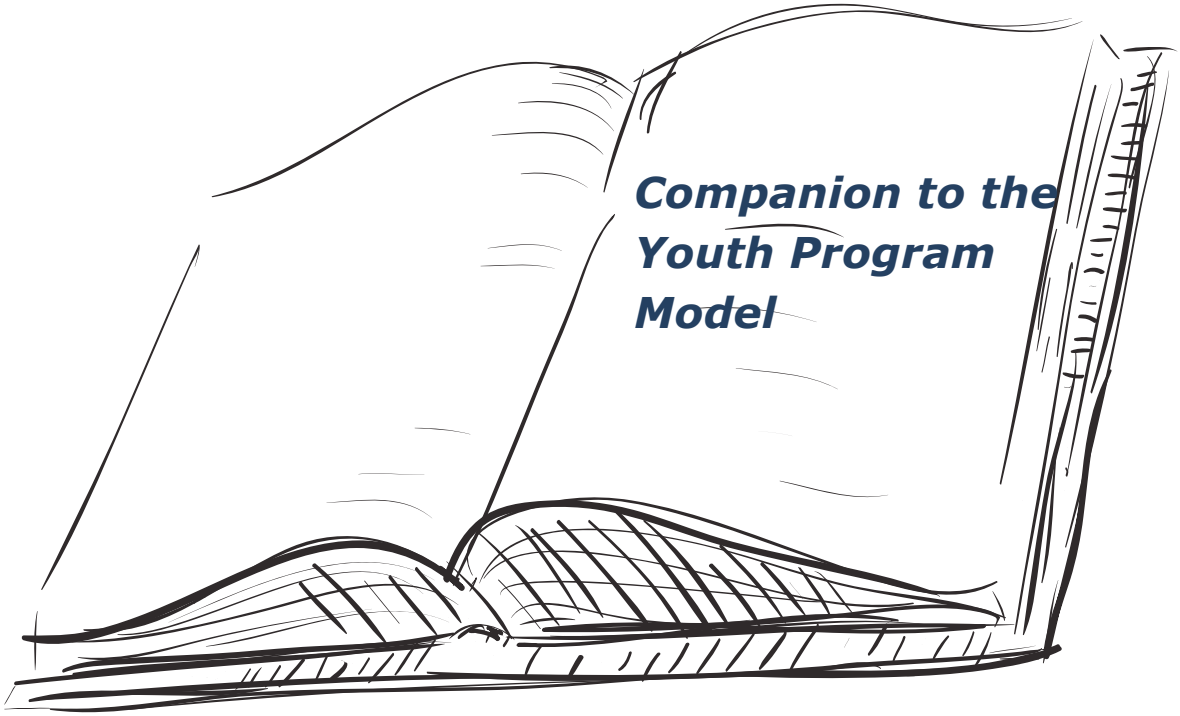
Literature Review



Kwanlin Dün First Nation
Land Based Healing Program
Research Assistance

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Literature Summary Report

A. LITERATURE REVIEW OVERVIEW

My main research was directed at reviewing the literature on contributing factors and underlying causes related to high Aboriginal youth involvement in the criminal justice system; including cultural and familial disconnect, intergenerational and childhood trauma, mental health and addictions, and other health challenges including Fetal Alcohol Spectrum Disorders. I aimed to provide examples of theories in the literature that frame the theoretical basis for youth treatment. I conducted a review of academic literature around various land-based youth healing programs around the world and Canada, framed within the needs of a local context, including best-practices and related program areas and considerations. I hope to provide a comprehensive list of experienced organizations, similar programs, other stakeholders, partners, and training resources that can help further inform the program model development and planning for implementation.

Key research questions for a dual gender land-based youth model for ages 12-17 and 18-29 were framed by the overall research plan, and include:

1. What are the indicators of problematic substance abuse, contributing factors and underlying causes related to youth within the criminal justice system?
2. Who should be part of a network of local and Canadian interested stakeholders and experts in youth treatment, land-based healing and wilderness therapy for youth, to inform the program model development and planning for implementation?
3. What is the assessment of current youth treatment options available to youth involved with the criminal justice system?
4. What relevant programs and practices exist in Canada and other selected jurisdictions that may be useful in the development of a Yukon program?
5. What are the design principles, theory base, practices and elements of a youth land-based healing program model?

METHODS

I undertook literature searches in various academic databases including Academic Search premier, SciVerse Scopus, SciVerse Science Direct, and psycINFO, supplementing with Google Scholar and often back-tracking from key reference lists as well as recommendations from Masters and Doctoral University students in the various fields of study on seminal articles and researchers. Once I located an article I would navigate directly to the relevant journal through dozens of different academic search interfaces as the articles spanned dozens of different academic fields. Key words imputed were different variations and ways of expressing the following:

First Nation healing and healing programs; land-based healing and programs; cultural healing programs and practices; wilderness therapy and programs; resilience; trauma informed practice; trauma treatment in youth; recreation

therapy in youth; youth drug treatment; youth alcohol treatment; youth mental illness therapeutic approaches/inpatient and out-patient treatment; prevention of substance use in youth; First Nation youth suicide prevention; link between problematic substance use and criminal behaviour in youth; successful youth probation – preventing relapse and re-offending; recidivism; programs for youth in custody; prevention of substance use with youth; prevention of criminal behaviour in youth; adventure therapy; outdoor behavioural healthcare; ecopsychology; mental health, among others.

In an attempt to narrow down the field of interest, all searches attempted to find an Aboriginal, Canadian, Mental health, Addictions, and/ or Wilderness component to them where available. Articles were reviewed for relevance and key articles were summarized below the reference, to differing degrees. More relevant articles are listed first under the various headings. Program models and potential partners were found via personal awareness, and website searchers, with a focus on Canadian programs with some American examples outlined. All websites were accessed and current as of April 30, 2013. Page numbers were included on direct quotes to honour the original authors and to aid in follow up research. Everything stated in the 'Summary' sections of this report should be directly referenced in future publications to abide by educational copyright. My personal evaluation and opinions are included under the 'Notes' sections. Possible training resources and a recommended book on program evaluation are included to expand on possible resources as program development progresses.

This was purely a search and summary of relevant primary and secondary literature and resources, therefore, article quality was not reviewed nor were overall ideas analyzed into a comprehensive report with recommendations. The idea was mainly to inform the larger 'Building a Path to Wellness for Youth' project with a wide array of relevant, up-to-date research findings in the area of land-based youth healing and other areas of interest as directed by the Advisory Committee.

B. THE ACADEMIC LITERATURE

1. Colonization and Resilience in Mental Health Initiatives

Kirmayer, L., Simpson, C., Cargo, M., 2003. Healing Traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. Australian Psychiatry 11, 12-23.

Summary

This article outlines the increased rates of health and social problems facing Aboriginal communities in Canada and clearly links them to the history of colonialism and Aboriginal policy in Canada. It describes a holistic version of health relevant to Aboriginal communities, which speaks about the importance of healing using traditional practices and focusing on restoring cultural identity and traditions. It asserts that any approach to mental health in Aboriginal communities must be cognisant of the historical context of these communities and include the cultural values and social practices of the community and that the most successful initiatives involve empowerment of communities to have control over their own mental health program development and administration, focussing on the community and familial level rather than on the isolated individual level (Kirmayer et al., 2003). "Mental health promotion with Aboriginal communities must go beyond the focus on individuals to engage and empower communities" (Kirmayer et al., 2003 p. 21).

The article thoroughly investigates the origin of social problems in Aboriginal communities in Canada by reviewing historical Canadian policy in regards to First Nations identity and rights, schooling, foster care, and assimilation and how they have impacted present day communities. It looks at examples of resilience in Aboriginal communities including the retention of language, the articulation of unique "cultural concepts of personhood and community" and the recreating of tradition in modern contexts, as ways to address the present and future needs of mental health in Aboriginal communities (p. 16). It provides a detailed description of the Canadian Government's response to residential schools and efforts at Aboriginal reconciliation and repatriation at the federal level**.** *It addresses the strong link between youth, cultural identity and empowerment as a solution to restoring positive mental health in Aboriginal youth.*

Notes

It is mainly a literature review. The lead author is well cited among the literature. This article makes a great case for community involvement and empowerment of Aboriginal youth and families as a solution to the many health and social problems facing communities. It summarizes how health was formed in a social context and thus should be addressed within a social context as well, instead of reduced to an individual psychiatric level. It gives a strong case for involving Aboriginal youth in coming up with solutions to the problems they face.

Kirmayer, M.J. Dandeneau, S., Marchall, E., Phillips, M.K., Williamson, K.J. 2011. Rethinking Resilience from Indigenous Perspectives. Canadian Journal of Psychiatry 56 (2) 84- 91.

Summary
This article describes the discipline of social-ecological resilience as it applies to the fields of developmental psychology and psychiatry in regards to Indigenous peoples. It investigates the value of incorporating Indigenous constructs in resilience research including ideas of regulating emotion, revisioning collective history, revitalizing language and culture, and emphasizing human agency and identity for understanding mental health at multiple scales. They argue that historical identity and continuity of culture can help promote mental health policy and clinical practice. They note that in psychology the definition of resilience is often framed as "an individual trait or process" and they advocate for a more integrative definition of resilience with the field rooted in its dynamic, "systemic and ecological roots" (p. 85).

They use focus groups and informants and utilize narrative based research collection to explore local understandings of adversity and overcoming adversity. They present case studies from their research with Mi'kmaq, Mohawk, Metis, and Inuit peoples in Canada describing their social and historical context and general understandings of resilience. They argue that concepts of resilience amongst Canadian Aboriginal peoples are strongly rooted in cultural values and identity rooted to the person's connection to the land and environment (including a larger spiritual dimension).

Notes
This is a highly relevant summary of connection of place, identity, health and environment in Aboriginal communities to frame any healing model.

2. INDIGENOUS TRADITIONAL HEALING and MENTAL HEALTH

Goodkind, J.R., Hess, J.M., Gorman, B., Parker, D.P. 2012. "We're still in a struggle": Dine resilience, survival, historical trauma, and healing. Qualitative Health Research 22 (8), 1019-1036.

Summary
The authors have worked within, and for, a Navajo reservation to reduce violence exposure and current traumatic experiences for the well-being of youth over the past two years. To help improve their program they interviewed 14 Dine (Navajo) youth, 15 their parents and 8 grandparents with help from the community (p. 1024). They interestingly note that there were limited historical narratives among the parents and youth and that "forgetting is also a part of the collective social memory" (p. 1032) and programs should focus on education young people about the realities of their past to help them better understand their parents and elders and experience less shame about their current health problems in this larger context (p. 1033).

The authors frame their study in the theoretical mental health field of resilience, and discuss a culturally appropriate mental health model that addresses historical trauma and current realities such as poverty, racism, and violence exposure; which mainly focuses on the revitalization of traditional knowledge, native healing practices, intergenerational education and approaches, and social change initiatives to address the social inequalities in Navajo populations (p. 1019). They note that interventions should be adequately tailored to different ages due to the differences between generations (p. 1033), advocating for youth specific programs.

Notes
Adequately addresses the youth topic, albeit in an American Indigenous context.

Hartmann, W.E. and J.P. Gone. 2012. Incorporating traditional healing into an urban American Indian health organization: A case study of community member perspectives. Journal of Counselling Psychology 59(4), 542-554.

Summary
This is a very interesting case study where 26 American Indians, as they refer to them as, are interviewed in focus groups to better understand how traditional healing can be incorporated into mental health specific programs. The authors note the health disparities found in the American Indian population and a huge gap in the literature around Native America Traditional healing practices being made available in urban clinical practice. They note the documented deficiencies in intercultural understanding with clinical mental health workers and resistance among American Indian populations around western forms of mental health therapy. They note that traditional healing practices are a strong source of resilience and support for many Native American people, and that programs exist where this is happening, but not much research has been done on the particulars of integrating traditional health services into clinical settings. They give some examples of successful programs around the States, for example one program where sweat lodges, powwows, and Elder consultations supplemented healing for post traumatic stress disorder of Native veterans. (p. 546-551)

Their main findings were that informants came up with four main ways of how to best integrate Traditional healing practices into existing health services through ceremony (especially the sweat lodge), traditional education and lifestyle, cultural keepers (Elders and healers responsibility), and community cohesion (vulnerable to outside exploitation) as well as some challenges being the tension between traditional healing protocols and the reality of living in urban poverty, multi-tribal differences and representation, some uncertainty about who is trustworthy or not to provide healing, and the relationship between Native traditional healing and non-native alternative traditions (Chinese medicine, new age etc). (p. 546-551)

Notes
This article doesn't address the youth specific component and is an American based study.

Wolfgang, J.G. 1994. Traditional Healing in the Prevention and Treatment of Alcohol and Drug Abuse. Transcultural Psychiatry 31, 219-258.

Summary
The abstract mentions how this is a review article looking at non-Western treatment options around the prevention of substance use and addiction. Therapeutic practices from Buddhist, Taoist, Hindu, Islamic, Shamanic, and Christian folk traditions are looked at and examined for their similar approaches to traditional healing, and the pros and cons of these approaches.

Notes
I couldn't access the full article, due to technical problems with the online journal. It seems like a great reference on traditional healing methods for substance abuse.

Finlay, J., Hardy, M., Morris, D., Nagy, A. 2010. Mamow Ki-ken-da-ma-win: A partnership approach to child, youth, family and community wellbeing. International Journal of Mental Health and Addiction 8 (2), 245-257.

Summary
This article reviews the Mamow-Sha-way-gi-kay-win: A North-South Partnership for Children, which is a coalition in Ontario made up of First Nation Chiefs, community leaders, Elders, youth and community members from 30 remote communities to address the social determinants of health in the context of northern First Nations, sharing resources and opening dialogue, as a way of improving community wellness (p. 245). They mention that "Children's mental health, and specifically youth suicide is viewed as a product of social determinants and other community factors and that "change will only be effected through relationships that are enduring, trusting, and respectful" (p. 245). They recognize the necessity of community derived solutions, with health outcomes that are of greatest importance to the community (p. 249).

Notes
This has a relevant Canadian Northern First Nations article focus with a discussion of youth.

Gone, J.P. 2012. Indigenous traditional knowledge and substance abuse treatment outcomes: The problem of efficacy evaluation. American Journal of Drug and Alcohol Abuse 38 (5), 493-497.

Summary
The article discusses how American Indian and Alaska Native communities have incorporated cultural ceremonial practices into their treatment programs as a source of healing and how this provides some difficulties for intervention scientists in outcome evaluation. The main tension is between the often contradictory experiential and personal knowledge base of Indigenous Traditional Knowledge (ITK) and the primarily western efficacy based evaluation techniques in the field of treatment outcome evaluation. They advocate for the need to recognize the validity of ITK.

3. ADOLESCENT SUBSTANCE USE

Lemstra, M., Rogers, M., Moraros, J., Caldbick, S. 2013. Prevalence and risk indicators of alcohol abuse and marijuana use among on-reserve First Nations Youth. Journal of Paediatrics and Child Health 18 (1) 10-14.

Summary
The study investigates the prevalence of alcohol and marijuana abuse in an on-reserve Aboriginal youth population ages 10-16 in Saskatchewan. The authors found that of the respondents surveyed, user rates were much higher than in the general youth population off-reserve and that use was already present at 10 years of age. *Key independent risk indicators of alcohol abuse were being female, wanting to leave home, and marijuana use. Independent marijuana risk factors included not having parents that understand them, not having someone who shows love and affection, and alcohol use (p. 11). Risk factors for both alcohol and marijuana included youth of older age, and current cigarette smoking (p. 11). They note that risk indicators of older age, poor relationship with parents, and current smoking status have all been recorded in literature as key risk factors in alcohol and marijuana abuse in Aboriginal youth (p 12). Also "depressed mood, suicide ideation and lower self-reported mental health were associated with both alcohol abuse and marijuana use" (p. 11).* The finding on female use was inconsistent with other literature prompting future research.

Leatherdale S.T., Hammond, D., Ahmed, R. 2008. Alcohol, marijuana, and tobacco use patterns among youth in Canada. Cancer Causes Control 19, 361-369.

Summary
Authors found high rates of substance abuse in adolescents grades 7-9 across Canada. Youth were more likely to have used alcohol, marijuana, and tobacco if they had below or average grades or had more than $20 of disposable income per week, though they weren't able to tell if the substance use pre-empted the acquiring of extra spending money or they had it already. (p 368).

Manion, I., Short, K.H., Ferguson, B. 2013. A Snapshot of School-Based Mental Health and Substance Abuse in Canada: Where we are and where it leads us. Canadian Journal of School Psychology 28 (1), 119-135.

Summary
The authors note that academic research has found that the majority of adult mental health disorders originate in childhood (with 50% before the age of 14 and 75% before the age of 24), and that most children do not receive the interventions they need; leading to academic failure, involvement with the welfare and justice systems, and unemployment among others. (p 119). They argue, with solid evidence, that many practitioners and researchers are now advocating for more widespread mental health programming in schools targeting positive mental health for all students (not just targeted towards mental or behaviourally challenged youth), resulting in reduced mental health stigma, providing access to youth who

wouldn't otherwise obtain help, and increased self-concept and pro-social behaviours of students (p 119). Techniques used in positive mental health are life skills training (social and emotional learning) positive feedback, modelling, and self-reflection.

Notes
They provide a well-researched summary of all the positive benefits and prevention successes within mental health school programs, breaking it down into different disorders and interventions. The authors summarize a wide range of clinical research from around the world into one document including scanning and surveying over a hundred programs making this a valuable and up-to-date summary of mental health challenges and youth in Canada.

Ryan, S.R., Stanger, C., Thostenson, J., Whitemore, J.J., Budney, A.J. 2013. The impact of disruptive behaviour disorder on substance abuse use treatment outcome in adolescents. Journal of Substance Abuse Treatment 44 (5), 506-514.

Summary
They surveyed 68 disruptive behaviour disorder (DBD) diagnosed adolescents who had undergone different 14 week outpatient substance abuse treatment programs and interviewed their caregivers and found that substance abuse treatments that include contingency management planning and include the parent training as part of the program have the potential to show reduced marijuana use in DBD youth. Aboriginal youth are not the focus of this study.

Wambeam, R.A., Canen, E.L., Linkenback, J., Otto, J. 2013. Youth Misperceptions of Peer Substance Use Norms: A Hidden Risk Factor in State and Community Prevention. Prevention Science, 1-10.

Summary
The authors found that youth misperception of their peer's substance use norms is just as significant a risk factor as other known risk factors to substance abuse and should be part of community prevention planning. They note that as youth overestimate that most of their peers are using drugs, then their risk of using goes up, especially in younger students (p 1 and 8). They note other proven risk factors for adolescent substance use in the literature are:

- early and persistent antisocial behaviour and rebelliousness
- friends who engage in problem behaviour, gang involvement, favourable attitudes towards substance use
- early initiation of the behaviour
- sensation seeking
- perceived risks of drug use
- protective factors like social skills, impulsiveness, healthy beliefs, and clear standards
- community norm and retail availability

Prevention strategies that focus on individual behaviour are the most well-known in research, with environmental treatments (for example community intervention) being under researched (p 2). They also note that alcohol and tobacco use are among the top ten risk factors to good health in the world and that substance use often results in social problems like violence, sexual assault, and crime. (p 1).

MacLean, S.J., Kutin, J., Best, D., Bruun, A., Green, R. 2013. Risk profiles for early adolescents who regularly use alcohol and other drugs compared with older youth. Vulnerable Children and Youth Studies, 1-11.

Notes
This article provides a good profile of risk factors for young users for potential reference, though it is an Australian publication focussed on Australian youth.

4. YOUTH TREATMENT

Russell, K. 2007. Adolescent substance-treatment: Service delivery, research, on effectiveness, and emerging treatment alternatives. Journal of Groups in Addiction and Recovery 2, 68-96.

Summary
The author discusses the field of adolescent substance abuse trends in the United States, the need for alternative treatment options and better navigation of these options. He mentions that in the US the demand for behavioural treatment programs is greater than the services available and that the majority of adolescents are not being adequately helped in the services available due to a variety of reasons including the shortage of trained workers in mental health and substance abuse (p. 70). He notes that youth who do not receive adequate interventions often end up hospitalized for mental health issues or in the justice system repeatedly and that over 55% of youth admitted into long-term residential treatment were directly referred from the justice system (p. 71). *He notes that many substance use treatment models that are used in the field are just adapted adult approaches which may not be appropriate for youth treatment, and that research on outcomes for youth specific therapy outcomes are sorely underrepresented in the literature (p. 72).*

He discusses different youth treatment models including Research Therapies, 'Community-based treatment' approaches, with a case study assessing five different Outdoor Behavioural Healthcare (OBH) models. He found the OBH models to have highest completion rates in unmotivated adolescents who shifted their willingness to change during the program, decreased drug and alcohol use, exhibited less mental health problems, and showed promise as an alternative to other more traditional community-based models (p 86).

Notes

This is an American research study and not Aboriginal specific.

Novins, D.K., Boyd, M.L., Brotherton, D.T., Fickenscher, A., Moore, L., Spicer, P. 2012. Walking on: Celebrating the journeys of Native American adolescents with substance use problems on the winding road to healing. Journal of Psychoactive Drugs 44 (2), 153-159.

Summary
In regards to Aboriginal youth treatment, the authors state that "Unfortunately, no manualized interventions address the specific needs of Native American Adolescents in a culturally appropriate manner" (p. 153). They then provide a study based on a Cherokee healing intervention called 'Walking On' which blends cultural healing with science-based practices like cognitive behavioural therapy and contingency management in substance abuse treatment and determine that it shows promise in the field of addictions for Native American youth (p. 153).

James, S. 2011. What works in group care?- A Structured review of treatment models for group homes and residential care. Children and Youth Services Review. 33 (2), 308-321. Retrieved April 29, 2013 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3314708/

Summary
The author stresses the importance of increased scrutiny and research on group care models in order to provide quality care for the youth they serve (p 320). He reviews five treatment models for their effectiveness in evidence-based outcome studies for child welfare practice and finds that four of the five models supported significant evidence for effectiveness. The four models showing promise are the Positive Peer Culture, Teaching Family Model, Sanctuary Model, and Re-ED.
One that lacks effectiveness evaluation is the Stop-Gap Model

All these models for at-risk youth treatment are outlined in detail in the article with clearly presented charts for reference (p. 312). He notes that group care therapeutic models are still in the early stages of development in the literature and lacking research and he cautions that "the benefits of placing youth with emotional and behavioural disturbances into one setting, and the factors that may mediate these effects, need to continue being the subject of systematic investigation (p. 319). *He notes that there is a "relationship between well-conceptualized and implemented programs and achievement of targeted outcomes in the area of group care for juvenile offenders" (p. 319).*

Goodkind, J., Lanoue, M., Lee, C., Freeland, L., Freund, R. 2012. Feasibility acceptability, and initial findings from a community-based cultural mental health intervention for American Indian youth and their families. Journal of Community Psychology 40 (4), 381-405.

Summary

This article outlines an intervention model called "Our life" that was developed through a community-based participatory research CBPR partnership with American Indian tribal members, a tribal mental health counselling organization, and academic researchers that address the "root causes of violence, trauma, and substance abuse" in adolescents (p. 381, 384). The model is portrayed in a visual concept model which includes risk factors, short and long term outcomes (p. 385) and highly incorporates a solid recognition of historical trauma (p. 386). They conducted a pilot study of the program with 18 native youth ages 7-17 years estimating that enculturation, self-esteem, positive coping strategies, quality of life, and social functioning would improve, with their results partially or fully supporting these improvements with some variation showing promise for these types of collaborative models (p. 392, 393).

Piedmont, R.L. 2004. Spiritual Transcendence as a Predictor of Psychosocial Outcome from an Outpatient Substance Abuse Program. Psychology of Addictive Behaviours 18 (3), 213-222.

Summary

The author found significant correlations between Spiritual Transcendence and positive treatment outcomes in his case study of an outpatient substance abuse program especially around coping ability, even when personality factors are controlled for. Also the Spiritual Transcendence Scale STS shows promise of being used as an outcome measure of therapeutic impact in substance use programs (p. 219). He notes that organizations like AA are based around spirituality and that spirituality provides, among other benefits, a way of coping with stressful events or creating a buffer for negative feelings. He thinks that psychologists "need to include this construct [Spirituality] if they wish for their models and assessment paradigms to be comprehensive and ecologically valid" (p. 219). Up until this article there were virtually no empirical studies that looked at how spirituality assists in substance abuse treatment.

5. Youth Mental Health, Childhood trauma, Violence, Parenting, Personality, Suicide

Hickman, L.J., Jaycox, L.H., Setodji, C.M, Kofner, A., Schultz, D., Barnes-Proby, D., Harris, R. 2013. How Much Does "How Much" Matter?: Assessing the Relationship Between Children's Lifetime Exposure to Violence and Trauma Symptoms, Behaviour Problems, and Parenting Stress. Journal of Interpersonal Violence 28 (6), 1338-1362.

Summary
The authors note the concern of researchers on child exposure to violence at home, in school, or their communities and the longer-term developmental and mental health risks. In the literature exposure to violence in childhood has been linked to many mental health consequences including depression, anxiety, PTSD, behavioural and developmental problems, impacted academic achievement, and parenting stress in caregivers (p. 1340). They state that according to one US national survey findings on childhood violence showed that 61% of young people 17 and younger had been exposed to a broad range of crime, and abuse experiences including physical assault, property offence, maltreatment by an adult parent or caregiver, witnessed violence at home or in their community, or were sexually abused (p. 1339).

They sampled the caregivers of 768 young children exposed to violence in their lives and they found that it was the exposure to two or more different types of violent experiences or poly-victimization (for example assault, maltreatment, sexual abuse, and witnessing violence) that contributed significantly to negative psychological impacts in young people, and not the total life time exposure, with the tipping point being two or more categories of violence (p. 1343 and 1349). The only exceptions were young victims of sexual abuse and PTSD symptoms, who experienced negative outcomes no matter what the amount and variety of exposure was (p. 1356).

Taylor, D.M., Usborne, E. 2010. When I Know Who "We" Are, I Can Be "Me": The Primary Role of Cultural Identity Clarity for Psychological Well-Being. Transcultural Psychiatry 47 (1), 93-111.

Summary
The authors stress the importance of cultural identity clarity for personal identity and psychological well-being treatment, as a constructive role of therapy for cultural groups like Aboriginal peoples who have been exposed to collective trauma (in contrast to other individualized therapy methods) (p 93).

Lemstra, M.E, Rogers, M.R. Thompson, A.T. Redgate, L., Garner, M., Tempier, R., Moraros, J.S. 2011. Prevalence and Risk Indicators of Depressed Mood in On-Reserve First Nations Youth. Canadian Journal of Public Health 102(4), 258.

Summary
The authors survey 204 students in grades 5-8 on seven reservations in Saskatoon and found high rates of depressed mood, they delineated four independent risk indicators for their depressed mood 1) not having worked through things that happened in childhood 2) not having someone who shows love and affection 3) having a lot of arguments with parents and 4) being physically bullied at least once per week and mentioned that they are at increased risk of mental health problems later in life unless there are successful interventions.

Lemstra, M., Rogers, M., Redgate, L., Garner, M. Moraros, J. 2011. Prevalence, Risk Indicators and Outcomes of Bullying Among On-Reserve First Nations Youth. Canadian Journal of Public Health 102 (6), 462-466.

Summary
The authors found in conjunction with their previous study that "bullying is more common for First Nations youth living on-reserve, compared to other Canadian youth" and that no matter what the exact type of bullying was, "youth who were bullied were at least twice as likely to suffer from depressed mood" (p. 462).

Nadew, G.T. 2012. Exposure to traumatic events, prevalence of posttraumatic stress disorder and alcohol abuse in aboriginal communities. Rural and Remote Health 12 (4) article number 1667, 1-12.

Summary
The author states that intergenerational trauma in Indigenous communities has been passed on to descendants with resulting mental experiences manifesting in avoidance behaviours, hyper-vigilance, negative thought patterns, complicated with substance abuse, violence against self and others which are often misdiagnosed and result in ineffective therapeutic interventions (p. 3). *He mentions that the current focus on individual treatment in the Aboriginal population contradicts traditional community and family values and the failure to acknowledge transgenerational and other traumatic events as part of therapy has caused poor mental health interventions in Aboriginal communities (p 9).*

He sampled 221 Indigenous peoples in Western Australia ages 18-65 years old and found that 97% of respondents had been exposed to traumatic events, with many showing major depression, and alcohol use related disorders and higher dependence than the non-Indigenous populations, with other impacts of trauma such as anxiety disorders, dysthymic disorder, and substance abuse, with the rate of exposure to traumatic events highly related to PTSD, demonstrating a self-medicating link with PTSD to alcohol abuse (p. 1, 2, and 4).

Boyer, S.N., Hallion, L.S., Hammell, C.L., Button, S. 2009. Trauma as a predictive indicator of clinical outcome in residential treatment. Residential Treatment for Children and Youth 26 (2), 92-104.

Summary
The authors surveyed psychosocial, psychiatric, interpersonal, family, and demographic data (including exposure to trauma) from 109 youth ages 5-12 years old in a suburban residential treatment program in order to better investigate predictive indicators of clinical outcome in residential treatment centers (p. 98).

The authors found that youth exposure to a variety of types of trauma was the single largest predictor of lack of improvement in residential treatment (p. 98) and note the importance of early intervention, multimodal and varied interventions, and employing evidence-based trauma informed treatment to effectively deal with youth trauma (p. 102).

Notes
This is an American reference and not about Aboriginal youth in particular.

Bals, M. Turi, A.L., Skre, I., Kvernmo, S., 2011. The relationship between internalizing and externalizing symptoms and cultural resilience factors in Indigenous Sami youth from Arctic Norway. International Journal of Circumpolar Health 70 (1), 37-45.

Summary
The researches investigate if there are links between cultural activities, pride and language to a decrease in mental health problems in Indigenous youth ages 15-16 years old using a standardized adolescent health survey method. They did find a correlation and increase in self-efficacy with increased cultural practices.

Notes
This article gives a good description of measures for evaluating cultural benefits in youth. It provides quantitative measures that are clearly defined.

Unterrainer, H-F., Ladenhauf, K.H., Wallner-Liebmann, S.J., Fink, A. 2011. Different Types of Religious/Spiritual Well-Being in Relation to Personality and Subjective Well-Being. The International Journal for the Psychology of Religion, 21, 115-126.

Summary
It is generally accepted in the literature that people who report a deeper spiritual or religious connection in their lives show significantly better health outcomes including physical and mental health, the mechanisms of why this is, are not clear, but the correlation between both religiosity or spirituality and better mental health is unequivocal in the academic literature.

Notes
The Aboriginal population is missing in this field of research, but I am assuming this easily extends to Aboriginal spiritualty.

ABORIGINAL SUICIDE

Kirmayer, l. 1994. Suicide among Canadian aboriginal peoples. Transcultural Psychiatric Research Review. 31, 3-57.

Summary
Article makes a clear statement that Suicide rates in Aboriginal Youth in Canada are among the highest rates in the world for any identifiable cultural group.

Chandler, M.J. & Lalonde, C.E. 1998. Cultural continuity as a hedge against suicide in Canada's First Nations. Transcultural Psychiatry 35 (2), 191-219.

Summary
The authors make it clear that adolescents in general have higher levels of suicidal behaviour "20-200 times greater than any other age group" (p. 197) a period of rapid developmental change and higher risk of significant hardships and hazards (some which later in life might seem trivial). They examined coroner data rates of suicide across the entire province of British Columbia over a 5 year period and noted stark differences in suicide rates between different communities with over half recording no suicides in their communities and others with rates 500-800 times the national average (p. 207).

The authors disprove the overreaching claim that youth suicide rates are the same for all Aboriginal communities. This obscures the larger inter-community differences between young deaths. They then came up with 6 measures of cultural rehabilitation measures communities were taking and came up with 6 markers of cultural continuity including: Land Claims, Self-government, Education services, Police and Fire services, Health services, Cultural facilities. They found a strong link between lower suicide rates in communities who were engaging more in community practices to help preserve and restore their native cultures (p 213) advocating as a the title says cultural continuity as a protective factor against youth suicide.

Notes
Seminal article on this issue cited over 133 times in Scopus online database on this issue and Chandler is a well-respected Canadian researcher in the field of developmental psychology.

Hallett, D., Chandler, M.J., & Lalonde, C. 2007. Aboriginal language knowledge and youth suicide. Cognitive Development, 22 (3), 392-399.

Summary
This article builds on the previous article above, further investigating Aboriginal language speaking rates and its link with suicide rates in Aboriginal British Columbia Bands. They found that language proved a better indicator than the six cultural

continuity factors Chandler et al determined in 1998. Most notably that "youth suicide rates effectively dropped to zero in those few communities in which at least half of the band members reported a conversational knowledge of their own Native language" (p. 392).

Lemstra, M, Rogers, M., Moraros, J., Grant, E. 2013. Risk Indicators of suicide ideation among on-reserve First Nations youth. Paediatrics and Child Health (Canada) 18 (1), 15-20.

Summary
The authors found that wanting to leave home, having depressed mood and not feeling loved were independently associated risk indicators with suicide ideation among the on-reserve youth interviewed. No youth that had a father that was professionally employed reported suicidal ideation. Ideation rates were significantly higher than the general urban youth population and somewhat higher than the urban Aboriginal population of the same demographics.

Notes
This highlights the emotional connection and socioeconomic risk factors for suicide. This is a Canadian Aboriginal focused reference.

6. YOUTH CRIMINAL BEHAVIOUR

Erickson, P.G., Butters, J.E. 2005. How does the Canadian juvenile justice system respond to detained youth with substance use associated problems? Gaps, challenges, and emerging issues. Substance Use and Misuse 40 (7), 953-973.

Summary
The article notes that substance use is recognized as a risk factor of juvenile recidivism with delinquent youth more likely to use a variety of substances than non-delinquent (p. 953). They note and discuss the variety of programs across the country including 'Staying off Substances', "7 Challenged Substance Abuse Treatment Program', 'The Substance Abuse (Crackdown) Program', 'Addictions Awareness' offered in secure custody that work with youth in the justice system to reduce anti-social behaviour and re-offending (p. 961, 962). They talk about an inpatient long-term substance abuse custody program in Ontario called 'Portage' (p. 962) and a general discussion on the effectiveness of multi systemic therapy (MST) which is an amalgamation of different best practices for the wide range of problems youth in custody face (p. 962).

They provide a very interesting and relevant section on the demographics of Aboriginal young offenders, citing the over representation of Aboriginal youth in the justice system and increased use of alcohol, solvent use, and illicit drugs compared to the general youth population (p, 964). They outline various programs for Aboriginals youth. The most holistic and innovative forms of drug treatment in Canada include the 'Punky Lake' program' in BC, 'The Poundmakers's Adolescent

Treatment Centre' in Alberta, the 9 'First Nations Inhalent Abuse Treatment Centres for Youth' across the country, The 'Nimkee Nupigamwagan Health Centre' in Ontario, and the 'White Buffalo Treatment Centre' in Saskatchewan which in preliminary studies have shown a good amount of outcome success (p. 965).

Notes
This article is a distinctly Canadian perspective which is valuable and includes a discussion on Aboriginal young offenders. They provide a good discussion on the juvenile justice legislation in Canada, the needs of youth in the juvenile justice system especially in regards to substance abuse treatment, and different Aboriginal models. There is a wealth of information in this well-researched and comprehensive article applicable to Aboriginal young offenders and treatment options and a seminal publication in the field.

Ryan, J.P., Williams, A.B., Courtney, M.E. 2013. Adolescent Neglect, Juvenile Delinquency and the Risk of Recidivism. Journal of Youth and Adolescence 42 (3), 454-465.

Summary
This journal article strongly states the connection between child abuse and neglect with an increase in risk of involvement in the juvenile justice system and increase of recidivism with on-going neglect. They surveyed across a section of multi-ethnic American youth in Washington State.

FETAL ALCOHOL SPECTRUM DISORDER and JUSTICE SYSTEM

Popova, S., Shannon, L., Bekmuradov, D., Mihic, A., Rehn, J. 2011. Fetal Alcohol Spectrum Disorder Prevalence Estimates in Correctional Systems: A Systematic Literature Review. Canadian Journal of Public Health 102 (5), 336-340.

Summary
The authors come up with good estimates of the number and risk of individuals with FASD becoming involved in the Canadian criminal justice system by doing a world-wide academic literature search. They find a huge lack of information and statistics on this topic, with some information on Canada and the US (p. 336). The authors use two previous studies and criminal statistics to estimate FASD rates and note that in Canada youth with FASD are *"19 times for likely to be incarcerated than youths without FASD" on any given day (p. 336, 338) and that this is probably underestimated since the rate of undiagnosed FASD in the criminal system is high (p 339).* They state that there is currently no widely used screening or diagnostic tools to identify the exact number of FASD affected people within the criminal justice system, but there are some efforts being made in Canada (p. 339). They conclude that "The criminal justice system is an ideal arena for intervention efforts aimed at the rehabilitation or reduction of recidivism" for people with FASD (p. 339).

Gagnier, K.R., Moore, T.E., Green, J.M. 2011. A need for closer examination of FASD by the criminal justice system: Has the call been answered? Journal of Population Therapeutics and Clinical Pharmacology 18 (3), 426-439.

Summary
They state that FASD individuals show deficits in everything from memory, learning, behavioural inhibition, interpersonal skills, and language among others and that these things have serious implications with involvement and disadvantage in the legal system with the scarcity of effective interventions, awareness and knowledge in the system (p. 426). The authors note the "under-identification of FASD and the gravity of its symptoms" (p. 428). They provide a detailed description of why people with FASD end up becoming involved in the criminal justice system and the "high probability that individuals with FASD fail to understand their role in an offence, consequences of their actions, legal proceedings, and the possible outcome of these proceedings (p. 428)". They address issues primarily around the sentencing in the legal system and not treatment options.

RECIDIVISM

Thomas, M., Hurley, H., & Grimes, C. (2002). *Pilot analysis of recidivism among convicted young adults - 1999/2000* (No. Vol. 22, no. 9). Ottawa, Ontario: Statistics Canada.

Summary
This article notes that males are more likely to commit crimes and be recidivists and specifically young males (young offenders). The age of first offence is a huge predictor of the person reoffending. "Recidivists who were 12 years of age at the time of their first conviction had an incarceration rate of 59%, compared to 35% for recidivists whose age of onset was 17 years of age" (page 1)

Notes
Great resource for understanding recidivism rates for youth in Canada, says nothing about the people behind the crimes, cultural identity, emotional backgrounds etc. The age of first offence and increased probability of reoffending is a huge argument for earlier interventions.

Castellano, T. S., & Soderstrom, I. R. (1992). Therapeutic wilderness programs and juvenile recidivism: A program evaluation. *Journal of Offender Rehabilitation, 17*(3/4), 19-46.

Authors found a one-year delinquency reduction in both high and low rate youth offenders, with youth who completed an Outward Bound type wilderness stress-challenge program, and that the effect declined at a two year follow up.

Krebs, C.P., Lattimore, P.K., Cowell, A.J., Graham, P. 2010. Evaluating the Juvenile Breaking the Cycle Program's impact on recidivism. Journal of Criminal Justice 38 (2), 109-117.

Summary
The authors note that there is extensive academic research clearly outlining that juvenile offenders are often involved with alcohol and/or drug use, and that this substance use was one of the main factors that actually contributed to the delinquent behaviour (p. 109). They also note that it has been cemented in the literature that juvenile offenders often have other life problems including educational challenges, family problems, and mental health disorders and that there is significant evidence that multi-component approaches to therapy are effective with youth in the justice system, including lower rates of arrest and substance use after intervention (p. 109). Multi-systemic Therapy (MST) is a form of treatment that involves "individual and family counselling as an alternative to incarceration, hospitalization or residential treatment for serious juvenile offenders" (p. 109). The authors examine one MST model called Juvenile Breaking the Cycle (JBTC) used in the States by surveying 587 youth who did or did not participate in the JBTC program and found that JBTC youth showed reductions in future arrest (p.116). They also note that being male and non-white increased the odds of recidivism (p.116).

7. WILDERNESS BASED MODELS

OUTDOOR BEHAVIOURAL THERAPY (OBH)

Outdoor Behavioural Healthcare research Cooperative: Providing Research and Evaluation for Wilderness & Adventure Therapy Programs since 1999. Website. http://www.obhrc.org/

Summary
This is a secondary website reference. It is the leading agency providing academic research in the field of OBH, Wilderness and Adventure Therapy programs with over 200 research studies headed up by the lead researcher in the field Dr. Keith Russell and six other researchers.

Lewis, S.F. 2013. Examining changes in substance use and conduct programs among treatment-seeking adolescents. Child and Adolescent Mental Health 18 (1), 33-38.

Summary
They reviewed the huge body of literature on child and adolescent mental health problems stating that suicide is the third leading cause of death in adolescents, that 50% of psychiatric disorders onset in adolescence, that adolescents are a tough population to treat, that the majority of youth are not receiving mental health interventions, all purporting to the seriousness of the issue (p 33). They note that the developmental demands of this period include increased vulnerability and

sensitivity, which may amplify resistance to interventions. One of the alternative treatment options to resistant youth is Outdoor Behavioral Healthcare (OBH)—these are programs that include "Group process, experiential learning, peak experiences, unfamiliar environments, and natural consequences…" (p. 33). The authors report a lack of empirical study on therapeutic outcomes of these programs.

They do note that previous academic research studies "…have reported improvements in (a) recidivism for adjudicated youth and sexual offenders (b) family functioning (c) oppositional and defiant behaviour among adolescents and (d) interpersonal functioning" (p. 33). Two large studies completed by the Outdoor Behavioural Healthcare research cooperative surveyed hundred of parents and their adolescents from different OBH programs with positive findings on therapeutic gains, readiness the change, less feelings of stress, anxiety, depression and substance use (p. 34). The authors critique the methodology and questionnaires used in these studies and rigorously surveyed 190 substance and mental health treatment seeking adolescents ages 13-17 in three OBH programs in the Idaho and North Carolina through a measure of called the Treatment Outcome Package (TOP). They found support in line with other studies that "participants reported significantly less substance-related dysfunction and disruptive behaviour disorder symptoms at the post-treatment assessment… associated with improvements in externalizing symptoms of substance abuse and disruptive behaviour disorders (p. 37). On a side note, it was cited that oppositional defiant disorder and substance abuse/dependence are the most often diagnosed problems in young clients in OBH programs (p 37).

OBH therapeutic intervention model: the programs the authors researched are based on the larger OBH model that, among other things, provides a shift away from the home environment where youth problems are being maintained, and provides a backdrop for clients to change behaviours and develop new skills that can then be brought back in the home environment. This out of home treatment allows the clients to better engage in treatment, learn natural consequence of their behaviour, and participate in therapy with youth in a similar position. This therapeutic model provides a way to facilitate cooperation, communication and cohabitation within a community while doing treatment utilizing tools such as metaphor, goal setting, practical skill building, community involvement, instrumental conditioning, relapse prevention and planning. The average length of treatment was just under 60 days (p 35).

Post-Treatment Assessment: the authors highly stress the importance of post-treatment intervention in maintaining therapeutic gains from OBH programs, but also that in their study the respondents reported less substance related dysfunction and therapeutic gains independent of the post-treatment programs they did or did not enter, attributing a large part of the success to the OBH programs. In their study interestingly only 30% of sampled youth returned directly home after their OBH programs with either no further treatment of out-patient services, the other 70% went into continuing residential care programs including residential treatment centers, therapeutic boarding schools, and emotional growth schools (p. 37), showing the range of after care options available and utilized.

Russell, K.C. 2005. Two years later: A qualitative assessment of youth well-being and the role of aftercare in outdoor behavioural healthcare treatment. Child and Youth Care Forum 34 (3), 209-239.

Summary
The study surveyed youth in an OBH program in the States on measures of outcome well-being 24 months after their program which combined wilderness expedition and clinical treatment for over 50 days. Common aftercare programs utilized were other outpatient services, individual or family counselling, and residential treatment centers or therapeutic boarding schools utilized by 85% of the youth, and 95% of youth and 80% of the parents self-reported that the OBH treatment was effective for them as a treatment option (even though many youth still used alcohol and drugs to different degrees, had varying legal programs and issues forming peer friendships). Overall, the program was seen as effective helping them through different emotional and psychological issues that were driving their destructive behaviour recognizing that therapy is an ongoing process (p 209).

Russell, K. C. (2003). An assessment of outcomes in outdoor behavioral healthcare treatment. *Child and Youth Care Forum, 32*(6), 355-381.

Secondary reference paper (evaluation study): Russell, Keith, C. 2004. Evaluating the Effects of the Project DARE Program on Young Offenders. Outdoor Behavioural Healthcare Research Cooperative, School of Health and Human Services, University of New Hampshire, Durham, NH.

Summary
Russell (2003) found that youth participation in wilderness treatment significantly reduced behavioural and emotional symptoms of youth immediately following treatment, as measured by both youth self-report and parent assessments using the Youth Outcome Questionnaire (Y-OQ). More importantly, this study reported that youths maintained therapeutic progress initiated by treatment, and according to youth self-report data, continued to improve at the 12-month follow-up period." (Russell, 2004, p. 13)

Russell notes that there are many reports of positive benefits wilderness treatment programs in the literature including improving youth self-concept, internal locus of control, and social skills above and beyond similar recreational programs. But, as Russell states (2004) many research studies lack theoretical basis, have poor instruments to assess outcomes, poor methods, and lack of comparable findings.

WILDERNESS THERAPY

Russell, K. 2001. What is wilderness therapy? Journal of Experiential Education 24 (2), 70-79.

Summary
Russell discusses the confusion around what Wilderness Therapy actually is and how outdoor based rehabilitative approaches often get confused between 'challenge courses', 'adventure-based therapy', 'wilderness experience programs (WEPs)' or 'boot camps' among others, and with popularity growing in the states, he purports the need for a consistent definition of what Wilderness therapy is so that the discipline can gain more consistency within research, practitioners and the public. He provides a detailed description of the evolution of Wilderness Therapy from its original Outward Bound roots to present day including a discussion about how the aforementioned terms are not Wilderness therapy, but that it can use adventure therapy and challenge courses as part of its process.

He notes that many different definitions of WT have been used in the literature and thus it is hard to compare different studies, processes and outcomes of various programs and that treatment approaches are generally a mystery so he consults psychotherapy literature, current wilderness therapy practice and his own experience to provide a definition. He notes that Wilderness therapy practitioners are striving to validate their practice as a viable treatment for troubled adolescents and gain more respect in the mental health community and a consistent definition is the first step (p. 74).

Important Definitions:

The broader field of WEPs: Wilderness experience programs "organizations that conduct outdoor programs in wilderness or comparable lands for purposes of personal growth, therapy, rehabilitation, education or leadership/organizational development" (p 71) Wilderness therapy is ONE type of this kind of program. This is clearly outlined on page 77 in chart format.

Wilderness Therapy: an integrated definition would contain the key concepts (highly abbreviated summary from the article)

1. Theoretical basis of wilderness therapy: the design should be therapeutically based, with assumptions made clear and concise, in order to better determine target outcomes and evaluate the effectiveness of the intervention (p 74).

2. Wilderness therapy process: it utilizes outdoor adventure pursuits and other activities like primitive skills and reflection to enhance personal and interpersonal growth (p 74).

3. Expected outcomes from treatment: there are some similarities between clients expected outcomes, completing a program represents a sense of

> accomplishment that is concrete and real and can be used to draw strength from in the future, combined with physical health and well-being, which may help clients feel better about themselves (p 75).

Outdoor Behavioural Healthcare Industry Council (OBHIC)- formed in 1996 as a coalition of more than 12 Wilderness therapy programs to work towards higher standards in wilderness and outdoor treatment programs including clinical supervision by qualified professionals (p 76).

He provides a discussion around insurance and licensing for Wilderness therapy programs in the States including programs meeting residential standards of care and national accreditation and how this differentiates them from other wilderness experience programs (p 78).

Notes
This article is a bit out of date for current research in the area but still has a lot of useful information on the field.

Becker, S.P. 2010. Wilderness Therapy: Ethical considerations for mental health professionals. Child and Youth Care Forum 39 (1), 47-61.

Summary
Unique ethical considerations are described and discussed in the field of Wilderness therapy as a recognizable and ethical clinical mental health treatment option including:

Distinction between therapy and therapeutic experiences: therapy meaning clinically supervised connotations.

Efficacious treatment: the authors note that the academic research available provides evidence that WT may be an effective treatment option for a wide range of adolescents, including ones with substance abuse issues, sex offenders and others in the justice system and youth with depression and other clinical disorders (p 52). However there are gaps in this research with over 65 programs in the US identifying themselves as providing Outdoor Behavioural Healthcare and only a small number of these with outcome studies completed (p 53).

Consent and confidentiality: passive resistance and refusal are common in programs where parents commit children to these programs (p 53). Engaging clients in the development of their treatment goals is ethically warranted (p 53). Difficulties are inherent in group models and sharing of information amongst staff or other trip staff and other administrative personal and causal conversations through the day versus recognized therapy sessions (p 54).

Therapeutic boundaries: the client's perception of therapy and the therapist is disrupted by the 'unorthodox' environment and informal counselling sessions while hiking, cooking, or building something (p 55). They discuss the need for a discussion around more delineating boundaries between the client and therapist in

the field and the difficulty of this while living in close proximity in a unique setting with the clients, for example around personal disclosure, physical touch, and gender (p 56). They recommend constant discussion around boundaries as part of the WT process (p 56).

Continuum of care and family involvement: many youth in the States are enrolled in programs far away from home, but a lot of programs still involve the family in various ways in the treatment through family sessions, parent sessions, (p 57) and that over three-quarters have been in previous treatment (p 56).

Aftercare: "aftercare is considered to be essential to any long-term change, and may thus be considered ethically a best-practice" (p 57).

They noted that wilderness therapy programs in the States, particularly ones that are unlicensed or unregulated, have recently come under intense scrutiny in the media, academic and political bodies (p. 51).

Raymond, I.J., 2004. Wilderness Therapy: Is if the "Magical Cure" for Marginalised Youth?: Conference proceedings. Australian Association for Environmental Education, Adelaide.

Summary
"Wilderness therapy may be briefly defined as a group-based intervention, facilitated within a natural setting, which systematically applies a range of therapeutic techniques to cultivate psychological and behavioural growth" (p. 1)

This article provides a comprehensive and well-referenced summary of the origin, theory, and practice of wilderness therapy programs for youth-at-risk including investigating its merits and empirical support. It also provides an interesting case study from Australia describing details of a land-based program's daily operations.

Notes
This article provides a good starting point on the practice of wilderness therapy techniques and offers encouragement in what the discipline has to offer youth-at-risk. It is also a bit out of date and thus missing current research in the field.

Bettmann, J.E., Lundahl, B.W., Wright, R., Jasperson, R.A., McRoberts, C.H. 2011. Who are they? A descriptive study of adolescents in wilderness and residential programs.

Summary
The authors find that almost one half of the youth sampled reported recent traumatic events and almost one third reported self-harming behaviours and in general were primarily considered delinquent, substance-abusing, and oppositional adolescents.

Russell, K.C., Phillips-Miller, D. 2002. Perspectives on the wilderness therapy process and its relation to outcome. Child and Youth Care Forum 31 (6), 415-437.

Summary
The authors state that "Though an array of definitions and terminology that are found in the literature, wilderness therapy typically involves immersion in wilderness or comparable lands, group living with peers, individual and group therapy sessions, and education and therapeutic curricula, including backcountry travel and wilderness living skills, all designed to reveal and address problem behaviours, foster personal and social responsibility, and enhance the emotional growth of clients" (p 145). He interviews only 12 clients from four different WT program in depth and finds that the main factors that helped the adolescents address their behaviour and willingness to change were: physical exercise and hiking, wilderness living, peer feedback in groups counselling sessions, and the relationship with wilderness guides and therapists (p. 415).

Norton, C.L. 2010. Into the Wilderness-a case-study: The psychodynamics of adolescent depression and the need for a holistic intervention. Clinical Social Work Journal 38 (2), 226-235.

Summary
The authors find that in their study Wilderness therapy is determined to be an effective intervention for adolescent depression which helps to promote positive self-image and coping skills. They note a psychodynamic view of depression which is associated with unresolved development conflicts, issues of separation, searching for identity and the true-self (p. 226).

Magdalena, R., 2000. Wilderness Therapy for Youth-at-Risk. Parks and Recreation 35 (9), p.8-18.

Summary
This paper describes the discipline of Wilderness therapy and focuses on the required skills and competencies described in the literature as being important for practitioners in the delivery of these types of programs.

They argue that most employees working in the field of wilderness therapy are not properly trained to deal with the challenges of youth at risk in the field and efforts should be made to develop more specific training programs for practitioners including skills in therapy and counselling as well as outdoor recreation and experiential education. They maintain it is a valuable field that needs more research, and operating standards developed.

Notes
This article provides a great overview of the discipline and valuable insight into the qualification and training that would be recommended in program design. The reference list is very helpful since it was well referenced and substantiated. It is a solid critique of the field. They don't touch on the area of Indigenous youth and this

other area would open up even more qualifications required for practitioners to ensure cultural relevancy in my opinion. This article was a real eye opener into the breadth of training, and ethical considerations when outdoor camps are approached from a viewpoint of mental health therapy.

Bettmann, J.E., Russell, K.C., Parry, K.J. 2012. How Substance Abuse Recovery Skills, Readiness to Change and Symptom Reduction Impact Change Processes in Wilderness Therapy Participants. Journal of Child and Family Studies, 1-12.

Summary
They state that the literature has continually proven that wilderness therapy is effective, but there is research lacking on the exact factors responsible for change, so they sampled 189 adolescents in a Wilderness therapy program finding that clients don't necessarily need to want to change when they start with program in order to do so during the program and that spending time building skills around substance abstinence strategy is one effective tool to decrease use.

Magle-Haberek, N.A., Tucker, A.R., Gass, M.A. 2012. Effects of program differences with wilderness therapy and residential treatment center (RTC) Programs. Residential Treatment for Children and Youth 29 (3), 202-218.

Summary
Did not review in detail, but the authors mention that gender, involvement in individual Adventure therapy, time spent on expeditions, and admission scores were significantly related to client recovery and they further discuss different characteristics associated with recovery in both types of programs.

ABORIGINAL and WILDERNESS THERAPY

Norris, J. 2011. Crossing the threshold mindfully: Exploring rites of passage models in adventure therapy. Journal of Adventure Education and Outdoor Learning 11 (2), 109-126

Summary
The authors discuss the extensive use of rites of passage in wilderness therapy models which are often used from selective and misleading ethnographic descriptions of Indigenous peoples and general use out of the cultural context and offers from guidelines for ethical incorporation of different rites of passage ceremonies in wilderness programs.

Janelle, A., Laliberte, A., Ottawa, U., 2009. Promoting traditions: An evaluation of a wilderness activity among First Nations of Canada. Australasian Psychiatry 17 (1), 108-111.

Summary
Janelle et al used two methods: self-esteem scales and participatory observation techniques to determine the process and effects of land-based traditional activities

on Aboriginal youth ages 14-17 in a town in Quebec. The case study program is organized with the objectives of increasing self-esteem, re-establishing cultural continuity, encouraging pro-social behaviours among the youth, and empowering and mobilizing the community. Suicide was one of the main problems which drove the development of the program, whilst recognizing the underlying social and historical context within which it has arisen.

They mention that youth programs organized in wilderness environments have been shown to have positive results in non-native youth in the literature, but evaluation in terms of its benefits for Aboriginal youth is still lacking. The researchers aim to fill this gap by providing evaluation of the case study program. They find that by encouraging the practice of traditional activities and cultural beliefs through a land-based program, youth regain a sense of pride and personal identity.

Notes
This article is a highly useful article combining many aspects of relevant research, including Aboriginal youth, wilderness therapy, and cultural identity. Their methods of evaluation, most notably the difficulties they encountered *with* methodology and evaluation, might come in handy when designing a program. I like how it deals specifically with Aboriginal youth in Canada, describing the unique health problems in this population, and builds in the wilderness therapy connection. *It makes a good point on the need for solid evaluating procedures for these types of programs if they are to become more widely supported and successful in securing funding (Janelle et al., 2009).* It describes a small program that reaches only a few youth, and the results aren't highly conclusive, but it shows that these types of programs can be discussed in academic terms and have the potential to be successful. It purports further investigation and research in the field.

Watson, J., Watson, A., Ljubic, P., Wallace-Smith, H., Johnson, M. 2006. "Going back to Country with Bosses": The Yiriman Project, Youth Participation and Walking along with the Elders. Children, Youth and Environments 16 (2), 317-337.

Summary
The article addresses benefits and advocacy for youth to be more engaged and participatory within their communities. They provide a discussion based on previous research on youth participation and intergenerational exchange found in the literature and focus on a case study of a youth organization in Western Australia where local people have come together to organize land-based or "back-to-country" programs for youth.

They provide examples of the many benefits sought and found in land-based reconnection programs especially in regards to Indigenous or troubled youth. "Those involved were keen to find ways for young people to separate themselves from "negative influences, and reconnect with their culture in remote and culturally significant places" (p. 322). These benefits include many health benefits including physical activity, separation from addicting behaviour and social problems,

transmission of culture, increased land stewardship, and increased participation of youth in their families and communities among others. It also compares it to other western forms of outdoor recreation and wilderness therapy techniques and stressed the inseparability of an Indigenous community and their ancestral land.

Notes
This article is a great example of a successful youth-based Indigenous land-reconnection program in another country, which could be very relevant for Canada's north. They actually provide a description of the details of the program including how many people were involved, amounts of time spent out in the bush, who was involved and activities undertaken. They also relate the limitations of western based wilderness therapy techniques and outdoor recreation techniques. It provides a very relevant Indigenous viewpoint, even though it is not Canadian. They don't provide any indication of how successful the project has been, or methods for evaluation, which is a research gap.

Boyle, Ross David. 2009. Native to Place, Native to Self: Indigenous Knowledge Approach to Wilderness Therapy. Maters thesis: Master of Arts from Prescott College.

Summary
The author tries to bridge the gap between Western based wilderness therapy models and Native traditions by noting the similarities between wilderness therapy techniques and Indigenous knowledge concepts (becoming native to place similar to being Native American). He notes that most wilderness therapy programs are run and driven by designed program field guides. (In my opinion this is one reason why it's often difficult to find published information on various programs). He links many common themes found in these wilderness therapy guides including experiential leaning, connection to land, storytelling, tracking and solo 'vision quests" and mentoring (and the development of spirit), sweat lodges, and thanksgiving addresses as ultimately Native American traditions.

He states that "Many wilderness therapy programs simulate indigenous life skills, practices, and Traditions… examples are the use of ceremonies, rites of passage, "primitive" survival skills and learning based on the natural world." (p.8). And from his research and experiences working in multiple program he suggests that "wilderness therapy programs could offer a more effective context for growth and change through better knowledge and utilization of indigenous knowledge modalities" (p. 8). He purports that training wilderness therapy workers and counsellors more on field guides and experiential aspects of Indigenous knowledge will help them provide better growth for their clients. He then goes on to create a training manual for wilderness therapy field guides with the idea of helping outcomes for wilderness therapy programs (p. 9).

Notes
This is an unpublished thesis, with inconclusive results, but interesting references and discussion on uneducated use of Native American traditions in these programs

without intentionally acknowledging the cultural significance or history to these traditions.

ADVENTURE THERAPY

Neill, J.T. 2003. Reviewing and benchmarking adventure therapy outcomes: Applications of meta-analysis. Journal of Experiential Education 25 (3), 316-321.

Summary
The authors note the need for psychological interventions like Adventure therapy to provide *measureable* positive impacts on clients which is a challenge for the relatively new field of Adventure therapy which is trying to develop more professional networks, qualifications, ethics, training and more widespread research and evaluation which is lacking in the field (p. 316). The authors quote that "the adventure therapy field is notably undermined by a lack of well-organized, definitive, and widespread knowledge about the effectiveness of different types of adventure therapy programs" (p 317).

They discuss the key research organizations in the field including:
Wilderness Research Centre- http://www.webpages.uidaho.edu/wrc/
Adventure Therapy Web- http://leegillis.com/AT/
Institute for Outdoor Leadership and Education- *couldn't locate a current website*
Outdoor Education Research and Evaluation Center- http://www.wilderdom.com/research.php

The authors undergo a meta-analysis of existing research data in the fields of outdoor education, psychology, and education in order to provide a benchmark to guide future assessments of the efficacy of Adventure therapy programs. They find the success outcome measures often used are changes in self-concept, self-confidence, and locus of control (p. 318). They caution against using blanket statements of success across all Adventure therapy programs, finding that there was a difference in success outcomes between different forms of programs with the most successful being programs which were longer in duration, involved adult-aged clients, and were conducted by organizations such as Outward Bound. They noted that Adventure therapy programs do generally show positive and long lasting outcomes (over 18 months), and had overall outcomes statistically stronger then purely outdoor recreation programs, but lower than individual psychotherapy showing potential for growth in the field.

Gillis, H.L, and Thomsen, D. 1996. A Research Update (1992-1995) of Adventure Therapy: Challenge Activities and Ropes Courses, Wilderness Expeditions, and Residential Camping programs. Running Head: therapeutics. Coalition for Education in the Outdoors Symposium. Retrieved April 25, 2013 from
http://leegillis.com/AT/PDF/Gillis_Thomsen_CEO_96.pdf
AND **Adventure Therapy Web Website:** http://leegillis.com/AT/

A Definition of Adventure Therapy: an active, experiential approach to group (and family) psychotherapy or counselling utilizing an activity base (cooperative games, ropes courses, outdoor pursuits or wilderness expeditions, employing real and or perceived (physical and psychological) risk as a clinically significant agent to bring about desired change, making meaning through insights that are expressed verbally, nonverbally, or unconsciously that lead to behavioral change from both verbal and non-verbal introductions prior to and discussions following the activity experience, and punctuating isomorphic connection that significantly contribute to the transfer of lessons learned into changed behaviour.

Gillis et al provide a great summary of research up until 2006 including various programs that were evaluated in a chart format, population, measurement devices and outcomes (p. 3).

ECOTHERAPY

Chalquist, C. 2009. A look at the ecotherapy research evidence. Ecopsychology 1 (2), 64-74.

Summary
Couldn't access the full article, but the abstract gives a brief description of the fairly new field of psychology- ecotherapy "which is an umbrella term for a gathering of techniques and practices that lead to circles of mutual healing between the human mind and the natural world from which it evolved." (p. 64). It includes horticultural therapy, wilderness excursion, time stress management, and animal assisted therapy among others (p. 64).

8. ABORIGINAL OUTDOOR LEADERSHIP and EXPERIENTIAL EDUCATION

Ritchie, S.D., Wabano, M.J., Young, N., Schinke, R., Peltier, D., Battochio, R., Russell, K., 2010. Developing a Culturally Relevant Outdoor Leadership Training Program for Aboriginal Youth. Journal of Experiential Education 32 (3), 300-304.

Summary
This article articulates the challenges, at 'risk behaviours', and health issues affecting Aboriginal youth in Canada, situated in a social and political context, and addresses how outdoor adventure programs can benefit Aboriginal youth-at-risk. It discusses a case study pilot project developed in an Ojibway community in North-

eastern Ontario to promote "mental health and well-being for youth participants" (p. 301). The authors argue that outdoor recreation has proven to help youth-at-risk. They utilized community based participatory action research methodologies to design a ten day culturally relevant outdoor leadership training program for youth as a means to address various mental health issues.

Notes
The source highly emphasizes the research methods used to develop the program, including a discussion of their focus groups and the principles that came out of them. It did not provide a description of what the end camp result turned out to be, including details of what happened at the camp, what outcomes came out of the camp, or if the camp was a success. It was also focused on operation within the community, based on local cultural protocol. One could find some of the methods useful for creating a similar project in another community though.

Simpson, L., 2002. Indigenous Environmental Education for Cultural Survival. Canadian Journal of Environmental Education 7 (1), 13-25.

Summary
This article addresses the serious environmental issues and land degradation found in Canada and specifically on Aboriginal traditional territories. Simpson argues that resource development pressures and environmental issues are having serious impacts on Canadian Aboriginal communities including loss of traditional ways of life, cultural practices, and governance systems. She notes that most post-secondary education is geared towards the learning needs of non-Aboriginal youth and, thus, many Aboriginal youth who desire to become environmental problem solvers and workers within their communities are at a disadvantage; leading to a shortage of young people able to contribute to sustainable Aboriginal communities in the field of land management and stewardship. Through her personal experience, a literature review and input from Elders, Simpson, provides examples of successful models of post-secondary Indigenous environmental education; including both Indigenous Knowledge and western science practices.

Notes
She provides useful models of integrated Aboriginal education at the post-secondary level and makes a strong case for the re-connection to land as way of increasing stewardship and the effective management of Aboriginal territories and sustainable communities. Her insights could be applied to the curriculum for a land-based youth program. She outlines very clear and practical recommendations of elements and best-practices of these types of programs, including a great checklist. Her references include many articles on Aboriginal education, which are helpful.

Schusler, T.M., Krasny, M.E., 2010. Environmental Action as Context for Youth Development. The Journal of Environmental Education 41(4), 208-223.

Summary
The authors present narrative data from various Environmental Education (EE) initiatives aimed at specifically encouraging environmental action and positive youth development, in order to elaborate on the role of the educator in facilitating the program outcomes. They provide a summary on the theoretical field of Positive Youth Development (PYD) which includes the physical, intellectual, psychological, emotional, and social development of youth, and how it relates to environmental education action initiatives, and community development. They provide a useful discussion on the challenges faced in these types of initiatives, and create new themes for approaching practice in the discipline. They summarize that "environmental action simultaneously improves environments while helping youth grow as citizens through authentic participation in community issues" (p. 221).

Notes
The main merit of this article is a discussion of the theoretical background of Positive Youth Development (PYD) which could be a good theory for the framing of any youth programs within a larger field. They provided real-life case studies of programs in action and insights from workers who are coordinating these initiatives, and they also include a valuable youth voice in the article. The article lacks any kind of research on the assessment of these types of programs and biases the results by only interviewing youth who showed the most leadership within the programs. It also does not mention Aboriginal youth.

C. SECONDARY LITERATURE REPORTS AND WEBSITES

1. WILDERNESS YOUTH JUSTICE PROGRAM EXAMPLES

Wendigo Lake- Canada's Leaders in Adventure Therapy, South River, Ontario

Website: http://www.wendigolake.com/

Russell, Keith, C. 2004. Evaluating the Effects of the Project DARE Program on Young Offenders. Outdoor Behavioural Healthcare Research Cooperative, School of Health and Human Services, University of New Hampshire, Durham, NH. Accessed April 10, 2013
http://www.wendigolake.com/research/WLE-2005_Evaluation%20Study.pdf

Summary
They use evidence-based practices (available on their website) with an adventure therapy program design, wilderness expeditions, on-site school program, individual, family, and group counselling (master level therapists)—integrated into an intensive, individualized therapeutic program. Male youth-at-risk ages 13-18. They

primarily use the project DARE model which is proven to be an effective intervention for young offenders, linked to positive anger management, and social skills. Model is discussed under Program Models later on.

Project DARE (PD): Intake open custody program for male youth. Intensive group based experiential education and wilderness adventure design operating Ontario for over 30 years. Youth are referred by a probation officer to a minimum of 45 days and an ideal of 120 days. In this independent review of 57 youth who were in the program, "participants indicated a positive attitude towards PD and rated the school program, challenge activities, challenge activities, and relationships with staff as the most important aspects of the program" (p. 3).

New skills learned were:

1. Skill development (wilderness expeditions and problem solving skills)
2. Sense of self-confidence (from completed difficult challenges)
3. Dealing with frustrations (newly learned anger management skills)
4. Interpersonal skills (learning to live within a community of people)

They found statistical significance with the Youth-Outcome Questionnaire, "suggesting significant improvement in youth well-being" (p. 3) from participation in the program. When contacted approximately 16 months after the program 52% of the 39 youth surveyed had re-offended thus recommendations include "increasing resources to help youth transition to family, peer, and school/ work environments after release from custody, as well as improved aftercare services to help reduce the likelihood of re-offending" (p. 3).

Interesting quote which summarizes the above report: "A review of the criminology literature reveals only a few studies published on the effects of wilderness programs on adolescent recidivism. A review of studies in the 1970s and 1980s linked wilderness programs with reduced recidivism, reduced frequency of deviant behaviors, and fewer arrests….a more recent study... evaluated the effects of the Spectrum Wilderness Program, a 30-day "Outward Bound" type of wilderness challenge program…they found reduced arrests among graduates, which lasted for about one year after the program" (Russell, 2004, p. 13).

The VisionQuest program: Across the United States
Website: http://www.vq.com/quest/about/

Greenwood, P. W., & Turner, S. (1987). *The VisionQuest program: An evaluation* (No. R-3445-35 OJJDP). Santa Monica, CA: Rand Corporation. Retrieved April 13, 2013 from
http://www.rand.org/content/dam/rand/pubs/reports/2007/R3445.pdf

Summary
The review report above is a highly cited report in the literature. It seems to be a historically controversial residential wilderness justice program in the United States for (what they refer to as) 'juvenile delinquents' who were referred by the courts and placed in this privately run program, in which at least one young person died in

the 1980's under care. Youth were committed for a year, had to complete at least two impact programs, abstain from drugs, alcohol and sex and not run away from the program or from their personal issues. The document below discusses inappropriate use of physical and verbal confrontations by staff, untrained staff, and highly unconventional youth models. They have decent recidivism rates and there are differing opinions on the program. This was an old report and I am not sure how the program has evolved since the review beside what they claim on their website. Researchers found that "90 male graduates of the VisionQuest adjudicated program with 257 male juvenile delinquents who had been placed in other probation programs, and found that VisionQuest graduates had fewer arrests" (Russell, 2004, p. 13).

On their website, it shows eight different programs they run and it states that they use the medicine wheel as a model and says that the "therapeutic approach combines VisionQuest's unique experience-based learning methods combined with proven research-based clinical approaches." They claim to use the restorative justice model, value family-based therapy, hire qualified professional, and be open to youth in the justice, foster care or mental health areas or private referral by parents.

Ancient Voices, Dawson City, Yukon
http://www.yfnta.org/present/aboriginal.htm

Be'sha Blondin. Northern ICE. March 13, 2014. Personal Communication.

Summary
Margie and Peter Kormendy from the Yukon, along with Be'sha Blondin, from the Northwest Territories, and others ran a Yukon Justice and Health Services supported camp-based healing program for at-risk-adolescents of both genders along the Yukon River. The young people were brought out for up to two months, participated in cultural healing (sweats, smudges, talking circles) directed by Elders, learned traditional protocols and attended school sessions with teachers and counsellors onsite. They brought in people to teach crafts and Elders to share skills and knowledge. Youth went hunting with the Elders towards the end of the program. The Yukon Supreme Court judge at the time was also instrumental behind supporting this initiative.

Family was seen as being very important and so members of the youth's family were brought in at the end of the program for about a week, and youth taught the family what they learned at the camp. The camp is still in good condition and is open to interested people wanting to run other youth healing programs at this location. Amazing stories of healing came out of the camp and the leaders noted it to be highly successful in spiritual healing and improving the confidence, behaviours, and cultural identity of the young people.

2. CANADIAN WILDERNESS YOUTH ADDICTIONS PROGRAMS

Pine River Institute, Shelburne, Ontario
Website: http://pineriverinstitute.com/ AND

Mills, L., Petrisor, J., and VanWierengen, 2011. Annual Evaluation Report. Reporting Period January 1, 2011- December 31, 2011. Pine River Institute.
http://static.squarespace.com/static/50d350cbe4b003fb4ec6a13b/t/50ef498ce4b09de5ca19bf2e/1357859212403/2012%20Annual%20Evaluation%20Report.pdf

Summary
Their website states that they are a Residential Treatment Centre and Outdoor Leadership Experience for youth 13-19 struggling with mental health, specifically related to addictive behaviours. Their youth are usually 17 years old with male to female ratio 3:2 (Mills et al, 2001). The length of stay is on average 12-14 months starting with 6-8 weeks of an Outdoor Leadership Experience, but tailored to each family and client. They follow a well-outlined therapeutic model published on their website including a detailed description of the main components of their program with client-centered outcome evaluation based on quality of life and functional living.

They follow strict in-house program reporting covering therapy, finances, research, staff, communications and facility development, including evaluation on substance use information from clients 3, 6, 12, 24, and 36 months post-treatment however they are a new program (started 2006) and are still trying to build good record-keeping and research standards (it is voluntary for families to choose to participate in the research outcomes) so they mention that any results published in this report should still be considered preliminary (p. 2). In 2009 PRI started to receive on-going government funding. (Mills et al., 2011).

Most of their clients have Drugs of Choice (DOC) being marijuana, alcohol, and cocaine and over half of the youth who are admitted to the program also have diagnosis of a mental health issues, most commonly ADD/ADHD or mood disorder (p. 3). They state that Pine River Graduates were recorded as exhibiting decreased problematic substance use, increased academic performance, decreased police involvement and running away post-treatment. (Mills et al., 2011).

Youth were least satisfied with family therapy, transition, and overall quality of treatment, over 70% of youth were satisfied with the Outdoor Leadership component, mentors and front line staff. Parents were least satisfied with aftercare and transition work, but over 75% were satisfied with groups, mentors, individual therapy and the admission process (p. 3). (Mills et al., 2011).

Most common incidents were medication refusal, students going AWOL, property damage and possession of contraband in 2010 and 2011 with 79 incidents reported (p. 4). (Mills et al. 2011)

Enviros Wilderness School Association: Residential housing, treatment and support programs, Calgary and surrounding area
Website: http://www.enviros.org/

AND **Jennifer Redvers. Basecamp employee. April 15, 2013. Personal Communication.**

Summary
They offer various residential and wilderness Basecamp treatment programs for all ages and FASD support programs. Most relevant land-based programs include:

Shunda Creek: A remote mountain located Adventure therapy-based camp for at-risk males aged 18-24. It states on the website that they address addiction-based issues that require residential treatment and support as determined (and funded by) Alberta Health Services- Addiction and Mental Health's outpatient services; provides addiction treatment, employment support, academic upgrading, outdoor education, and community experiences.

Basecamp: Is an adventure therapy, experiential, client focused and positive therapy based drug treatment program at a wilderness camp in the Rocky Mountains open to ages 12-18 male and female clients. It is a maximum three month program largely based on the Circle of Courage Lakota model of at-risk youth development. It operates as a full-custody program with an on-site school with certified teachers, and employs a family therapist. It is funded by Alberta Health Services- through Addictions and Mental Health, and the Enviros NGO. They have mandatory Aboriginal awareness training for mostly non-native staff, regular smudging, sweats, solos, talking circles as advised by a Cree Elder. A permanent ropes course is on-site, and available high-quality outdoor gear for a variety of recreation activities and wilderness trips. They evaluate success through a Resilience questionnaire before and after program. Clients can leave the program at any time due to staff decision or personal decision.

3. OTHER LAND-BASED ABORIGINAL HEALING PROGRAMS

Rediscovery, International
Website: http://rediscovery.org/ "International network of outdoor education programs focused on personal, cultural, and environmental awareness."

Summary
A successful and highly developed and transferable youth healing model developed by the Haida. There are about 21 camps throughout BC and others around Canada and the US and Thailand, some examples are: Swanbay Rediscovery, Gwai Haanas (http://www.swanbayrediscovery.ca/), Ghost River Rediscovery, Alberta (http://www.ghostriverrediscovery.com/forms/RISP_Brochure.pdf, ghostriverrediscovery.com).

They provide various training programs on their main website and courses for people interested in learning how to run rediscovery programs across Canada, as well as books and a CD on 'how to start a Rediscovery camp in your community.

Canadian Northern based ad-hoc Youth Wellness and Empowerment Camps

Noah, J. 2010. Youth Health and Wellness Camps Report: Literature, Research Review and Community Consultations by the Qaujigiartiit Health Research Centre. Accessed online April 2013 http://www.qhrc.ca/apps/Docs/displayDocs.aspx?cat=&page=0

Summary
The author surveys 19 pre-existing programs in Nunavut, Yukon, Northwest Territories and other Northern Canadian Wellness camps and includes a literature review and interviews of key partners to develop a land-based youth model for Nunavut.

Main recommendations are: Community Involvement in camp set up; Time spent on the land and importance of being outdoors; Skill-building (dealing with challenging relationships at home, romantic and academic challenges); Providing country food as preserving traditional diet and practices: Involving youth mentors, Elders involvement, and role models; and Incorporating relevant fun activities.

Main gaps found were: Need for a scholarly discussion of what is working elsewhere and how it applies to Inuit youth, lack of curriculum outlines in programs published, difficult to access program information and identify contacts for the different programs, no formal evaluation of the camps that exist in the Nunavut, and the majority of camps only run once, "it became clear that many programs are operating in isolation from each other" (p. 22).

Notes
This article notes the ad-hoc nature of programs that currently exist in the North, isolation and difficulty obtaining detailed specific information on the curriculums and programming, and lack of evaluation and intentional planning.

Makimautiksat Evidence-based Health and Empowerment Camp Model, Nunavut
Website: http://www.qhrc.ca/apps/Docs/displayDocs.aspx

Summary
A model developed for youth healing and empowerment camps in Nunavut with feedback from youth as part of a larger project at Qaujigiartiit Health Research Centre exploring Child and Youth Mental Health and Wellness in Nunavut funding by the Public Health Agency of Canada and through the report discussed above. This model is visual, which is a huge strength, but difficult to find any other information on the actual implementation of this model. Various documents on the larger project can be found at the above website.

Northern ICE- Northern Integrated Cultures with the Environment, Yellowknife, Northwest Territories
Website: http://www.northernicenwt.org/about-us.html

Summary
Founded by Dene Medicine Woman Be'sha Blondin with a vision of best-practices for youth healing in the North. They run youth healing and community healing programs. Youth program protocols include Dene laws. They learn life and camp skills, prepare and use spiritual tools, undergo ceremonial healing for intergenerational and child hood trauma (including sweat lodges, ceremony, fasting). They have the youth out on the land on their own first without their parents present and then they address family healing and reintegration with their communities.

SAGE and other Outward Bound Programs, Canada
Website: http://www.outwardbound.ca/freshtracks0311.asp
Website: http://www.changemakers.com/fnmi-learning/entries/sage-program

Summary
The Stoney Adventure Group Experience (SAGE) is a Youth Asset-building Adventure program run by an educational partnership between Outward Bound Canada, Canmore Collegiate High School and the Nakoda community of Morley. It is one year long, for Aboriginal students, involving wilderness trips throughout the school year based on Outward Bound program models and has been noted as being successful in improving attendance, grades and school engagement for the Aboriginal youth involved.

Outward Bound has completed trips in the North including a rafting trip with youth in Nunavut, and has an office with programming based in Whitehorse.

Notes
Sage was/is highly successful in increasing engagement and grades in the school, healthy lifestyle, and self-transformation. Challenges include hiring Aboriginal instructors and lacking cultural components in the Western-based adventure model; they are making efforts to mentor Aboriginal instructors through special funding and development programs and opportunities within the Outward Bound organization.

Leaders of the Day Program, Institute for Transformative Experience, Leaders of Tomorrow Youth Program, Ontario based Adventure program run across Canada
Website: http://leadersoftheday.com/programs/leaders-of-tomorrow-program/

Gwich'in Leaders of Tomorrow Youth Program, Northwest Territories
Website: http://leadersoftheday.blogspot.ca/2011/11/gwichin-leaders-of-tomorrow-program-nwt.html

Summary
Program leaders from Ontario and Alberta coordinated and led this canoe-based program in coordination with the Gwich'in out of Inuvik and Fort MacPherson, Northwest Territories.

Their base programs are open to youth 16-18 of both genders across Ontario. They have developed a whole leadership curriculum, model, and training based on similar practices such as organizations like Outward Bound. The offer training in various technical skills and are highly adventure focused.

Northern Youth Leadership Society (NYLS), Yellowknife, Northwest Territories
Website: http://www.northernyouth.ca/

They offer camp and other leadership experiences open to young women and men ages 11-17 from across the Northwest Territories, run by a well-established NGO. NYLS focuses on a variety of outdoor skills, and wellness topics. Camps have included winter camping, canoe trips, traditional fish camps, and trail building. They are open to mixed Aboriginal and non-Aboriginal youth. This program is open to expanding and partnering with other organizations. They have a full-time office in Yellowknife and an active Board.

4. WELL-ESTABLISHED YOUTH PROGAM MODELS

Circle of Courage Model
Website: http://www.reclaiming.com/content/about-circle-of-courage

Brentro, L.K, Brokenleg, M, and Bockern, S.V. 1990. Reclaiming Youth At Risk: Our Hope for the Future Revise Edition. Solution Tree Press: Bloomington, IN.

Summary
"The Circle of Courage® is a model of youth empowerment supported by contemporary research, the heritage of early youth work pioneers and Native philosophies of child care."
"The model is represented by a circle - the medicine wheel - that is divided into quadrants. The circle is sacred and suggests the interconnectedness of life. Likewise, it expresses the sacredness of the number four - the four directions, the four elements of the universe, and the four races. Each quadrant of the Circle of Courage stands for a central value - belonging, mastery, independence, and generosity - of an environment that can claim and reclaim all youth. It represents the "cultural birthright for all the world's children." The philosophy integrates Western educational thought with the wisdom of indigenous cultures and emerging research in the field of positive youth development touching on the value of relationships, stages of positive development and behaviours based on medicine wheel model, experiential and social brain friendly learning, and discipline as a replacement for punishment.

Notes
The book Reclaiming Youth at Risk is invaluable for people working in the field of youth-at-risk, its focus is positive, solution-based and can be adapted to other Aboriginal models. It is written as a short, easy read and accessible for all care workers.

Outward Bound (OB): Personal transformation and outdoor leadership model

Priest, S. and M.A. Gass. 2005. Effective Leadership in Adventure Programming Second Edition. Sheridan Books.

Main principles: Experiential education- learning by doing with guided self-reflection, isomorphic (learning through metaphor), personal transformation, Adventure therapy, Outdoor therapy, solos, learn to lead, transferable lessons learned in the wilderness to daily/family life, technical skills for wilderness exploration, leave-no-trace protocols and trips by non-motorized transport.

The model started in Europe, and was brought to North America and other parts of the world. It's a highly developed therapeutic model which started the whole vision for Adventure leadership and has been adapted into many different similar models.

Notes
This is the leading textbook on experiential education and adventure programming, including therapeutic facilitation techniques and discussions around risk management, accreditation, the history of outdoor leadership programs, and the best practices for safety, accreditation and certification, and facilitation within the industry. It is a useful general reference for developing land-based youth programs.

D. STAFF TRAINING and OTHER RESOURCES

ASIST- Centre for Suicide Prevention- Canadian Based
ASIST: Applied Suicide Intervention Skills Training (Suicide First Aid)
Website:
http://suicideinfo.ca/Training/WorkshopDescriptions/ASISTDescription.aspx

Two day certification and accreditation. Is recognized by Canadian Accreditation Council of Human Services (CACOHS) and the Association of Social Work Boards (ASWB).

Notes
Highly recommended model based on best-practices research on suicide. For example, the Government of the Northwest Territories has committed to two of these training workshops per year in various communities as part of their Mental Health and Addictions Action Plan 2012-2015 (http://www.hss.gov.nt.ca/publications/reports/shared-path-towards-wellness-mental-health-and-addictions-action-plan-2012-2015).

Reclaiming Youth International
Website: http://www.reclaiming.com/content/

"The work of RYI is dedicated to the development and dissemination of proactive policy, training, research, programs and strategies to better serve children and youth who are in conflict in family, school and community. RYI provides strength-based training designed to cultivate the potential of all." They offer a variety of educational training people working for youth-at-risk, the most notable is the Circle of Courage model based on Lakota medicine wheel teachings and offer training sessions in Victoria for people working with youth-at-risk. For example a training session entitled "Walking with the Wounded is an experiential, strengths-based approach and process to understanding and healing childhood trauma and the cycles underlying individual and inter-generational impacts" is currently being advertised.

Martin Brokenleg, Ph.D is a well-respected Indigenous Scholar in youth healing with years of experience developing programs and training in the Circle of Courage model helped found.

Notes
They seem to be a leading organization in youth-at-risk, with many employees within the field of youth care programs receiving training. Their Circle of Courage model is a positive look at what people consider youth-at-risk grounded in research and Native wisdom. Their book ReclaimingYouth At Risk referenced below is must have for people in the field.

Brentro, L.K, Brokenleg, M, and Bockern, S.V. 1990. Reclaiming Youth At Risk: Our Hope for the Future Revise Edition. Solution Tree Press: Bloomington, IN.

Therapeutic Crisis Intervention System Model and Curriculum
Website: http://rccp.cornell.edu/tcimainpage.html

Therapeutic Crisis Intervention Training Edition 6 Student Workbook. 2009. The Residential Care Project, Cornell University.

Summary
The Family Life Development Center (FLDC), Cornell University, New York City mission is to "improve professional and public efforts to understand and deal with risk and protective factors in the lives of children, youth, families, and communities that affect family strength, child well-being, and youth development". They have developed a well-researched training program called therapeutic crisis intervention training which is a certified training program for care workers with at-risk youth including de-escalation, managing crisis situations including physical restraint training, and improving youth coping strategies. It is used within Canadian youth agencies as a standard.

Notes
Dense training material, but often used in training for people working in residential care settings with youth. It's useful if people have no prior experience dealing with conflict. The issue of workers being trained in physical restraint is a large debate in youth work; this training teaches and certifies the person to use restraint if necessary when dealing with youth in crisis situations including prevention and de-escalation.

Social Program Evaluation

Royse, D., Thyer, A. 1997. Program Evaluation: An Introduction/Second Edition. Nelson-Hall Publishers; Chicago, Illinois.

Summary
Good resource outlining best-practices and options for social program evaluation. The author's state that the main characteristics of good social service programs are:

- Staffing
- Budgets
- Stable Funding
- A Recognized Identity
- Conceptual or Theoretical Foundation
- A Service Philosophy
- Systematic Efforts at Empirical Evaluation of Services (p. 5).

Some key evaluation questions to think about:
Are clients being helped? And if so, how? Are clients satisfied with the services received and has the program made any real difference to their well-being?

Is the program worth the money spent on it? (Recognizing on-going competition for scare funds)

Is the new intervention as good or better than what used to exist or other services available?

How do we improve the program (currently and continually)?

Are the staff well utilized and satisfied with the program?
(Adapted from p. 9)

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