

**Process and outcome evaluation of Revive,
a pilot adventure therapy programme for
ACC-funded sensitive claims clients, delivered by
Adventure Specialties Trust in 2023**



Prepared for Adventure Specialties Trust by
Sarah Wylie MA (hons. – psych.), Dr Nicola Morton &
Cheyenne Scown – Ngāpuhi, Ngāti Whātua Ki Kaipara, Ngāi Te Rangi, PhD student



**SOCIAL RESEARCH
& EVALUATION**

February 2024



**ADVENTURE
SPECIALTIES TRUST**

Executive summary

Background

In 2023, Adventure Specialties delivered Revive, an adventure therapy programme specifically tailored to meet the needs of adult Accident Compensation Corporation ('ACC') sensitive claimants - people who have experienced sexual harm.

From the outset, the programme, operating as a pilot, had an independent process and outcome evaluation in place. The evaluation was assessed and approved by the Aotearoa Research Ethics Committee [AREC23_08]. The evaluation methodology was also reviewed by ACC's Ethnics Panel, and their suggestions/advice taken up.

The programme was delivered as planned, one day per week (4 hours of active adventure therapy activity per session) for an eight-week period (32 hours total, plus travel time and set-up/pack-down), commencing in term 2, 2023. This programme will continue to be delivered through 2024, with the first of these commencing in February 2024.

The evaluation sought to describe and understand what the programme involved in practice, and the extent to which the real-world delivery of the programme aligned with its theoretical underpinnings. It also sought to understand how participants experienced the programme and its design / format, what motivated them to attend and the goals they had in relation to the programme, and the motivation behind referrals to the programme from counsellors, therapists and psychologists (ACC 'lead providers'). The evaluation set out to explore the cultural, physical, psychological and spiritual safety of the programme, and identify where the programme could be refined or strengthened in the future. Importantly, the evaluation sought to determine the impacts of the programme using a mixed methods approach, combining pre- and post-programme psychometric testing and self-completion questionnaires, and interviews with a sample of participants, their lead providers and the facilitators themselves.

Programme design and delivery

Twenty ACC Sensitive Claimants took part in a Revive programme in 2023, 14 female and 6 male, with the three programmes delivered to single gender cohorts. Of the 2023 participants, 30% were New Zealand Māori and 70% New Zealand European. Thirty percent were aged in their 20s, 25% aged in their 30s, 25% in their 40s, 10% in their 50s and 5% in their 60s.

Cohort 1 (April-June, n=6, female cohort): The 6 participants had an average attendance rate of 5.8 out of 8 sessions.

Cohort 2 (July-September, n=8, female cohort): The 8 participants had an average attendance rate of 5.8 out of 8 sessions, the same as cohort 1.

Cohort 3 (October – December, n=6, male cohort): Three participants attended all 8 sessions, one attended 7 sessions and two attended 6 sessions, an average attendance rate of 7.2 out of 8 sessions,

but it should be noted that the men's programme ran in more favourable weather conditions and was less impacted by winter illnesses and childcare responsibilities than the women's programmes.

The two female programmes were facilitated by two female members of the Adventure Specialties team, one a qualified social worker and the other a highly qualified female outdoor instructor, also qualified in counselling. The male programme was facilitated by the social work-trained facilitator and a male outdoor instructor with New Zealand Outdoor Instructor Association qualifications and a long career in the industry. The staffing of the programmes was planned to ensure an appropriate mix of instructor and therapeutic skill in the staffing of each course, and to consider gender of participants.

Revive was promoted to potential participants directly via the Adventure Specialties Website and that of the ACC provider that they supply services through, and via email to lead providers connected with the provider. The promotional materials included information on who the programme was targeted at in terms of therapeutic need and how to apply to ACC for the programme to be funded for participants. All potential participants completed a one-hour interview with the social worker facilitator of the programme prior to acceptance into the programme, to ensure that the programme was a good fit for them physically, culturally, socially and psychologically.

The programme utilises challenge by choice: participants have control over how far they push themselves in every aspect of the programme. This ethos was identified by the facilitation team as central to ensuring that the programme is psychologically and emotionally safe for all participants.

Connecting with spirituality within a context of nature is embedded in Adventure Specialties' adventure-therapeutic approach. Creating space for people to connect with the atua – higher power - that are meaningful for them is part of this approach, and recognised as particularly important for Māori clients, both at a psychological and spiritual level. Facilitators see this as potentially happening through interacting with nature and through opening and closing prayers / blessings each day - each day opens with karakia and closes with mihi whakamutunga.

Adventure Specialties Trust operates an audited safety management system complying with the Adventure Activities Regulations 2016 which covers all relevant activities. As part of this system, staff must have a certain level of skill to be deployed for particular activities, and all equipment is inspected as part of the safety management audit process, and always checked on the day of use.

In terms of cultural safety practices, ongoing professional development occurs around biculturalism, tikanga and kawa Māori, and these principles underpin the adventure therapy models which are in place. The Revive team have received some professional development around working with members of the rainbow community, and as a faith-based organisation, are always exploring how this can look. The team have identified this as a desired area of focus in professional development in the coming year, especially through a trauma and cultural lens.

Nine participants were interviewed as part of the evaluation, along with 4 ACC lead providers (for 5 participants) and the facilitation team. Several psychometric tools were administered prior to participation and within a few weeks of completion, the first three of which are tools used by ACC to monitor the progress of sensitive claimants:

- Personal Wellbeing Index (PWI 5-A) which measures self-reported quality of life across standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security, as well as overall life satisfaction, the preferred tool recommended by the World Health Organisation (WHO) for measuring subjective wellbeing among adults.
- Post-Traumatic Stress Disorder (PTSD) Checklist (PCL-5) - a widely used measure of the presence and severity of PTSD symptoms in adults.
- WHODAS (World Health Organization Disability Assessment Schedule 2.0) - a disability assessment tool which captures level of functioning across six areas: cognition, mobility, self-care, getting along with people, life activities, and participation in society.
- Depression, Anxiety and Stress scale (DASS-21) - a scale commonly used to measure the negative emotional states of depression, anxiety and stress in adults.

Rating scales pre-and post-programme were also completed and analysed for statistical significance to measure a number of other outcomes – shifts in knowledge of character strengths, recognition of achievements, confidence going into new groups of people, comfort working in a team environment, self-compassion, and extent to which the person was eating and sleeping well.

Completion rates for pre-and post-programme questionnaires and psychometrics were lower than hoped, but did improve over time as lead providers became more familiar with the programme and its evaluative requirements.

Programme impacts

Revive participants who took part in the evaluation expressed high levels of satisfaction with and enjoyment of the programme. For most, the programme exposed them to new places and experiences. The group setting felt safe and those who took part experienced a sense of being in control of their personal experience and participation.

Participants in Revive appear to take part in the programme for a wide range of reasons, but most commonly, Revive was seen by both participants and their lead providers as a way of getting them out and becoming less isolated, beginning to feel safe in group settings, being active, and practising skills and strategies learned through therapy in a real-world setting.

Feedback from participants themselves indicated that their goals around engaging in the community and being more active, successfully operating within a group setting and putting the learnings of therapy into practice were to a large extent met. A range of positive impacts emerged in the evaluation including increased self-confidence, growth in self-awareness, strengthened social connection and social engagement, enhanced capacity for mindfulness, a sense of pride in their achievements on the course, reductions in stress and numbness, and enhanced mood and feelings of hope. The majority of participants appear from the evaluation findings to gain skills and strategies to help regulate emotions and cope with stress, and were using these in practice both during Revive and outside the programme. Lead providers of Revive participants also saw evidence of a positive shift in confidence, self-awareness, including with regard to one's body, mood, energy levels and feeling less alone in their experiences. There was strong evidence of positive impacts of the programme in terms of ACC's priorities of enhanced self-regulation skills and decreased avoidance.

Small sample sizes and missing data resulted in low statistical power for the psychometric and pre- and post-programme rating analyses, meaning that the chances of failing to find evidence of a genuine effect when one was there were high, yet despite the low sample size, statistically significant results ($p < .05$) were observed for half of the constructs measured:

- PWI average score across 7 domains, indicating a statistically significant positive shift in life satisfaction.
- The WHODAS 2.0 general disability score shift pre – post programme was strongly significant ($p = 0.003$) while the domains *Getting along with people* ($p = 0.027$) and *Life activities* ($p=0.019$) also showed statistically significant changes.
- Rating scales developed for Revive to measure shift in awareness of character strengths ($p = 0.003$), sense of achievement ($p = 0.001$), confidence going into new groups of people ($p = 0.014$) and self-compassion ($p=0.001$) all showed strongly statistically significant shifts in ratings, while change in scores for comfort working in a team environment ($p=0.014$) was also statistically significant.

The PCL-5, measuring symptoms of PTSD did not show a statistically significant reduction in symptoms but was impacted by a large amount of missing data: there was a downward shift in mean scores.

The WHODAS 2.0 domains *Self-care* and *Participation in society* did not show a statistically significant shift in score pre-post-programme but the mean and range of scores shifted in a direction of positive impact.

For DASS-21, consistent decreases in mean scores for depression, anxiety and stress were observed, though none were statistically significant, likely due to the tests being too low-powered.

A non-significant increase was found for scores on the Revive assessment 'eating well' scores, and no change was observed between pre- and post-measures for 'sleeping well'. This aligned with interview findings. While participants enjoyed the kai provided on the programme, this tended not to transfer to eating habits at home and post-programme. Many of the participants interviewed suffered from sleep problems.

Table of contents

1. Background	7
2. Scope of the evaluation	8
3. Method	9
4. Delivery of Revive pilot programme in 2023	11
5. Quantitative findings	14
6. Qualitative findings	23
6.1 Facilitator perspectives	23
6.2 Participant perspectives	23
<i>Who was interviewed and how?</i>	24
<i>How did they find out about Revive and why did it appeal?</i>	25
<i>Goals for Revive</i>	26
<i>Overall experience of the programme</i>	26
<i>Programme format</i>	30
<i>Group setting</i>	31
<i>Outcomes</i>	32
<i>Impacts on stress, numbness, mood and sense of hope during course period</i>	34
<i>Safety</i>	34
<i>How things were for participants at time of interview</i>	35
<i>Potential improvements to the programme</i>	38
6.3 Lead provider (counsellor / psychologist etc.) perspectives	38
<i>Perceived immediate and short-term impacts of Revive</i>	40
<i>Safety</i>	42
<i>Improvements</i>	43
7. Discussion	44
<i>How did the pilot Revive programmes work in practice?</i>	44
<i>How did participants experience the programme?</i>	44
<i>What impacts did Revive have on participants?</i>	45
8. Conclusion	47
References	48
Appendices	49

1. Background

Adventure therapy employs experiential learning activities in outdoor and / or social environments for assessment and intervention at both individual and group levels for the purposes of effecting psychological and/or behavioural therapeutic change (Gass, Gillis, & Russell, 2012; Norton, Carpenter, & Pryor, 2015). Although a relatively small field, there is research evidence upholding adventure therapy as potentially effective in treating a range of behavioural and mental health problems. A meta-analysis of 197 studies of adventure therapy programme outcomes (Bowen & Neill, 2013) identified adventure therapy as moderately effective in facilitating positive short-term change in psychological, behavioural, emotional, and interpersonal domains. Further, Bowen & Neill's meta-analysis indicated that these changes appear to be maintained in the longer term.

Across three terms in 2023, Adventure Specialties delivered Revive, an adventure therapy programme specifically tailored to meet the needs of adult Accident Compensation Corporation ('ACC') sensitive claims; people who have experienced sexual harm. The design of this programme built on Adventure Specialties' experience delivering open enrolment adventure therapy programmes, along with specialised programmes for Ministry of Social Development clients who have experienced mental health challenges (delivered under contract to MSD). It was however a new approach in terms of interventions funded by ACC for Sensitive Claimants.

Adventure Specialties delivered Revive to three cohorts of 6-8 ACC-funded sensitive claimant participants through 2023. The programme was delivered as planned, one day per week (4 hours of active adventure therapy activity per session) for an eight-week period (32 hours total, plus travel time and set-up/pack-down), commencing in term 2, 2023. This programme will continue to be delivered through 2024, with the first of these commencing in February 2024.

The three Revive programmes delivered across terms 2-4, 2023 were evaluated by independent evaluators, led by Sarah Wylie, with quantitative data analysis undertaken by Dr Nicola Morton. A kaupapa Māori researcher, Cheyenne Scown conducted some of the interviews with Māori Revive participants. Martin Visser, a Registered Psychologist and Director of Visser & Associates, a provider of Integrated Services for Sensitive Claims (ACC), who has a working relationship with Adventure Specialties Trust and staff involved in the Revive programme provided guidance in the psychometric components of the evaluation, also consulting with other clinical psychologist colleagues. Adventure Specialties Trust (Christchurch)'s Adventure Therapy Manager led collection of the psychometric data and communicated evaluation needs with the counsellors of participants.

The evaluation was assessed and approved by the Aotearoa Research Ethics Committee [AREC23_08]. The evaluation methodology was also reviewed by ACC's Ethnics Panel, and their suggestions/advice taken up.

2. Scope of the evaluation

From the outset, Adventure Specialties Trust were keen to secure an external evaluation of the programme to understand and quantify its impact, inform future enhancement of the programme and because they recognised a need for more research around use of adventure therapy in a New Zealand context and/or in the context of rehabilitation following sexual harm.

The purpose of the evaluation was to document the programme's delivery through 2023, and to evidence the extent of the programme's impact on participants against key psychological, health, wellbeing and social outcomes identified in the Theory of Change for the programme and the Māori health model of Te Wheke (Pere & Nicholson, 1997) which recognises mind, body, spirit, whānau and the natural world as linked.

The evaluation sought to answer the following questions:

1. What does the ACC-funded Revive programme for adult males and females programme involve in practice (promotion and recruitment, activities delivered, facilitator skills, qualification and experience, duration etc.), and to what extent did real-world delivery of the programme align with its theoretical underpinnings (including Theory of Change for the programme)? If changes were made to the programme, what were these and why were changes made?
2. How did participants experience the programme and its outputs? - What is working well (including physical, cultural and psychological safety) within the ACC-funded Revive programme, why, and how can these elements be strengthened; and what improvements can be made (including regarding physical and psychological safety) to reduce barriers to positive change and to maximise positive impacts for participants in the future?
3. What did individual clients and their lead providers seek to achieve through client participation in the programme, and to what extent were these achieved? What did participants get out of the programme that they weren't achieving via one-to-one therapy?
4. What impact did the Revive programme have on its participants in relation to those outcomes sought by ACC and those identified in the Theory of Change. Did any unintended consequences arise, and if so, what were they?

3. Method

The evaluation employed a mixed methods approach, utilising both qualitative and quantitative data gathering techniques and triangulating findings from a range of sources to address the evaluation questions.

The following methods were employed:

- I. In conjunction with the Adventure Therapy Manager, the existing theory of change documents were reviewed to ensure relevance and completeness, and outcomes measures determined to evidence impact relevant to 1) ACC priorities (improved self-regulation skills and decreased avoidance) and 2) outcomes specified in the Theory of Change. The theory of change is presented in Appendix 1. The evaluation framework is presented in Appendix 2.
- II. All prospective participants in Revive programme underwent a pre-programme interview with a programme facilitator. The evaluation was fully explained at this time, an information sheet provided, and a consent form completed for participation in the evaluation. The lead providers informed of the programme and referring to it were made aware of the evaluation and what it entailed, including consent processes.
- III. In consultation with clinical psychologists involved in ACC Sensitive Claim counselling in Christchurch, the following psychometric tools were employed in the present evaluation:
 - World Health Organization Disability Assessment Schedule ('WHODAS') 2.0: 36-item (World Health Organisation, 2012).
 - Depression, Anxiety and Stress scale (DASS-21), a 21-item scale commonly used to measure the negative emotional states of depression, anxiety and stress in adults (Lovibond, & Lovibond, 1995)
 - PTSD Checklist for *DSM-5* (PCL-5) (Weathers, Litz, Keane, Palmieri, Marx, & Schnurr, 2013)
 - Personal Wellbeing Index (PWI 5-A) (International Wellbeing Group, 2013)

These tools were selected because they are all validated, robust and free-to-access psychometric tools which are widely used, they are used by most ACC Sensitive Claim lead providers (counsellors) on a regular basis, and ACC requires the administration of some of these tools anyway, so they impose minimal additional burden on clients or on lead providers. Importantly, they are strongly matched to the outcomes sought by the programme and identified in its theory of change.

With consent for evaluative purposes from participants, these psychometric tests were administered by their lead provider¹ (counsellor / clinical psychologist) within 1-2 weeks of the start of the programme and within the same period of its conclusion, with completed assessments gathered by the lead evaluator. Pre and post-programme scores were compared and tested for statistical significance.

¹ In two cases, the lead provider did not consent to administering psychometric tests for evaluative purposes due to time pressures, and in these cases the tests were administered by either the programme facilitator or the lead evaluator.

For the PWI, 14 participants completed this pre-programme but only 11 were administered the PWI both pre- and post-programme. For PCL-5, 14 participants completed this measure pre-programme and of these, 8 were also administered the instrument post-programme, while WHODAS 2.0 was administered to 15 participants re-programme and of these, 11 also undertook WHODAS 2.0 post-programme. For DASS-21, 15 participants had a pre-measure and only 10 a post-programme measure.

- IV. With consent, a pre-programme evaluation self-completion survey (Appendix 3) was administered at the time of the pre-programme interview. Thirteen participants completed the Revive pre-programme survey. The post-programme evaluation form (Appendix 4) was completed by most participants at the last session, with some followed up by their Lead Provider at the same time as the post-programme psychometric testing takes place. In total, 13 participants completed the post-programme form, with 12 participants completing both a pre- and post-form, enabling comparison of measures over time. These tools, developed to address outcomes identified in the theory of change and the resulting evaluation framework sought to measure the extent to which the programme gave participants new experiences in social settings and in new environments, and how safe they felt on the programme. The pre and post-programme survey also sought to quantify the extent the programme impacted their confidence in a group, recognition of personal strengths, successes and achievements, self-compassion, stress, numbness and mood levels, experiences of success, enjoyment and a sense of hope, and the extent to which it gave them opportunities to practice emotional recognition and regulation skills in a real world setting. It also quantified how much participants reported being able to take ownership and exercise choice in the extent to which they challenged themselves on the programme.
- V. At the conclusion of each programme, age and ethnicity of participants (with identities coded) were provided to the lead evaluator. Three participants were selected to be invited for interview, consenting to have their first name and contact details passed to the evaluator so they could find out more about what the interview would entail. Full consent was obtained prior to interviews taking place. In selecting participants for interview, this was limited to those who had attended at least 6 of the 8 sessions, and with at least one Māori participant invited for interview per cohort. Beyond this, selection was random. In-depth, semi-structured, face-to-face interviews (refer Appendix 5) were conducted with 9 participants, either in a private room at Adventure Specialties' offices or in a café where privacy was possible. Interviews typically lasted around an hour. Two Māori participants were interviewed by a kaupapa Māori researcher: all other interviews were conducted by the Pākehā lead evaluator.
- VI. With client consent, the lead provider for each of the clients who were interviewed was also invited to be interviewed, with four interviewed, representing lead providers of 5 of the participants interviewed (appendix 6). Three were interviewed face-to-face and one via Zoom.
- VII. The programme facilitators were interviewed together (Appendix 7) to gather process evaluation data for Revive.
Qualitative data was thematically analysed.

4. Delivery of Revive pilot programme in 2023

The Revive programme was delivered to three cohorts in 2023, one in the term 2 school term, one term 3 and one term 4, with the first two programmes delivered to female cohorts and the third to a male cohort. In total, 20 ACC Sensitive Claimants took part in a Revive programme in 2023.

Cohort 1 (April-June, n=6): Started with 7 participants but one withdrew due to injury. Of the 6 female participants who completed the programme, 4 were New Zealand European and two New Zealand Māori, and three aged in the 20s, one in their 30s, and two in their 40s. Of the 6 participants, two attended all 8 sessions, two 6 sessions, one 4 sessions and one 3 sessions, an average attendance rate of 5.8 out of 8 sessions.

Cohort 2 (July-September, n=8): all female participants, 6 New Zealand European and two New Zealand Māori, with two aged in their 20s, 3 in their 30s, 2 in their 40s and one aged in their 50s. Of the 8 participants, two attended 4 sessions, 4 attended 6 sessions and two attended 7 sessions, an average attendance rate of 5.8 out of 8 sessions, the same as cohort 1.

Cohort 3 (October – December, n=6): This programme started with 7 participants but one withdrew because he found employment. Of the 6 participants, one identified as Māori and 5 as New Zealand European, although on interview, one of these men identified himself as NZ Māori / NZ European. Two of the participants were aged in their 20s, and one each in their 30s, 40s, 50s and 60s. Three participants attended all 8 sessions, one attended 7 sessions and two attended 6 sessions, an average attendance rate of 7.2 out of 8 sessions, but it should be noted that the men's programme ran in more favourable weather conditions and was less impacted by winter illnesses and childcare responsibilities than the women's programmes.

The two female programmes were facilitated by two female members of the Adventure Specialties team, one a masters degree-qualified social worker of over 15 years experience, who had worked in adventure therapy for the past 3 years, and the other a highly qualified female outdoor instructor of over 20 years, also qualified with a masters degree in counselling. The male programme was facilitated by the former facilitator and a male outdoor instructor with New Zealand Outdoor Instructor Association qualifications and who has been an instructor with Adventure Specialties for over 25 years. The staffing of the programmes was planned to ensure an appropriate mix of instructor and therapeutic skill in the staffing of each course, and to consider gender of participants.

All three Revive facilitators have ongoing professional development in their roles. All three were interviewed together about the Revive pilot programmes, with this taking place in early 2024.

Revive was promoted to potential participants directly via the Adventure Specialties Website and that of the ACC provider that they supply services through, Visser & Associates. The programme was also promoted to ACC Sensitive Claim Lead providers connected with Visser & Associates via emails and brochures, along with information regarding how to apply to ACC for the programme to be funded for participants. Promotional information provided is exemplified in Appendix 8.

ACC Sensitive Claimants are victims of sexual violence, and as such, are a vulnerable population, but are also on a proactive journey of healing: they have taken ownership of seeking supports which help them deal with their experiences in a positive way, learning skills and strategies to overcome trauma. In order for Revive to be an appropriate adjunct to their other therapeutic support / interventions, they were expected to have already had a significant number of counselling and/or other psychological sessions and have a well-established therapeutic relationship with an ACC Lead Provider, a trained mental health professional who has been assessed and accredited by ACC to work with people with such trauma. Clients were only to be referred to the programme by their Lead Providers if they are ready for this group programme. All potential participants completed a one-hour interview with the social worker facilitator of the programme prior to acceptance into the programme, to ensure that the programme was a good fit for them physically, culturally, socially and psychologically. Considerable liaison also occurred with their lead provider. This enabled the staff to understand individual needs and ensure that individual risks are minimised, and as identified as one of the aspects of Revive and its delivery that worked really well, especially in enabling the programme to be delivered in a very culturally, psychologically, emotionally and spiritually safe way, because the facilitators had the knowledge about the individual participants to effectively tailor the programme to individual participants.

“The other big piece of that psychological safety is that we've got really robust intake processes for Revive in particular, it's that initial collaboration with lead providers and then the participants themselves in terms of, you know, having really good discussions as much as we can about what works for them. How do we keep you safe? What would we notice if things weren't? If you were having a hard time? What strategies do you use? What do you not want us to do?”

The programme utilises challenge by choice, celebrating the way participants have control over how far they push themselves in every aspect of the programme, and this ethos was identified by the facilitation team as central to ensuring that the programme is psychologically and emotionally safe for all participants.

“I guess that where that really hits the ground, is actually when people are on programme and what the expectations are about challenge by choice. And understanding and respecting that No means no, and that ability to celebrate that rather than push that, and there's always time for another go and actually if someone wants to be challenged, but if that's enough, celebrating, that as being enough. That's really important. And I think that in terms of psychological safety, that part is pretty important around the physical aspects. And then it's about consent, letting people know, when we're having conversations that where are the boundaries of those conversations, the information around confidentiality, that what happens here stays here, all of those kinds of things are really important. And I guess, being okay to go places with people, and that, that's pretty obvious that we're in a group programme.”

As a faith-based service provider, conversations were / are held around spirituality, but never in an evangelical way. Taking a spiritual lens was identified by the team as allowing people to feel safe and comfortable talking about spirituality, regardless of their belief systems. Connecting with the atua that reside in nature is a part of a Rongoā approach, very much embedded in Adventure Specialties'

adventure-therapeutic approach. Creating space for people to connect with the atua that are meaningful for them is part of this approach, and recognised as particularly important for Māori clients, both at a psychological and spiritual level. Facilitators see this as potentially happening through interacting with nature and through karakia. Each day opens with karakia and closes with mihi whakamutunga.

Whilst connection with nature might be quite new to western therapeutic disciplines, it is not new in te ao Māori. In te ao Māori a connection between people and land is deemed essential for health (Taonui, 2015). Whakapapa links people back to the Ariki and Papatūānuku herself, therefore in some ways a relationship with Papatūānuku is part of being connected to your fullest self. It brings belonging, connection, identity and health. (Mahuika, 2019; Taonui, 2015).

Adventure Specialties Trust operates an audited safety management system complying with the Adventure Activities Regulations 2016 which covers almost all activities, a small number falling below the risk threshold for inclusion in audit, although the organisation applies the same safety practices to every activity. As part of this system, staff need a certain level of skill to be deployed for particular activities, and this was always complied with. All equipment is inspected as part of the safety management audit process, with inspections scheduled, and also always checked on the day of use. The equipment safety checking schedule and practices are themselves audited.

In terms of cultural safety practices, every staff retreat (held twice per year) has a component on biculturalism, tikanga and kawa Māori, and the organisation also has a strong and ongoing commitment to this, included as a focus in weekly team meetings. Tikanga and kawa Māori strongly underpin their adventure therapy models, enabling them to work well with a wide range of target populations. Every three years the staff experience a 5-day stay on a marae. Cultural competency professional development and practice is a registration requirement for the social worker delivering Revive. The Revive team have received some professional development around working with members of the rainbow community, and as a faith-based organisation, are always exploring how this can look. The team have identified this as a desired area of focus in professional development in the coming year, especially through a trauma and cultural lens.

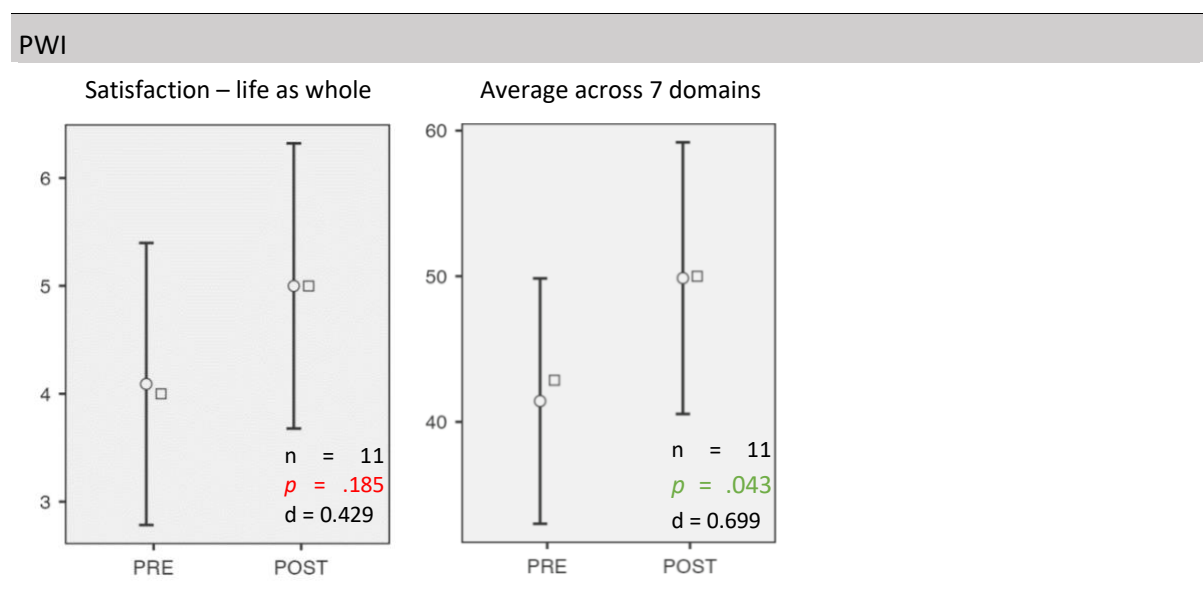
5. Quantitative findings

The majority of participants completed a battery of psychometric and evaluative questionnaires prior to and following completion of the programme, relating to desired outcomes. Results are reported from paired samples *t*-tests, which compared pre- and post-intervention scores for each measure. Mean and median scores, as well as 95% confidence intervals are graphed, comparing the central tendency and variance of PRE and POST scores along each scale. Small sample sizes and missing data resulted in low statistical power for many of these analyses (meaning that the chances of obtaining a false negative – failing to find evidence of a genuine effect when one was there – were high). Despite the low *ns*, statistically significant results ($p < .05$) were observed for half of the constructs measured. Effect sizes (the magnitude of the difference observed between average pre- and post-measures) are also reported as Cohen's *d*. A commonly used reference for interpreting these is 0.2=small, 0.5=medium, and 0.8=large (Cohen, 2013).

PWI

The Personal Wellbeing Index (PWI 5-A) measures self-reported quality of life across seven domains: standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security, as well as overall life satisfaction (an additional question relating to spirituality or religion is sometimes included, but was omitted for this evaluation). It is widely used internationally, and is the preferred tool recommended by the World Health Organisation (WHO) for measuring subjective wellbeing among adults. The scale has been demonstrated to have good construct validity and reliability (Cronbach's alpha has been measured between .70 and .85 in Australia and overseas) (International Wellbeing Group, 2013).

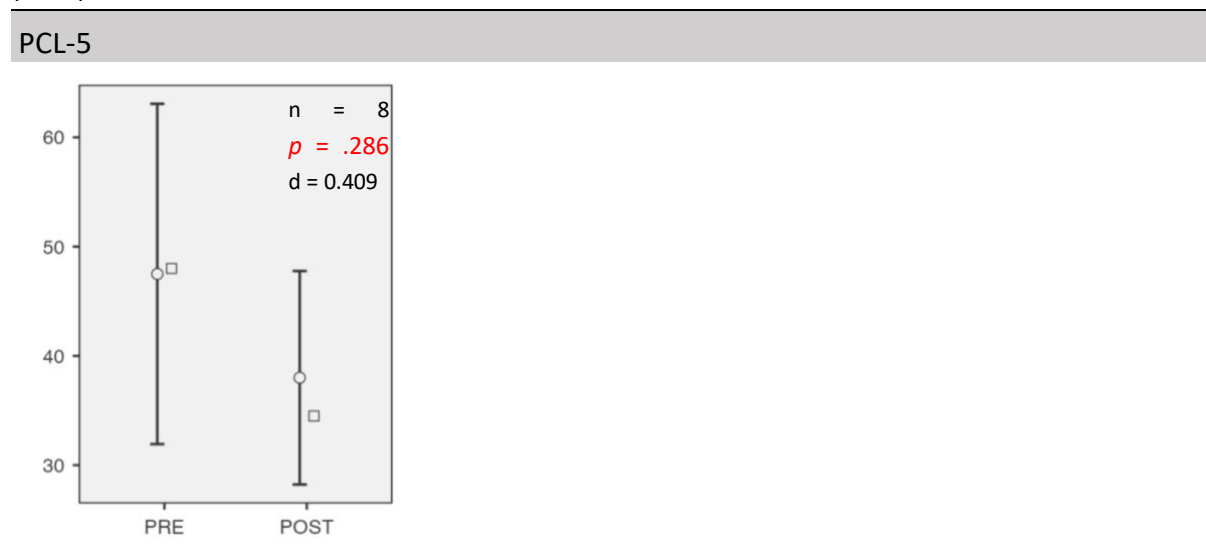
Increases were seen in the mean score overall life satisfaction, and average scores across all seven domains. In the latter case the increase was statistically significant, with a medium-large effect size observed.



PCL-5

The Post-Traumatic Stress Disorder (PTSD) Checklist (PCL-5) is a widely used measure of the presence and severity of PTSD symptoms in adults. It comprises a 20-point scale which has demonstrated strong internal consistency (Cronbach's alpha = .94), and good convergent and discriminant validity (Weathers, Litz, Keane, Palmieri, Marx & Schnurr, 2013; Blevins, Weathers, Davis, Witte, & Domino, 2015).

Mean score on the PCL-5 decreased between pre- and post-measurements, but this was not statistically significant. Note that there were a large number of missing data points for this measure (n = 8).

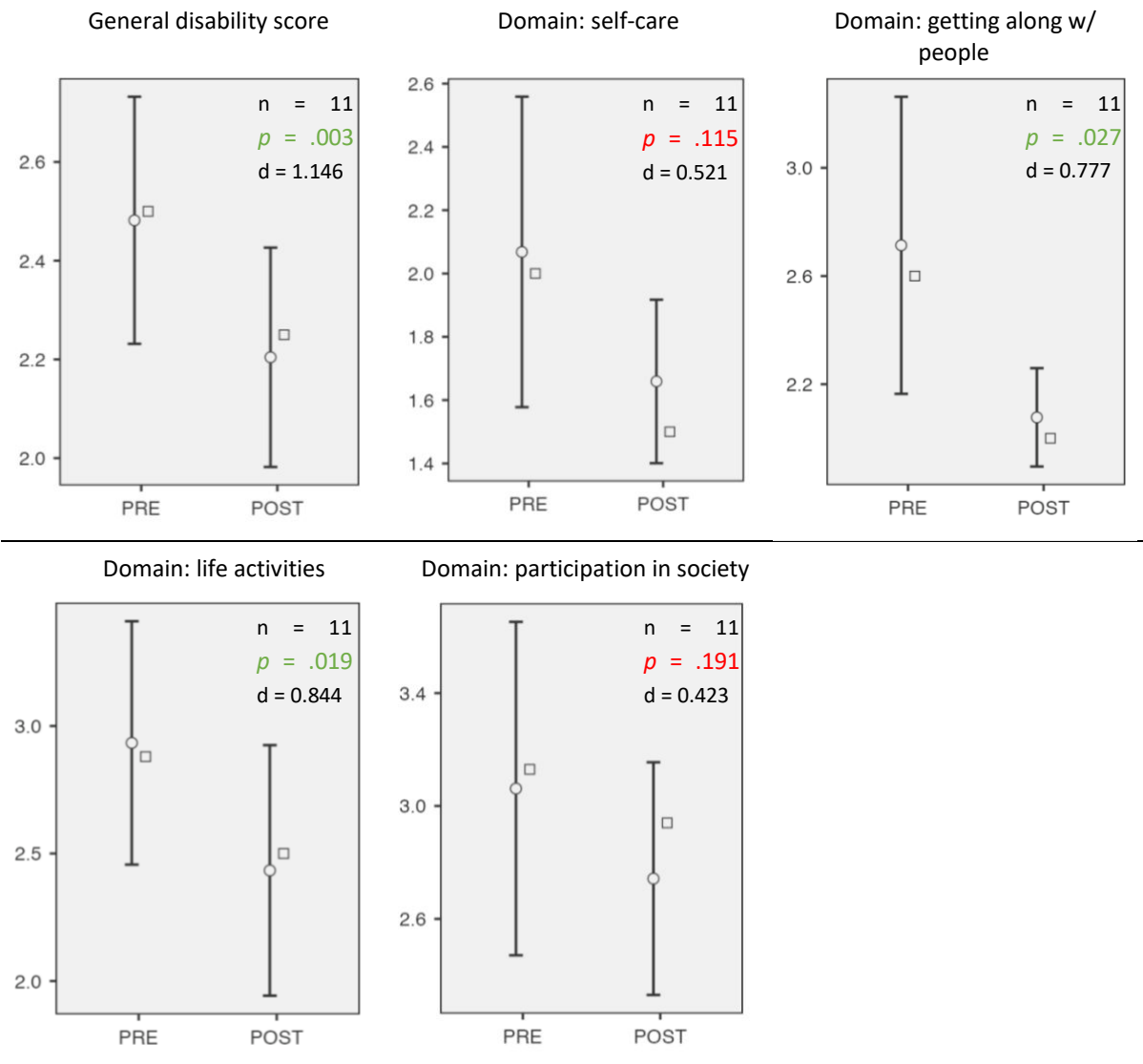


WHODAS

WHODAS (World Health Organization Disability Assessment Schedule 2.0) is a 36-item disability assessment tool which captures level of functioning across six areas: cognition, mobility, self-care, getting along with people, life activities, and participation in society. The latter four of these sub-domains were measured for the current evaluation, aligning well to the theory of change for Revive and a general disability score was calculated for each participant. The scale has been demonstrated to have good face, concurrent, and construct validity, as well as very high reliability (Cronbach's alphas ranged between .94 and .96 across each of the sub-domains) Üstün, T. B. (Ed.). (2010).

A statistically significant decrease was observed in general disability score. Decreases were also seen across each of the four sub-domains, although the shift in scores was not significant for self-care or participation in society. Two of the domains: 'getting along with people', and 'life activities' showed significant changes, with large effect sizes, .027 and .019 respectively.

WHODAS

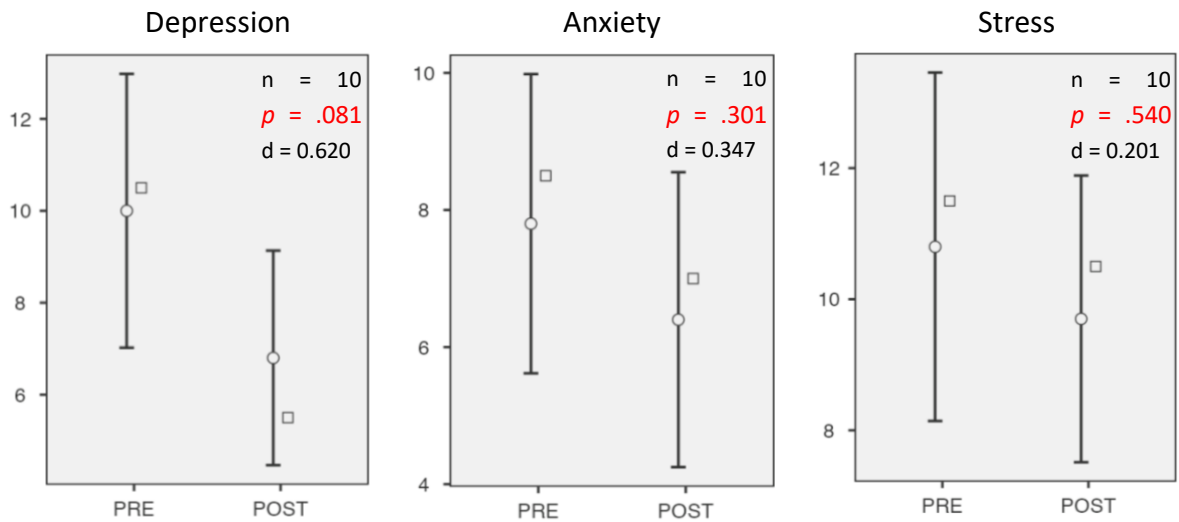


DASS-21

The Depression, Anxiety and Stress scale (DASS-21) is a 21-item scale commonly used to measure the negative emotional states of depression, anxiety and stress in adults (Lovibond, & Lovibond, 1995). The scale has been found to have good test-retest reliability and adequate convergent and discriminant validity with other measures of anxiety and depression. Cronbach's alphas for the respective subscales have been measured at .94, .87 and .91, respectively, demonstrating good reliability (Antony, Bieling, Cox, Enns & Swinson, 1998).

Consistent decreases in mean scores for depression, anxiety and stress were observed, though none were statistically significant, likely due to the tests being too low-powered.

DASS



Revive assessment

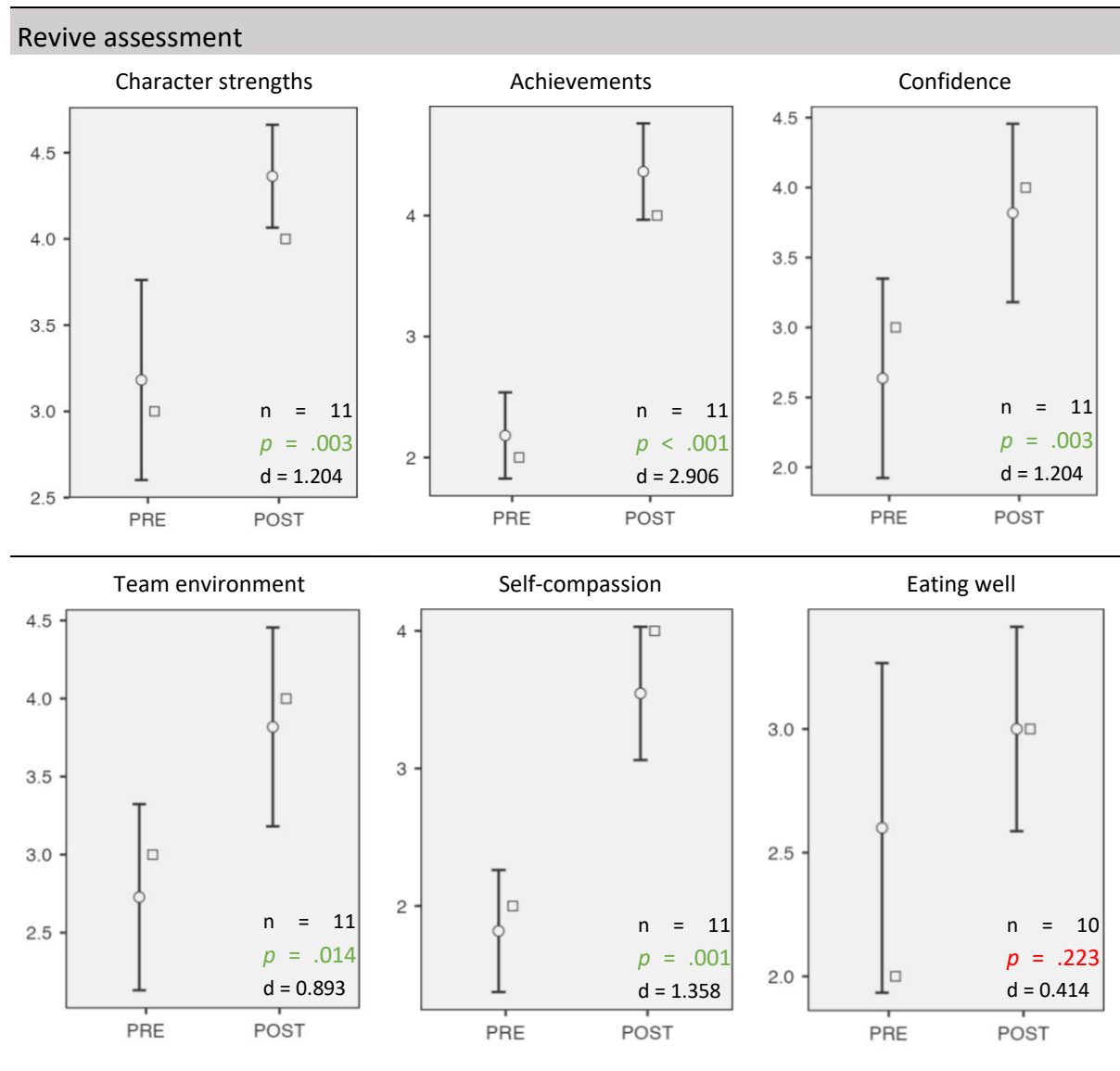
The Revive post-programme feedback form asked participants to rate a range of statements, the following reflecting on their experience of the programme itself and some of its impacts. Twelve participants completed the feedback form, although two skipped the second page, missing some items. Results are presented in the following table.

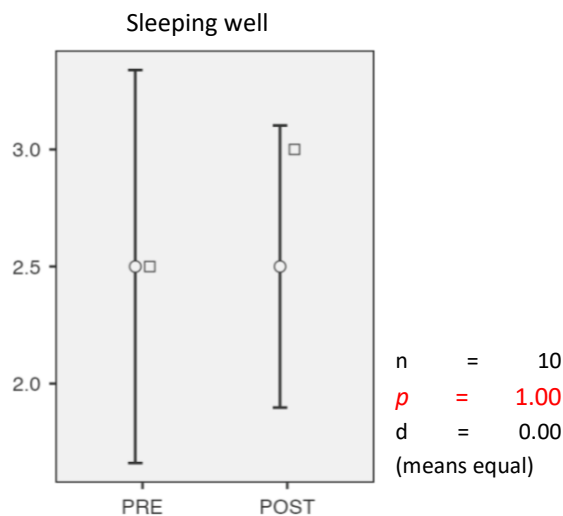
Statement rated according to how much participants agree	1-Not at all n	2-A bit n	3-Kind of n	4-Quite a lot n	5-Totally agree n
Overall, the programme was a really positive experience for me	-	-	-	2	10
I felt physically safe on the programme	-	-	-	1	11
I felt emotionally and psychologically safe on the programme	-	-	-	3	9
This programme felt like a safe place to share my spiritual and cultural beliefs (if I wanted to share)	-	-	1	2	9
My confidence increased over time with my programme group	-	-	-	2	10
I participated more fully in our discussions and activities as the programme went along	-	-	1	1	10
I experienced new places and environments on the programme	-	-	2	1	9
During the programme I learnt skills and strategies to help regulate my emotions and cope when things are tough	-	1	-	5	6
I used the skills and strategies I've learned to help myself calm down and cope when the programme activities were tough, scary or challenging	-	-	1	3	8
I have already used the skills and strategies I learned on the course to help regulate my emotions and cope in my everyday life outside the programme	-	1	-	8	3
I tried something outside my comfort zone on the programme	-	1	1	2	6
I feel proud of myself for something positive I did on the programme	-	-	-	2	8
I really enjoyed the programme and had heaps of fun	-	-	-	2	8
The programme has made a real difference to my levels of stress, numbness, my mood and how hopeful I feel about the future	-	1	-	4	5
I could decide how much to challenge myself on the programme	-	-	-	1	9

The Revive pre- and post-programme participant forms completed by participants asked for them to rate on a 5-point Likert scale (from 1-not at all to 5- totally agree) the following statements, thus yielded pre- and post-programme measures:

- *I know my character strengths e.g., friendly, helpful, kind etc.*
- *I recognise my achievements*
- *I feel confident going into new groups of people*
- *I am comfortable working in a team environment*
- *I am kind to myself and accept my limitations and challenges with self-compassion*
- *Over the past week I feel like I have been eating well*
- *Over the past week I feel like I have been sleeping well*

Increases in mean scores were observed across six of the seven domains, and in the case of ‘character strengths’, ‘achievements’, ‘confidence’, ‘team environment’ and ‘self-compassion’, these were statistically significant, large effects. A non-significant increase was found for mean ‘eating well’ scores, and no change was observed between pre- and post-measures for ‘sleeping well’.





The Revive post-programme participant feedback form also asked the question *Has the Revive programme made a difference to your life?*, giving the options Yes, No and Not sure, and if Yes, asking *what difference has it made?* Ten of the 12 participants answered the question, all indicating that yes, it had made a difference in their lives. Comments describing impact in terms of learning to try and challenge oneself, awareness of one’s surroundings and self-talk, more positive outlook on life, reduced anxiety, more active lifestyle, sense of connection, increased confidence, reconnection with the outdoors, self-discovery, self-trust, and prioritising self-care. Ten of the 12 participants who completed the post-programme form answered the question *Has Revive strengthened the things you have already learned through your counselling experiences at all?*, 9 indicated Yes and 1 *Don’t know*.

Comments were as follows:

“I’ve gotten more practical skills out of Revive than my counselling due to consistency and the approach of the sessions. i.e. self-paced engagement or not versus forced engagement.”

“My breathing”

“Over the past 4 weeks the things I have covered in counselling have been shown in metaphor on the Revive programme.”

“Being more open.”

“Mindfulness.”

“Discussions about managing “difficult” people and situations. More me challenge some of my thoughts and prejudices and made me look at the way I think.”

“Encouraging safe space to practice feeling safe around others.”

Asked about anything that participants thought could be changed to make the Revive programme better for other people in the future, 7 of the 12 participants who completed the post-programme feedback form responded, 4 wanting the number of sessions expanded, one wanting to learn more specific outdoor techniques, one keen on the idea of stay-over programmes, one wanting to be able to repeat the programme at a “higher level” of challenge and to reconnect in the future for encouragement and reminder of how far they have come, one wanted more physical activity and one commenting *“I think the programme is ideal – it gave me knowledge of myself I had blinded myself to.”*

6. Qualitative findings

6.1 Facilitator perspectives

From the outset, and drawing on prior experience with adventure therapy programmes, the facilitators saw 8 participants as an ideal group size from a delivery perspective, if not an economic one, 8 being the break-even point for delivery of the programme with ACC funding alone.

The following aspects were identified by the Revive facilitators as working well in the programme:

- The blend of experienced outdoor instruction and therapeutic skill in programme staffing, enabling space for difficult conversations.
- The tailored approach to each programme, planning every aspect of the programme to account for who the participants were, their goals for the programme and their therapeutic goals through a *“big picture focus”*.
- The strong focus on whakawhanaungatanga – relationship building at the start – prioritising really getting to know each other in the first session, something that paid off hugely through the programme because relationships of trust and understanding were in place.

“That introductions stuff and spending time, whakawhanaungatanga time to grow relationships and create a safe space paid off time and time and time again.”

- The strong focus on joy and laughter, and experiencing this with a group of peers was identified as *“hugely healing”*.



- Sharing of food as an integral part of every session.

“Food. So sharing the food builds relationship and connection and strength, and having that time to share food together was in so many cultures - it's a thing that happens to be together and that is a part of our culture to do, so that's something that was pretty cool.”

- Letters were written for every participant at the end of the programme, and these were very impactful, allowing facilitators to give positive feedback to participants that they could not always do in a group setting.

“I was surprised at how much of an impact they made and how much people talked about those letters, and it gave them something to keep and look back at and take to therapy. But it also gave us a chance to say some things that you can't in a group space, either because it wasn't appropriate or because there wasn't time, so the hours spent doing that, I think, were well worth it.”

- Allowing participants the choice to travel to the activity as a group in a van or to meet them at the activity location. It appeared to the facilitators that those choosing to travel independently often had specific reasons for wanting to do this, and allowing them the choice worked well.
- The continuation of contact with their lead providers throughout the 8-week period for most participants, allowing them to discuss the sessions and things that came up within them with their counsellor / psychologist in a time-sensitive way. The facilitators noted that there appeared to be a noticeable difference in the experience of the programme for participants with and without a strong supportive relationship with their lead provider.

“We'd often hear them come back and say, Oh, I was talking to my therapist about this, or my counsellor about this or whatever. And it's like another layer of processing that gave them more things to talk about. So many of them said things had shifted with their counsellor, because they had these examples to give - that was really cool.”

- Offer single gender programmes, and presenting the programme in terms of the photos in the advertising material for each term, showing people of the gender the programme is targeting next. They are trying a mixed-gender group in term 1 and are interested to see how this works.

For the first three Revive programmes, nothing has really not worked as hoped, but the facilitators expect to refine how the themes are interwoven and delivered over time. They do expect lead providers to get better at targeting the right people towards the programme.

Demand for places on Revive has grown over time, and the number of programmes has been extended to two for term 2, 2024. While there is much stronger demand for women's programmes than men's, the range of therapeutic options for men outside counselling are much more limited than those targeted at women, and as such, the facilitators saw the programme as very much addressing a gap.

Looking back over the programmes already delivered and reflecting on where they now see the promise of Revive lying as an adjunct to counselling, feedback from the facilitators very much aligned with the hopes they had around the programme in its design:

- providing a safe space for people to practice the strategies they had learned in therapy;
- conquering basic goals like getting out of the home and starting to think about returning to work;
- exercising self-compassion and really feeling safe around other people;
- reconnecting to glimmers – moments of wonder and joy;

“Learning or relearning or reconnecting to things that bring joy in your life, the glimmers - the positive things. Many people are too scared to do that by themselves, even if they surfed for 15 years, coming out with us might start that again. Or that thinking ‘Can I buy a kayak? Or have I got good walking shoes?’”

- experiencing the natural benefits of being outside and the catalyst for change that this can offer;
- receiving and offering peer support to others who have walked a similar journey, and journeying alongside them; and
- hearing positive affirmations from peers – people not paid to give positive feedback.

“So a huge social piece, the peer feedback, peer support, peer input in terms of advice and ideas and stuff. It just the whole kind of thing of like, ‘Oh, these people think I’m great’ and, and a kind of concept of ‘no one’s paying them to say these nice things to me’. I think that’s one of the differences when a therapist is there saying something - even if it’s not, it’s always there that they’re being paid to say this to me, whereas no one else in the group has been paid to say these things. So yeah, the effectiveness of just journeying alongside of the people, feeling that connection with them, getting their input into your life, and particularly their positive affirmations just mean so much to the people.”

The facilitators expressed significant feelings of privilege in sharing the experience of Revive with the participants and observing their huge courage and resilience in the experience.

6.2 Participant perspectives

Who was interviewed and how?

Nine participants (3 per cohort) were interviewed (with full informed consent having been obtained) in the 2-3 weeks following the conclusion of their programme. All interviews were conducted kānohi ki te kānohi – face-to-face, 7 by the lead evaluator and two by the Māori interviewer. Whereas the Māori participant in the first cohort was given the choice of a Māori or non-Māori interviewer, those identified as Māori on enrolment on subsequent programmes were automatically contacted for interview by the Māori researcher. Interviews took place in most cases in cafes affording privacy of conversation, with one interview undertaken in a private room at the Adventure Specialties premises

and another in a quiet area of a public library. The interview participant group comprised 5 New Zealand European participants and 4 Māori / New Zealand European/Māori² participants. Age and gender is described in the following table.

Age	Male	Female	Total
20-29 years	1	1	2
30-39 years		2	2
40-49 years	1	2	3
50-59 years	1	1	2
Total	3	6	9

Of the participants interviewed, 5 were living alone at the time of interview, one lived with a spouse and the couple's children, one lived alone but had shared care of children and one lived with their child/ren and their parent. The living situation of one participant was not disclosed in the interview.

How did they find out about Revive and why did it appeal?

The majority of the participants interviewed had a relatively longstanding relationship with their lead provider, the median length of this relationship reported as around 2 and a half years. Most saw their lead provider on a weekly basis, and the majority of those interviewed had learned about Revive from their lead provider who had read or heard about the programme and recognised the programme as a good fit for their therapeutic goals, and their interests especially around being in the outdoors and getting or being active.

“(The adventure side of it) -I suppose that was, that did catch my initial spark just kind of imagining that it was a bit more of a kinetic approach I suppose to the therapy side ... but yeah especially practising and trying to maybe just practise self-care at least in that kind of stage... I was considering how different it might have been to like how I've been to groups and its mostly conversation yeah, so it was - it sparked my curiosity as to how different it may feel, although I suppose I was a little anxious at the first one but you need to kind of get down the track and see how those feelings change.”

“Just like wanting to be a bit more active. ... It was the adventure side of it versus the therapy side of it that was appealing.”

“It was the doing stuff. You were doing stuff outside. Because I'm an outdoors person, it was doing stuff outdoors and just some of the activities that they advertised. Yeah. It's sort of got to me - I thought 'I've never done that'.”

One of the participants had seen a flyer for a different Adventure Specialties course over a year ago and enquired about it and found out the cost of the programme, but it was being delivered on a day that she worked so she could not attend, even though she was keen to do so. When she left that job, she remembered about the course and asked Work and Income if they funded it, and they told her

² One participant identified on referral as New Zealand European but defined their ethnicity to the researcher as “half-caste” / New Zealand European and Māori.

about the ACC-funded course. Another found out about the Adventure Specialties Revive course from a family member who heard about it in their profession capacity and told them about it because it sounded like it could be useful: the participant followed this up with her counsellor and got her to put through a referral.

Goals for Revive

Goals for the programme for each participant interviewed were as follows:

- (Female 1 – F1) Getting into a routine, building self-esteem, self-confidence and a sense of belonging.
- (F2) Overcoming numbness, confronting her own needs.
- (F3) Practising some of the techniques learned in counselling and getting out of her comfort zone but in a safe environment, and potentially building connections with other women on same journey.
- (F4) Being okay being around people and talking about family, learning to trust others, trying all the activities and giving them a good go.
- (F5) Getting out of the house and doing more – having a reason to go out.

“It looked really good for me because I had been saying to (lead provider) I wanted to get out and do more. Being out of the house ... I struggled with that for a long time – that was the biggest thing for me. And just feeling like I didn’t have enough money to go and pay for opportunities to get out of the house. I didn’t want to leave the house.”

- (F6) Getting out of the house, being more active, and testing what her body was capable of. F6, who had recently undergone significant change in body shape/size was initially a bit sceptical about Revive but was interested in the physical/active side of it rather than the therapeutic aspect.

“I think for me, like a big kind of factor in it was like, what’s this new body? What can it do? That kind of thing. Because like I hadn’t been doing anything or engaging in anything. So it was kind of like this was a real kind of test for me of like, what am I capable of? Where at my heaviest, I was reliant on a walking stick and had mobility parking and that kind of thing. So the thought of like climbing rocks and paddling and doing all of those kind of things was just, like ‘what are you smoking?’” – female participant

- (Male 1 -M1) Making connections with others with shared experiences.

“I was very interested in just being able to just meet another group of guys where we were dealing with similar issues and just looking to make those connections.” – male participant

- (M2) Doing something healing that was more than just talk therapy, and especially doing something positive within a group setting.

“To achieve their activities but also do things in group setting type. Does that make sense? Because especially with guys, because of all my abuse and everything, everything has just gone internal. And like, things started flaring up when I was playing (sport). It just shut me off even quicker.”

- (M3) Getting out of the house, as he had become very reclusive and fearful of social situations. He was wanting to be able to be with a group of other men in a situation that felt safe.



Getting out of the house more and becoming less isolated, feeling safe in group settings, being active and having a chance to practice some of the things they had been learning through therapy were common themes. Most participants felt that their lead providers shared the same goals around their participation in the programme.

Overall experience of the programme

All participants who were interviewed about their experiences had thoroughly enjoyed the Revive programme and gave overwhelmingly positive feedback about the experience, the responses of each summarised as follows:

(F1) *“Knowing I was getting out and doing what I wanted to do.”* This participant enjoyed the great kai (food) they had each day on the programme. She loved the way they found out about what they would be doing just the day before – this built a real sense of enthusiasm in her for the programme.

(F2) *“I feel emotional thinking about it – it is hard to put into words how I am feeling.”* F2 had received other support in her therapeutic journey via health insurance-resourced treatments in the past, but with the insurer, she would often ask them to resource things that she felt would be beneficial, like yoga, meditation and activities in the outdoors, but they would always just tell her those things wouldn't help and try and book her into things in the gym – she felt they weren't listening to her. *“With this course it was like ya ya, this is what I should have had with insurance. With (the facilitators), they reminded me of what I needed. I was seen, heard, acknowledged. I feel hugely grateful.”* The experience was so different to what she had received through her health insurance – *“They kept saying it was all in my head.”*

(F3) *“Amazing – it was incredible. I learned so much about myself, I grew so much, I discovered a couple of new passions I didn't know I have.”*

F3 had especially enjoyed the rock-climbing activity and since this is something her partner enjoys, they had decided to do this together at a local climbing venue when they get the chance. She was excited to discover an activity the two of them could enjoy together when childcare allows.

(F4) Right at the start, this participant felt able to open up to one of the programme facilitators to disclose why she was on the course, and this meant the facilitator was able to manage triggers for her. With consent, the facilitator also briefed the other facilitator, resulting in P4 feeling “*very safe*” in the group. Over time, the Revive participants and the facilitators began to collectively feel like a very supportive group to her. She liked how participants had the choice of travelling to each activity independently or in the van. For her, the drive to the programme gave her time to prepare, and then to also decompress and process what had come up through the day.

(F5) liked the adventures presented through Revive - *“I really enjoyed the ocean. I figured out that I am more of an ocean type of person than a walking up hills person. Yeah. Like, I found that I wasn’t really scared of deep sea. Yeah. So when we went kayaking, I actually found that I really enjoyed it. Yeah, that was my favourite activity.”* She also appreciated the chance to try activities that she ordinarily couldn’t try because of the cost of these activities.

(F6) thoroughly enjoyed the Revive programme.

“Overall, the programme was amazing. Yeah, I’d highly recommend it.”

She really liked how it was self-paced and self-driven and that she could choose to engage with each activity as much or as little as she liked, *“it was a really safe environment to be vulnerable in and they were really supportive and understanding...”* She particularly liked that there were elements to every activity that she had the potential to connect with, for example, on one activity there was a quote that had really resonated with her. She felt proud of herself for completing the rock-climbing activity which had also helped her to trust her body more.

She did find the mindfulness and meditation aspects difficult to engage with at times since they sometimes felt uncomfortable but found that she had space to focus on something else during those moments if she wanted to. She did say that she ended up engaging with the mindfulness more by the end of the programme.

(M1) liked having the choice of travelling to the activity with the group or independently. He liked the activities, and the morning check-ins were a highlight for him, and being in a group setting with others he felt safe with meant could open up to and *“let his walls down”*. He expressed a huge appreciation for the facilitators and spoke of them with high regard, *“I’m grateful for the fact they just let us kind of find our own paces, find our own groove, especially in the start. But yeah even just their continuous support throughout the programme, they were there to help instruct and get us through some activities and stuff like that and get us talking with each other, they’re still very mindful enough as well to give us that space as well to let us talk amongst ourselves as well as to them as well if we wanted to. Letting us also feel in control – yeah, which was much appreciated.”*

(M2) liked the way the facilitators tailored the programme to meet individual needs.



“They took you at your level. Do you know what I mean? They didn't push you. There were a few things I couldn't do. They knew I attempted it, but they didn't push you. If you went in sad they understood. You know, if you wanted to talk to them you could. It was just like a lot of encouragement.”

(M3) also enjoyed the range of activities, all of which made him *“feel pumped”*. He also really enjoyed seeing the joy the different activities and experiences brought for others.

Many of the participants interviewed talked about the highlights of the programme:

“We did the sea swim. So it was boogie boarding in the sea. Well, I'm petrified of waves. I want to go in, I didn't want to go in, I didn't want to go in past my knees. And there I was, riding the waves on the boogie board all of a sudden, because they were patient and others were coming with me and supporting me and stuff. So we all kind of pushed each other through something that we're insecure about, but the other ones on the rock climbing, I'd said that I only wanted one of the leaders to spot me because I'm heavy. Yeah. One of the girls overheard me and she came up to me and she goes, I heard what you've said, I'm more than confident to spot if you would let me, and that's what first started making me be able to trust others in the group was her. Otherwise, I was all about the leaders only.”

“(We) had lunch. That was also a highlight because I just was not eating at all. I really enjoyed it. But the food I think was really good as well, because it was healthy. It felt good, outside in the sunshine. I definitely had to deal with a bit of anxiety because of (health condition). But it just felt nice and calm. And we had food that was going into me that I didn't have to prepare.”

Just over the last couple of months, I just haven't had the energy to prepare food And so having just something there ready to go was really nice."

"Definitely connection to self. The connection to nature I definitely really enjoyed too ... While I was familiar with most of the spaces we went to, I've kind of gotten to know the city quite well but I was still learning new things. So yeah rock climbing up in the Port Hills and I really enjoyed mountain biking so it was nice when we went to (location) even though I'm quite regular at that even if just by myself, it was really nice to go with the group."

For one of the female participants, surfing had been the highlight because she had never done that before, but she also mentioned sea kayaking and the clear, the calm water they encountered, and going into a cave in on that trip and screaming – a real break-through for her, and something she had never done in front of others. She also loved the check-ins, loved the different locations and how they connected to a theme – the beach and the theme of the seasons, orienteering and the compass and feelings check-ins. This participant chose to drive to the activities, in order to have time to meditate afterwards. She also made sure she saw her counsellor the next day after each course day and found this useful to follow on what had come up during the course, specifically working on these things with the counsellor, and then also thinking about these things during the rest of the week.



Another mentioned how she really like how all the selected activities were very achievable and doable, and how people felt comfortable to rest and say no to specific activities if they needed to and how there was space for people to either push themselves or to just watch.

Programme format

While feedback about Revive was extremely positive, a small number of those interviewed would have liked the programme to run for longer, most commonly in terms of one or two extra sessions (especially where a programme has been heavily impacted by absences due to illness), and less commonly, longer days. Extending the course day was seen by one participant as making the day not so pressured, with a lot to get through with travel, check ins, morning tea, the activity, lunch, etc.. They felt more could be achieved if the course ran for an hour or two longer each day, although most were happy with the amount of time spent in the programme each day. Participants identified the programme as well-planned, one describing the sessions as *“smooth and seamless, flowing well”*.

“The length of the programme [session] is meaningful, because it's like a good 6, 7, 8 hours - plenty of time to find that they can make a decent plan around but not be concrete to, which they never were, which is nice too. The length of the session was well timed, enough time to have check-ins and do the adventure activity for that day, no rush, felt supported, well fed, have convos and as time went through on the programme it was easier to have convos.”

Those participants expressing a desire for the programme to run for one or two weeks longer per term favoured this so they could experience more adventures, and two because they felt that more progress could be made once relationships between participants and facilitators were firmly established.

“It's kind of like, we were just getting into the swing of things and it's done.”

“Given the nature and the backgrounds of the participants, by the time you actually start warming up to the other participants it's like only a week to go.”

One female participant said she found the last day of the course hard, knowing the course was finishing, and that it took her a week to come to terms with it ending.

Participants enjoyed the locations that they went to for the different activities, with some appreciating hearing about the cultural narrative or history of the different places. Some of the participants had returned to places they discovered through the course, while some others intended to do so. They also appreciated the range of activities. Being close to the city, some activities were held in places familiar to the participants, and while some enjoyed getting to visit new places, this familiarity was also regarded positively.

“While I was familiar with most of the spaces we went to, I've kind of gotten to know the city quite well but I was still learning new things. So yeah rock climbing up in the Port Hills and I really enjoyed mountain biking so it was nice when we went to Bottle Lake Forest even though I'm quite regular at that even if just by myself, it was really nice to go with the group.”

Several activities were held near the sea and this seemed to be strongly appreciated.

There was strong appreciation expressed by those interviewed towards the range of activities they experienced on the programme. They also really liked the way each session had a different theme and how this connected strongly with the activity they were engaging in and the place they visited.

Group setting

Particularly for the male participants interviewed, doing something in a group setting was a core component of their goals for participation in Revive. This was also a challenge for several of the female participants who were interviewed, but all were very positive about the group dynamics, and especially around the boundary setting at the start, their complete control over how much / little they engaged in programme activities and the fact that the programme was specifically targeted at ACC Sensitive claimants, and they were with people who really understood their experiences. The targeted nature of the programme meant that participants experienced not being alone in their story – they got to spend time with others who had navigated similar challenges in life. As one participant put it, this meant she did not have to explain why she was there and could focus on being there for herself.

The group dynamics for each of the programme cohorts were regarded very positively by participants, often due to very careful management and boundary setting during the first couple of sessions on the part of the facilitators. The check-ins and circle times during the day were very much appreciated.

“Everyone was very compassionate towards one another.”

“I felt it was very supportive and nurturing of each other cos yeah it can be a little bit of an anxious start and a little bit triggering, so just need to take care of oneself, but certainly by week two you do feel already like loosening up a little bit and even looking forward to it. But they're also very nurturing and like we had one participant, who was not as able bodied as the rest so had to take some breaks and stuff like that for themselves. Facilitators as well as some of the participants were aware of that and really caring and kind and considerate towards that.”

“It was different but good different.”

“It was actually really nice.”

Challenges to the group dynamic for one of the male participants included the potential for other participants to trigger or offend, but with some of the older men, a younger participant interviewed decided to let them know that he valued the wisdom they brought to the group. He shared that the diversity of the group in age and culture meant that they needed to communicate mindfully and be courteous of everyone's position – a place they got to as a group. He really enjoyed the group setting: connecting to others was part of his goals for the programme. He found a role in the group which he described as the 'glue' within the group. He felt well supported by the group. Several participants talked about feeling very motivated by others on their programme and building a stronger trust within the group over time. Each of the cohorts formed a social media chat group to keep in touch and do things together following the programme, with this initiative led by participants themselves. Some participants formed real connections with others in their cohort.

Outcomes

Asked what, if anything they got out of their participation in Revive, all participants interviewed were able to share outcomes, summarised for each as follows:

F1: fun, changes in confidence levels through the high ropes, and increased self-awareness – she realised she wanted to do this kind of work.

F2: fun, and this was itself triggering as she always tries to be the responsible one and its often hard to express joy for her. She found the course tiring because of the thinking involved.

“The whole course was amazing and life-changing but a lot of hard work too.”

F3: got so much fun out of it, a real sense of community with others involved, an opportunity to do things she had never done before in a safe environment. For her, learning about glimmers – moment of wonder - was a highlight and something she continues to use every day. She found the whole course relatable, and it gave her a chance to practice the skills learned in counselling, whereas in real life, there often aren't many opportunities unless she is actually triggered.

F4: She had done some of the activities in the past, but was much more physically strong when she did the course than before, and felt really confident and proud of how well she could complete the different activities. For her, seeing that she is physically capable of doing things and that she can handle talking with people were key outcomes along with an increased sense of self-trust. Whereas she had had to “pop Lorazipam three times before the first sessions”, by the end of it, she didn't need it. In the activity at the end of the course when the participants all gave feedback on each other, they had what she described as “really deep” things to say about her, and for goals that she was striving to achieve. They affirmed to her that she was already achieving and doing these things. This was really validating and prompted her to share her story with the group.

“And then on the last day, they did this thing where you walk around and discuss what are nice things that you've learned about the people in the last eight weeks and they get them a certificate? Yeah. The things that the woman said to some of the others were simple things like your tattoos are beautiful, I love your hair. When they got to me, there were really deep things. They listed off a bunch of things, they wrote them down and I've actually framed it now and put them in a bathroom. ... all the things they listed were those goals that I've been striving for to try and to get my old self back, and they were listing that I am all of those things. They didn't know my goals. They don't know my story. They know nothing about me. They're just like, you're inspiring. You have self-love and awareness and this and that, and it was beautiful hearing all this from a bunch of strangers and then realising that these goals I've been chasing, I've already succeeded them, I just wasn't seeing it in myself - it was really moving. ... all the things that they said in there were just things that I'm just like, ... it was so beautiful. At the end of it, most people were just like, thank you and then they carry on. I asked them if I could speak to the group and I decided to share with them my personal circumstance. So I shared my personal circumstance with them. And they all just turned around and we had, 'but how could you be dealing with all of that, and then listening to us talk about our things?' And plus,

you're still giving us all of that of you and doing all these things ... How did you do that on my own? This is who I used to be. I'm quite capable of all these things. But yeah, so I felt safe sharing that in that setting and knew it wasn't going to blow up. And they all just cried. And yeah, for 20 minutes, strangers literally standing there complimenting you. It's a lot to take on."

She is exploring a career in adventure therapy since taking part in Revive.

F5: She really liked the adventures and got a lot of enjoyment from them (*"I felt like a kid again boogie boarding"*) and found activities that she would like to do again, and surprised herself with how well she could tackle some of the activities. She has found things to go and do with her child, and having had contact with another participant since the course ended, feels like she may have made a friend from the course. Having people around who share what she has been through helped her realise that being around her wider family is not helpful for her therapeutic journey. While she found it really hard to get to the programme each day because of her fatigue, she was proud that she had pushed herself to get to the programme and that she overcame some fears.

F6: Although she hadn't set any specific therapeutic goals, she felt that what she got out of Revive would have surpassed them if she did, *"because I didn't expect much in terms of the therapeutic aspects. But I've got so much out of it."* She felt that the impact of Revive on her overall wellbeing had been, *"really, really positive in that I kind of feel like my foundation is solid, finally."* She also discussed feeling like Revive had helped her *'find her voice'* and she had already been using this new strength to make changes in her personal relationships.

M1 felt like he got a lot out of Revive – *"Definitely made me more aware to the fact of course that I'm worthy and I am capable of doing these things and connecting and talking to people, I'm actually fine, anything I put my mind to I can do."*

In terms of his main goal of making connections, not only did he feel like he connected with other participants during the programme, they all wanted to keep in touch afterwards, so he created a chat group where they chat regularly and have made plans to catch up in early 2024. During the term the programme ran for him, he found an energising effect arising from Revive.

"So the day of (Revive) and going home after, yeah, it would feel like a more energised day. So those would be the days where I would particularly either continue to go outside and do something, even if it was just the basketball hoop down the road from mine or just a bike ride. I'd try to add that on to those Tuesdays, so it wasn't every week which was fine. One thing I did minorly set was just trying to spend a little bit more time outside each day. And again, I wasn't gonna be too hard on myself if it didn't happen because sometimes it didn't, but even still it was really encouraging from just being outside, being supportive of connections, being supportive of just continued progress."

M2 really enjoyed the programme. He felt he got a lot of pride in himself from the programme, and a lot more confidence – so much so that his adult kids have noticed this in him. He got to trust a couple

of people in the programme, which is something that had not happened for a long time. He has been able to return to playing team sport since the programme – a big deal for him.

M3: He really enjoyed the programme and was sad when it ended. He has started to identify feelings of happiness since the programme, where before the programme, this was totally absent in his life. Glimmers and calmness were central to this change.

Impacts on stress, numbness, mood and sense of hope during course period

All of the participants interviewed identified positive impacts on their levels of stress, numbness, mood and/or sense of hope during the course period, although they commonly felt stressed before the first sessions and some cases, the first two, unsure of the unknown. The following aspects / components of the programme were identified as contributing to this positive shift:

- Having a routine/sense of direction and something to look forward to
- Being able to express emotions during the programme
- The check-ins – getting in touch with feelings, and hearing the uplifting individual stories and thoughts of others
- Learnings around glimmers
- Being made to feel safe with the facilitators and other members of the group
- Breathing exercises
- Sense of achievement arising from the activities themselves
- Energising effect of the programme, encouraging them to be more active in-between sessions

Safety

All felt very much in control of their participation in the programme, with good communication in place and never a feeling of being pressured. All reported feeling safe physically, culturally, psychologically/emotionally and spiritually.

Several participants talked about the programme feeling safe from a te o Māori perspective. Māori participants interviewed reported feeling that their culture was respected and appreciating the sharing of the cultural narrative of each place. Starting and ending with karakia was also appreciated along with the connection with nature and the earth. Māori participants interviewed commented that the instructors incorporated te reo Māori in a respectful and genuine way.

“I felt very grateful in part to be able to kind of express gratitude in the check-ins each morning for the locations and karakia and sort of thing and I did another karakia. And people were comfortable with it, and they were accepting, which was nice.”

“The connection to nature I definitely really enjoyed too and more spiritual I suppose and that connection to nature I feel that through my whakapapa so yeah, absolutely it was just nice to be able to affirm that.”

During the first Revive course, the course leads had been challenged on the last day by one participant, regarding their use of te reo. The participants from this cohort were impressed by the way facilitators responded to this (and felt that the person seemed quite comforted by their responses), one noting that the programme had allowed her to see things from a different point of view. She had found the karakia before the climbing activity very helpful and felt “affronted” that they would give such feedback, because the karakia had made her feel safe. A Māori participant from the same cohort said she really enjoyed the use of te reo and sharing of te ao Māori perspectives around the respect for the land and its history. For her as Māori, she felt that none of the te reo, the whakatoukī, the karakia felt like tokenism and she found it refreshing to hear Māori practices and her own language. She felt that at some points of the programme, it could have added value to also share rongoa content.

One of the female participants commented that she appreciated that the programme was single gender and with participants of similar age group, and this had helped her feel safe. One of the male participants indicated that he felt reassured in terms of safety of the programme that the facilitation team included someone with a mental health background and someone with a specialised adventure instruction background.

A number of the interviewees talked about how safe they felt emotionally and psychologically because of the way the programme was structured, it’s clear boundaries and participants being very much in the driver’s seat of their experience. For example, one participant described a time where she was feeling very overwhelmed by her emotions but that she was able to communicate that to the group and instructors who were able to provide support and encouragement and followed up with her about it at the next session.

How things were for participants at time of interview

Interviews took place within a few weeks of the programme finishing. While a small number of interviewees expressing sadness (and in two cases an almost-grief) that the programme had finished, all felt that Revive had made a lasting impact on them in a range of ways:

- Increased feelings of hope

“Probably the biggest change is I had this feeling of hope that I didn’t have before.”

- More self-confidence, especially in interactions with others and in trying new things / being active

“(confidence) to take a chance and not worry about being rejected or gaslighted.”

“I trust my body now and I know my body is capable of so much more than I ever gave it credit for.”

- Increased self-awareness

“I have needs and wants and how much damage has been done to me as a person, and how I have internalised that anger and abuse.”

- Leading to breakthroughs / a positive shift in progress in counselling, especially where they were in a bit of a plateau in their therapeutic journey prior to Revive

“This has helped me get to the next level.”

“I felt a change in myself today with the counsellor – it wouldn’t have been triggered if the course had not finished.”

“Absolutely – it’s pushed me to the next stage of where I’m going – the core stuff. I’m grateful for that.”

- Reconnections with nature / the outdoors as a way of supporting mental health

“Being outside has become a need for my spirit.”

- Self-compassion
- New social connections with other participants

Several of the people interviewed about their experience of Revive were very impacted by the feedback they got from others – not just the facilitators but also their peers - other participants on the programme. The example from one of the female participants is presented above. One of the male participants commented as follows:

“I have the little comments about the assessments just like, each week we get an assessment of you know, observations. ... I found them very empowering. (Getting to hear/read reflections from not just the facilitators but also from others in the group) Gives you a way to reflect on it. When the guys were talking, and they said that, I noticed the guys, the other guys were all nodding. It was a good point. So it was backed up by the observation and observation of other observations, which is quite empowering, and it's like, that's entirely not how I see myself. ...it's changed how I was living my day-to-day life. Yeah. Like I walk places. I don't jump in my car and drive - I'll walk a couple of K and get my loaf of bread. I can visit my friends and stuff. Yeah, I've just been getting out and living a life that I haven't lived in a long time.”

This participant had been living a very reclusive lifestyle prior to the programme. His interview had been scheduled at a café he had never been to. When it turned out to be closed on the day of the interview, the interviewer met him outside and suggested another café which was some distance away, and with bad weather looming, they each drove. Parking turned out to be impossible and it took some phone liaison before the two found a café to park and meet at. The participant reflected on how before Revive, he would never have arranged to meet a stranger for an interview, or indeed to do this outside his home, in an unfamiliar place, and he would definitely not have been able to deal with the unexpected changes of circumstance that occurred on the day. During the interview a thunderstorm

rose up, and the participant laughed at how he could see the glimmers in the wild weather outside and the crazy comedy of errors in getting the interview up and running. He could see the experience as a tangible example of how far he had come in his journey.

I couldn't have done this. So I thought about that. That's a big thing in its own right. I would've freaked out about the message. Oh, and got a mind spin."

Other comments about the impact of the programme in general were as follows:

"I really needed this. I guess you'd say its life changing. Its not new, but it is new. ... Its confirmation that I am on the right path. It's awesome that ACC are funding it. Its so much better than the experience I had with health insurance."

- *"It was everything I hoped it would be and more – so perspective-changing."*

A number of the participants who had led very reclusive lifestyles pre-programme had made radical lifestyle changes even during the term or the programme and immediately following the programme, enrolling or joining various groups (eg. craft classes, a men's sexual harm support group, a sports team), and many reported connected more with family and friends, getting out for more walks, bike rides and errands in their neighbourhood, and starting to think about re-engaging in employment. One of the female participant described this change as follows:

"Well 10 weeks ago, I couldn't even do my groceries without having a panic attack and leaving them in the store. I couldn't leave the house. I couldn't often be around friends. So it's making me realise that people can't mind read what it is I don't want to share, coz that was where my fears were at it is that people are going to ask probing questions and people are going to do this and that. And those scenarios are never going to happen and stuff. And I realised with being in that group, the reality is it is a point 00001% chance that that would ever happen."

"It gave me the courage really to make changes in terms of my recovery and what I'm needing and to make sure they're in place for me. Whereas I think prior I would have just kept doing the same thing."

Potential improvements to the programme

As discussed, some of the participants would have liked the programme to run for another week or two, but generally the duration was seen as good as it was. Where they did talk about the gender mix, the single gender cohorts were seen as working well and feeling safe, but several interviewees were keen to take part in a follow-up programme in the future and thought a mixed gender cohort was a good follow-on.

One female participant acknowledged that participants would be coming to the programme with all different levels of understanding, and she herself felt somewhat disconnected from her own Māori culture so she thought that although the cultural elements were incorporated positively, it could be

helpful for the instructors to explain the meaning behind them more explicitly at the beginning of the programme.

One participant said it would have been a lot easier if Revive took place in the weekend from a childcare perspective. Another was keen for Revive to incorporate an overnight adventure.



6.3 Lead provider (counsellor / psychologist etc.) perspectives

With the permission of their clients, eight lead providers with clients who had completed Revive were invited to be interviewed, and four were interviewed with their full consent, one via Zoom and three kānohi ki te kānohi. Two of the lead providers interviewed had more than one client complete a Revive programme. Three of the interviews took place within 2-3 weeks of the programme finishing and one 5-6 weeks later, due to the holiday period.

Three had been accredited ACC sexual harm counsellors for a number of years, and one for just a couple of years, having previously worked as a group programme facilitator in a Corrections setting, often working with victims of sexual harm. All found out about Revive programme via email through

their supplier. One of the Lead Providers saw the programme as a great match to two of their clients, although the course timing did not work for one of them, so only one client undertook the programme. Another commented that promotion of a number of other group programmes had come out since, especially using yoga, but when they first read about Revive, it was quite unique. One saw the email and immediately thought of two of her male clients, both facing similar challenges in doing group-focused activities with men and being in close proximity to others. She saw Revive as a great next step for them. Where lead providers told their clients about the programme and made a referral to it, the programme was seen as a good fit for the clients.

Asked what they thought about Revive when they first heard of it, the lead providers interviewed liked the way the programme combined physical activity with natural outdoor environments. Several liked the outdoors side of the programme – for one, being in-body in a physical way was appealing, and for their client especially, they felt it would reinforce to her how her body could support her, stretching what she might see as possibilities. Another expressed that she firmly believes that physical activity and being out in nature supports mental health, fitting well in Perry’s 6 Rs model (The framework of trauma therapeutic interventions of neuropsychotherapy identifies 6 Rs as Key Elements of Positive Developmental and Educational Settings: relevant, rhythmic, repetitive, relational, rewarding, and respectful (Perry, 2015)). For another, Adventure Specialties was a provider that she trusted, and with the facilitators delivering the programme, she had confidence in the programme and the systems around it.

The information provided about the course was identified as thorough, full and rich, outlining the course well, and the process for connecting clients with the course was easy – they liked how they were provided with all the information needed for ACC to approve participation, and that it took little effort on their part.

All lead providers interviewed decided to refer clients to Revive because they were at a stage where they were ready to push themselves, but within a supportive environment. One commented that they knew their client would be helped by being in both nature and a supportive environment. Another commented as follows:

“I think she was somebody who was feeling like a failure in lots of aspects of her life, except for her physical strength. And I thought it was a really good opportunity for her to flourish in that domain to see that she’s capable because everything else seemed to be falling apart - financially, emotionally, things were feeling out of her control. And things like yoga and EMDR which make you go inward, were just not the right - inward doesn’t feel safe, outward feels safe for (client) so I was delighted that that was a possibility. Yeah.”

The lead providers sought the following for their clients from Revive:

- Being with people and being in a group situation, and getting out of the house – anxiety was a big issue for the client. The LP hoped that being in the outdoors and exercising would offer the client a chance to practice the skills they had learned in therapy around regulation.
- Being open to being supported by the facilitators – the client often steps into a guiding role – *“if I do something for you, you’ll do something for me”* and the lead provider saw it as

important for the client to allow herself to be supported without expecting to have to support others first.

- Self-confidence, trusting others, and realising that there are possibilities in their lives beyond how things were at that time.
- Experiences of success and feeling good, and being part of a group.

“I just wanted her to feel good about herself and some aspects of herself. And it worked in spades for her. I think it really, she just was beaming every time because we meet on a Wednesday. And she did this on a Tuesday and would sort of say today we did ..., first and then she said the other girls are looking at me like a leader. And so things that I hadn't anticipated. I wondered how she would be in a group. I knew physically she'd be good. But I wasn't sure how the interactions with the other woman would go. But they also went well. ... And so it restored her confidence that way, as well. And I think it's planted that seed or reminded her of her capacities that, you know, have taken a real beating.”

Lead providers who were interviewed identified the promise of Revive as an adjunct to counselling as follows:

- Developing in-body trust. With ACC sexual harm claims, a lot of clients were identified as very disembodied – they cannot trust their own bodies, and this is a key focus of Revive.
- At the particular stage when the client has learned the regulation skills and is ready to practice these in a supportive real-world setting – “It fits well in the third stage of trauma work.”
- Therapy through another modality other than talk therapy.

“I think it's great. I think it's like the argument we had for yoga few years ago, is that for lots of people, talking therapies aren't the only way. And physical therapies, of which I think adventure therapy is one, somatic or bioenergetics is another, yoga is another, allows people to - what's the word - recover, using another aspect of themselves - something that feels less hurt. So, yeah, I think it's great.”

- Affirmation of the participants and development of self-awareness, and the receiving of this affirmation from someone other than their counsellor, who they may have had contact with for a long time: a fresh perspective.

“The idea that they write up every night after the thing, the positives, I mean, these ones, they just don't, generally, they certainly never think of themselves with having any positives. I mean, I can do it. But it's not me they need to hear it from, and when they hear it from something like that. particularly that last day when everybody's writing about everybody else. That was pretty special to them to get those feedback sheets.”

Perceived immediate and short-term impacts of Revive

In terms of immediate outcomes, a number of the lead providers interviewed had seen shifts in self-awareness, in mood, in energy levels and in not feeling alone in their experiences.

One of the lead providers had seen her client be able to listen to her body in a way she has not done before, and make different choices as a result, and seen her demonstrate a real sense of purpose, attending every single session. They hoped this would assist the client to recognise the value of weekly structure. For another lead provider interviewed, raising the client's endorphin levels was a significant outcome, and connecting with others on a similar journey was identified as powerful for the client, as it was for the lead provider who had two male clients take part in Revive.

"I'd say for both of them, it was surprise that they could fit somewhere. Surprise that, so they both knew that, yeah, there's all these people, we hear about all these people that have been abused and assaulted and sexually harmed. But to actually be in a group, where everybody knew what everybody had been through, like, Wow. You know, it's not just an out-there thing. It's here. And I'm part of them. And actually, it's something we've all got in common. So I think it was sort of like a leveling thing. Because they didn't feel out of it. They didn't feel like there was anything that was different about them, because they knew actually it's the same for everybody. And I think it was a leveller."

One of the lead providers identified a marked shift in the happiness experienced by the client who took part in Revive, a re-energising physically and a shift in how she perceives herself.

"Confidence, Happiness. I wanted to say improve mood, but I think Happiness, which is like, I don't know before that when she last smiled. This was like immediately apparent, seeing herself through the eyes of strangers in a positive light, increased self-belief, a bit more motivation. And I think it's, she's continued on a path of physical, I mean, she's always been a physical person, but it's I think re-energized her to keep exercising."

Revive was seen by all lead providers interviewed as adding to their clients' therapeutic journey through:

- Confidence – especially around giving new things a go and experiencing success, self-belief and courage

"I think in terms of confidence, like, I don't know that I would say there was a conscious growth in self-knowledge, self-awareness. But I'd say there's a greater confidence in who they are and what they're able to do, and it's because of what they've just done. ... I know it's a short time after, but it's possibly a case of success breeds success. They felt successful. They will give other things a go because of that."

- Capacity to make choices
- Being in nature, and being in touch with the therapeutic benefits of nature
- Engaging with other people and seeing others struggling and making choices. The programme was seen to bring comprehension to what clients have experienced.
- Doing things in situ – in therapy strategies can be practiced one to one but triggers in a group setting really help.

When asked to think of how their clients were doing now, at the time of the lead provider interview and whether they had noticed any changes in how they were, all lead providers noted the changes as

having largely been sustained. The lead provider with two male clients in cohort 3, interviewed 5-6 weeks after the programme ended had seen the Christmas holiday period knock back some of the progress for one client because the activities he had engaged in post-programme had not been available during Christmas – New Year, but the gains he made returned after that period.

The lead providers commonly identified a particular retention of positive impacts around self-care and understanding of their needs, in mood, in capacity to make choices and be open to new things that might help them in their journey, and in connections and relationships and overall wellbeing. As one example, a client was reported as having been “stuck” for a long time, and the programme had shaken things up and given her more choice. Her goals were identified as met through the course in a really conscious way – the client had held the goal of being open to being cared for strongly in her mind. Revive was identified as having given the client purpose, community, connection, self-belief and an overall sense of wellbeing. She now knows *that “even if she feels anxious, she can still go and do something”*. As another example, a lead provider had seen their client develop stronger trust in herself and trust in her body, which she did not used to connect well to prior to Revive. Her self-regulation was identified as “definitely improved”, especially through the chance to practice skills in situ, her self-care had improved, and a notable improvement had occurred in how she was around new people and new situations, something the client had actively avoided in the past. She had discovered a passion through the programme and was more connected to the community through this and more confident getting out into the community. She was noted as having realised her physical capabilities, and experiencing the endorphins that go with physical activity. Since Revive, her lead provider felt that this client was definitely more able to ask for help and had been more willing to reach out to family for support. She had also made a plan to keep in touch with people she met on the programme. She was now in a place where she was ready to start reducing her medication, something she had not been ready to contemplate before taking part in Revive. The lead provider felt that the client’s goals had been “met beautifully” through Revive.

One of the lead providers talked about how impacts on healthy eating were not sustained by her client.

“One of them said that it made him change his eating afterwards. That's changed again, we've just been talking about that. And I think it's one of those things. He saw the impact of eating regularly - saw the impact of making sure that he was well and up for anything and everything that came on the day. However, you can only take and work on so much at a time, and you've got all the rest of your life. So whereas for him at the moment, the feeding/eating/food thing area has maybe come back, he still can't ignore what he knows happened and how much of a difference it made, and when he hasn't got so many other things that he's contending with, I'm sure that he'll recognise that ‘Oh, it's something else I could be doing’”.

Safety

All lead providers interviewed expressed confidence in the programme’s capacity to keep participants safe physically, psychologically/emotionally, culturally and spiritually. One lead provider was aware that a participant dropped out because of an injury while on the course and thought the programme’s safety would be improved either through smaller group size (4:2 ratio) or longer programme duration,

so that more time could be taken in activities. Others were fine with the format as it was. Speaking of the safety of the programme, one lead provider commented as follows:

“I think that's what I was what was most assured about because (client) was not somebody I was going to send off to any treatment programme, where with all due respect, if people were inexperienced, because (client) can come apart quite spectacularly. And I wouldn't want for her to have that experience and not have it contained safely. But I know (one of the facilitators) from way back somewhere, and I knew that, and all their paperwork, and all the thoroughness, kind of reassured me. And I did talk with (the facilitators) and just said, you know, is that an okay referral? And I felt reassured that, they will be fine. And it was. And it wasn't all plain sailing, and yet, they held her really safely and well. I think my confidence wasn't misplaced.”

Improvements

Along with reducing the participant group size, the same lead provider was keen for a mixed gender group to be available as follow-up to participation in Revive, to consolidate progress made in the course and as a next-step. No other recommendations were made by the lead providers interviewed.

7. Discussion

How did the pilot Revive programmes work in practice?

The Revive programme and its format, structure and duration was developed by members of the Adventure Specialties team bringing with them a mix of sound professional adventure therapy and clinical backgrounds. The programme is scaffolded by well-developed and externally audited safety systems and practices. For the first three cohorts, the programme has been delivered as planned, and in a manner aligning well with its theoretical underpinnings, including the theory of change for the programme. A capacity to flex activities depending on the needs and capabilities of participants and on the weather and conditions is inherent in the design of Revive: it is a group programme tailored to the individuals within each cohort.

While some participants missed sessions, most commonly due to illness, participants who attended all sessions received 32 hours of activity across 8 sessions.

Lead providers consulted in the present evaluation felt well-informed about the programme from the materials given to them via email, brochures for potential participants, and from the Adventure Specialties website, and any additional questions were readily answered by the team. Recruitment has become easier over time as more lead providers are aware of the programme. Demand is especially strong for female-only programmes, but the delivery of a men's programme was very much appreciated, given the lack of options outside talk therapy for male survivors of sexual abuse. There has been good uptake of the mixed-gender programme being delivered in 2024, and several of the participants interviewed saw a mixed gender Revive programme as a useful next step in their therapeutic journey. The pre-programme interview was very much appreciated by participants as a means of helping the programme facilitators truly understand their needs, and coupled with the promotional materials, participants seem well-informed about the programme.

How did participants experience the programme?

Revive participants who took part in the evaluation expressed high levels of satisfaction with and enjoyment of the programme. For the majority, Revive exposed them to new places and new experiences, enjoyed within a group setting in which they felt safe physically, culturally, psychologically/emotionally and spiritually, and in control of their experience and participation.

The programme appears to have been well-planned and this contributed to the positive experiences of its participants. Robust safety systems and practices help set the programme up for success. The programme appears well-grounded in a te ao Māori context, and while delivered by a faith-based provider, appears to acknowledge spirituality and weave this into the essence of the programme in a way that transcends culture and religion, making all participants feel comfortable very quickly. Of particular significance to the success of the pilot Revive programmes, the programme has been led by a facilitation team bringing with them sound skills, not only in adventure-based activities but also from a solid clinical and therapeutic base. The programme facilitators provided a strongly relational focus to the programme, building relationships of trust and clear boundaries from the outset, and in doing

so, made the participants feel safe in a group situation, which was something many had not experienced in a long time. From the very first session, the facilitators appeared to set a positive tone for the programme, reducing barriers to positive change, by effectively engaging with individual participants at their level, supporting them to work together at a level they felt comfortable with, developing skills, strategies and techniques, and providing opportunities for participants to practice these in a real-world setting with the support of others, both via facilitators and peers.

What impacts did Revive have on participants?

Participants in Revive who were interviewed as part of the evaluation were motivated to take part in the programme for a wide range of reasons, shared by their lead providers, but most commonly, Revive was a way of getting out of the house and becoming less isolated, beginning to feel safe in group settings, being active, pushing their limits to some extent and practising skills and strategies learned through therapy. Prior to their participation in Revive, participants commonly were experiencing very low levels of social and community engagement and interaction, with some living a very reclusive lifestyle, often alone and many not engaged in employment: outside of the relationship with their lead provider, their worlds were in a number of cases very small.

Feedback from participants themselves (via both interview and pre- and post-programme questionnaire assessment) indicated that their goals around engaging in the community and being more active, successfully operating within a group setting and putting the learnings of therapy into practice were met to a large extent. Those interviewed identified a range of positive impacts arising from their participation in Revive, including increased self-confidence, growth in self-awareness and a sense of self-discovery, strengthened social connection and social engagement and reduction in avoidance, enhanced capacity for mindfulness, and a sense of pride in their achievements on the course. Feedback via the post-programme questionnaire was strongly positive with regard to impacts on levels of self-confidence, pride, stress, numbness, mood and feelings of hope. The majority of participants completing the questionnaire had learned skills and strategies to help regulate emotions and cope with stress, aligning well with ACC priorities, and reported actually using these in practice both during Revive and outside the programme. Lead providers of Revive participants also saw evidence of a positive shift in confidence, self-awareness, including with regard to one's body, mood, energy levels and feeling less alone in their experiences.

As discussed, several psychometric tools were administered prior to participation and within a few weeks of completion, the first three of which are tools used by ACC to monitor the progress of sensitive claimants:

- Personal Wellbeing Index (PWI 5-A) which measures self-reported quality of life across standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security, as well as overall life satisfaction, the preferred tool recommended by the World Health Organisation (WHO) for measuring subjective wellbeing among adults;
- Post-Traumatic Stress Disorder (PTSD) Checklist (PCL-5) - a widely used measure of the presence and severity of PTSD symptoms in adults;
- WHODAS (World Health Organization Disability Assessment Schedule 2.0) is a disability assessment tool which captures level of functioning across six areas: cognition, mobility, self-care, getting along with people, life activities, and participation in society; and

- Depression, Anxiety and Stress scale (DASS-21) - a scale commonly used to measure the negative emotional states of depression, anxiety and stress in adults.

Rating scales pre-and post-programme were also completed and analysed for statistical significance to measures a number of other outcomes – knowledge of character strengths, recognition of achievements, confidence going into new groups of people, comfort working in a team environment, self-compassion, and extent to which the person was eating and sleeping well.

Small sample sizes and missing data resulted in low statistical power for many of these analyses, meaning that the chances of failing to find evidence of a genuine effect when one was there were high, yet despite the low sample size, statistically significant results ($p < .05$) were observed for half of the constructs measured:

- PWI average score across 7 domains, indicating a statistically significant positive shift in life satisfaction
- The WHODAS 2.0 general disability score shift pre – post programme was strongly significant ($p = 0.003$) while the domains *Getting along with people* ($p = 0.027$) and *Life activities* ($p=0.019$)
- Rating scales developed for Revive to measure shift in awareness of character strengths ($p = 0.003$), sense of achievement ($p = 0.001$), confidence going into new groups of people ($p = 0.014$) and self-compassion ($p=0.001$) all showed strongly statistically significant shifts in ratings, while change in scores for comfort working in a team environment ($p=0.014$) was also statistically significant.

The PCL-5, measuring symptoms of PTSD did not show a statistically significant reduction in symptoms but was impacted by a large amount of missing data: there was a downward shift in mean scores.

The WHODAS 2.0 domains *Self-care* and *Participation in society* did not show a statistically significant shift in score pre-post-programme but the mean and range of scores shifted in a direction of positive impact.

For DASS-21, consistent decreases in mean scores for depression, anxiety and stress were observed, though none were statistically significant, likely due to the tests being too low-powered.

A non-significant increase was found for scores on the Revive assessment ‘eating well’ scores, and no change was observed between pre- and post-measures for ‘sleeping well’. This aligns well with interview findings: such changes were not reported by those interviewed, although the healthy and appealing food provided on the programme had been much-appreciated. Findings from psychometric assessment and from the pre-and post-programme questionnaires completed by participants in Revive aligned well with feedback gathered from participants, lead providers and the facilitators themselves.

8. Conclusion

The Revive programme is an exciting addition to the array of therapeutic interventions on offer for ACC sensitive claimants in Canterbury. The programme has been well-designed and appears to be very well-delivered, ensuring the physical, emotional, psychological, cultural and spiritual safety of participants while creating real change in their lives through participation in this group-based programme. It will be interesting to explore how the programme works with a mixed-gender cohort. The present evaluation would support trialling of a follow-up mixed-gender “level 2” programme in the future.

References

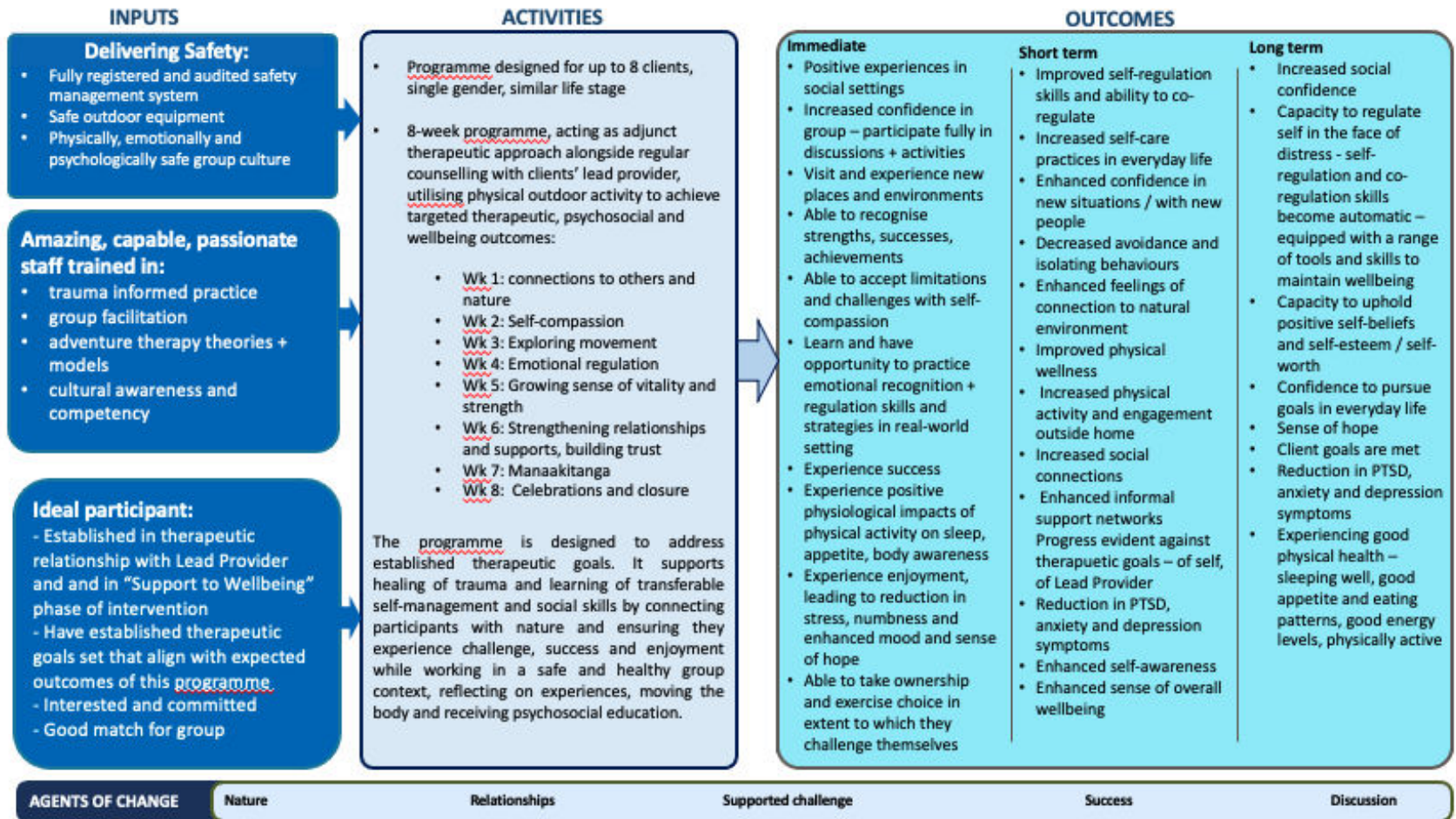
- Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., & Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample. *Psychological assessment*, *10*(2), 176.
- Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation. *Journal of Traumatic Stress*, *28*, 489-498. [doi:10.1002/jts.22059](https://doi.org/10.1002/jts.22059)
- Bowen, D., & Neill, J. (2013). A Meta-Analysis of Adventure Therapy Outcomes and Moderators. *The Open Psychology Journal*, *6*(1), 28-53. <https://doi.org/10.2174/1874350120130802001>
- Carpenter, C., Norton, C. & Pryor, A., eds. (2015) *Adventure Therapy Around the Globe: International Perspectives and Diverse Approaches*. Health and Wellness Society, Common Ground Publishers, Champaign, Illinois.
- Cohen, J. (2013). *Statistical power analysis for the behavioral sciences*. Academic press.
- Gass, M. A., Gillis, H. L., & Russell, K. C. (2012). *Adventure Therapy: Theory, Practice, & Research*. New York: Routledge
- International Wellbeing Group (2013). *Personal Wellbeing Index: 5th Edition*. Melbourne: Australian Centre on Quality of Life, Deakin University (<http://www.deakin.edu.au/research/acqol/instruments/wellbeing-index/index.php>)
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales (Second)*. Psychology Foundation.
- Mahuika, N. (2019). A brief history of whakapapa: Māori approaches to genealogy. *Genealogy*, *3*(2), 32.
- Pere, R.R. & Nicholson, N. (1997) *Te Wheke: A Celebration of Infinite Wisdom*. Ao Ako Learning New Zealand
- Taonui, R. (2015). Story: Tribal Organization. *Encyclopedia of New Zealand*. Accessed, 16.
- Üstün, T. B. (Ed.). (2010). *Measuring health and disability: Manual for WHO disability assessment schedule WHODAS 2.0*. World Health Organization.
- Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). *The PTSD Checklist for DSM-5 (PCL-5)*. Scale available from the National Center for PTSD at www.ptsd.va.gov.
- World Health Organisation (2010) *Measuring health and disability: Manual for WHO Disability Assessment Schedule*, World Health Organization, 2010, Geneva.

Appendix 1

Revive Trauma-Responsive Adventure Therapy Programme

VISION: Supporting victims of sexual violence to be able to achieve their goals and live a full life

Supporting people as they continue individual therapy, providing group setting where participants can learn from each other, hear other perspectives on recovery, and progress towards treatment goals that require rehearsal in a social context



Appendix 2. Evaluation framework: Revive trauma-responsive adventure therapy programme

Inputs to be tracked and reported along with outcome

	Input	Indicator(s)	Measurement tool(s)
Delivering Safety	Fully registered and audited safety management system	Safety management system and procedures will be described in brief in evaluation report	<ul style="list-style-type: none"> • Interview with course facilitator
	Safe outdoor equipment	<ul style="list-style-type: none"> • Audit procedure described in brief 	<ul style="list-style-type: none"> • Interview with course facilitator
	Physically, emotionally and psychologically safe group culture	<ul style="list-style-type: none"> • % of participants totally agreeing / agreeing quite a lot that they felt physically safe on the programme • % of participants totally agreeing / agreeing quite a lot that they felt emotionally and psychologically safe on the programme • % of participants totally agreeing / agreeing quite a lot that is programme felt like a safe place to share their spiritual and cultural beliefs (if they wanted to share) 	<ul style="list-style-type: none"> • Participant post-programme feedback form • Participant post-programme feedback form • Participant post-programme feedback form
	Tutors are trained in cultural awareness and competency	<ul style="list-style-type: none"> • Bicultural and tikanga and kawa Māori PD and organisational practice described in brief 	<ul style="list-style-type: none"> • Interview with course facilitator • Review of Adventure Specialties website / reporting

Indicators – individual outcomes

	Outcome	Indicator(s)	Measurement tool(s)
Immediate	Positive experiences in social settings	<ul style="list-style-type: none"> • % of participants totally agreeing / agreeing quite a lot that overall, the programme was a really positive experience for them • Qualitative feedback 	<ul style="list-style-type: none"> • Participant post-programme feedback form • In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers
	Increased confidence in group – participate fully in discussions + activities	<ul style="list-style-type: none"> • % participants totally agreeing / agreeing quite a lot that their confidence increased over time with their programme group • % participants totally agreeing / agreeing quite a lot that they participated more fully in our discussions and activities as the programme went along immediate post-programme • Pre- and post-programme ratings comparison: <i>I feel confident going into new groups of people and</i> <i>I am comfortable working in a team environment</i> 	<ul style="list-style-type: none"> • Participant pre-programme form and post-programme feedback form • Participant pre- and post-programme feedback form
	Able to recognise strengths, successes, achievements	<ul style="list-style-type: none"> • % participants totally agreeing / agreeing quite a lot that they <i>know their character strengths e.g., friendly, helpful, kind etc.</i> • % participants totally agreeing / agreeing quite a lot that they <i>recognise their achievements</i> • Pre- and post-programme ratings comparison: <i>I know my character strengths e.g., friendly, helpful, kind etc.</i> and <i>I recognise my achievements</i> 	<ul style="list-style-type: none"> • Participant post-programme feedback form • Participant post-programme feedback form • Participant pre- and post-programme evaluation/ feedback forms

	Outcome	Indicator(s)	Measurement tool(s)
	Visit and experience new places and environments	<ul style="list-style-type: none"> • % of participants totally agreeing / agreeing quite a lot that overall, they experienced new places and environments on the programme • Qualitative feedback 	<ul style="list-style-type: none"> • Participant post-programme feedback form • In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers
	Able to accept limitations and challenges with self-compassion	<ul style="list-style-type: none"> • % participants totally agreeing / agreeing quite a lot that they are kind to themselves and accept their limitations and challenges with self-compassion • Pre- and post-programme ratings comparison: <i>I am kind to myself and accept my limitations and challenges with self-compassion</i> 	<ul style="list-style-type: none"> • Participant pre- and post-programme feedback form
	Learn and have opportunity to practice emotional recognition + regulation skills and strategies in real-world setting	<ul style="list-style-type: none"> • % participants totally agreeing / agreeing quite a lot that they used the skills and strategies I've learned to help myself calm down and cope when the programme activities were tough, scary or challenging • % participants totally agreeing / agreeing quite a lot that they have already used the skills and strategies I learned on the course to help regulate my emotions and cope in my everyday life outside the programme 	<ul style="list-style-type: none"> • Participant post-programme feedback form
	Experience success	<ul style="list-style-type: none"> • % participants totally agreeing / agreeing quite a lot that they tried something outside their comfort zone on the programme 	<ul style="list-style-type: none"> • Participant post-programme feedback form

	Outcome	Indicator(s)	Measurement tool(s)
		<ul style="list-style-type: none"> • % participants totally agreeing / agreeing quite a lot that they felt proud of themselves for something positive they did on the programme • Qualitative feedback 	<ul style="list-style-type: none"> • In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers
	Experience positive physiological impacts of physical activity on sleep, appetite, body awareness	<ul style="list-style-type: none"> • % participants totally agreeing / agreeing quite a lot that they are kind to themselves and accept their limitations and challenges with self-compassion • Pre- and post-programme ratings comparison: <i>Over the past week I feel like I have been eating well</i> and <i>Over the past week I feel like I have been sleeping well</i> • Qualitative feedback 	<ul style="list-style-type: none"> • Participant pre- and post-programme feedback form • In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers
	Experience enjoyment, leading to reduction in stress, numbness and enhanced mood and sense of hope	<ul style="list-style-type: none"> • % participants totally agreeing / agreeing quite a lot that they really enjoyed the programme and had heaps of fun • % participants totally agreeing / agreeing quite a lot that the programme has made a real difference to their levels of stress, numbness, mood and how hopeful they feel about the future • Qualitative feedback 	<ul style="list-style-type: none"> • Participant post-programme feedback form

	Outcome	Indicator(s)	Measurement tool(s)
			<ul style="list-style-type: none"> In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers
	Able to take ownership and exercise choice in extent to which they challenge themselves	<ul style="list-style-type: none"> % participants totally agreeing / agreeing quite a lot that they could decide how much to challenge themselves on the programme Qualitative feedback 	<ul style="list-style-type: none"> Participant post-programme feedback form In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix
Short term	<ul style="list-style-type: none"> Improved self-regulation skills and ability to co-regulate 	<ul style="list-style-type: none"> Qualitative feedback 	<ul style="list-style-type: none"> In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers
	<ul style="list-style-type: none"> Increased self-care practices in everyday life 	<ul style="list-style-type: none"> Qualitative feedback Comparison of WHODAS 2.0 scores over time 	<ul style="list-style-type: none"> In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers WHODAS 2.0 self-care pre and one month post-programme
	<ul style="list-style-type: none"> Enhanced confidence in new situations / with new people 	<ul style="list-style-type: none"> Qualitative feedback Comparison of WHODAS 2.0 scores over time 	<ul style="list-style-type: none"> In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers Comparison of WHODAS 2.0 Getting along with people scores over time
	<ul style="list-style-type: none"> Decreased avoidance and isolating behaviours 	<ul style="list-style-type: none"> Qualitative feedback Comparison of WHODAS 2.0 scores over time 	<ul style="list-style-type: none"> In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix Comparison of WHODAS 2.0 participation in society and life activities scores over time
	<ul style="list-style-type: none"> Enhanced feelings of connection to natural environment 	<ul style="list-style-type: none"> Qualitative feedback 	<ul style="list-style-type: none"> In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers

	Outcome	Indicator(s)	Measurement tool(s)
	<ul style="list-style-type: none"> Improved physical wellness 	<ul style="list-style-type: none"> Qualitative feedback 	<ul style="list-style-type: none"> In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers
	<ul style="list-style-type: none"> Increased physical activity and engagement outside home 	<ul style="list-style-type: none"> Qualitative feedback Comparison of WHODAS 2.0 scores over time 	<ul style="list-style-type: none"> In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers WHODAS 2.0 life activities pre and one month post-programme
	<ul style="list-style-type: none"> Increased social connections 	<ul style="list-style-type: none"> Qualitative feedback 	<ul style="list-style-type: none"> In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers
	<ul style="list-style-type: none"> Enhanced informal support networks Progress evident against therapeutic goals – of self, of Lead Provider 	<ul style="list-style-type: none"> Qualitative feedback 	<ul style="list-style-type: none"> In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers
	<ul style="list-style-type: none"> Reduction in PTSD, anxiety and depression symptoms 	<ul style="list-style-type: none"> Qualitative feedback Comparison in DASS 21 scores over time Comparison of PCL-5 scores over time 	<ul style="list-style-type: none"> In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers DASS 21 pre-course and one month post-programme PCL-5 administered pre-programme and one month post-programme
	<ul style="list-style-type: none"> Enhanced self-awareness 	<ul style="list-style-type: none"> Qualitative feedback 	<ul style="list-style-type: none"> In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers
	<ul style="list-style-type: none"> Enhanced sense of overall wellbeing 	<ul style="list-style-type: none"> Qualitative feedback Comparison of PWI scores over time 	<ul style="list-style-type: none"> In-depth interviews – 8-12 participants in total – purposive sample for age/gender mix, interviews with lead providers PWI administered pre-programme and one month post-programme

Appendix 3

REVIVE PRE-PROGRAMME PARTICIPANT EVALUATION FORM

Code _____ Start date of programme ___ / ___ / ___

Please tick the box that shows how much (on a scale from 1 – not at all to 5 – totally agree) you agree with each of the following statements:

	1 Not at all	2 A bit	3 Kind of	4 Quite a lot	5 Totally agree	Don't know
I know my character strengths e.g., friendly, helpful, kind etc.						
I recognise my achievements						
I feel confident going into new groups of people						
I am comfortable working in a team environment						
I am kind to myself and accept my limitations and challenges with self-compassion						
Over the past week I feel like I have been eating well						
Over the past week I feel like I have been sleeping well						

Thanks a lot for completing this. Please pass it back to the person who gave it to you.

Appendix 4

REVIVE POST-PROGRAMME PARTICIPANT FEEDBACK FORM

We are interested to hear about your experience of Revive, whether this was positive or negative. You do not have to complete this feedback form, but its super helpful for us to hear the experiences of as many participants as possible.

Participant ID Code _____

Start Date of Programme _____ / _____ / _____

Please tick the box that shows how much (on a scale from 1 – not at all to 5 – totally agree) you agree with each of the following statements:

	1 Not at all	2 A bit	3 Kind of	4 Quite a lot	5 Totall y agree	Don't know
Overall, the programme was a really positive experience for me						
I felt physically safe on the programme						
I felt emotionally and psychologically safe on the programme						
This programme felt like a safe place to share my spiritual and cultural beliefs (if I wanted to share)						
My confidence increased over time with my programme group						
I participated more fully in our discussions and activities as the programme went along						
I know my character strengths e.g., friendly, helpful, kind etc.						
I recognise my achievements						
I feel confident going into new groups of people						
I am comfortable working in a team environment						
I experienced new places and environments on the programme						
I am kind to myself and accept my limitations and challenges with self-compassion						
During the programme I learnt skills and strategies to help regulate my emotions and cope when things are tough						
I used the skills and strategies I've learned to help myself calm down and cope when the programme activities were tough, scary or challenging						

	1 Not at all	2 A bit	3 Kind of	4 Quite a lot	5 Totally agree	Don't know
I have already used the skills and strategies I learned on the course to help regulate my emotions and cope in my everyday life outside the programme						
I tried something outside my comfort zone on the programme						
I feel proud of myself for something positive I did on the programme						
Over the past week I feel like I have been eating well						
Over the past week I feel like I have been sleeping well						
I really enjoyed the programme and had heaps of fun						
The programme has made a real difference to my levels of stress, numbness, my mood and how hopeful I feel about the future						
I could decide how much to challenge myself on the programme						

Has the Revive programme made a difference to your life? (circle) YES NO NOT SURE
IF YES, what difference has it made?

Has Revive strengthened the things you have already learned through your counselling experiences at all? YES NO DON'T KNOW
If YES, how?

Please tell us anything that you think could be changed to make the Revive programme better for other people in the future – your ideas are really valuable for us.

Thanks so much for your feedback - Please pass it back to the person who gave it to you, folded and in an envelope with your name on it.

Appendix 5

Interview Schedule – Revive Participant

Whanaungatanga

1. Firstly, tell me a wee bit about yourself – age, gender, ethnicity, who you live with, how long you have been working with your ACC lead provider
(If identify as Māori) if you feel comfortable, would you like to share your iwi affiliations with me?
2. Tell me how you found out about Revive?
-what did you think about this?
-what made you decide to give it a go?
3. What specific goals do you think you had around your participation in the programme – what did you hope to get out of it?
4. Do you think (your Lead Provider) had any goals around the programme for you – things they were hoping it would help you with?
5. Tell me about the programme – what did you like about Revive?
Was there anything you did not like about the programme?
 - How was it working in that group setting? Highlights? Challenges?
 - How did you find the activities? Tell me about the highlights for you, Tell me about the low points
6. What did you think of the format of the programme?
 - Duration of the sessions
 - Number of sessions
 - Range of activities
 - Locations – to what extent did it offer you new places and experiences?
 - Areas of focus each week
7. What (if anything) do you think you got out of your participation in Revive?
 - Fun?
 - Any changes in confidence?
 - New friends?
 - Self awareness (strengths, talents, successes, achievements)
 - Acceptance? (of self)
8. Thinking of the therapeutic journey you are on, what (if anything) did Revive add to this?
 - Emotional recognition and regulation skills? Tell me about these – did the programme help you learn these and if so, how? Did you get a chance to practice these during the programme? Outside the programme?
9. It sounds like there are some real challenges people have to conquer during the programme. Did the programme give you any experiences of success? Tell me about this(these) – When you look back at the programme, or even at what you have done since, at do you feel most proud of?
10. How did you cope physically with the programme – did you notice any changes in your appetite or how well you slept the night after each session? Did you learn things about your body through the activities?

11. When you were involved in the programme during each session, did you notice anything different around how you felt compared to when you weren't on the programme? – any impacts on levels of stress, numbness, mood, sense of hope?
12. How much control did you feel around your participation in the programme – did you have a say in how and to what extent you got involved or challenged yourself?
13. How safe did you feel on the programme?
 - Physically
 - Culturally
 - Psychologically or emotionally
 - Spiritually

Did you feel your culture was respected or considered in the programme? In which aspects?

How could the programme have been strengthened or improved to better respect or consider your culture?

Could the physical, cultural, psychological, emotional and spiritual safety of the programme have been improved in any way? Tell me about this – its especially useful to hear how the programme can be improved in the future to be a really safe space for people like you.

14. Thinking about where things are at for you now, since taking part in the programme, have you noticed any changes in how you are?
 - Self-regulation / co-regulation
 - Self care
 - How are you around new people? New Situations? Any changes? Tell me about these
 - Level of involvement in the world around you – family life? Getting out and about in your neighbourhood? Experiences shopping, going to busy places, work? Having people around to your place etc
 - Have you been back to any of the places you went to for adventure activities or are you planning to? Tell me about this.
 - Physical health
 - Physical activity
 - Social connections and supports around you
15. Do you feel you made any progress towards your therapeutic goals for the programme? Did it impact on your symptoms at all? How? and if not, why do you think that might be?
16. Have you talked much to your counsellor about the programme? What do they think about it for you – to what extent do you think the goals your counsellor had for you have been achieved by the programme?
17. Thinking about where things are at for you now in your overall wellbeing, where does Revive fit into everything?
18. Is there anything else you'd like to share about Revive? Any suggestions to improve it in the future for others?

Appendix 6

Interview Schedule – Revive Lead Provider

Whanaungatanga

1. Firstly, tell me a wee bit about yourself – Professional background, how long you have been working as an ACC lead provider
 2. Tell me how you found out about Revive?
 - what did you think about this?
 - how well does the information around this programme meet the needs of LPs potentially referring to the programme? Improvements?
 - what made you decide to refer a client to this programme? How many referrals have you made?
 3. Thinking about (client who is part of the evaluation and has consented for this) what specific goals did you have for your client’s participation in the programme – what did you hope they might get out of it? What do you think they wanted to get out of it?
 4. From what you know about the Revive programme, where do you think its promise lies as an adjunct to counselling?
 5. From everything they have told you and any changes you have noted, what immediate outcomes do you think your client got out of their participation in Revive?
 - Fun?
 - Any changes in confidence?
 - New friends?
 - New experiences?
 - Self awareness (strengths, talents, successes, achievements)
 - Acceptance? (of self)
 6. Thinking of the therapeutic journey they are on, what did Revive add to this?
 - Emotional recognition and regulation skills?
 - Experience of success?
 - Physiological impacts?
 - Psychological impacts?
- How confident do you feel in the programmes capacity to keep participants safe?
- Physically
 - Culturally
 - Psychologically or emotionally
 - Spiritually
- Could this have been improved in any way? Tell me about this – its especially useful to hear how the programme can be improved in the future to be a really safe space for people like you.
7. Thinking about where things are at for your client now, since taking part in the programme, have you noticed any changes in how they are?
 - Self-regulation / co-regulation
 - Self care
 - How are they around new people? New Situations? Any changes? Tell me about these
 - Level of involvement in the world around them – family life? Getting out and about in their neighbourhood? Experiences shopping, going to busy places, work? Having people around to their place etc
 - Physical health
 - Physical activity
 - Social connections and supports around them
 - Appetite for more adjunct therapies?

8. From all you have seen and talked about, do you feel your client made any progress towards their therapeutic goals for the programme? Did it impact on their symptoms at all? How? and if not, why do you think that might be?
9. To what extent do you think the goals you might have held for your client have been achieved by the programme?
10. Thinking about where things are at for your client now in their overall wellbeing, where does Revive fit into everything?
11. Is there anything else you'd like to share about Revive? Any suggestions to improve it in the future for others?

Appendix 7

Interview Schedule – Revive Course Facilitator

1. Firstly, tell me a wee bit about yourself – Professional background, how long you have been working as in adventure therapy
2. Tell me about the safety management systems that sit around the Revive programme
 - Physical safety
 - Cultural safety
 - Psychological or emotional safety
 - Spiritual safety
3. Tell me about the audit procedure you have for your outdoor equipment to ensure safety?
4. It would be good to understand a bit about the bicultural and tikanga and kawa Māori PD you and other members of the team receive.
 - How does Adventure Specialties Trust put this learning into practice?
 - Are there areas where you would like to be able to access further PD around cultural competence to support you in your role with Revive?
5. Looking back on the Revive programmes delivered, to what extent were they delivered as planned? What changes were made? Why?
6. What worked well?
7. What didn't work as well as hoped?
8. Were the right people referred to Revive? Good fit for the programme? Why?
9. Did you change the comms around the programme over time? Tell me about this?
10. How easy was it to get referrals? Level of demand? Demand higher for certain demographic / experiences of others?
11. From what you know about the Revive programme now, having delivered the programme, where do you think its promise lies as an adjunct to counselling?

Appendix 8

Promotional material to potential participants

Visser and Associates are excited to introduce a new group therapy initiative for ACC clients in 'Support to Wellbeing' services.

This group therapy programme runs for a day a week (10am-2pm) over an eight week period within the school term. It will involve a maximum of eight participants (currently each group will be adults of a single gender), and is run by a team of an ACC Registered Social Worker and an Outdoor Instructor from Adventure Specialties Trust. Each session will involve an easy adventure activity (such as walking, kayaking, mountain biking, rock climbing,), a mindful exploration of nature, therapeutic reflection and discussion.

The ideal participant:

Is established in a lead provider relationship, with a Support to Wellbeing Plan in place. Trauma processing and recovery are well established and underway.

Has established goals and is looking for a safe supportive environment to practice and develop these skills (goals could be around social interaction, managing self-regulation in different situations, developing confidence in new places with new people, discovering strengths, reconnecting with body, improving wellbeing)

Is a willing participant who the lead provider agrees is in a stable and suitable place to participate in the programme. The participant is a good match for the group cohort.

Is physically able to walk for twenty minutes at a time, and has the mobility to climb a ladder.

Alongside the delivery of the programme, an independent and experienced researcher will be completing an evaluation of the initial four cohorts. This is supported by ACC and Adventure Specialties Trust, and will be approved by an Ethics committee. Programme participants will be requested opportunity to participate in this project.