

From: [Dr Simon Crisp - Neo Psychology](#)
To: [NCC Submissions](#)
Subject: SUBMISSION
Date: Monday, 26 May 2014 11:30:12 PM
Attachments: [image009.jpg](#)
[image010.png](#)
[image011.jpg](#)
[image012.jpg](#)

Thank you for the opportunity to make a submission to the Australian Human Rights Commission's Examination of Intentional Self-harm and Suicidal Behaviour in Children. I make the following submission under the following points from your "Call for Submissions:"

3. The barriers which prevent children and young people from seeking help.

- The stigma and considerable lack of appeal of treatment options for young people persists as a major barrier to taking steps to learn alternative ways of effective coping and to address underlying reasons to wish to die.
- Since 1992, I have had considerable experience in researching, developing and delivering truly innovative, evidence-based treatment programs that are genuinely engaging in hospital/clinical, community counselling and school setting using adventure-based treatment programs. These programs have been successfully run in metropolitan, rural and remote areas of Victoria and with indigenous and culturally diverse communities. I refer to these programs as *Wilderness Adventure Therapy* programs.
- Adventurous experiences are highly attractive to adolescents and hold significant social status among young people.
- Group-based adventure experiences uniquely offer exposure to new environments that a) provide sanctuary from the usual environments which often contain the stressors or risk-factors for self-harm and suicide, and 2) allow time away from school or other social experiences which are aversive (often due to 1)) therefore being a highly a highly appealing option.
- The normalising effect of peer group-based adventure therapy can be a highly effective conduit to more focussed individual psychotherapy, which would otherwise be too daunting due to fears of being judged, and the shame and guilt many young people who self-harm or are suicidal typically experience.
- Conventional therapy settings and modalities are not tailored to suit adolescents preferences. Individual counselling is often highly confronting and therefore avoided, especially by depressed and anxious self-harming or suicidal young people. Enveloping services in a veneer of slick marketing and gimmicky branding such as the current fad of headspace does, is little effective in masking the same, adult-oriented treatment services and modalities. Young people see these gestures as patronising and become disillusioned if they do trust a different looking service, only to find it is essentially no different to all other adult-centric treatment settings and modalities. Jeans and iPads

don't really cut it dude.

- I believe that children and adolescents should have a right to access effective, evidence-based treatments in a modality and setting that best suits their preferences. I believe that Wilderness Adventure Therapy provides that.

7. The types of programs and practices that effectively target and support children and young people who are engaging in the range of intentional self-harm and suicidal behaviours.

- Wilderness Adventure Therapy has been researched and evaluated across multiple settings and with a broad range of groups. It has been based on extensively researched international best practices (www.churchilltrust.com.au/media/fellows/Crisp_Simon_1996.pdf) and has been found to be as effective in reducing clinical depression (and many other symptoms) as the best know treatments (Cognitive behavioural therapy combined with medication: www.neopsychology.com.au/documents/TreatmentEffectivenessofWAT-SummaryFindings.pdf)
- Wilderness Adventure Therapy involves mastery of physical challenges involving danger, risk and physical hardship and adversity which are highly potent in building self-worth which is what young people who self-harm and are suicidal lack.
- Group-based experiences that involve adventure give extensive opportunity for peer acceptance, inclusion and social connection, resilience factors well known to be protective against suicide and self-harm.
- Most importantly and uniquely, Wilderness Adventure Therapy typically provides experiences in coping with and enduring hardship, adversity and, at times, substantial discomfort. Like no other therapy, Wilderness Adventure Therapy can provide an evocative experiential analogy for the distress and emotional pain that suicidal and self-harming young people commonly experience. Learning to be able to endure such adversity has powerful and obvious parallels with suicidal and self-destructive mental states. In this way, Wilderness Adventure Therapy can quickly and significantly increase a young person's tolerance to life's adversities and emotional distress. In the short-term, building a resilient mental state in this way is highly effective in reducing destructive coping through self-harm and makes resistance to suicidal thoughts significantly easier. Longer-term, young people learn effective ways of coping, especially through taking action by seeking help as well as the development of optimistic thinking and outlook.

In conclusion, Wilderness Adventure Therapy has been developed in clinical, community, educational, rural and remote settings since 1992 and this model has an impressive evidence-base and international reputation. It has an impeccable safety record and is not just a highly effective intervention with a broad range of suicidal and self-harming adolescents, but is uniquely engaging and positively promotes self-worth and normal psychological development. A brief reference list is itemised at the end of this email.

Yours faithfully,

Dr Simon Crisp MAPS MACPA
Clinical Psychologist
Director

Neo logo - lo res, small



Neo Psychology Pty Ltd
378 Burwood Road Hawthorn
Post: PO Box 7 Kew East 3102 AUSTRALIA
Tel: +61 1300 303 160
Email: director@neopsychology.com.au
Web: www.neopsychology.com.au



Member of the Australian Psychological Society – 25 years
Founding Member of the Australian Clinical Psychology Association
Approved Supervisor, Psychology Board of Australia
Honorary Fellow Deakin University, School of Psychology

References

Crisp, S.J.R. (1996). *International Models of Best Practice in Wilderness & Adventure Therapy: Implications for Australia*, 1996 Churchill Fellowship Report, Australian Winston Churchill Memorial Trust, Braddon, Australian Capital Territory:
www.churchilltrust.com.au/media/fellows/Crisp_Simon_1996.pdf

-
Crisp, S.J.R. (2003). *Treatment Effects of a Group Based Coping Skills Intervention for High-risk Day-patient Adolescents With, and Without a History of Suicidal Behaviour.* Unpublished doctoral thesis, La Trobe University, Melbourne.

Crisp, S.J.R. & Aunger, N. (1998). Wilderness Adventure Therapy in adolescent psychiatry:
Case study of a 15 year old girl with social and psychological problems, *The Australian Journal of Outdoor Education*, 2 (3), 17-25.

Crisp, S.J.R. & Hinch, C. (2004). *Treatment Effectiveness of Wilderness Adventure Therapy: A Comprehensive Evaluation*, Neo Psychology Publications, Melbourne.
www.neopsychology.com.au/documents/TreatmentEffectivenessofWAT-SummaryFindings.pdf

Crisp, S.J.R., Noblet, M.L. & Hinch, C. (2003). *Wilderness Adventure Therapy: The Systemic Wilderness Adventure Therapy Research And Development (SWATRAD) project*, The Ian Potter Foundation, Melbourne.

Crisp, S.J.R. & O'Donnell, M. (1998). Wilderness Adventure Therapy in Developmental psychiatry - the Brief Intervention Program, In C.M. Itin, *Exploring the Boundaries of Adventure Therapy: International Perspectives*, Boulder, CO: Association for

Experiential Education.