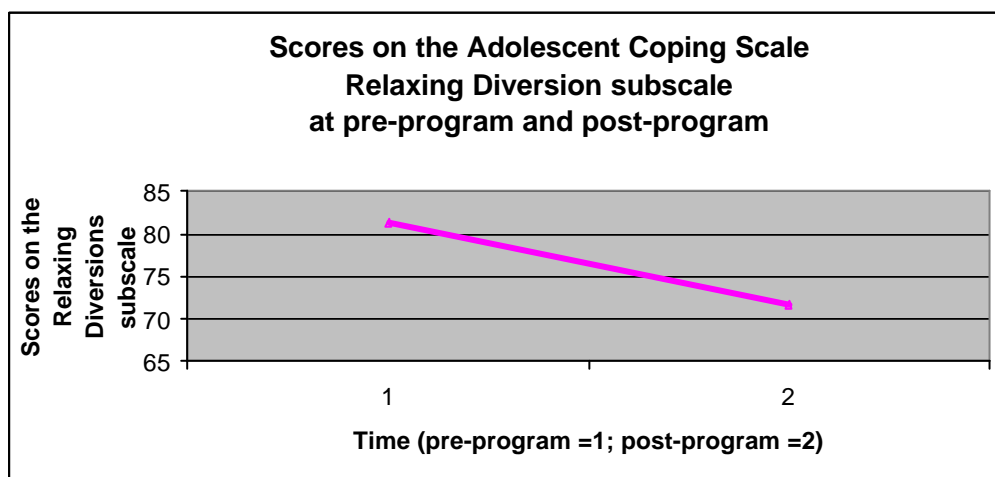


Figure 6. ACS Seek Relaxing Diversions subscale scores for Pre- and Post-program

Over the course of the program participants also reported using the coping strategy *Wishful thinking* less frequently. Wishful thinking is a non-productive form of coping, indicating an avoidance of the problem. The decreased reliance on this non-productive coping suggests a more functional change in these clients.

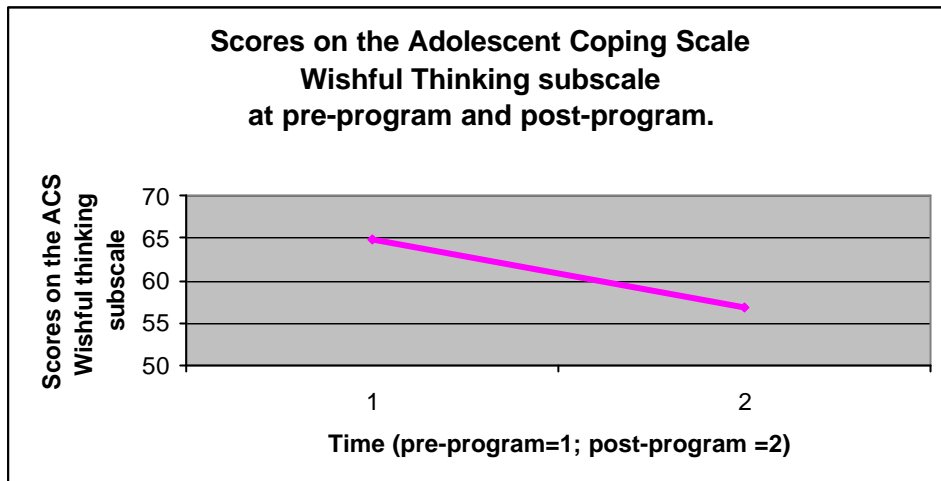


Figure 7. ACS Wishful Thinking subscale scores for Pre- and Post-program

Participants reported lower frequency of use on the *Not coping* subscale after they completed the program. This subscale encompasses strategies such as getting sick, and other psychosomatic symptoms. This is a form of non-productive coping. This result indicates that after the program clients were less likely to express stress in the form of physical illnesses. In fact the Pre-program scores on this subscale fell into the “used sometimes” category, however at Post-program they have fallen to the “used very little” category.

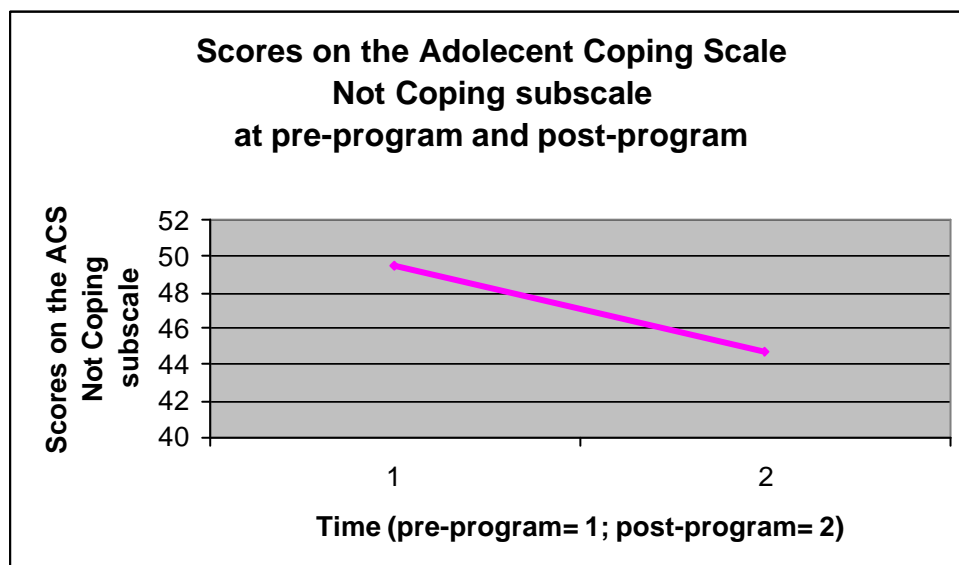


Figure 8. ACS Not Coping subscale scores for Pre- and Post-program

In keeping with previous research of this kind (Crisp, 2003), the positive effect of the Typo Station program on coping styles are reflected by reduced Non-productive coping rather than an increased use of Productive coping strategies. In real terms, this means that participants have learnt what are maladaptive and in-effective ways to solve problems or deal with stress and consequently use them less. So, they apparently evidence more effective coping as a result.

## 4. Service audit results

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### **Auditing procedure**

The evaluation approach used here was derived from the practice of 'clinical audits' that are used in mental health and health settings (Marks, 1998). These on-site investigations are used to ensure that minimum standards of practice and sufficient standards of care are actually applied. To the best of the author's knowledge, having undergone this service audit process makes Typo Station unique in Australia in its commitment to transparency and accountability with respect to its operations.

The audit involved a site visit (August 19-20, 2003) and perusal of program documents, staffing profiles and practices as well as intake and exit systems, and other investigations as required. The aim of the service audit was to gain a good enough understanding of Typo's practices and systems that an appraisal of the integrity of its operations can be made, and recommendations can be given to improve the program in terms of design considerations, service delivery procedures and any aspect that impacts on the young person's experience with the program.

Although the Typo Station program is a unique service, two related benchmark criteria were considered to be relevant for this purpose:

1. Australian Wilderness Adventure Therapy Accreditation Scheme - Program Accreditation benchmarks (Crisp, 2002) – see Appendix 3.
2. *Health System Performance Indicators* – National Health Performance Framework (Commonwealth Department of Health & Aging, 2001)  
<[www.health.qld.gov.au/nathlthrpt/index.htm](http://www.health.qld.gov.au/nathlthrpt/index.htm)>

The results of these two approaches to the service audit are presented below in detail.

### **Audit results: The Australian Wilderness Adventure Therapy® Accreditation Scheme (AWATAS) - Program Accreditation Benchmarks**

This approach benchmarks Typo Station against wilderness adventure therapy principles of best practice. Each benchmark criteria is graded according to whether it is 'Evident/Satisfactory', 'Some evidence', 'No evidence/unsatisfactory' or 'Not applicable'. Items with an 'M' superscript are mandatory in the scheme. Examples of evidence have also been noted in point form, and recommendations made to enhance this procedure added where necessary.

#### **1. Systemic Framework**

**(a)** program takes account of systems issues in program rationale<sup>M</sup>

Grade: *Evident / Satisfactory*

**(b)** mechanism/procedures and program design considerations exist to address systemic issues in terms of (i) assessment, (ii) change and (iii) follow-up<sup>M</sup>

- 3 stage assessment process includes a) telephone screening assessment, b) detailed application form, and c) face to face assessment interview
- until a recent loss of staff resources, the program had been providing home visits during and post-program.
- plans exist to include a community family follow-up program component

Grade: *Some Evidence*

Recommendation: include in Application Form questions about the areas of support required in the family and changes in the family that are sought (ie. family outcomes)

## **2. Assessment Process**

**(a)** individualized intake process <sup>M</sup>

- good, extensive documentation

Grade: *Evident / Satisfactory*

**(b)** includes 1:1 face to face assessment pre-program <sup>M</sup>

- occurs during orientation visit

Grade: *Evident / Satisfactory*

**(c)** documented criteria for inclusion & exclusion

- team approach in vetting referrals  
- decision-making is well documented

Grade: *Some Evidence*

**(d)** bio-psycho-social formulation of clients needs is made and guides treatment planning

- basic information is obtained but needs to be better organized

Grade: *Unsatisfactory*

Recommendation: development of 'case plan' documentation that guides case reviews

**(e)** a suitable assessment of risk of harm to self and others is undertaken by an appropriately trained therapeutic professional <sup>M</sup>

- clear 'red flag' questions are included in Intake form and prompts a "secondary assessment" by more experienced staff (usually social worker)

Grade: *Some Evidence*

Recommendation: intake staff undertake *Psychological First Response* training

## **3. Treatment Planning** - documented outcomes guide strategies used with the client in the field

**(a)** assessment information is used to develop treatment goals and is documented <sup>M</sup>

Grade: *Some Evidence*

Recommendation: development of 'case plan' documentation that included staff and participant goals together

**(b)** individualized client goals are developed and negotiated with the client and documented in client file

Grade: *Some Evidence*

Recommendation: add a goal question to the end of the Basic Skills summary document

**(c)** post-program case-management needs are identified and preparations put in place to address these before the end of the program <sup>M</sup>

Grade: *Evident / Satisfactory*

Recommendation: feedback outstanding issues to the family or community agency,

document this in an exit report and follow-up with a phone call to ensure it is completed

#### **4. Flexibility**

**(a)** strategies are tailored to and based on assessed individual need

- referral form, action plan and daily feedback sheet identify individual goals

Grade: *Evident / Satisfactory*

**(b)** program structure can be modified to meet the needs of individual clients or groups<sup>M</sup>

- consistent use of venues with variable route options, residential time-table is adapted day-by-day, follow-up period is adapted to individual need

Grade: *Evident / Satisfactory*

**5. Integration** - in part, to ensure the client experiences *continuity* between therapeutic mediums & processes

**(a)** treatment goals and strategies are consistent with, and complimentary to, adjunctive / concurrent therapy and case-management<sup>M</sup>

- referral and application form seek stakeholder's view

Grade: *Evident / Satisfactory*

**(b)** processes are adapted that ensure reciprocity of (i) assessment information, (ii) mutually supporting and complimentary strategies, techniques and approach<sup>M</sup>

- phone call during program week 1 & 3 to the school and family, 2 home visits in weeks 1 & 3.

Grade: *Evident / Satisfactory*

**(c)** treatment and discharge planning is done jointly with other therapy service providers / therapists

- planning with other service providers done in the past

Grade: *Evident / Satisfactory*

Recommendation: Recommence this procedure as priority with increased staff resources

**(d)** client outcomes and goals relate to therapeutic needs in other modalities

Grade: *Evident / Satisfactory*

Recommendation: introduce 'home feedback' document with recommended goals and strategies upon return from the program

**(e)** processing of WAT links outcomes to other environments

- feedback sheets are collated and bound to record process and outcomes

Grade: *Evident / Satisfactory*

**(f)** hand-over and case review meetings are planned and conducted<sup>M</sup>

- transparent and inclusive client review meetings
- face to face 'celebration day'

Grade: *Evident / Satisfactory*

Recommendation: mail-out package (report) and action plan to key people / other service

providers

**(g)** there is a follow-up component in the community to (i) reinforce therapeutic outcomes and (ii) and monitor progress<sup>M</sup>

- follow-up (booster) programs occur ad hoc (resources dependent)
- monthly phone calls are made for all participants post-program (previously home & school visits undertaken – stopped due to reduced resources)

Grade: *Evident / Satisfactory*

**(h)** client goals are reviewed (3b)

- goal and feedback sheets
- morning hand-over meetings

Grade: *Evident / Satisfactory*

## **6. Monitoring of Client Progress & Outcomes**

**(a)** all clients have a file that is used routinely, is treated as confidential and stored securely<sup>M</sup>

- electronic file is created for each participant at discharge

Grade: *Evident / Satisfactory*

Recommendation: 1 staff member be nominated as responsible for developing and ensuring a documentation protocol is adopted and followed

**(b)** client evaluation is done pre-program and reviewed at post-program & follow-up, and includes 3<sup>rd</sup> party perspectives<sup>M</sup>

- pre and post-program data collection is continuing (follow-up is on-hold)
- in process of formalizing a 6-month phone call-in procedure and work parties for ex-participants
- phone-calls to family regarding post-program outcomes are documented

Grade: *Evident / Satisfactory*

**(c)** client progress with treatment goals and outcomes sought are reviewed, modified (if needed) and documented regularly, eg. daily on expedition, or otherwise weekly (see 3a)<sup>M</sup>

- see (3a)
- morning hand-over meetings
- electronic data-base is in the process of being established

Grade: *Evident / Satisfactory*

**(d)** if post-program needs continue, procedures are in place to support referral on<sup>M</sup>

- 2 year follow-up strategy
- in the past have provided 1 to 1 support for referral-on to external agency (resources dependent)
- Melbourne office is planned to be established to enhance referral and provide greater support

Grade: *Evident / Satisfactory*

**(e)** client and stakeholder satisfaction is routinely evaluated and documented

- participants - yes, families and stakeholders – no, although informal feedback gained through phone conversations is noted

Grade: *Some Evidence*

Recommendation: develop appropriate survey and feedback protocol; establish an annual review meeting for program development

**(f)** there is a formalized external evaluation of the program (including a clinical service audit) using appropriate and meaningful measures

Grade: *Evident / Satisfactory*

### **7. Theoretical Paradigm**

**(a)** documented therapeutic rationale, based on established literature and theory guides program design & practices<sup>M</sup>

Grade: *Evident / Satisfactory*

**(b)** mechanisms of change processes is well articulated theoretically and in terms of practice both for the (i) target client group (ii) the individual client, and (iii) therapy team<sup>M</sup>

Grade: *Evident / Satisfactory*

Recommendation: PowerPoint slides used by the CEO are included in training manual or Policy & Procedures Manual

**(c)** methodology uses contemporary clinical frameworks<sup>M</sup>

Grade: *Evident / Satisfactory*

### **8. Therapist Skills / Therapy Team**

**(a)** all staff have undergone a police check<sup>M</sup>

Grade: *Evident / Satisfactory*

**(b)** procedures are in place to recruit and screen staff according to their ability to relate effectively and appropriately to the target client group while maintaining a professional stance (eg. boundaries, ethics, etc)

- excellent documentation outlining appropriate staff behaviour
- staff have 3 month trial, on-site interview, including scenario-based, personal values and practices interview formats, and 12 month staff reviews
- staff team peer feedback, and peer review
- mentoring is arranged where possible

Grade: *Evident / Satisfactory*

Recommendation: include confidentiality guidelines / policy in P&P Manual

**(c)** all staff have the qualifications to participate in the WAT accreditation scheme, and have completed or are actively in the process of completing the WAT accreditation scheme, and adhere to principles and practices within<sup>M</sup>

- 2 staff categories: Youth Worker (expedition), and Youth Worker (standard).
- basic minimum qualifications are documented – very good job descriptions

Grade: *Not Applicable*

Recommended: update and extend staff training manual; define minimum staff criteria (mix of qualifications) for expedition team only; all staff to undertake the *Introductory course in Wilderness Adventure Therapy*

**(d)** all staff hold current *Psychological First Response* or *WAT risk-Management Practicum* training<sup>M</sup>

- documentation on staff induction training is sound but requires consolidation

Grade: *Some Evidence*

Recommendation: all staff undertake *Psychological First Response* or *WAT risk-Management Practicum* training as appropriate to their background; staff are trained in managing follow-up phone calls with families with regard to providing guidance on family related behavioural issues, ie. phone counselling

**(e)** at least one field staff has formal therapy qualifications and staff team compositions are consistent with WAT team configurations<sup>M</sup>

- social worker accompanies team on expedition
- outdoor staff don't have WAT Accreditation, but have been through Typo training.

Grade: *Some Evidence*

**(f)** program manager has dual qualifications in therapy and wilderness adventure leadership with target client populations<sup>M</sup>

- as in job description
- position currently vacant

Grade: *Not Applicable*

**(g)** teams have regular de-briefing on WAT practices and are engaged in regular individual or group supervision from a professional with greater experience in WAT

- external facilitator used
- post-critical incident de-briefing 1:1
- external individual supervision strongly supported (program manager may provide this in future)

Grade: *Evident / Satisfactory*

**(h)** all field staff have annual performance reviews undertaken with senior staff who have observed them in the field

- in job description (outline for the review is also detailed)
- specified in P&P Manual

Grade: *Evident / Satisfactory*

Recommend: include an '*Actions*' section in the review form

**(i)** there are clear role descriptions for the WAT team and how each staff fits (esp. any sessional staff)<sup>M</sup>

- clear descriptions of common situations and what roles what staff play in them
- each staff is allocated to a roles within the staff team

Grade: *Evident / Satisfactory*

## **9. Risk Management**

(a) all clients and all groups are routinely and adequately assessed for medical and psychological risks<sup>M</sup>

- health is assessed by a medical practitioner: excellent and very thorough
- indicators for harm are clear and referral for assessment to a professional is made as necessary

Grade: *Evident / Satisfactory*

(b) physical and psychological risk management plans and procedures are documented and reviewed annually<sup>M</sup>

- Occupational Health & Safety standards are conformed to where possible, if none applicable, then best practice adopted
- (Outdoor) Safety Audit conducted in 2000 with subsequent reviews
- on expeditions, an 'exit staff' is nominated to facilitate an efficient exit of clients if necessary for safety reasons; back-up vehicle on stand-by 24 hours

Grade: *Some Evidence*

Recommendations: critical incident procedures be outlined in emergency documentation, including de-briefing procedures for staff and clients

(c) all adventure activities conform to current industry standards<sup>M</sup>

- good qualifications and staffing ratios- 2:4 minimum, minimum of 2 staff

Grade: *Evident / Satisfactory*

(d) procedures for managing critical incidents and medical and psychiatric emergencies are practical, current & documented<sup>M</sup>

- all staff have first-aid training, expedition staff have wilderness first-aid training
- 1 expedition staff is nominated as the 'first-aider'
- emergency *medical* procedures are in place and are comprehensive

Grade: *Some evidence*

Recommendation: develop a critical incidents procedure document to go in to field

(e) staff skills in all WAT areas are sufficient and commensurate with (i) degree of severity of clients and (ii) remoteness/difficulty accessing specialized resources (eg. psychiatric crises)<sup>M</sup>

- on expedition: maximum time to a vehicle 3-4 hours + 2.5 hours to hospital
- satellite phone is carried by staff during expedition

Grade: *Evident / Satisfactory*

Recommendation: all staff do *Psychological First Response* training

(f) at least one field staff has sufficient skills / training to undertake client assessment in terms of risk of harm to self and others (see 2e)<sup>M</sup>

- P.A.R.T. training for all staff
- not adequate for suicide assessment (except social worker)

Grade: *Some Evidence*

Recommendation: all staff do *Psychological First Response* training or at least ASSIST training (suicide risk assessment)

## **10. Ethical Issues**

**(a)** a brochure outlining clients Rights & Responsibilities is given to all clients at intake<sup>M</sup>

- participants sign a 'living agreement'

Grade: *Evident / Satisfactory*

Recommendation: YouthPsych Consulting to provide a copy of Rights & Responsibilities to be adapted to Typo Station.

**(b)** Prior to participation, a statement of informed consent must be signed by the client (or guardian) that details risks involved in WAT, and includes the qualifications and roles of staff providing the WAT service<sup>M</sup>

Grade: *Evident / Satisfactory*

Recommendation: review currently used waiver in light of recent changes in legislation

**(c)** all staff and program management adhere to a relevant and specified code of ethical practice (eg. TAPG – AEE)<sup>M</sup>

Grade: *Not Applicable*

Recommendation: Typo Station consider developing their own or adopting the TAPG code

**(d)** there are specified guidelines on client restraint and client physical contact<sup>M</sup>

Grade: *Evident / Satisfactory*

Recommendation: adopt explicitly PART guidelines as policy

**(e)** there is a documented rationale for why different activities and venues are used that relate to the risks involved<sup>M</sup>

- aims and objectives plus a rationale for expedition are documented

Grade: *Evident / Satisfactory*

## **11. Miscellaneous**

**(a)** the program has sufficient funding to maintain or improve standards of operation for the foreseeable future<sup>M</sup>

Grade: *Some Evidence*

Recommendation: this issue is impacting on the scope of the service, likely reducing its systemic effectiveness in particular

**(b)** group size and staffing ratios are appropriate<sup>M</sup>

Grade: *Evident / Satisfactory*

**(c)** Policy & Procedures Manual & Operations Manual is comprehensive and current<sup>M</sup>

Grade: *Some Evidence*

Recommendation: requires updating

**(d)** the program has the potential to be transferred to another setting

Grade: *Some Evidence*

**(e)** the program's practices are manualised in detail and allow replicability

Grade: *Some Evidence*

**Recommendation:** a 'documentation policy' be developed that guides responsibilities and checks that documentation is adequate and regularly updated

The results from benchmarking Typo Station against the AWATAS – Program Accreditation Benchmarks are excellent. This result is even more impressive, given that the benchmarks were developed for application to clinical *therapy* programs that would require more complex and rigorous systems of care and quality assurance. Following the audit, the program showed evidence of 49 of the 54 benchmarks, including all 39 mandatory benchmarks. 31 of the mandatory benchmarks were *Evident / Satisfactory*, 9 showed *Some Evidence* and only 1 was *Unsatisfactory*. Using these results as a guide, developing a "Brochure outlining 'Rights & Responsibilities' for participants and carers" (benchmark 10a) is of highest priority.

Additionally, areas of a lesser priority that could be improved are: "Procedures for managing critical incidents and psychiatric emergencies" (benchmark 9d), "Procedures and program design considerations to address systemic issues..." (benchmark 1b), "Assessment of risk of harm to self and others undertaken by appropriately trained professional" (benchmark 2e), "Assessment information is used to develop treatment goals..." (benchmark 3a), "Staff hold current *Psychological First Response* or *WAT Risk-Management Practicum* training" (benchmark 8d), "At least one staff holds formal therapy qualifications..." (benchmark 8f), "At least one field staff has sufficient skills/training to undertake assessment of risk of harm to self or others" (benchmark 9f), "Program has sufficient funding to maintain or improve standards of operation for the foreseeable future" (benchmark 11a), "Policy & Procedures Manual and Operations Manual is comprehensive and current" (benchmark 11c). Suggestions for improving these areas are made below in Section 6.

### **Audit results: Health System Performance Indicators**

The following criteria have been reviewed and categorised according to one of four levels of evidence:

**Level 1 - No evidence** - indicates that there is no reliable or credible evidence, or there is evidence that contra-indicates support for the statement.

**Level 2 - Some evidence** - indicates that there is only scant amount of reliable or credible evidence, or significant amounts of less reliable evidence, and there is little, if any evidence that contra-indicates support for the statement.

**Level 3 - Good evidence** - indicates that there is a developing body of reliable or credible evidence, or large amounts of less reliable evidence, and there is no evidence that contra-indicates support for the statement.

**Level 4 - Substantial evidence** - indicates that there is a large amount of reliable or credible evidence, and there is no evidence that contra-indicates support for the statement.

#### **1. Is the service *effective* in reaching its objectives for its clients?**

Anecdotal reports from staff, parents and service providers suggest that the Typo Station program is effective for the majority of its clients in desired ways. However, more objective evidence of this fact is required to properly answer this question. The evaluation results in the previous section provide stronger evidence for positive effects, and no concerning suggestion of negative effects. This suggests there is **good** evidence for the program's effectiveness.

#### **2. Is the service *appropriate* to meet its objectives for its clients?**

Typo Station's novel setting and methods appear very appropriate to meeting its objectives of a) engaging marginalised adolescent males, b) broadly addressing a range of needs concurrently, c) using an appropriate intensity and modality of intervention to achieve the outcomes sought (ie. residential, peer group based), d) using developmentally appropriate activities (manual, trade and living skills), and e) a long-term follow-up approach that is likely

to facilitate behaviours and attitudes being transferred to school and home environments. Further, comparable programs have been used with apparent success in other countries. This suggests there is **substantial** evidence for the programs appropriateness.

**3. Is the service *efficient* in meeting its objectives for its clients?**

Typo Station has operated with minimal staffing and at an operating budget considerably less than that of standard residential care or similar services. Considering the level of challenge the clients are likely to present with, this is a significant achievement. However, it would appear that operating with too few resources can lead to staff burn-out and premature staff attrition. This is a concern for such an organisation as this could lead to a loss of staff experience and skills, which in turn could potentially compromise the standards of practice, effectiveness of the program and reduce the psychological safety of the clients. This suggests there is **substantial** evidence for the programs efficiency, but that this criteria is dependent on stable, medium term funding support.

**4. Is the service *responsive* to the needs of its clients?**

Typo Station's client group present with a broad range of need. Within the parameters of its objectives, the program aims to, and appears effective in addressing many, if not most of these needs. In order to adequately address this question, more formal consumer and carer feedback should be undertaken. With this qualification, at this point in time, it appears that there is **some** evidence of the programs responsiveness.

**5. Is the service *accessible* for the target client group?**

A major structural drawback in accessibility is Typo Station's geographic location. Attending the program requires a significant commitment for the participants and dislocation from usual social supports. This may, in itself make Typo Station unappealing to a number of potential and appropriate clients. However, it is the geographic isolation and residential nature of the program that appears to be a significant factor in achieving its objectives, and to change either of these may reduce its ability to achieve its objectives. Being aware of the issue of accessibility, the program allows a graduated entry process that would likely reduce uncertainty for potential participants and carers. Further, regular family contact is likely to mitigate this potential barrier. Conversely, Typo Station holds significant characteristics that is likely to enhance accessibility. In particular, the attractive and non-stigmatising image of the program is likely to hold substantial appeal to the majority of the program's target group. Further, in many ways, the same issues that may make the program less accessible for some potential clients may be a major factor in making it accessible to others. In all, this suggests that there is **good** evidence of the program's accessibility for the target client group.

**6. Is the service *safe* in how it delivers its service for its clients?**

The program holds an excellent safety record in all aspects of its operations. Staff routinely undertake industry standard training in first-aid, outdoor risk management, assault response training (PART), and so on. Further, Occupational Health and Safety standards are applied to all operations, or adapted rigorously to Typo's unique circumstances (eg. wood splitting procedures). Currently, a Social Worker is on staff and should be able to provide specialised skills in behavioural risk assessment and crisis management. There are structures to ensure consistency of approach, an understanding of group dynamics, individual needs and strategies to maintain safety. However, psychological safety staff skills and procedures are less well developed. This suggests that overall, there is still **substantial** evidence of the programs safety.

**7. Is the service *continuous* in its delivery for its clients?**

The program is appropriate in that it provides a set number of programs for discrete group cohorts, and this occurs throughout most of the year. It is the opinion of the author that the

disadvantage of not having a 'refer anytime' approach to entry into the program is more than superseded by the advantages of running the program as a closed group, and having set entry times for referral. More broadly, the program has continued to provide an almost continuous service for nine years. This suggests that there is **substantial** evidence of a continuous history of the program providing a viable service.

**8. Is the service *sustainable* enough to meet its objectives for its clients?**

The program has very well established operating procedures, staff recruitment and training policy and management structures. It can be assumed there will be a strong referral base on the foreseeable future. Therefore, there appears no functional obstacle to its continued sustainability. However, the program's operational funding strategy is established on the basis of philanthropic grants, corporate sponsorship and community donations. These sources are frequently either short-term or sporadic. Clearly, this fact places Typo Station in a vulnerable position in terms of sustainability. Nonetheless, the program has adopted an effective fund raising strategy (including charging fees for government and NGO referral agencies) that appears to have been effective over the 9 years of its operation. This suggests that the program's sustainability is a mixed equation. On one hand, operationally and in design and objectives the program it is very sustainable. On the other, the program is dependent on a potentially unreliable funding source, and this presents the greatest threat to its sustainability. This suggests that on balance, there is **good** evidence for the program's sustainability.

In conclusion, the results from the Health System Performance Indicators approach suggest that, on average, the Typo Station program shows more than a **good** level of evidence ( $M=3.4$ ) for meeting key service performance indicators. Importantly, no criteria have *no* evidence, and half of the 8 criteria showed *substantial* evidence of meeting key performance indicators. Areas of performance that could be improved upon, or more fully investigated, are particularly *Responsiveness*, and secondarily *Effectiveness*, *Accessibility* and *Sustainability*.

## 5. Discussion of findings

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### **Evaluation results**

The data used for the evaluation was based on a sample that was substantially smaller than the total of participants who completed Typo Station program between 2000 and 2002. However, despite not being completely representative, such sampling issues are more often the norm than the exception with such populations. Additionally, as the data were collected across a long period of time, any seasonal effects are likely to be minimised. Nonetheless, the results must be interpreted with some caution due to the possibility of sampling bias.

*Population profile:* Before completing the program, Typo Station participants appear to present with lower than average social competence and school adjustment in three important dimensions: self-control, empathy, and especially peer relations. Participants also reported high levels of general life skills, especially in the domains of achievement motivation, intellectual flexibility, being active and self-confidence. However, participants' self-esteem was low, particularly in regard to school, and secondarily home. Their styles of coping were more often non-productive (especially 'wishful thinking' and 'not talk to others/keep to myself') than productive. The participants' mental health was poor, especially in terms of delinquent behaviour. The average level of delinquent symptoms is at a level that would usually warrant referral to a clinical service.

The pre-program measures describe a consistent picture of a group of young men with substantial barriers to educational participation or the development of social networks. Indeed, this profile suggests a group that would clearly be at risk of educational or vocational failure due to behavioural problems and are unlikely to have many, if any social supports. In turn, these barriers would likely prohibit the development of protective factors such as social connection and future quality of life. They would have a high likelihood of entering the juvenile justice system (if not involved already) and becoming involved in criminal activity and detrimental behaviours such as substance abuse. The results suggest a likelihood of poor family relationships and feelings of low self-esteem when involved with family members. The result of high self-reported life skills, in particular reflects high activity levels that may have evolved as a means of coping with disadvantages in many other facets of life. Supporting this hypothesis, 'seeking relaxing diversions/leisure activities' are the most frequent style of coping reported. This is consistent with adolescents who manage the often-considerable instability in their lives through distraction, or by channelling their anxiety through frequent and intense activity.

Consistent with the literature, the client group described here are presenting to Typo Station with many of the risk factors that warrant intervention and little evidence of the presence of protective factors. The client group represented by these results appears to convincingly meet Typo Station's target group criteria.

*Post-Program Results:* The changes reported at the conclusion of the program show a reasonable increase in the level of school self esteem, a small reduction in activity levels and less frequent use of relaxing diversions to cope with problems, a very reasonable reduction in delinquent behaviour, and less frequent use of non-productive coping styles such as 'wishful thinking' and 'not coping'. However, without a control group to compare changes over the period of the program, the results as they presently stand do not provide unequivocal evidence that the program did directly cause these changes. Nevertheless, there are a number of factors that strengthen the argument that it was participation in the Typo Station program that did contribute to these changes. First, because the program was residential, outside events that occurred over that period are less likely to influence participants between pre and post-program. Second, statistically significant results, with good effect sizes were found with quite small sample sizes suggesting a

consistent and robust pattern of change. Third, these measures were taken across a 3 year time period, which is likely to diffuse any specific effects from any one program. Finally, it is well documented in the literature that the psychological features of poor functioning found before the program do not tend to spontaneously remit. That is, self-esteem typically remains low for long periods unless there is some significant event that directly impacts upon it. Further, non-productive coping behaviour usually also persists without intervention, and delinquent behaviour in particular shows great resistance to change (even with targeted traditional interventions). Therefore, to see changes occurring in these areas is very promising. These results beg the question of whether they have persisted over time following the program. If such evidence could be investigated, this would substantially add to the argument for Typo Station's effectiveness.

### **Service audit results**

Typo Station was compared against benchmarks of best practice for clinical wilderness adventure therapy programs and health service performance indicators. These indices provide a very rigorous standard for the program to meet. Despite this, the program is performing extremely well in most areas.

In fact, Typo Station very nearly reaches the level required for endorsement as an Accredited Wilderness Adventure Therapy<sup>®</sup> Program. The major needs identified cluster around a) procedures for managing critical incidents, b) client assessment in the areas of risk of harm to self or others, c) developing a case-plan approach to managing and reviewing client progress, d) stability of funding, and e) packaging documentation so it is comprehensive and coherent.

With regard to health services performance indicators, Typo Station performs well or very well in the majority of areas. In particular, the program was determined to be especially *appropriate, efficient, safe and continuous*. The greatest area of weakness is the less available evidence of the program's responsiveness to a breadth of client need and general consumer and stakeholder satisfaction.

Additionally, it is worth noting that Typo Station would appear to conform to the recently launched Australian Council for Children & Youth Organisations (ACCYO) Accreditation Project standards: Suitability (Police) Checks Standard and Child Protection Policy Standard. It appears likely that these, and future standards yet to be established by the State and Federal Government supported Council, will become minimum standards for all youth organizations. Therefore, in addition to a range of benefits, including even greater community accountability, it would seem prudent for Typo Station to pursue, and maintain formal accreditation through ACCYO.

Highlighted here, as well as in the former audit benchmarking section, is how much the high standard that exists, or did until recent time, is vulnerable to funding fluctuations. It is clear that the program is very efficient and operates at an excellent standard relative to its funding, however, this vulnerability appears to be an ever-present threat to the generally high standards of practice.

**Conclusion**

Evaluation of the Typo Station program has found it to be a very appropriate, efficient and safe intervention for a difficult to engage and needy group. Further, the program has shown a capacity for continuous service delivery over the last 9 years. There is very promising evidence of positive post-program effects for behaviours and attitudes that are key risk factors for educational and vocational failure and adverse outcomes in adulthood. Additionally, the program has been found to use policies and procedures that are appropriate to the needs of the clients targeted for the program. The majority of the program's operations and methods have been found to be delivered at a very high standard and measure up well when compared with standards used in the delivery of clinical therapy programs and health services. The greatest threat to the program's high standards and on-going development is access to sufficient recurrent funding.

## 6. Recommendations

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### **Future research activities**

The following recommendations are made in light of the conclusions from this evaluation:

1. *Client responsiveness.* It is recommended that stakeholders (referrers and community youth agencies) be surveyed about their perception of the relative importance of outcome variables such as attitude change, improved self-control, social skills, communication skills, problem solving skills, etcetera. Adolescent clients and families should also be surveyed about their experience of the program in terms of general satisfaction as well as their perception of contributions of the various components of the program towards outcomes experienced. This could be done through face-to-face interview or a survey mail-out, or both.
2. *Standardised evaluation battery.* It is recommended that standard evaluation questions be used routinely. This would function as an outcome quality control measure as well as providing useful pre-program assessment information. Such questionnaires should be brief, easily completed by all participants and also provide meaningful information that contributes to a better understanding of the needs of the client that can be used for planning their involvement in the program. It would be valuable to include questionnaires that provide information from parents and teachers perspectives. The *Strengths and Difficulties Questionnaire* (Goodman, 1997) is a 25 item rating scale that assesses adolescent, parent and teacher perceptions of social skills and problem behaviour that would be appropriate for this client group such as conduct problems, inattention-hyperactivity, emotional symptoms, peer problems and pro-social behaviour. In addition, it is suggested that the *Typo Questionnaire*, a 26 item self, parent and teacher rating survey developed by the author to measure a number of resilience building protective factors, be used routinely (pre and post-program and follow-up) and consistently to ascertain important protective factor outcomes.
3. *Process measure to determine important factors for change.* It is recommended that a standardised 'process' measure be specifically developed for use during the Typo Station program that yields information about the process of change arising from the various program components. The author has developed an easily administered process measure for wilderness adventure therapy (Wilderness Adventure Processing Survey - Crisp, 2001) that could be adapted to the unique aspects of the Typo Station program.
4. *Long-term follow-up interviews.* It is recommended that those participants who have returned pre and post data be assessed at follow-up to build on the foundation of this evaluation. Also, ex-participants, their families, referring agencies & stakeholders could be interviewed to gain a better understanding of the longer-term outcomes of the program. In addition, a 'tracking' exercise could be conducted with several randomly selected ex-participants to map their service use history prior to and after their participation in the Typo Station program. This would allow detailed case studies to be documented that could illustrate important aspects of a young blokes participation in the program and post-program educational and vocational pathways.
5. *Publication.* It is recommended that the results of this evaluation be submitted for publication in a relevant journal such as the Journal of Outdoor Education or youth

studies journal to highlight the program's successes and build further credibility and support for the program.

### **Service development and effectiveness**

#### *Target client group:*

1. It is recommended that clients' families be specifically included as part of the target group of the program. This would more centrally orientate the program to a systemic focus (see program structure below).

*Staffing:* Key issues identified include a) the need for all staff to be better prepared to manage psychological critical incidents, and b) ensuring ready access to appropriately trained mental health professionals. To address the former issue:

2. It is recommended that all staff undertake *Psychological First Response* training and ideally the *Introduction to Wilderness Adventure Therapy Course* as part of basic staff induction.

To address the later issue:

3. It is recommended that a survey of local psychologists or similar professionals be made to generate a number of expert professionals who could be available for ready referral or opinion. These professionals could then be offered an orientation to Typo Station and its operations, and thereby would be better informed of the unique needs of the program and its clients.

*Program structure:* In order to extend the program's systemic impact:

4. It is recommended that the program add family components. This would ideally be done at the beginning of the program (to better engage families) and towards the end of the program (to strengthen client's behaviours within the family environment). These sessions could be run in the community, rather than at Typo Station to make them more accessible to families and increase the presence of the program in the local community or metropolitan areas.
5. It is recommended that staff receive training in family adventure components, such as those described by Crisp, Noblet & Hinch (2003).
6. It is recommended that a follow-up guidebook (and/or video) for schools & families be developed (or sourced) that could strengthen program outcomes by providing strategies for these community supporters to utilize in the home or school environment.

*Procedures:*

7. It is recommended that a 'case-plan' approach be adopted to manage and review client progress. This should improve the tracking and continuity of clients' goals from beginning to end of the program. All clients should have their own case file that staff make regular entries in (as per health services 'continuation notes'), and that outlines standard documentation to be included. Further, a supervision process for ensuring consistency of staff documentation should be developed and implemented. As per Recommendation 2, training through the *Introduction to Wilderness Adventure Therapy* course would ensure staff competency in a case-plan approach.

8. It is recommended that a brochure of participants' Rights and Responsibilities be developed (this could be based on that previously developed by *YouthPsych Consulting*).
9. It is recommended that Typo Station pursue and maintain accreditation of its policies and procedures through the recently launched Australian Council for Children & Youth Organisations (ACCYO).

*Resources:*

10. It is recommended that a 'Staff Training' or 'Professional Development' portfolio be assigned to a senior member of staff to ensure a prioritised and strategic approach to training and development.
11. It is recommended that as a matter of priority, funding be increased so the program can operate at its full potential (Note: At the time of writing, a strategic business plan had been established to ensure this).

*Outsourced supports:*

12. It is recommended that a time-frame be established with the evaluator to progress and review these recommendations.
13. It is recommended that during the current senior staffing transitions, consideration be given to increasing external supervision to new senior staff.

*Marketing:*

14. It is recommended that this report be used to support future funding applications. Additionally, with the support of the evaluator, a PowerPoint presentation and brief written synopsis be developed that fully and appropriately summarises the findings of this evaluation that would be suitable for general marketing and education about the program.

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## Appendix 1. Description of measures used in the evaluation

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### **Walker-McConnell Scale of Social Competence & School Adjustment – Adolescent Version (Walker-McConnell, 1995)**

Purpose: To provide a profile of students' adjustment in the school environment from the teacher's perspective.

Description: A teacher-report inventory of 53 items rating behaviour on a 1-5 scale from 'Never' to 'Frequently'. The items reliably assess areas of classroom behaviour, behavioural self-regulation and peer relationships that are considered important predictors of educational success.

Administration: 10 mins

Age Range: students in Years 7-12.

Subscales: Self Control, Peer Relationships, School Adjustment and Empathy.

### **Life Effectiveness Questionnaire (LEQ-H) (Outward Bound, Australia)**

Description: a self evaluation questionnaire that assesses a broad repertoire of abilities, skills and behavioural characteristics considered necessary for effective and successful living/working. It consists of 24 statements summarizing life skills. Respondents rate each item on a 1-8 scale of False/Unlike me - True/Like me.

Subscales: Social Competence; Achievement Motivation; Intellectual Flexibility; Task Leadership; Emotional Control.

### **Coopersmith Self Esteem Inventory (Coopersmith, 1967)**

Self Esteem/Self Concept: refers to the feelings and beliefs one holds about oneself.

Purpose: Designed to measure evaluative attitudes towards the self in social, academic, family and personal areas of experience.

Description: 58 self descriptive items to which the subject responds as being like or unlike her/him self.

Sub-scales: General Self; Social Self; Peers; Home; Parents; School Academic; Lie

### **Youth Self Report (Achenbach, 1991)**

Purpose: designed to tap competencies and problems that are reportable by youth, parents & teachers. The items were chosen on the basis of considerable pilot research that compared several approaches to assessing competence in disturbed children of normal cognitive ability.

Description: Very widely used measure with 112 descriptive items rated on a 0-2 scale in terms of applicability to the respondent. Parallel parent and teacher forms

Subscales: Somatic Complaints; Depression; Unpopularity; Thought Disorder; Aggression; Delinquency; Other problems.

Age Range: 11-18 yrs.

Administration: approx 15 mins. Assumes a mental age of 10 yrs and reading age of grade 5.

### **Adolescent Coping Scale (Frydenberg & Lewis, 1993)**

Purpose: It is a research instrument and clinical tool which enables young people to examine their own coping behaviour in different contexts.

Description: A self report inventory with 80 items rated on 1-5 scale from 'Doesn't apply/Don't do it' to 'Use a great deal'. The items reliably assess 18 conceptually and empirically distinct coping strategies.

Administration: 10 mins

Age Range: 12-18 years.

Subscales: Social Support; Solving Problems; Work Hard & Achieve; Worry; Invest in close friends; Seek to belong; Wishful thinking; Social Action; Tension Reduction; Not Coping; Ignore The Problem; Self Blame; Keep to Self; Seek Spiritual Support; Focus on the

Positive; Seek Professional Help; Seek Relaxing Diversions; Physical Recreation.

## Appendix 2. Overview of the development of the Typo Station Youth Opportunity Program – by Matt Pfahlert

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Typo Station has developed through a number of evolutionary stages and some unplanned circumstances. Typo Station's operations today are due to regular program reviews, experimentation and learning from experience. In this section, Matt Pfahlert, Founder/Director, outlines the important stages of Typo Station's development.

### **Phase 1: 1994-1995**

Typo Station first offered residential experiences for young people in 1994 when it was restoring the old property that it had leased. The property was in a state of disrepair and restoration of the 100 year-old homestead began to establish a facility for future programs. During this phase of development, over 250 young people were involved, many of whom had been participants of Mittagundi and Wollangarra Outdoor Education Centres. Other participants were local young people who had fallen out of the school system. The program was largely structured around building and restoration projects. Young people were also expected to participate in group living tasks like cooking and collecting firewood. At this time there were 2 full-time staff living on site.

### **Phase 2: 1996**

Typo Station operated the first successful pilot program in 1996, running a 3-month residential experience for young men deemed 'at risk'. It commenced with a short orientation at Typo Station, a 10-day bushwalking expedition and living at Typo Station. The activities at the station centred around building and restoration, furniture making and blacksmithing as the focus for the life skills and vocational training elements of the program.

For the remainder of the year, the program operated in a similar way working with a number of highly challenging young men, mostly Department of Human Services and Juvenile Justice clients. The program had considerable success with these young men in providing a stable, structured and supportive learning environment. At this stage, there were 4 full-time staff living on site.

Key learning from this period included:

- A high burnout rate when working with highly challenging young people. It was realised that there needed to be specialist training and increased staff support systems.
- Engaging young people with a pattern of extreme risk-taking behaviour and facilitating their transition into supportive long term accommodation, education and vocational training was very difficult when referring agencies were unwilling to fulfill these roles. Often family ties had broken down to the point where the family played little or no role in the young person's life.
- To provide sufficient regular and ongoing support to the participants required more resources.
- As there was no set time limit for young men exiting the program, many were very reluctant to leave having experiencing a safe, structured and supportive home-like environment. While, in one way, this was a valuable experience for young people, it was not the program's aim to provide long-term accommodation options for clients.

### **Phase 3: 1996-1999**

During this phase, it was recognised that a significant limitation in the program's effectiveness was that 'high risk' young men were returning to their communities without support - particularly where long term disengagement from home and education had occurred. It was decided to give more focus to early intervention and work closely with young people experiencing difficulties at school and home. The program sought to engage with the young bloke, their school and family, and to strengthen existing relationships to build a greater sense of belonging and community connection.

Staff numbers were increased to 8 full-time staff, and better training and support structures were developed. There was experimentation with the program format, by varying its length from 8 and 10 weeks, as well as adding or subtracting a number of community projects and vocational training elements. Additionally, relationships were developed with a number of external service providers to deliver elements of our program including Koori culture, first-aid, health and relationships and small engines.

Finally, a number of weeklong follow-up experiences were trialled where past participants were given the opportunity to return to Typo Station and become involved in making furniture and blacksmith made items to sell at a Melbourne market. The young blokes were given responsibility for planning and running the stall, sales and pioneer demonstrations. This experience was very valuable in re-engaging the young blokes more regularly. It was decided that with a stable program in place, a greater focus needed to be given to developing the follow-up services.

### **Phase 4: 2000**

In 2000 there were 10 full-time staff, including a newly appointed full-time Follow-up Coordinator. This person's role was to provide on-going support for past participants, their families and education providers. The number and diversity of weeklong follow-up experiences based at Typo Station were increased. Some activities related to specific building projects and others to projects outside in the community.

Tragically, near the end of this year, an electrical fire destroyed the workshops and storeroom. All of the equipment we used to conduct our program including building and restoration, garden and property maintenance, pioneer furniture making, blacksmithing and outdoor expeditions was lost. This was an extreme setback, which led to the cancellation of two intakes. The program received tremendous community support towards replacing lost equipment and rebuilding the facilities. The local community alone raised \$112,000 towards this. Further, the support of a large number of past program participants was sought in the process of rebuilding the facilities. In fact, one past participant who had become a qualified boilermaker coordinated the steel fabrication components of the new timber trusses and led a team of volunteers in the process.

### **Phase 5: 2001-2002**

In rebuilding these facilities the program established a new commercial kitchen, dining and recreation building. This purpose built facility now provides a great environment for conducting the program.

## Appendix 3. Summary of Typo Station Service audit review according to Australian Wilderness Adventure Therapy® Accreditation Scheme – Program Accreditation Benchmarks



### Program Accreditation Benchmarks

#### Part 1 – Program Documentation

- A copy of the program's Policy & Procedures manual is kept on file with YouthPsych Consulting

#### Part 2 – Clinical Audit

- Clinical program audits are conducted tri-annually and include a site visit and 24 hours in the field.
- Based on Principles of Best Practice (Crisp, 1997), the following benchmarks must be satisfactory in no less than 80% of the fields (at least 43 of a total of 54) including all 39 mandatory fields (denoted with <sup>M</sup>)

Key Criteria	Evident / satisfactory	Some evidence	No evidence / unsatisfactory	Not applicable
<b>1. Systemic Framework</b>	✓			
(a) program takes account of systems issues in program rationale <sup>M</sup>				
(b) mechanism/procedures and program design considerations exist to address systemic issues in terms of (i) assessment, (ii) change and (iii) follow-up <sup>M</sup>		✓		
<b>2. Assessment Process</b>	✓			
(a) individualized intake process <sup>M</sup>	✓			
(b) includes 1:1 face to face assessment pre-program <sup>M</sup>		✓		
(c) documented criteria for inclusion & exclusion		✓		
(d) bio-psycho-social formulation of clients needs is made and guides treatment planning		✓		
(e) a suitable assessment of risk of harm to self and others is undertaken by an appropriately trained therapeutic professional <sup>M</sup>		✓		
<b>3. Treatment Planning</b>		✓		
* documented outcomes guide strategies used with the client in				

the field				
(a) assessment information is used to develop treatment goals and is documented <sup>M</sup>				
(b) individualized client goals are developed and negotiated with the client and documented in client file		✓		
(c) post-program case-management needs are identified and preparations put in place to address these before the end of the program <sup>M</sup>	✓			
<b>4. Flexibility</b>	✓			
(a) strategies are tailored to and based on assessed individual need				
(b) program structure can be modified to meet the needs of individual clients or groups <sup>M</sup>	✓			
<b>5. Integration</b>	✓			
*in part, to ensure the client experiences <i>continuity</i> between therapeutic mediums & processes				
(a) treatment goals and strategies are consistent with, and complimentary to, adjunctive / concurrent therapy and case-management <sup>M</sup>				
(b) processes are adapted that ensure reciprocity of (i) assessment information, (ii) mutually supporting and complimentary strategies, techniques and approach <sup>M</sup>	✓			
(c) treatment and discharge planning is done jointly with other therapy service providers / therapists	✓			
(d) client outcomes and goals relate to therapeutic needs in other modalities	✓			
(e) processing of WAT links outcomes to other environments and other therapy and case-management	✓			
(f) hand-over and case review meetings are planned and conducted <sup>M</sup>	✓			
(g) there is a follow-up component in the community to (i) reinforce therapeutic outcomes and (ii) and monitor progress <sup>M</sup>	✓			
(h) client goals are reviewed (3b)	✓			

<p><b>6. Monitoring of Client Progress &amp; Outcomes</b>                  (a) all clients have a file that is used routinely, is treated as confidential and stored securely<sup>M</sup></p>	<p>✓</p>			
<p>(b) client evaluation is done pre-program and reviewed at post-program &amp; follow-up, and includes 3<sup>rd</sup> party perspectives<sup>M</sup></p>	<p>✓</p>			
<p>(c) client progress with treatment goals and outcomes sought are reviewed, modified (if needed) and documented regularly, eg. daily on expedition, or otherwise weekly (see 3a)<sup>M</sup></p>	<p>✓</p>			
<p>(d) if post-program needs continue, procedures are in place to support referral on<sup>M</sup></p>	<p>✓</p>			
<p>(e) client satisfaction is routinely evaluated and documented</p>		<p>✓</p>		
<p>(f) there is a formalized external evaluation of the program (including a clinical service audit) using appropriate and meaningful measures</p>	<p>✓</p>			
<p><b>7. Theoretical Paradigm</b>                  (a) documented therapeutic rationale, based on established literature and theory guides program design &amp; practices<sup>M</sup></p>	<p>✓</p>			
<p>(b) mechanisms of change processes is well articulated theoretically and in terms of practice both for the (i) target client group (ii) the individual client, and (iii) therapy team<sup>M</sup></p>	<p>✓</p>			
<p>(c) methodology uses contemporary clinical frameworks<sup>M</sup></p>	<p>✓</p>			
<p><b>8. Therapist Skills / Therapy Team</b>                  (a) all staff have undergone a police check<sup>M</sup></p>	<p>✓</p>			
<p>(b) procedures are in place to recruit and screen staff according to their ability to relate effectively and appropriately to the target client group while maintaining a professional stance (eg. boundaries, ethics, etc)</p>	<p>✓</p>			
<p>(c) all staff have the qualifications to participate in the WAT accreditation scheme, and have completed or are actively in the process of completing the WAT accreditation scheme, and adhere to principles and practices within<sup>M</sup></p>	<p>✓</p>			

(d) all staff hold current <i>Psychological First Response</i> or <i>WAT risk-Management Practicum</i> training <sup>M</sup>		✓		
(e) at least one field staff has formal therapy qualifications and staff team compositions are consistent with WAT team configurations <sup>M</sup>		✓		
(f) program manager has dual qualifications in therapy and wilderness adventure leadership with target client populations <sup>M</sup>				✓
(g) teams have regular de-briefing on WAT practices and are engaged in regular individual or group supervision from a professional with greater experience in WAT	✓			
(h) all field staff have annual performance reviews undertaken with senior staff who have observed them in the field	✓			
(i) there are clear role descriptions for the WAT team and how each staff fits within (esp. any sessional staff) <sup>M</sup>	✓			
<b>9. Risk Management</b>				
(a) all clients and all groups are routinely and adequately assessed for medical and psychological risks <sup>M</sup>	✓			
(b) physical and psychological risk management plans and procedures are documented and reviewed annually <sup>M</sup>		✓		
(c) all adventure activities conform to current industry standards <sup>M</sup>	✓			
(d) procedures for managing critical incidents and medical and psychiatric emergencies are practical, current & documented <sup>M</sup>		✓		
(e) staff skills in all WAT areas are sufficient and commensurate with (i) degree of severity of clients and (ii) remoteness/difficulty accessing specialized resources (eg. psychiatric crises) <sup>M</sup>	✓			
(f) at least one field staff has sufficient skills / training to undertake client assessment in terms of risk of harm to self and others (see 2e) <sup>M</sup>		✓		
<b>10. Ethical Issues</b>				
(a) a brochure outlining clients Rights & Responsibilities is given			✓	

to all clients at intake <sup>M</sup>				
(b) Prior to participation, a statement of informed consent must be signed by the client (or guardian) that details risks involved in WAT, and includes the qualifications and roles of staff providing the WAT service <sup>M</sup>	✓			
(c) all staff and program management adhere to a relevant and specified code of ethical practice (eg. TAPG – AEE) <sup>M</sup>				✓
(d) there are specified guidelines on client restraint and client physical contact <sup>M</sup>	✓			
(e) there is a documented rationale for why different activities and venues are used that relate to the risks involved <sup>M</sup>	✓			
<b>11. Miscellaneous</b>				
(a) the program has sufficient funding to maintain or improve standards of operation for the foreseeable future <sup>M</sup>		✓		
(b) group size and staffing ratios are appropriate <sup>M</sup>	✓			
(c) Policy & Procedures Manual and Operations Manual is comprehensive and current <sup>M</sup>		✓		
(d) the program has the potential to be transferred to another setting		✓		
(e) the program's practices are manualised and allow replicability		✓		