



19<sup>th</sup> March 2014

**Bushmob Incorporated**

**Submission to the *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities.***

***Best Practise treatments and support for minimising alcohol misuse and alcohol –related harm***

To Whom It May Concern:

In our submission we would like to **highlight the need for youth specific Alcohol and other drug Treatment programmes.**

There is a lack of Youth AOD service provision around Australia and we regularly receive referrals from all States and Territories even though we are a predominantly NT funded service. In the NT there is Bushmob, Mt Theo, Brahminy (private) and CAPS. In Central Australia youth AOD services at, Ipolera, Intjartnama, Illpurla have all ceased functioning.

All the young people who enter Bushmob are complex high needs clients with significant primary health care issues. We estimate that 30% of our clients are affected by Foetal Alcohol Spectrum Disorder (FASD) issues. There is no relevant FASD training in NT at this time, to manage these issues other than word of mouth and off the internet.

We also have a growing concern for the growing number of young people with significant comorbid issues including FASD, who either already have or will end up in the correctional system as opposed to a secure care or assisted environment, and incarcerated without charges due to being unfit to plead and magistrates having no other placement options.

We have seen a growing and younger number of young people engaging in harmful levels of substance misuse, the youngest so far being 6 years old. Without question the main drug we encounter is, Alcohol followed by marijuana and then all other drugs including Volatile Substances. We work with 90% Aboriginal young people and 10% non-aboriginal young people aged 12-25. We believe that we have established a type of service that mixes western methodologies with Aboriginal cultural needs and belief systems, within existing policy funding and service paradigms.

We think that variations of the Bushmob service model, Mt Theo and Ilpurla models that have worked and been developed with Aboriginal people and Board members would be useful in the mix of any new State or Territory Youth AOD service provision with the addition of local requirements to fit the regional kinship networks and environment.

Our website can be found at [www.bushmob.com.au](http://www.bushmob.com.au)

Yours Sincerely

Will MacGregor

CEO Bushmob

### **Attachments**

1. Bushmob Treatment Programmes
2. Bushmob; A socio-cultural approach to youth service delivery in Central Australia

### **BUSHMOB TREATMENT PROGRAMS**

This information is to provide young people, and referring agencies with a brief overview of the Bushmob services.

Although programs are listed separately, in reality all Bushmob programs inter-relate to provide multiple points of entry and exit.

Young people are not directly charged to use Bushmob services.

### **SERVICES**

***Residential AOD/VSA Stabilisation and Treatment***

***Bush Adventure Therapy***

***Place of Safety***

### **OTHER PROJECTS**

***Bushmob media***

***Enterprises (assisting local people with creative solutions )***

***Horse/culture/healing trips***

## **BUSHMOB STAFF**

Bushmob employs a team of workers who bring qualifications and skills that support the full range of its activities. Bushmob staff either holds or are gaining qualifications in:

- Cognitive Behaviour Therapy
- Motivation Technique
- Narrative Therapy
- Local indigenous knowledge and life experience
- Child and Youth Psychotherapy
- Brief Intervention
- Alcohol and Other Drugs Certificate 1V
- VSA Authorised Person
- Mental Health and Alcohol and other Drug Co-morbidity
- Youth Work
- Media
- Nutrition
- Hospitality
- CA Indigenous Languages
- Abseiling and rock climbing
- Senior and Remote Area First Aid
- Westermann WASC-Y Westerman Aboriginal Symptom Checklist –Youth
- Static -99, Stable-2000 & Acute -2000, Sex Offender Training
- Real Justice Victim Offender Conferencing

All Bushmob staff are trained in:

- ***Bushmob (cross-cultural) Bush Adventure Therapy***
- Adventure Therapy Risk assessment and management
- Case Management
- Dealing with Challenging Clients /De-escalation techniques
- Remote work and 4x4 driving
- Remote Logistics
- Group Work
- The local context, family groups and Kinship respect for different languages
- Pinnacle of Fear Climbing Trailer (esteem machine!)

BUSHMOB represents the NT on the Committee of the Australian **Association of Bush Adventure Therapists (AABAT)** and is affiliated with relevant alcohol and other drugs, mental health and youth bodies.

BUSHMOB is a Committee member of **Association of Alcohol and Other Drug Agencies NT (AADANT)**

### ***Bushmob Residential Stabilisation and Treatment Facility***

Bushmob currently runs a 10 Bed house located at 4 Schwartz Crescent. It accepts self, agency, and other referrals of young people aged 12 – 25 experiencing the full range of alcohol and other drug/s and related harms. It is



open 24 hours and is staffed by a team of experienced and qualified staff. There are extra beds which Bushmob uses for Fee for Service clients from all states and territories and charges the young person's (YP) referring agency for @\$250 per day to cover its costs.

Admissions to the house are accepted through a comprehensive "referral in" and assessment and YP will undergo a Medical Examination as soon as possible after intake. Young people may stay for a number of days (crisis), or up to 16 weeks depending on their circumstances. All young people go to school.

The house operates under rules of conduct and engagement, which were designed by local elders and young people. Young people may be discharged if they cannot comply with the Treatment program and Basic rules.

During a stay at Bushmob house, case plans are regularly reviewed according to young people's changing circumstances. Bushmob works closely with a range of other services in town, out bush, across the NT and interstate in support of the very best case plan for young people

Bushmob house is Gazetted as a Place of Safety.

The house program includes:

→ Assessment/Intake

→ Medical/Psychological checks/ Case management

→ Individualised care plans, including referral, discharge contingency planning and follow-up

→ One to one counselling › Narrative Therapy

› Cognitive Behavioural Therapy

› Motivation Technique

→ Group therapy › ***Bush Adventure Therapy***

› Cultural consultants

→ Primary health care › AOD and medical assessment

› Dental care

› Immunisation

› STI screening

› Other

→ Psycho-social support › family and community involvement

› Specialist psychologist referral

› Specialist psychiatrist referral

› Social workers

- › Centreline
  - › Disability assessment
  - › Legal including Welfare, Courts, Guardianship, VSA Orders
  - › Housing
  - › Return to school/work or training
- Recreational activities › Reclink

› Team sports /football, Basketball/ Rugby league/ Soccer  
/Netball /Softball/Clontarf

› Walking/ Bicycle/ Rock wall or other climbing

› Movies

› Art gallery and exhibitions

› Desert Park and Reptile Park

› Horse work and Blokarts→ Skills development

› Link to education/ training /work

›Shopping/ cooking

›Hygiene /washing

› Cleaning

› Life skills planning

› ***Bushmob Media/ webpage/ production/ computer skills/ social media/ animation***

### ***Bushmob Outreach and Bush Adventure Therapy***

A flexible outreach service that operates from troopies, in the street, at home and in the community. It engages young people aged 6-80 and their families and accepts self and other referrals. It runs ***Bush Adventure Therapy*** groups (called journeys) ranging from overnight, day and up to 10 day journeys. While the journeys vary in location, group size and duration they adhere to the Bushmob ***Bush Adventure Therapy*** model.

This service includes:

- Outreach, intervention and follow-up › brief assessment and intervention
- › Follow-up
  - › Referral options including:

- › Bushmob **Residential Stabilisation and Treatment**
- › Bushmob **Bush Adventure Therapy**
- › Specialist, treatment and other social support services
- › Other referral

→**Bush Adventure Therapy**

› Day journeys catering for small groups, often used as the first step toward engagement in positive choice

- › Challenge
- › Boundaries
- › Group and individual counselling
- › **Strong mob Peer Mentors**
  - Strong family where available
  - › Referral options as above

› Overnight journeys of up to two nights catering for small groups, often used as a consolidating step toward positive choice  
› challenge

- › Boundaries
- › Group and individual counselling
- Strong Family where available
- › Referral options as above

› Longer journeys and Horse/Culture/Healing Trips work with Remote Community groups of up to 16 days catering for large groups of up to 100 people, used as a consolidating step in positive change

- › Challenge
- › Boundaries
- › **Strong mob Peer Mentors**
- › Group and individual counselling
- Strong family
- › **Bushmob media**
- › Referral options as above

### ***Bushmob Place of Safety***

Young people aged 12 – 25 years of age can come to Bushmob or be referred by police and others as a place of safety whilst intoxicated from volatile and other substances/ (any question of intoxication level after AOD CIEWA assessment Ambulance Service will be called). Admission is based on the assessment of the young person and safety of other young people in the programs.

Bushmob supports young people to stay safe by:

- Being open 24 hours a day
- Assessing and monitoring young people who may be intoxicated or in withdrawal and where required involve other medical and specialist services
- Providing the atmosphere, space and time to rest, be comfortable and eat well and talk
- Brief intervention around AOD/VSA
- Referral options including:
  - › Bushmob ***Residential Stabilisation and Treatment***
  - › Bushmob ***Bush Adventure Therapy***
  - › Home with Bushmob Outreach follow-up
  - › Other specialist, treatment and social support services
  - › Other referral

### ***Bushmob Media***

- Social Networking
- Animation
- Computer literacy
- Film production
  
- Works with Specialist education classes
- Documentaries for remote community events
- Youth Correctional Facility

## ***Enterprises***

### ***Horse/culture healing***

Over the last 5 years we have been assisting Santa Teresa Community and Atherre-Artepe Aboriginal Corporaton explore business options around running their own Horse/Culture /Healing treks for youth at risk and with AOD issues alongside tourism opportunities.

Bushmob remain committed to considering, Auspiceing young local people with a good idea to get them off the ground

## **EVALUATION REPORT**

### **Bushmob:**

### **A socio-cultural approach to youth service delivery in Central Australia**

*'Bushmob Inc. wants to provide journeys in Central Australia –by and for young people- to get self-respect, trust, courage and skills to have a good life –because grog, sniffing, drugs and crime are no good' (Bushmob, 1999).*





**Anita Pryor**

August 17<sup>th</sup> 2009

Thank you to Bushmob for the opportunity to experience such a unique therapeutic milieu.

I wish Bushmob well in future endeavours, including in the worthy goals of establishing an independent program base, developing culturally-appropriate evaluation methodologies, the ongoing task of articulating participant outcomes, training practitioners in inter-cultural work, and contributing to the consolidation of bush adventure therapy practices in Australia.

I hope your work with individuals, families and communities in Central Australia may continue long into the future.

Anita Pryor

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PhD (Public Health) 'Australian outdoor adventure interventions'

As. Member NiCHE (Nature in Community Health and Environment research Group)

As. Member CFRE (Centre for Family Research and Evaluation)

Member AABAT (Australian Association of Bush Adventure Therapy)

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## EXECUTIVE SUMMARY

The first part of this report outlines the Bushmob Inc. model of service, with a view to articulating the unique context these practices have emerged within, and the strengths of Bushmob's unique approach. The second part provides closer details about the therapeutic milieu observed in one Bushmob adventure therapy event – 'Horse Trek 2009'.

Bushmob provides a distinctive service that builds the health and wellbeing of young people, families and communities.

Funded to provide treatment for young people experiencing difficulties with substance abuse (including volatile substances), Bushmob manages a treatment house, provides intensive outreach and case management, and delivers bush trips (adventure therapy) for young people.

Over its eleven years of evolution, Bushmob has developed a unique intervention methodology, based on 'relationship systems' and 'getting back to country'. These methods, used across Bushmob's suite of services (including treatment, outreach and adventure therapy practices) are tailored for the unique social, cultural and geographic context of Central Australia.

Bushmob provides a seamless service across the spectrum of public health needs, including in prevention, early intervention, maintenance, recovery, even palliative care (in the case of some individuals).

Bushmob services are tailored to the need of participating individuals. The logic that guides service delivery is both cultural and social.

Bushmob works with individuals, peer groups, families, social networks, communities, and sub-cultures. Individual participants tend to be aged between 11 and 30 years of age, but include younger children (including babies) and older adults (including traditional elders) when appropriate.

Bushmob works equally with men and women, boys and girls. Whilst Bushmob does not target a specific cultural group, the predominant heritage of participating individuals is Indigenous, from a range of clan, community and family groups that inhabit Alice Springs and surrounding country.

Bushmob participants have experienced the spectrum of health risks, across nine wellbeing domains (including physical, mental, behavioural, social, cultural, spiritual, environmental

and economic domains). In general, participants tend to have experienced early life trauma, and many experience ongoing (daily) trauma due to the effects of poverty, substance abuse, lack of access to services, cultural isolation, and the effects of intergenerational grief and loss (association with colonisation and urbanisation).

Given the breadth and depth of needs young people attend with, Bushmob has had to tailor specific risk management practices to match their target group and context. Bushmob have developed a range of strategies to manage the health risks of individuals in their care, and to support the improvement of health for all involved.

Bushmob works alongside other human and social services that are considered 'essential for survival' by those individuals living in high risk settings with minimal security and/or minimal material resources (including minimal access to health, economic participation and legal services). Bushmob also works alongside businesses, community groups and commercial enterprises.

**Bushmob's core funding is considered secure, but Bushmob requires an expansion of funds in order to consolidate existing services. The nature of Bushmob's seamlessly integrated services means pressure on one area of service delivery stresses other areas.**

**Bushmob is one of very few adventure therapy services in Australia that can be said to offer support across the full spectrum of public health needs in the area of mental health (including substance misuse)**

**Bushmob is one of few Australian adventure therapy programs that can attest to meeting all of the best practice adventure therapy industry standards.**

**Bushmob is one of very few Australian services offering the full range of 'depths of intervention' for participants within their adventure therapy experience.**

**Bushmob is one of just a few Australian adventure therapy services to offer this full range of 'levels of intensity' for participants through ongoing/integrated service, which includes residential experiences (the treatment house) and ongoing-integrated experiences for individuals, families and communities.**

**Bushmob understands how to work with 'groups of groups' in safe and effective ways. As an organisation, Bushmob now offers a suite of complementary services. On a national scale, Bushmob is considered a mature model of adventure therapy practice**

**Bushmob is making a positive difference for individuals, families and communities across a range of wellbeing domains (including physical, mental, emotional, behavioural, social, cultural, spiritual, environmental, and economic).**

**A comprehensive research strategy will assist the examination and articulation of Bushmob services. A refined list of key variables may be useful in developing a Bushmob logic statement. Whichever theories, methods or data collection tools are used, it is essential that culturally appropriate methodologies are applied.**

**Due to the extent of potential impacts (across nine domains of wellbeing) Bushmob adventure therapy practices appear to offer an incredibly cost-effective health intervention. It is possible that the effects and effectiveness of Bushmob's approach will compare favourably with any clinical health intervention.**

**Whilst Bushmob adventure therapy practices are tailored for the unique social, cultural and geographic contexts of Central Australia, Bushmob has developed expertise in 'holding a socio-cultural space', a useful methodology with potential application in a range of other social service settings (including with newly arrived refugees, for example).**

## **PART ONE: BUSHMOB'S MODEL OF SERVICE**

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### **Introduction**

Based in Alice Springs in the Northern Territory, Bushmob Inc. provides a distinctive service that builds the health and wellbeing of young people, families and communities. Funded to provide treatment for young people experiencing difficulties with substance abuse (including volatile substances), Bushmob manages a treatment house, provides intensive outreach and case management, and delivers bush trips (adventure therapy) for young people. Over its eleven years of evolution, Bushmob has developed a unique intervention methodology, based on 'relationship systems' and 'getting back to country'. These methods, used across Bushmob's suite of services (including treatment, outreach and adventure therapy practices) are tailored for the unique social, cultural and geographic context of Central Australia. Bushmob brings together relationship systems of both western (European) and Indigenous cultural heritage. All of Bushmob's practices are connected with local service systems (including western and traditional Indigenous systems), local cultural practices (including custodianship of land), and links between people and country. The Bushmob staff team is made up of individuals from Indigenous, European and Asian heritage, including older and younger members, men and women. People, relationships and land appear integral to Bushmob's approach to service delivery.

Will MacGregor, of Scottish descent, was a key founder of Bushmob, and for over eleven years has worked closely with young people, community leaders, traditional elders and key stakeholders (including funders) to develop a unique service methodology to meet the needs of young people experiencing health and wellbeing difficulties (including disadvantage and disconnection) in Central Australia. Many of these difficulties, including drug-, alcohol- and substance misuse are considered symptoms associated with trauma, including trauma in early life, daily (ongoing) traumatic experiences, and intergenerational trauma (part of the aftermath of colonisation). Bushmob therapeutic practices have evolved from a focus on building relationships, including relationships with 'relationship systems' that surround the young people.

The broader support network for Bushmob's work includes those who have joined with the service aims of Bushmob, including young people, community leaders, traditional elders, and key individuals in various communities around Alice Springs. Bushmob operates with the permission and guidance of traditional custodians of lands surrounding Alice Springs. Indeed Bushmob's service delivery relies on the inherited relationship systems of Indigenous clan groups, who both allow and encourage Bushmob's use of 'contact with country' in treatment, outreach and case management. These evolutions have led to the development of Bushmob adventure therapy practice – 'bush trips' tailored for the wellbeing needs of young people in Central Australia.

This report outlines Bushmob's model of service, with a view to articulating the unique context these practices have emerged within, and the strengths of Bushmob's unique approach. The second part of this report provides closer details about the therapeutic milieu observed in one Bushmob adventure therapy event – 'Horse Trek 2009'.

### **General program demographics**



Bushmob operates from an inner urban setting, currently, the grounds of an adult drug and alcohol agency and youth treatment house. From this base, Bushmob accesses inner urban, regional, rural and remote locations with participants.

Bushmob is a stand-alone service working with over 500 individuals each year, including both young people (participants) and the communities that surround these young people (for example families, services and other key stakeholders).

Predominantly funded via Northern Territory (state) funding, Bushmob also receives funds from Federal government sources, fee-for-service sources, and philanthropic grants. Due to the 'relationships system' approach Bushmob has developed, participants benefit from the dozens of individuals and families that provide in-kind support for Bushmob's work.

Although the primary focus of funds provided to Bushmob is to provide AOD (Alcohol and other drug) and VSA (Volatile substance abuse) 'treatment' for young people, Bushmob provides a seamless service across the spectrum of public health needs, including in prevention, early intervention, maintenance, recovery, even palliative care (in the case of some individuals). Whilst the specified target group is young people aged 16-25 experiencing difficulties associated with AOD and VSA, Bushmob's approach taps into the resources of families and communities, leading to a strengthening of the health and wellbeing of those families and communities, ultimately enhancing outcomes for young people.

Bushmob is accountable to a management committee, funders, and to the communities to which the young people belong. Bushmob collects demographic details, participation information, and outcome data for participants in the form of written structured reports, case notes, formal therapeutic notes, participant narratives, and various forms of digital media (including photos, images and film).

Currently Bushmob employs 5 staff to manage the treatment house (including the House Coordinator), and 2 staff to provide intensive outreach and case management (which includes the development and delivery of bush trips). A Director and a finance manager bring this staff total to 9, which include men and women, younger and older. In addition, Bushmob nurtures participant leaders. A core group of ex-participants and mentors, called Strong mob, are encouraged to actively contribute to the direction, service delivery and sustainability of Bushmob's work. Strong mob are employed by Bushmob as needed, according to the specific skills required across the breadth of Bushmob activities.

Bushmob staff bring diverse skills and expertise to the task, and have undertaken numerous training pathways to gain their current positions. Staff qualifications include social work, youth work, psychotherapy, environmental science, outdoor instruction, and culture-specific training. Bushmob has developed an in-house staff training pathway, now developed into an accredited training process and offered to practitioners from the broader social service sector on a fee-for-service basis (discussed later in this report).

Bushmob supports staff training in narrative therapy, alcohol and other drug work (including volatile substance abuse), remote area first aid, and most importantly, what they call 'cultural competence'. In the past, cultural competence has been nurtured in Bushmob staff via a mentored process of orientation into existing family relationship groups, Arndte language, and relationship-based practice. These competences are now integral within the professional training Bushmob provides to both staff and external practitioners.

Bushmob staff and Strong mob are employed and paid according to Bushmob's own pay structure, based on Northern Territory Public Service pay scales and conditions.

Currently Bushmob's core funding is considered secure, but Bushmob requires an expansion of funds in order to consolidate existing services. The nature of Bushmob's seamlessly integrated services means pressure on one area of service delivery stresses other areas. For example, the heavy demand for beds in the treatment house places pressure on existing infrastructure, resources and staffing. Bushmob is well-respected and supported by nearby services, and has the full support of referring agencies, workers and families.

## **History**

Bushmob emerged without funding – with the requests of families and the efforts of volunteers: 'Families asked us to go bush with their young people, and with them (sometimes)'. Although Will was a driving force behind the establishment of Bushmob, some forty young people and family members, along with a cross-community steering group of nine people, and an original reference group of some sixty people (who attended a public forum), were responsible for the direction and approach Bushmob has taken over the last eleven years.

Significant to the development of Bushmob practices has been the support of key bush adventure therapy services in South Australia, Victoria and Queensland. Attendance at professional events (such as National and International Adventure Therapy Conferences) and the influence of individuals such as Geoff Guest OAM (of Petford Youth camp) have also significantly shaped Bushmob's current service model. In Will's early days, Major Pat Broomfield, who set up a park (Chobe Game reserve) in Botswana, was a key influence on his personal development. As a young man, Will observed Major Broomfield working with people, self-reliance and leadership in non-patriarchal ways, and with an attitude of deep respect for all those he worked with.

## **Professional foundations**

Bushmob integrates community development approaches with a youth and family focus. These frameworks, and a relationship-based approach, assist Bushmob staff to establish a respectful cultural interface that supports the communication, self-determination and innovation that leads to the range of Bushmob activities. Community-led projects maintain the momentum of Bushmob services and build support for the spectrum of work Bushmob engages in.

Bushmob services (treatment, outreach and case management and bush trips) are tailored to the need of participating individuals: 'they own it' and operate from the premise that their work is long-term, ongoing, and intergenerational. The logic that guides service delivery is both cultural and social, and can be summed up by the identified necessity for well-established relationship system mechanisms (including the need to connect with country) in culturally appropriate ways (with permission).

Bushmob's rationale is based on the original vision statement, and guided by the ongoing advice of young people and stakeholders (including families and funders).

Essential elements across Bushmob's suite of services include the following:

- Establishment of relationship systems
- Family-directed interventions
- Ongoing maintenance of healthy cultural interface
- Grass roots (participatory) decision-making
- Ongoing respect for the authority of traditional elders
- Ongoing attempts to connect young people with the strength of their own culture, including connections with traditional country

As an incorporated body, Bushmob has a constitution outlining practices, policy, procedures, risk management, and staff training. Bushmob follows ethical guidelines outlined by the Australian Council of Social Services; has a clearly stated duty of care; and places high importance on the cultural duty of care they have for young people, families and country. Bushmob services support and access.

Bushmob is affiliated with the Chamber of Commerce, the Northern Territory Council of Social Services, and the Australian Association of Bush Adventure Therapy. Like many Indigenous services in Central Australia, seeking the guidance and permission of traditional custodians is not just an aim or an ethical principle, but is considered essential to the heart of practice.

### **Bushmob participants**

Bushmob works with individuals, peer groups, families, social networks, communities, and sub-cultures. Individual participants tend to be aged between 11 and 30 years of age, but include younger children (including babies) and older adults (including traditional elders) when appropriate. Bushmob works equally with men and women, boys and girls. Whilst Bushmob does not target a specific cultural group, the predominant heritage of participating



individuals is Indigenous, from a range of clan, community and family groups that inhabit Alice Springs and surrounding country. Bushmob participants are also of European, Asian and African descent.

Bushmob participants have experienced the spectrum of health risks, across nine wellbeing domains (including physical, mental, behavioural, social, cultural, spiritual, environmental and economic domains). As mentioned, in general, participants tend to have experienced early life trauma, and many experience ongoing (daily) trauma due to the effects of poverty, substance abuse, lack of access to services, cultural isolation, and the effects of intergenerational grief and loss (association with colonisation and urbanisation).

Given the breadth and depth of needs young people attend with, Bushmob has had to tailor specific risk management practices to match their target group and context. Bushmob have developed a range of strategies to manage the health risks of individuals in their care, and to support the improvement of health for all involved.

Bushmob supports the safety and enhancement of health for participants in the following ways:

1. Recruitment - Individuals are invited to participate via word of mouth, with the exception of mandated clients, people choose to be involved or not;
2. Assessment – Physical, mental and emotional health assessments are undertaken from a formal basis, but in an informal co-participatory way. Any documentation is written by staff together with the participants themselves;
3. Group selection – Where group work or ‘living together’ is undertaken with individuals, participants themselves are responsible for group selection –they select themselves;
4. Case management – Whilst case management is undertaken on a formal basis with some participants, Bushmob’s approach is to always invite individuals into the case management process –this includes attendance at meetings. Staff seek the permission of individuals before speaking about, referring to, or recording information about participants;
5. Engagement - Bushmob services engage individuals ‘in parallel’ with the engagement of many facets of each participants’ relationship systems (which may include other services and workers, as well as families, communities and clan groups);
6. Follow-up – Participating individuals are considered part of the Bushmob relationships system - for as long as they are interested in, and/or see benefit in connecting with Bushmob.

Another way Bushmob staff seek to ‘do no harm’ to participants is to constantly ask, check, listen and act on what participants are saying. Individuals choose their level of participation, and guide the direction of their own movement within, across and out of Bushmob’s range of services. Will stated ‘They talk about it, and decide when, what and where –it’s their choice’. Integral to Bushmob’s practice is the importance of a clear structure, transparency in decision-making, and the development of strong relationships over time. Bushmob staff take an enquiring position with participants: ‘what do you want?’, and a permission position with families and clan groups: ‘where should we go, when should we go? who should go? and who will come with us?’



Bushmob practices are based on the development of a safe inter-cultural space that allows participants to access the healing qualities of connecting with clan and country. Bushmob supports individuals from broad-ranging cultural heritage in these ways.

### **Participant aims and expectations**

Young people who access Bushmob have experienced a range of difficulties, including disadvantage and disconnection. Difficulties span the spectrum of wellbeing problems, from physical, mental, emotional, behavioural, social, cultural, spiritual, environmental, to economic. Although clan groups still exist in Central Australia, families and extended relationship systems are often in disarray or not working well. At the same time, participants carry a range of personal, familial and cultural resources, skills, knowledge and strengths, which Bushmob assists participants to access, utilise and build on.

Participants access Bushmob with a full range of hopes and needs, including:

- Physical – the need for food and safety
- Mental – the need for clarity and information
- Emotional – a hope for peace, enjoyment and fun
- Behavioural – the need for safety and physical activity
- Social – the freedom to be in a social setting without being hassled or abused
- Cultural – the hope to reconnect with country, language, cultural practice and beliefs
- Spiritual – the hope to re-connect with solid belief systems and hope
- Environmental – contact with country
- Economic – hopes for financial security, which may mean connection with Centrelink, training, vocation or employment

By 'going bush' (which includes a use of intentional adventure therapy processes), Bushmob provides individuals with replenishment across this spectrum of wellbeing. Will said 'As people wake up to country, they wake up to self, and the potential for a better life'.

Whilst Bushmob staff do not 'expect' changes to occur for participants, staff have noticed large, strong, significant, lasting and transferable changes in participants as a result of their involvement.

Observed changes include: a reduction in substance abuse, a reduction in hospitalisation, a reduction in self-harm behaviours, and the enhancement of health across the full spectrum of wellbeing domains, which includes prevention of further harm in some domains of wellbeing: 'As people connect with each other and country, they change - things change for them - their exposure to what is 'normal' expands to include healthy relationships, settings and opportunities'.

Participation in Bushmob services is entirely voluntary. Family and support workers may or may not encourage young people to participate, and the permission of families and clans is required in order for a young person to participate.

Participants may attend Bushmob services with extremely high needs –for example, in chaos, perhaps with wounds - and may have little energy or ‘readiness’ to bring about change. Bushmob is often accessed as a vital ‘safe space’ –a place to go to for respite/ time-out. Some participants attend with the *need* for change (in order to survive), or with the *hope* that change may happen as a result of participation (for example ‘I’d like something to be different). Staff see their role as providing participants with informed options: ‘We never say do or don’t, we offer the opportunity to learn from other adults, we attempt to open another window of opportunity’. Bushmob philosophy is based on care for individuals, which includes the hope for healthy change, but any change is invited and directed by participants themselves rather than the intervention methodology or staff.

Based on the combined experiences of the Director (Will), and the Operations Manager (Wayne), Bushmob is founded on at least forty years of professional experience in delivering cross-cultural services. These 2 key staff bring a broad base of experience in various roles, including: practitioner, supervisor, trainer, consultant, evaluator, researcher, and manager. Add the experiences of the 7 other Bushmob staff, and you have a team of adults who share a breadth of knowledge that spans sectors and cultures.

When asked about the impacts and outcomes participants experience as a result of participation in Bushmob services, Will says ‘As a minimum, participants experience a safe place for a while’. Staff believe positive impacts ‘always occur’ as a result of this, evidenced by small signs - such as a smile, or more eye contact, through to larger changes, such as the development of responsibility (for example the willingness to commit to various Strong mob tasks) and continued connection with Bushmob over time.

Participants rarely ‘opt out’ of Bushmob services, with the exception of mandated clients who sometimes abscond from the treatment house. Bushmob staff are aware that in some cases they can’t take their participants away from their own country for too long without needing to re-access the suitability of the new place/setting. According to staff, participants often experience unintended positive outcomes during their time with Bushmob: ‘We and they are often surprised –the environment creates the surprise’.

When considering the breadth of positive impacts they have observed, Bushmob staff state participants experience impacts across the spectrum of wellbeing domains (including physical, mental, emotional, behavioural, social, cultural, spiritual, environmental and economic wellbeing). When considering the length of time positive impacts usually last, Bushmob staff state they have observed immediate, short-term and longer-term impacts. Because of their community development approach to service delivery, participants’ families and entire relationships systems (including clans) have also appeared to benefit. Staff have observed the benefits of Bushmob methods to be highly transferable for participants –the impacts and outcomes that occur within the service are able to be translated to other settings.

Due to changing funding requirements and the dynamic social service arena in the Northern Territory, Bushmob has had to remain flexible and adaptable. Over time, Bushmob has

actively invested efforts into articulating both the practices and impacts of their service, and have developed a process for training workers in their approach. Throughout its history, Bushmob has remained true to its original vision, and maintained the integrity of its unique methodology, towards a range of service aims.

According to Will, one of the surest signs that Bushmob services are meeting desired aims is that Bushmob services: a) were originally based on what families and young people were requesting, and b) that ten years on, Bushmob is still asked to do this.

Bushmob works alongside other human and social services that are considered 'essential for survival' by those individuals living in high risk settings with minimal security and/or minimal material resources (including minimal access to health, economic participation and legal services). Bushmob also works alongside businesses, community groups and commercial enterprises.

Bushmob staff see their role as seeking to work with in partnership with other Indigenous, youth and family services, but ultimately, under the direction of (and with permission from) the families and clans of those individuals engaged in the service: 'We are driven by the people, and we are cheaper than services seeking similar aims from more centralised (independent) models of service delivery'. This highlights again, that working within acknowledged relationships systems is essential to Bushmob practice.

When asked about the key program elements that make up the 'environment' Bushmob aims to offer, Will stated 'People, troop-carriers, swags, and staff training are essential. We provide a simple, realistic, safe, trusting environment, based on the slow establishment of relationships with families'.

From Will's observations, in Bushmob's eleven year history, the service has made a difference for individuals, sub-cultures, families, communities, services, institutions, for cultures, in political arenas, and for the natural environment. Of note, is that Bushmob has impacted positively on the cultural interface between individuals of European and Indigenous heritage living in Central Australia.

Will stated: 'The Bushmob model is set up for a local context, but is transferable and replicable because the framework is so simple –these methods could be used by Indigenous (place-based) people for Indigenous (place-based) people anywhere'.

The following section provides an overview of the bush trips Bushmob delivers, via detailed observations of one Bushmob's adventure therapy intervention: Horse Trek 2009.



## PART TWO: BUSHMOB'S THERAPEUTIC APPROACH

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### **Bushmob adventure therapy: Observations of practice**

Bushmob provides *'journeys in Central Australia by and for young people'*. For Will, 'going bush is a simple, effective way of engaging this population and offering information –if they want it'. This section of the report provides observations of Horse Trek 2009, a Bushmob journey created *'by and for young people'*, in partnership with the St Theresa Community.

#### **Introduction**

The idea for this journey came from Santa Teresa community members, young and old. A horse trek was seen as a means of bringing people together for a journey through Santa Teresa land. The journey was facilitated by Bushmob, in partnership with Santa Teresa men and women, for young people living in a range of circumstances in Central Australia. The trek took place from Monday to Friday, June 22-26, 2009. A host of individuals, families, services, clans and visitors benefited from the journey along the way –including this visiting evaluator.

The following observations are an attempt to articulate the distinct relationships, processes, structures, practices and events that made up the Bushmob adventure therapy milieu experienced by participants of Horse Trek 2009. For the purposes of this report, language and frameworks are drawn from public health, holistic wellbeing and adventure therapy literature. Whilst other languages and descriptions could be used with equal validity, it is hoped that those chosen will help to illuminate the unique socio-cultural approach Bushmob has developed over time. From the observations of this evaluator, Bushmob's unique adventure therapy methodology does indeed assist young people to *'get self-respect, trust, courage and skills to have a good life - because grog, sniffing, drugs and crime are no good'* as well as a host of additional positive impacts and outcomes.

#### **Definition of key terms**

##### *Socio-cultural health*

The Ottawa Charter for Health Promotion emphasised the importance of environments supportive of health and states that the inextricable links between people and their environment are the basis for a socio-ecological approach to health (World Health Organization, 1986). In a similar way, and in recognition of the inextricable links between people, their community and their culture, the term 'socio-cultural health' is seen as a useful lens through which to observe Bushmob's work.

##### *Wellbeing*

The Australian Institute of Health and Welfare (1998) identified *holistic wellbeing* as a crucial concept for understanding health. They nominated seven dimensions of human health, including: biological and mental, social, economic, environmental, life satisfaction, spiritual or

existential, and 'other characteristics valued by humans'. This report refers to nine domains of wellbeing, including: physical, mental, emotional, behavioural, social, cultural, spiritual, environmental, and economic wellbeing. Because of the combination of working with 'relationships systems' and 'back to country' approaches these holistic wellbeing frameworks appear useful for describing Bushmob's adventure therapy methods.

### *Bush Adventure Therapy*

Bush is a colloquial term for 'natural environments' or outdoor spaces – 'bush' includes natural elements found in urban areas, through to vast expanses of natural bushland and coast. Adventure arises from ancient Latin definitions, originally meaning 'a movement towards', and more recently meaning 'movement into the unknown'. Therapy is from Greek origins, meaning 'to pay attention to'. As an intentional process, *bush adventure therapy* may be said to 'pay attention to the possibility that individuals can move towards greater wellbeing' (Pryor, 2009).

From my observations, Bushmob adventure therapy practices appear to combine 'bush', and 'adventure' and 'therapy' within a seamless methodology, towards wellbeing benefits for young people, families and communities in Central Australia.

### **Key characteristics**

This was the second horse trek of its kind to be facilitated via a partnership between Bushmob and the Santa Teresa Community - the first was a year earlier, in 2008.

### *Stage of change*

Bushmob is funded via various sources, but is predominantly funded to support individuals experiencing difficulties with drugs and alcohol, including volatile substances. From this perspective, Bushmob can be considered a 'treatment' program (working with individuals who are already demonstrating symptoms of an identified difficulty - substance misuse) yet Bushmob works across the spectrum of mental health aims, including in prevention, early intervention, maintenance, rehabilitation, and in some cases, palliative care. Indeed, Bushmob is one of very few adventure therapy services in Australia that can be said to offer support across the full spectrum of public health needs in the area of mental health (including substance misuse), represented in Figure 1.



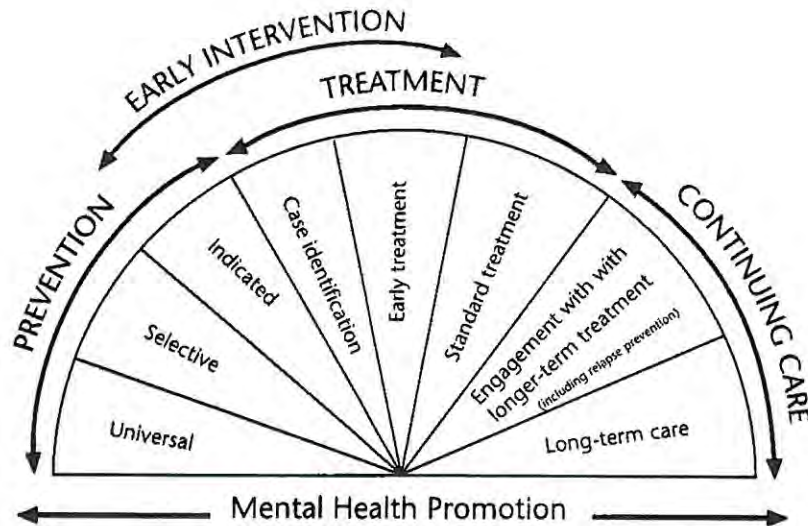


Figure 1. Spectrum of Interventions for Mental Health Promotion (Mrazek & Haggerty, 1994)

Bushmob integrates health promotion strategies throughout their suite of services. Indeed Horse Trek 2009 can be considered a health promotion intervention, incorporating healthy food, nutrition, physical activity, social connection, health information, living skills, access to health services, and access to economic participation options throughout the experience. These are just a sample of the health promotion strategies Bushmob integrates in their adventure therapy work with individuals and family groups.

#### *Depth of experience*

Bushmob provides a range of 'depths of experience' for participants, including respite (time-out), recreation, enrichment/enhancement, training/development, education, therapy/rehabilitation, and in some cases, even palliative care experiences. From observations of Horse Trek 2009, it appears the emphasis is to provide enrichment/enhancement experiences for participants. According to Gass (1993) enrichment/enhancement interventions have an emphasis on personal and/or social development. Apparent is that for Bushmob, 'cultural development' must be considered a key aim and characteristics of the enrichment/enhancement experience for participants. The following Figure presents the spectrum of 'depths of experience' twenty Australian adventure therapy services provide. Bushmob is one of very few Australian services offering the full range of 'depths of intervention' for participants within their adventure therapy experience.

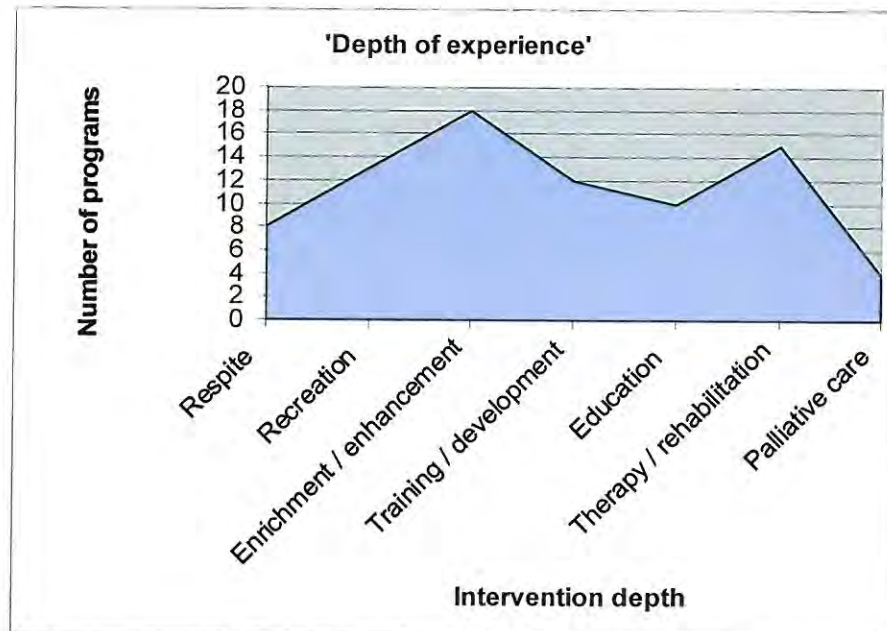


Figure 2. 'Depth of experience' program aims (Pryor, 2009)

#### *Level of intensity*

In terms of 'level of intensity' within the adventure therapy experience for participants, Bushmob offers the full spectrum of intensities, from one-off 'taster' experiences, day activities, sequential programs, overnight camps, extended (expedition) experiences, residential (live-in) experiences, community experiences, to ongoing/integrated experiences for participants. The following Figure presents the range of 'levels of intensity' twenty Australian adventure therapy services provide. Bushmob is one of just a few Australian adventure therapy services to offer this full range of 'levels of intensity' for participants. Horse Trek 2009 is an example of an extended (expedition) outdoor adventure experience, but is part of Bushmob's ongoing/integrated service, which includes residential experiences (the treatment house) and ongoing-integrated experiences for individuals, families and communities.



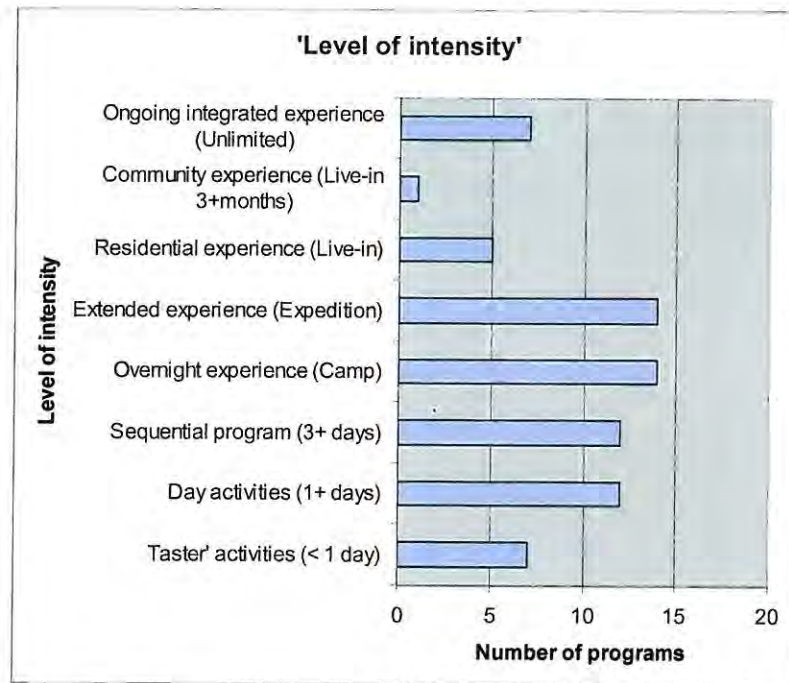


Figure 3. Level of intensity (Pryor, 2009)

#### *Length of intervention*

Whilst Bushmob is funded to work with various target groups and individuals for specific lengths of time, the underlying Bushmob philosophy guides staff to work with young people 'as long as they want to be around for' - and for as long as Bushmob has the funds to support individuals in useful ways. Whilst Horse Trek 2009 came to an end, there is no specified 'completion point' for Bushmob participants. Bushmob's 'relationship-based' approach leads in practice, to Bushmob staff working with people '*like people*' - relationships are real, raw, lived and shared - for as long as they are seen as useful. Back in town, Bushmob tend to work with a cohort of participants on a daily basis (both in the treatment house, and in outreach services). Some participants may engage with Bushmob on an ad hoc basis (e.g. once each year for an overnight bush trip). On Horse Trek 2009 of course, the length of intervention was five days, and the intensity was 24 hours, daily.

#### *Target group*

Whilst the target group for Horse Trek 2009 was 'young people' - and over thirty young people participated in the trek - the trek was also for men, women, for older people, for workers, visitors, and for the country itself. From this perspective, in terms of target group, it must be recognised that in addition to individuals Bushmob is funded to work with, Bushmob also targets the families, communities, clans and services surrounding the young person. Because culture and land are inextricably linked within the Bushmob 'relationship system approach', Bushmob concurrently 'works with' and supports the land. As an elder from Santa Teresa Community stated: 'The country needs us to keep coming back here, we need to keep the knowledge alive'. From this perspective, Horse Trek 2009 was a socio-ecological approach to enhancing wellbeing.

It must be recognised that Horse Trek 2009 was also for the Santa Teresa community, and co-facilitated by Santa Teresa community members. Members of Santa Teresa community recognised the value of using their own resources, skills and country in the development of a social enterprise that would engage men and women of the community to deliver a horse trek through their country. In discussions with Bushmob, the idea of delivering Horse Treks as a commercial enterprise was borne. As well as enhancing economic wellbeing (i.e. an income for members involved in facilitating the trek), this initiative was expected to enhance the community and cultural wellbeing of Santa Teresa community members –in particular by engaging a group of young men in the project. From this perspective, Horse Trek 2009 began many months before June 2009, as men of Santa Teresa community rounded up horses, broke them for riding, and prepared the equipment, transport, logistics, and personnel required to facilitate a safe and enjoyable horse trek for over sixty people. From these perspectives, Horse Trek 2009 was a socio-cultural approach to enhancing wellbeing, and remarkably, facilitated the development of economic participation opportunities for participants.

### *Participants and staff*

Participants of Horse Trek 2009 included children, young people, young adults, adults, elders, horse men, women cooks, Bushmob staff, youth workers, family workers, media, school students and teachers from Melbourne, adventure therapy trainees from Sydney, and an evaluator from Hobart. This large group of participants and staff was made up of 'groups of groups'. Whilst staff worked hard to enable the Horse Trek to happen, they were equally involved in participant processes, and from my observations, benefited in much the same ways as the identified 'target group' for whom this Trek was developed.

Groups that took part in this Bushmob adventure therapy experience included: 3 young women from Bushmob outreach service (a town camp); 2 young women from Bushmob treatment house (AOD service); 6 young people from Larapinta Learning Centre and their worker; 6 young fellas from the Juvenile Diversion Unity, 1 young man from Life without barriers (a mental health service based in Alice Springs) and 2 workers; 6 students from St Theresa community and their family worker; 6 year eleven students and 2 teachers from Aquinas College (Victoria); 2 trainee social workers from Sydney; at least 10 horsemen from St Theresa community (who facilitated the horse riding aspect of the trek); 4 women from St Theresa community (who assisted with cooking); 1 elder from St Theresa country (who presented information on kin and skin, and introduced us to several sites); 9 Bushmob staff (plus one more who was integrally involved in food preparation before the trek); 'the old people of St Theresa' who were integrally involved behind the scenes by directing how and where the trek should take place; a facilitator of Bushmob's training process; and myself, evaluator. This amounts to some sixty five people (notwithstanding the likelihood that I have missed some groups!) Mention of the involvement of at least fourteen Santa Teresa *horses* should also be made.

Additional groups that attended for shorter periods of time during the trek include: a group of horsemen from Hermannsburg (looking to set up a similar enterprise in their country), policy-makers from Northern Territory government; media personnel from ABC Stateline; and the chair of Bushmob Management Committee.

It appeared there were no 'minimum numbers' or 'maximum numbers' stated nor sought for Horse Trek 2009. Apparent, was that the total number of participants was only limited by the number and availability of adults willing to bring kids out bush. Everyone was called by their first name (or by their nickname). Bushmob staff wore clearly identifiable shirts, and through their tireless efforts were the overall 'enablers' of this experience - in close partnership with the horsemen, women cooks, and an elder of the Santa Teresa community, without whom the trek could not have happened.

There were approximately equal numbers of male and female participants –perhaps with a slightly 'older' contingent of 'young females' (i.e. young women in their twenties, some of who were mothers); compared with a slightly 'younger' group of 'young males' (i.e. young fellas from the Juvenile Diversion Unit). Certainly, there was a larger male contingent from Santa Teresa community –the horsemen. Bushmob staff were approximately evenly weighted between male and female, but the predominant 'leadership team' were males (specifically, Will and Wayne from Bushmob, and Chris and Chris from the St Theresa community).

Whilst this report identifies participants on the horse trek as one large group, it is more accurate to describe the participant group as a 'group of groups', most clearly evidenced by the sprinkling of separate campfires that started up each evening as these 'groups of groups' set up camp. After small camps were established, people gradually merged towards the central fire for food and conversations.

#### *Cultural approach*

This trek had a discrete start and end (Monday to Friday) and can be seen as a 'brief', stand-alone health intervention (a camp). Yet Horse Trek 2009 must also be viewed as an ongoing, whole-of-community process, with no start or end. Whilst the horse trek offers an example of 'Bushmob adventure therapy', it was also 'part of things', continuing to build relationships that would continue.

Due to the respectful and comprehensive negotiation of a multitude of interrelated relationships, over time (socio-cultural preparation) and with much hard work, Bushmob staff enabled this adventure therapy process to occur.

Because of the quantity and complexity of relationships involved, this horse trek could only have occurred in this place, at this time, and in this way *once*. It is unrepeatable. Yet there are hopes for another horse trek next year. As such, Horse Trek 2009 must be seen as part of a longer-term integrative process of building on the strengths, skills and wellbeing of many individuals, families, sub-communities and groups in seamless ways. Only a service that has developed mutually respectful relationships with individuals, families, clan groups and community agencies –*over time*- can facilitate a process like this. Indeed, from a white, western, urban-based, mainstream perspective, it is impossible to understand all of the relationships and interrelationships that have been managed and maintained, over time, in order for this trek to take place. **The importance of the time it has taken to establish these important relationships cannot be overstated.**



In an attempt to highlight some of the more overt characteristics of Bushmob's adventure therapy approach, a sample of observed Bushmob staff tasks are provided. Between the staff team, Bushmob staff were required to:

- Know who it is who can decide what should happen, when and with whom
- Understand that white, western, urban-based, mainstream medical approaches have limitations in some contexts
- Understand the need for specific clan and family groups to connect with specific country in culturally-appropriate times and ways;
- Learn about who to speak with, about which ideas, and in which ways;
- Learn about the specific requests and hopes of *some* St Theresa community members without alienating *others*;
- Build relationships with a range of community services working towards different aims with interrelated clan groups and family members;
- Learn about the skills and resources that community members and agencies can bring to the trek experience;
- Work with the changing needs and chaotic lives of people, young and old; and
- Work with those young people who are available to engage in the trek at the time of the trek.

It should be noted that this list did not attempt to include the long list of logistical, equipment, transport and administrative tasks required for delivery of a safe outdoor adventure of this size and complexity. To this observer, Horse Trek 2009 looked like a simple experience of bringing people together, but behind the scenes, this was a major logistical operation carried out efficiently and safely by a professional staff team.

The socio-cultural skills and understandings listed above can be seen as part of an ongoing and complex community cultural development process Bushmob is engaged in (and has been engaged in since its inception). A 'simple' horse trek was also a whole-of-community wellbeing intervention, facilitated by Bushmob in partnership with community members. Bushmob's task was to hold safe the interface between 'groups of groups', and between cultures. It is these characteristics that highlight the reality that Bushmob's adventure therapy approach is a socio-cultural approach to wellbeing in the Central Australian context.

### **Key components**

In 2008, staff from twenty Australian adventure therapy services were asked which of 23 listed program components were most important, in order to understand the common practices of diverse outdoor adventure services (Pryor, 2008). Here, Bushmob's responses to that survey are provided (the 23 program components are highlighted in italics).

Bushmob places a high priority on building connections with the families of the young people they work with. Indeed, *building family support* is considered an essential component within Bushmob's approach.

Connected with this key component is the requirement that Bushmob staff *seek the permission of Indigenous custodians* to access land visited for adventure therapy experiences with young people. Close relationships with cultural custodians not only facilitates the 'permission' process, but very often guides programming decisions made by Bushmob in relation to their adventure therapy activities (including when to go, where, for how long, and with whom). Within the adventure therapy process, *social connection* (group experiences – living together – sharing time with others) is also seen as essential.

'Going bush' (*contact with nature* – getting back to nature – 'going home') is also considered an essential component within Bushmob's adventure therapy process. Without the bush, Bushmob's adventure therapy service would not be what it is. Will stated 'Not only is nature-contact used as an intentional therapeutic process, it is 'the whole of it'. On this basis, Bushmob staff recognise that people are interdependent with nature: 'people are part of it, need it, and need to know about it'. Participants and staff alike are encouraged to build knowledge, care for, be nurtured in, be fed by, be warned by, and look after, natural environments. Because Central Australia is considered spiritual and cultural country (both historically and in the present) contact with nature – going back to country – has special significance for Bushmob participants.

*Journeys* provide a framework for experiencing 'contact with nature' within the adventure therapy process. Whilst this journey was 5 days in length, the optimal length journey for a specific group of participants engaged in a Bushmob adventure therapy process might be just 1 day, or over 40 days. Decisions regarding length of journey are dependent upon participants' desires, funding availability, and cultural business (including where and when certain people can go to certain places, dictated by ceremonies, sorry business, etc.).

Within Bushmob adventure therapy it is considered essential that young people have a say about the course of their experience - indeed these experiences are intentionally *participant-directed*. In support of this aim, apart from mandated clients who are required to be in attendance at Bushmob's treatment house, participation is entirely voluntary - no one is forced or manipulated to attend.

In addition, whilst participants are expected to *self-monitor* (i.e. be self-aware) in the context of the experience, no one is forced or manipulated to engage in the experience in a particular way or to a particular level. Bushmob staff intentionally hand-over control to participants, and below the surface (or behind the scenes), it is usually the families who develop the rules. This 'ownership' over the adventure therapy experience by participating individuals and families is seen as an essential component within Bushmob adventure therapy.

Whilst *changes in behaviour* are expected (including for example, the formation of new habits), no one is forced to change –change is simply what tends to happen in the context of the adventure therapy milieu. Whilst '*relapse prevention*' (in relation to drug/alcohol/substance use) is not an overt aim of Bushmob adventure therapy experiences, abstinence from drugs/alcohol and volatile substances during the adventure therapy experience is seen as very important. Because Bushmob adventure therapy is based on participant-directed experiences, *only* if relapse prevention (and other changes in

drug/alcohol/substance use) are seen as important by the *participants* is 'relapse prevention' considered important by staff.

In terms of the 'therapy' (i.e. an intentional 'formal' therapeutic processes), Bushmob staff are trained in a variety of areas, and bring diverse skills to the therapy process. Bushmob staff have undertaken training in the following therapeutic modalities: cognitive behavioural therapy, transactional analysis, psychoanalytic approaches, psychodynamic approaches, traumatology (trauma work), creative arts therapy, Indigenous healing practices, motivational interviewing, general counselling, and general outreach skills. In addition, some Bushmob staff have trained to work with large animals (animal assisted therapy). All staff are oriented in appropriate cultural/community knowledge, which is seen as vital to any 'therapy' that occurs.

*Counselling, individual therapy*, and 'intentional conversations' are seen as very important within a Bushmob adventure therapy process, yet seen as more important is the need to tailor *individual follow-up* with participants after each adventure therapy experience. This 'ongoing care' (ongoing outreach and intensive case management) is considered essential to ensure the experience is one step in a process (building on something), rather than a stand-alone (discrete/disconnected) experience.

Seen as very important within Bushmob's approach is the need to *work in partnership with other supports*, including with support workers, other professionals and other services surrounding the young people. Bushmob works to provide an integrated or supported pathway into other services (including health services) and works to *connect young people into the local community* (including into the white community).

This case study focused on one Bushmob adventure therapy experience - a horse trek – where riding horses (and driving 4WDs) provided the basic journey methodology for the adventure therapy experience. Bushmob staff believe the *choice of activity* is very important (horse riding in this case) but state that the activity is not as important as the choice of 'place' and 'where' the journey goes (in this case, St Theresa country).

When asked about the *adventure and challenge* in Bushmob adventure therapy experiences, staff stated that 'remoteness' was an integral component (i.e. getting away from the chaos of town), and that the adventure of 'getting back to land' was essential. The use of adventure and challenge in a physical activity sense is not seen as a critical programming element within Bushmob adventure therapy. Rather, Bushmob staff state they work with participants to manage their 'daily adventures' – their life adventures –which include prejudice, poverty, disconnection, and the range of difficulties that come with the aftermath of colonisation.

Whilst this case study focuses on a horse trek, with 'horse-riding' as the main physical activity medium, Bushmob has also used the following activities: bushwalking, cycling, abseiling, rock climbing, ropes course, initiative activities (real life), problem-solving activities (real life), leadership activities (called 'Strong mob'), team work, daily living skills, food



preparation skills, health and fitness skills (including yoga), bush skills, cultural knowledge/skills, hunting/collecting skills, community service (e.g. distributing food to old people), conservation work (including cleaning up water holes, catching camels, and working with rangers on projects), program preparation, work skills, and accredited training (e.g. assisting with program risk assessments). On previous trips, Bushmob have also intentionally incorporated free play, art/creative mediums, camel riding, solo experiences, and meditation practices. Whilst this case study focused on a trek, Bushmob has also used a range of other journey frameworks to facilitate the adventure therapy process, including: base camps, hard top camps, vehicle journeys, interstate journeys and international journeys (e.g. staff and participant have attended International adventure Therapy Conferences). Participants have stated their desire to try sailing one day – perhaps a future Bushmob activity?

*Goal-setting* is considered useful but not essential within Bushmob practices, yet the development of a *sense of achievement* (by participants) is seen as an essential component within Bushmob adventure therapy experiences. A condition of this aim is that if a participant says 'stop', the process stops - a 'sense of achievement' is not sought at any cost (and what constitutes 'achievement' is again directed by the participants themselves). 'Achievement' is directed by the desires of participants, and the context of the experience (including intensity, length, location, etc.). When a sense of achievement has been gained (which it 'nearly always does') public acknowledgement of participants' achievements is seen as highly useful. The last night of Horse Trek 2009 involved a fire ceremony in which leaders acknowledged the achievements of participants publicly.

*Staff skills* are also considered essential to the experience. In particular, the skills of building connections, and the capacity to engage with people are considered key (essential) competencies. The capacity of staff to 'let go' (handover to participants) and to 'listen' (to their choices) are also considered vital staff skills.

In terms of essential components, Bushmob staff appear to place 'relationships' as first priority. The development of trusting, respectful and effective relationships occurs before, during and after Bushmob adventure therapy experiences. Whilst 100% of the Bushmob adventure therapy process involves a use of physical adventure (journeying), and 100% involves a use of intentional conversations (therapy), and 100% involves participant-directed skill development (in their areas of interest), and approximately 70% of adventure therapy experiences involve 'group' or social experiences, Will believes all of these 'essentials' come *second* to the development and maintenance of *relationships*.

## **Overall structure**

In describing the overall structure of Bushmob adventure therapy, Will stated:

*'We go bush – but that's just one part of it. We live. The horse trek 'program' is just one of our tasks for the week – the 'why' we go is more important than the 'how' or 'what'. We go home. The challenge/adventure is to be back in town after the Horse Trek. We offer respite from that. Our trips are about space and time - in a place, with people. There are risks in going remote (primary health risks/issues) but there are*

*more risks and health issues back in town. The horse trek is just one bit of it –the preparation, the arriving back are part of it, but it's all part of doing our daily work, in an ongoing way'.*

To assist a discussion of the structure of Bushmob's adventure therapy process, a brief overview of key philosophical positions within the field of adventure therapy is provided (adapted from Pryor, 2009). The purpose is not to 'box' Bushmob adventure therapy, but to assist comparisons, and continue attempting to delineate some of the key features of Bushmob adventure therapy.

### *Paradigm of adventure therapy practice*

Whilst a multitude of paradigms (world views) of adventure therapy currently operate in Australia, two predominant forms include 'Positivistic' and 'Naturalistic' paradigms of practice. Positivistic adventure therapy services follow a western, reductionistic, scientific and structural approach, where the OAI experience can be broken down into segments, parts, components and processes. Within this paradigm, the complexities occurring within an intervention experience can be explained and studied as a cause-effect or linear process. Naturalistic services on the other hand, follow more of a traditional (pre-scientific), intuitive, place-based, relationship-focused community approach, where the complexities of the intervention experience *refuse* to be broken down or spread along a linear (cause-effect) pathway. Rather, the experience clusters and merges, flows and happens, according to the rhythms of the group, the setting, the activity or the adventure that is unfolding. Naturalistic approaches sit more comfortably in a post-modern philosophical context, where participants can expect a co-participatory conversational process (rather than a more directed or prescribed experience). Although Bushmob's adventure therapy process can be examined in a linear (cause-effect) way using clinical approaches, the overall structure and interconnectedness of Bushmob's adventure therapy process prompts it to be viewed as an ongoing, 'whole-of-community' approach, operating more overtly within a naturalistic paradigm of adventure therapy practice.

### *Type of adventure therapy practice*

Whilst many different types of adventure therapy exist in Australia, three distinctive types of intervention have been identified, including: 'Brief', 'Integrative' and 'Ecological'. Each of these types of practice may occur within positivistic or naturalistic adventure therapy paradigms (or anything in between).

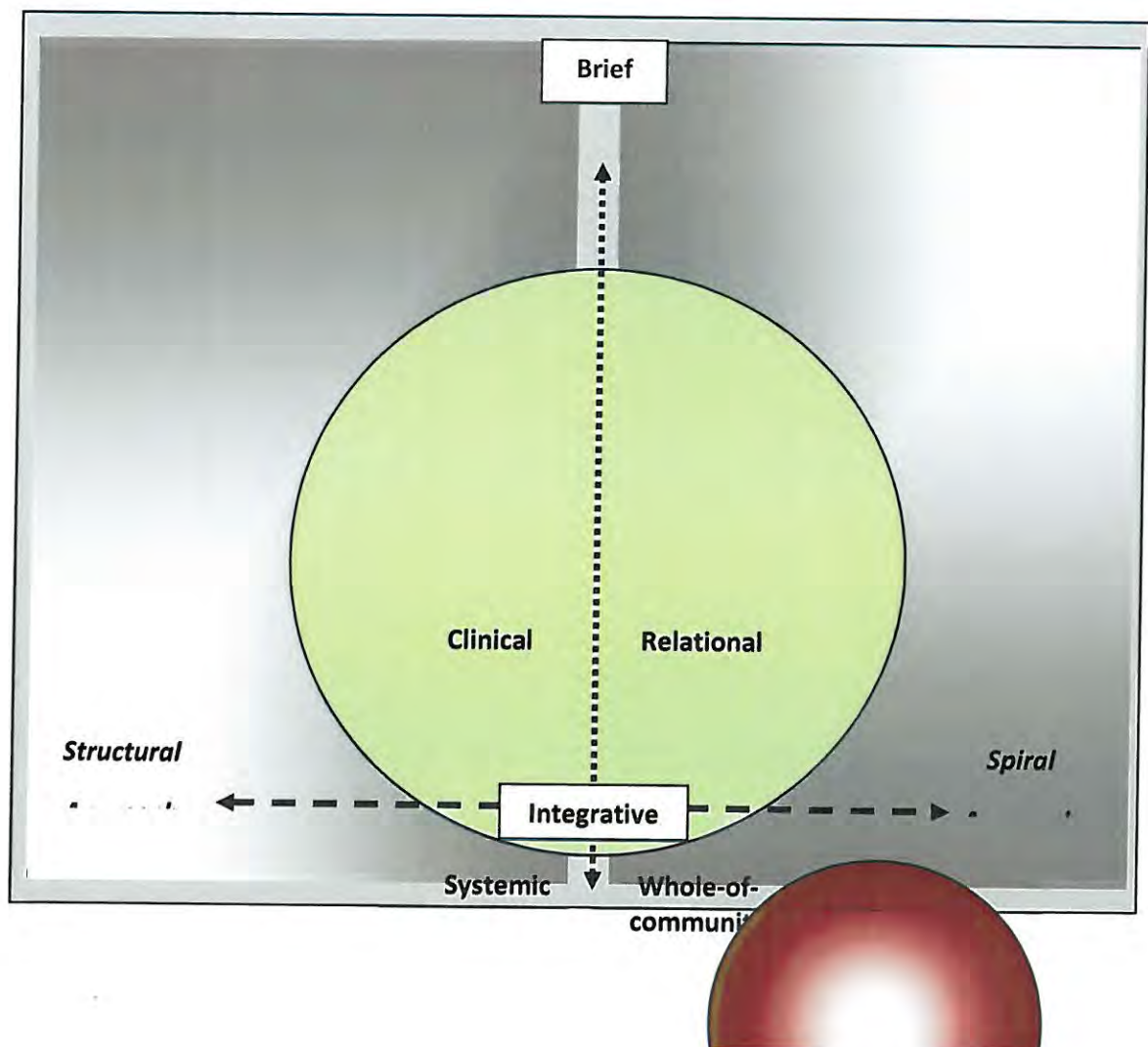
Brief adventure therapy experiences have a start and an end - they 'take people out of normal life' in order to experience a brief (and hopefully useful) experience. Because these experiences are easier to 'set aside', break down into their constituent parts, and be 'replicated', brief adventure therapy experiences more easily invite 'clinical' and 'structural' language (for example the term 'treatment intervention'). Integrative adventure therapy experiences 'ebb and flow', with peaks and troughs of intensity, but are on-going – they 'happen along the way'. Like brief experiences, integrative adventure therapy experiences may have a start and an end, but are clearly part of a larger purpose - they are one option, one event, within a broader process that may have its own start and end. Integrative adventure therapy experiences may be reduced into constituent parts, but must be viewed within a larger whole. Ecological adventure therapy experiences have no start or end, and



are almost seamless or unnoticed within the life of a given community. They are 'part of things' and occur as part of daily life. Ecological adventure therapy experiences are part of the health maintenance of a given community, and assist to sustain the whole community. Of value in describing ecological adventure therapy experiences are the use of anecdote, story, the subjective, the verbal, the experienced, and the shared. Terms such as preventative health, health promotion and family therapy (systems therapy) have relevance in ecological adventure therapy, along with the notion of cultural wellbeing.

Horse Trek 2009 can be described as a 'brief', 'integrative', or 'ecological' within this typology of adventure therapy practices, yet due to philosophical premises, sits most overtly within an 'ecological' model of service delivery – it is one experience within the ongoing life of Santa Teresa community. Whilst Bushmob's overall service structure is punctuated with trips and journeys (Horse Trek 2009 was a brief experience) –these experiences are part of a longer process, and connected with existing and ongoing relationships.

Bushmob adventure therapy practice takes on a circular shape, integrated within the life of individuals, families and communities, and integrally connected with the cultural and geographic landscape of Central Australia. Bushmob staff facilitate connections between participants and families and communities - and back to participants again - in a seamless fashion. The following Figure provides a visual representation of where Bushmob may be seen to sit within the landscape of adventure therapy in Australia.



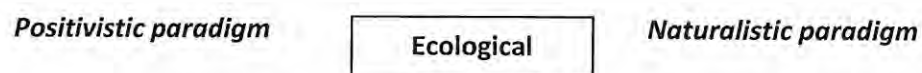


Figure 4: Philosophical foundations of Bushmob adventure therapy practice (Pryor, 2009)

### **Training**

In amongst all that was already going on, Horse Trek 2009 was also the setting for Bushmob's first formalised training process in Bushmob adventure therapy methods. Margo MacGregor facilitated this training event for seven trainees (including two social work students from Sydney). The training involved trainees in the development of key competences in 'inter-cultural work', in the context of a bush trip. The training methodology modelled Bushmob's own adventure therapy process -like the adventure therapy process for participants, trainees were involved in, and learning from, the 'inter-cultural space'. Trainees were required to respectfully and sensitively engage with the resources at hand (including a range of people), in order to explore and integrate their own learning. Trainees received a training manual, had set reading and writing tasks, needed to complete a shared risk management project, and were required to achieve key competencies. Bushmob staff, participants and cultural leaders were the assessors of knowledge, skills and understandings gained by trainees. This looked like an excellent way to deepen the skills of staff and to consolidate the practices of Bushmob, whilst at the same time support other practitioners to learn about socio-cultural approaches to service delivery, with potential application in a range of settings. From my perspective this appeared to be training in a socio-cultural approach to bush adventure therapy, via use of a socio-cultural methodology (pedagogy).

### **Professional practice**

Bushmob adventure therapy is a highly organised, intentional, and structured process, based on solid theoretical frameworks, firmly attending to the sensitive intercultural space (between cultures). What looks like 'going with the flow' has required an incredible amount of relationship-building and preparation *prior* to the adventure therapy experience in order to prepare a safe and effective intercultural adventure therapy space, and requires ongoing maintenance of that space throughout the adventure therapy experience.

'Holding' the inter-cultural space appears to be a staff skill; managing a 'not knowing' position appears to be a staff requirement in Bushmob's cultural setting. Whilst western (European) ideology may prompt a leader to step in and attempt to direct the course of the journey by deciding on a plan or delegating roles (i.e. '*making* it happen'), such an approach would be stepping outside of the inter-cultural space and back into one cultural perspective (back into a sense of 'knowing'). In the Bushmob context, it appears that if, within the inter-cultural space, there is a mutual commitment to hold a 'not knowing' position - all is well, all is as it should be, all is going to plan, and all is unfolding as it should. This intentional paradox appears to be at the heart of Bushmob's approach - knowing how to work with 'not knowing' appears to be a cultural necessity, and a professional intent of Bushmob. By holding the inter-cultural space in this way, things will work out in the 'right way'. The 'right way' appears to be what happens when the experience is shaped by the input of all. This 'holding' of an intention to 'let the right way emerge' (rather than direct a course of action for efficiency, for example) requires a shared trust and a mutual patience - both about *how* things might unfold, and the *time* things may take to unfold on the journey. Hence, the Bushmob adventure therapy process appears to require levels of *trust* (by staff in their own process, and by participants in the overall process) and *respect* (the purposeful act of valuing everyone's contributions). For those in leadership positions, the 'holding' of the inter-cultural space appears to require a certain level of *restraint* - resistance to falling back into the security of 'knowing' or 'making happen'. To hold the intercultural space appears to require that staff have enough confidence in their own knowledge base to 'let it go'. The result appears to be a humble journey that unfolds with the input of all.

In terms of professional adventure therapy practice, Bushmob appears to meet best-practice industry standards for the delivery of safe and effective adventure therapy. In terms of culturally-appropriate adventure therapy practice, Bushmob provides an excellent example, bringing together western medical theories and frameworks with Indigenous cultural values and relationships, in ways that enhance impacts for all involved. Indeed, Bushmob is one of few Australian adventure therapy programs that can attest to meeting all of the criteria set out in the professional flow chart below.



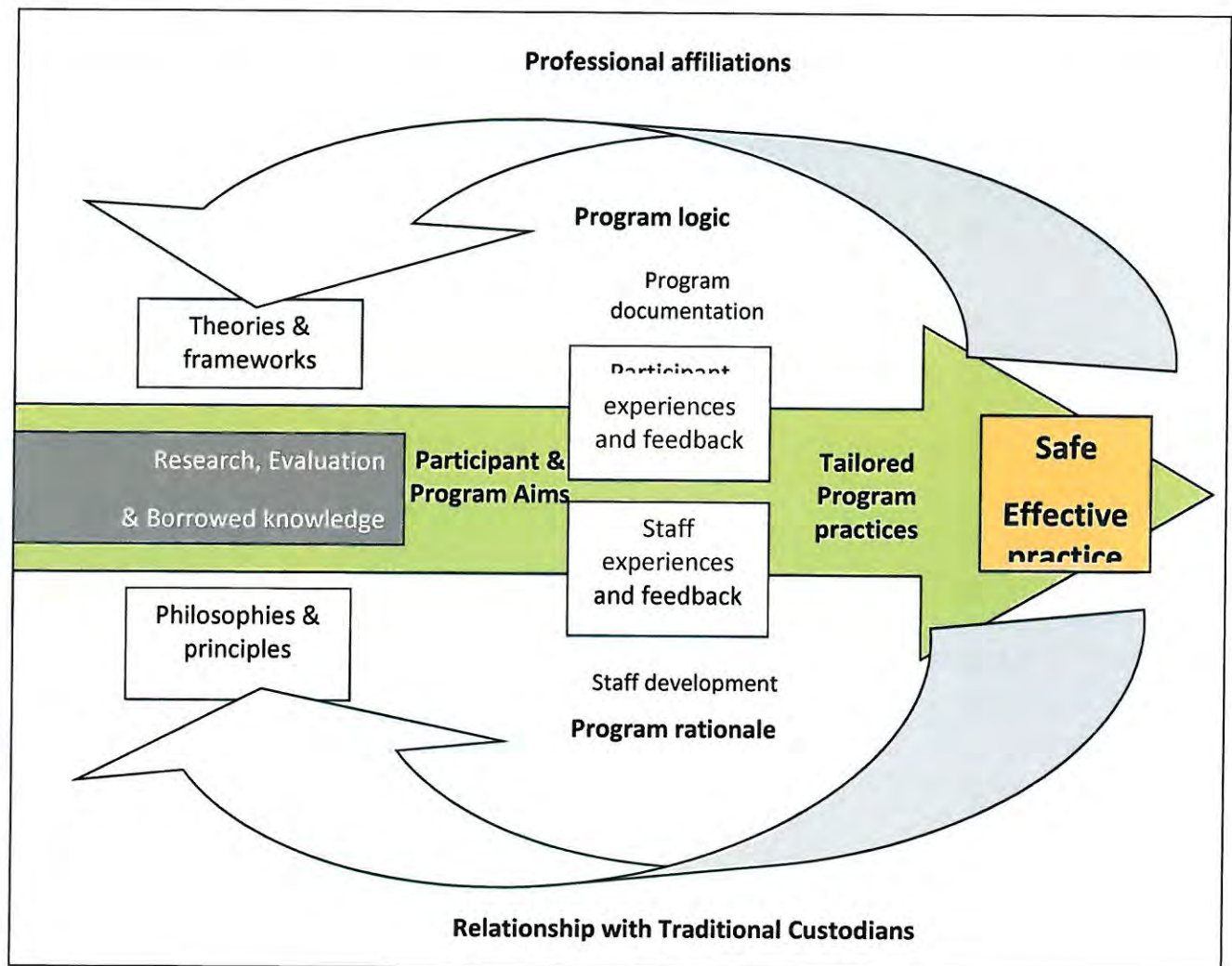


Figure 5. Professional practice flowchart (Pryor, 2009)

### Policy and funding

Bushmob practices emerged from the requests of families and communities, and eleven years on are still being valued by families and communities. In line with their original vision statement, Bushmob intends to make a difference in Central Australia for individuals, sub-cultures, families, communities, society, services, institutions, cultures, the natural environment, and in policy-level decisions.

The development of Bushmob's approach has required the steady development of connections with a range of relationship systems. In this relatively short time (eleven years),

Bushmob has developed trusting partnerships with families and communities, and has consolidated a safe, professional and effective practice methodology.

Bushmob understands how to work with 'groups of groups' in safe and effective ways. As an organisation, Bushmob now offers a suite of complementary services. On a national scale, Bushmob is considered a mature model of adventure therapy practice, a highly valued member of the Australian Association of Bush Adventure Therapy.

Bushmob is making a positive difference for individuals, families and communities across a range of wellbeing domains (including physical, mental, emotional, behavioural, social, cultural, spiritual, environmental, and economic).

Will stated 'Having a voice about key issues is considered our core business – we bring our core values to key decision-making bodies, equally to the young people we are here to assist'. From social and political perspectives, *now* is potentially a good time to showcase the distinct effects and effectiveness of Bushmob's adventure therapy approaches. By sharing these stories, this expertise, other individuals, families and communities, in a range of settings, may benefit.

#### **Future research and evaluation**

Bushmob staff have actively contributed to national forums, international adventure therapy conferences, and a national study on Australian outdoor adventure interventions, thereby assisting to build practice-based knowledge about this area of therapeutic endeavour in Australia.

Will has made known his professional opinion that the bush adventure therapy field of endeavour in Australia *requires* cultural diversity - both for health, and in order to move forward. Will believes research and communication (including dissemination of wellbeing impacts) will assist to build public knowledge and confidence about these practices.

In terms of their own practice, Bushmob has begun to build an evidence-base via the following studies: a study by Curtin Institute on Bushmob's service delivery; an evaluation by Tony Kelly; and ongoing standard reporting requirements (mapping of participant impacts against volatile substance abuse impact measures).

Bushmob Management Committee has identified the need for Bushmob to undertake a competent, culturally appropriate evaluation study that demonstrates the heart of Bushmob's distinctive approach to service delivery (including adventure therapy practice). Will stated that such a study would need to include acknowledgement of the spiritual healing that takes place on bush trips (alongside physical, mental and social health benefits). In relation to future research and evaluation, Bushmob staff believe longer-term longitudinal studies (minimum of three years) will be most useful, in order to build understanding about the kinds of impacts participants experience.



Clinical (positivist/scientist practitioner) definitions for 'therapy' require the articulation of intervention logic - a theory of change to explain the process of assessment-diagnosis-prescribed treatment- and cure, facilitated by trained practitioners. A positivist approach to research and evaluation may include development of an intervention logic statement, development of outcomes measures (to be measured pre- and post- intervention), and examination of the effects of Bushmob services against a control group. From my observations, it is likely that clinically significant (observable, measurable) outcomes *do* emerge for participants as a result of participation in Bushmob services. One way to measure clinical changes for participants may be to map health impacts against a baseline of health risks. For example, an examination of trauma symptoms participants present with prior to and after completion of a Bushmob adventure therapy intervention may be useful. An investigation of changes in physical symptoms (such as height and weight) and mental/emotional symptoms (such as anxiety) could be made. These kinds of investigations could be made in order to examine the effects and effectiveness of Bushmob Services from clinical (positivist) perspectives, especially useful for funding and policy purposes.

Social constructivist definitions of 'therapy' require acknowledgement of the social, cultural and political aspects of a therapy experience. An in-depth examination of the effects and effectiveness of Bushmob services would benefit from an examination of psycho-social, cultural, spiritual and environmental variables (alongside changes in physical and mental wellbeing). Research and evaluation from a social constructivist (interpretive/ critical) perspective would require an examination of 'processes' alongside 'impacts', and an articulation of outcomes that include changes in narratives, stories and meanings. From my observations, social, cultural, spiritual and political aspects are important within Bushmob's therapeutic milieu, and changes in these areas *do* emerge for participants as a result of participation. It is likely that families, relationship systems, and clan groups benefit from Bushmob services. In order to understand the more about the inter-cultural space, and in order to investigate the *breadth* of effects for participants (and the cumulative effects for families and clan groups) a use of exploratory ethnographic research methods may be useful.

Bushmob adventure therapy is a complex process requiring the management and maintenance of multiple relationships, and the consultation of multiple stakeholders (before a specific intervention can even begin to take shape). As well as being applied to individuals, the acts of assessment – diagnosis - and treatment are applied to the development of a safe 'inter-cultural space'. Staff work alongside participants to co-create healthy possibilities. Rather than being prescribed or predicted, outcomes emerge. For these reasons, research and evaluation relating to Bushmob may benefit from a combination of positivist (clinical) and naturalistic (interpretive) methods of enquiry. Evaluation processes that attempt to identify both processes and outcomes will be useful. Research methods that attempt to identify impacts across the spectrum of wellbeing domains (including physical, mental, emotional, behavioural, social, cultural, spiritual, environmental and economic) will presumably provide evidence of the breadth of impacts participants experience. An investigation that attempts to articulate interpretive and critical issues alongside observable and measurable changes will assist to deepen understanding of Bushmob services. A use of community development approaches within the research process will assist to strengthen existing relationships via the research process.

As mentioned, key activities across Bushmob services include the development of relationships with key families, clan groups and services ('relationship systems'); the development of a safe cultural interface (a respectful, non-colonising approach); and the ongoing maintenance of respectful relationships. From observations of Horse Trek 2009, Bushmob adventure therapy appears to involve the intentional use of the following key intervention variables:

- Communication with families, clan groups and services
- Strategic use of resources
- Participant recruitment and support
- Development of a safe social setting (for 'groups of groups')
- Time in the bush (opportunities for connecting to country)
- Troop-carriers, swags, fires, cooking ('living together')
- Horses, horse riding, horse men, relationships with horses
- Relationships (staff approach)

A comprehensive research strategy will assist the examination and articulation of Bushmob services. A refined list of key variables may be useful in developing a Bushmob logic statement. The use of physical and/or mental assessment measures (e.g. the Trauma Symptom Checklist for Children), combined with social-cultural observations may have merit. Whichever theories, methods or data collection tools are used, it is essential that culturally appropriate methodologies are applied. Consultation with Tracey Westerman may be appropriate, along with conversations with Dr Bernie Hocking.

Due to the extent of potential impacts (across nine domains of wellbeing) Bushmob adventure therapy practices appear to offer an incredibly cost-effective health intervention. It is possible that the effects and effectiveness of Bushmob's approach will compare favourably with any clinical health intervention.

Further research and evaluation will assist Bushmob to continue consolidating and articulating their distinctive practices, ultimately benefiting individuals, families and communities in Central Australia.

## **CONCLUSIONS**

Bushmob's unique adventure therapy methodology is based on the establishment of solid, ongoing, regularly maintained connections with various 'relationship systems' in the Central Australia setting. This ongoing relationship-building work cannot be underestimated; it is an essential foundation for Bushmob's service delivery.

Providing a safe and effective cultural interface – a space for 'groups of groups' to meet and share time in the bush appears to be at the heart of Bushmob's adventure therapy approach.

Whilst 'contact with nature' is considered essential for human wellbeing, for Bushmob, 'getting back to country' has special significance.

For Bushmob participants, the full spectrum of human health needs are potentially addressed, including physical, mental, emotional, behavioural, social, cultural, spiritual, environmental and economic wellbeing.

Whilst Bushmob adventure therapy practices are tailored for the unique social, cultural and geographic contexts of Central Australia, Bushmob has developed expertise in 'holding a socio-cultural space', a useful methodology with potential application in a range of other social service settings (including with newly arrived refugees, for example).

From an observer's perspective, it appears that Bushmob achieves something of what Major Broomfield achieved in Africa - opportunities for individuals, families and communities to build self-reliance and leadership. These practices are undertaken in non-paternal, non-patriarchal, and non-colonising ways, and with an attitude of deep respect for all those involved. Together, these practices model a socio-cultural approach to youth service delivery in Central Australia