

**WALK AND TALK:
AN INTERVENTION FOR
BEHAVIORALLY CHALLENGED YOUTHS**

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ABSTRACT

This qualitative research explored the question: Do preadolescent and adolescent youths with behavioral challenges benefit from a multimodal intervention of walking outdoors while engaging in counseling? The objective of the Walk and Talk intervention is to help the youth feel better, explore alternative behavioral choices, and learn new coping strategies and life skills by engaging in a counseling process that includes the benefits of mild aerobic exercise, and that nurtures a connection to the outdoors. The intervention utilizes a strong therapeutic alliance based on the Rogerian technique of unconditional positive regard, which is grounded and guided by the principles of attachment theory. For eight weeks, eight students (aged 9 to 13 years) from a middle school in Alberta, Canada, participated weekly in the Walk and Talk intervention. Students' self-reports indicated that they benefited from the intervention. Research triangulation with involved adults supported findings that indicated the students were making prosocial choices in behavior, and were experiencing more feelings of self-efficacy and well-being. Limitations, new research directions, and subsequent longitudinal research possibilities are discussed.

Western societies have seen an increase in violence and antisocial behavior in schools and communities (Pollack, 1998). Juvenile crime rates have increased four times since the early 1970s (Cook & Laub, 1997). After the shock of the Columbine school massacre in the United States and other violent incidents, communities are demanding interventions to help prevent similar occurrences.

Traditional approaches for various youth behavior challenges have assumed the behavior needs to be controlled and contained by using behavioral and social learning approaches (Moore, Moretti, & Holland, 1998). Many current interventions rely on adaptations of behavior modification strategies to provide structure and control. The tenets of

The author wishes to thank the youths who participated in this research. Their energy, spirit, and resilience is an inspiration. The author also thanks Michele Clark and Maxine Junge, Goddard College, Plainfield, Vermont for their input and insight regarding this research.

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some programs for troubled youth are based on a hierarchy of control, authority, and power. The framework of behavior and behavioral boundaries is directed by coercive control with token economies and earned privileges that are enforced by systems involving revoking social and recreational activities (Moore, Moretti, & Holland, 1998). I question and challenge this type of philosophy. Intrinsic motivation for making positive behavioral choices and taking responsibility and ownership for behavior is unlikely to become the behavioral response when behavior is controlled by others. Research (Deci & Ryan, 1985) suggests intrinsic motivation involves self determination, self awareness of one's needs and setting goals to meet those needs. I believe that many behaviorally challenged youths have experienced interactions with key adults that have been punitive, rejecting, and untrustworthy (Moore, Moretti, & Holland, 1998; Staub, 1996). Therefore, many current interventions based on behavioral strategies and coercive control have limited effectiveness (Moore, Moretti, & Holland, 1998; Staub, 1996).

New treatment methods that adopt a therapeutic approach that is grounded and guided by the principles of attachment theory may engage a therapeutic process with the results of youths' prosocial behavioral choices (Centers for Disease Control, 1991; Ferguson, 1999; Holland, Moretti, Verlaan, & Peterson, 1993; Keat, 1990; Moffitt, 1993; Moore, Moretti, & Holland, 1998). By participating in a casual walk outdoors, there can be the physiological advantage of mild aerobic exercise (Franken, 1994; Hays, 1999; Fox, 1997; Baum & Posluszny, 1999; Kolb & Whishaw, 1996, 1998). I believe, as do others (Anderson, 2000; Glaser, 2000; Tkachuk & Martin, 1999; Real Age Newsletter, 2001a), that human beings have a natural bond with the outdoors and other living organisms. By nurturing this bond with a walk outdoors, positive well-being and health can result (Tkachuk & Martin, 1999; Hays, 1999; Orlick, 1993; Real Age Newsletter, 2001b).

WALK AND TALK INTERVENTION

The Walk and Talk intervention has its fundamental philosophy in Bronfenbrenner's (1979) social ecological theory of behavior which views the child, family, school, work, peers, neighborhood, and community as interconnected systems. Youths' problem behavior can be attributed to dysfunction between any one or more combinations of these systems (Borduin, 1999). By understanding these dynamics, the Walk and Talk intervention attempts to provide a support network that en-

courages youths to reconnect with self and the environment through an attachment process, a counseling process, and a physiological response resulting in feelings of self-efficacy.

The Walk and Talk intervention utilizes three components to engage youths. The counseling component of the Walk and Talk intervention borrows seven principles from the Orinoco program used at the Maples Adolescent Centre near Vancouver, British Columbia (Moore, Moretti, & Holland, 1998, pp. 10–18). These principles are driven by an underlying understanding of attachment theory. These principles are as follows:

1. All behavior has meaning. The meaning of the behavior is revealed by understanding the internal working model of the person generating the behavior.

2. Early and repeated experiences with people who care for us set a foundation for our internal working models of relationship with self and others. Our earliest experiences have a profound effect on how we approach relationships, school, work, and play.

3. Biological legacies such as cognitive, emotional, and physical capabilities are an interactive part of our experience and contribute to our working model of relationships with self and others.

4. Internal working models are constantly changing in the context of relationships and expertise. These models are constantly revised based on experience. Experience can be added to but not subtracted.

5. Interpersonal relationships are a process of continuous reciprocal interplay of each person's internal working model with others. It is not possible to hold oneself apart from this interplay.

6. We understand ourselves in relation to others. A sense of self includes our sense of how others view and respond to us.

7. Enduring change in an individual's behavior occurs only when there is change in the internal working model supported by change in the system one lives in and if there is sufficient time, opportunity, and support to integrate the new experience.

The counseling component of the Walk and Talk intervention is interlaced with new strategies for positive life skills and attempts to incorporate solution-focused brief therapy (Riley, 1999). Through counseling, youths discover solutions by way of simple interventions while experiencing positive regard in Rogerian fashion (Rogers, 1980). Focus is kept on the youths' strengths while collaborating for change (Riley, 1999; Orlick, 1993). Identifying highlights is an important element of each walk. Highlights are used to teach youths to think positively so they can reframe their experiences in a way that enhances well-being (Orlick, 1993). By being able to illuminate the good in things that happen in daily life, youths can find inner strength and resilience when

experiencing negative events or reactions from others (Orlick, 1993). Youths who have an inner source of reworking setbacks in daily life will be more likely to cope with stress effectively.

The ecopsychology component of the Walk and Talk intervention is tied to the psychological processes that bring people closer to the natural world. Some research suggests that humans have a natural bond with other living organisms, and nurturing that connection may provide a health benefit (Roszak, Gomes, & Kanner, 1995; Real Age Newsletter, 2001a). By walking outdoors, the outdoor connection is nurtured, facilitating youths' awareness of their environment.

The physiological component engages the youths in aerobic exercise. Considerable research supports the use of exercise to alleviate many types of mental illness and enhance feelings of well-being (Tkachuk & Martin, 1999). Some research suggests that as little as ten minutes of daily exercise is enough to generate mood-elevating neurochemicals (Real Age Newsletter, 2001b). Recognizing the importance of exercise to well-being is a critical aspect of the Walk and Talk intervention.

The intervention for behaviorally challenged youths combines the benefits of a strong therapeutic alliance based on the Rogerian technique of unconditional positive regard (Rogers, 1980), integrated with mild aerobic exercise that occurs outdoors in a place of natural beauty. The research goal is to discover if this combination has a beneficial effect on selected youths and their problem behaviors.

The impetus for this research is to understand the epidemiology and etiology of the problem behaviors while attempting to implement an effective preventative intervention. One objective is to provide fertile ground for the youths to explore and understand alternative behavioral choices. This phenomenological qualitative research approach assumes that the participants are existential individuals and as such, actions, verbalizations, everyday patterns, and ways of interacting can reveal an understanding of human behavior (Addison, 1992). A basic principle of existentialism suggests that each and every expression, even the most insignificant and superficial behavior reveals and communicates who that individual is (Sartre, 1957). It is hoped that the participants will acquire a stronger self understanding via a therapeutic alliance, aerobic exercise, experiencing a connection to the outdoors, and be able to choose to make a behavior change.

By understanding and utilizing attachment theory (Ainsworth & Bowlby, 1991; Bowlby, 1969; Centers for Disease Control, 1991; Ferguson, 1999; Holland, Moretti, Verlaan, & Peterson, 1993; Keat, 1990; Moffitt, 1993; Moore, Moretti, & Holland, 1998) and Rogerian (1980) methods to guide the counseling with a walk outdoors, it is hoped that

youths' self-esteem will increase as they become connected to another person—myself—and the outdoors.

Why do some young people sabotage themselves with nonproductive behaviors? I believe if an intervention can be introduced and then utilized by youths who have a history of these behaviors, they can be redirected to satisfying, productive lives regardless of their prior personal history. The intervention will help behaviorally troubled youths to feel better and do better by being internally motivated to choose prosocial behavior.

The plasticity, resilience, and remarkable adaptability of youths to their unique selves and situations has been a catalyst for my research. The importance of attachment (as defined by Ainsworth, 2000) and understanding attachment theory (Ainsworth, 2000; Bowlby, 1969) cannot be understated. The Walk and Talk intervention provides a safe place for youths to discover new positive coping strategies that can benefit them throughout life.

METHOD

The middle school principal assigned the student outreach support worker to select appropriate individuals for the Walk and Talk intervention. The assistant superintendent, a licensed psychologist, was selected as a resource and liaison in case crises should arise. A consent form was signed by a school district representative. Further, consent forms were sent to the parents of participants.

The eight intervention respondents chosen were coded by school assessors as behaviorally challenged and in need of special education. I first met with each of the eight youths for a preintervention interview that allows us to become acquainted and for me to familiarize myself with their understanding of their behavioral challenges. Specifically, the youths' problem behaviors as indicated by school representatives, parents and/or guardians were identified as conduct disorder as described in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994). Conduct disorders include violating rules, aggressiveness that threatens or causes physical harm to others, bullying, extortion, lack of respect for self and others, suicide attempts, truancy, initiating frequent fights, and various charges by the police such as breaking and entering (DSM-IV, 1994). The problem behaviors were repetitive, resulting in unsuccessful functioning within the school, community, and often family setting.

By utilizing a collaborative, qualitative approach, I disclosed the intentions of the Walk and Talk intervention. I believe this approach

facilitated development of alliance, empowerment of the participant, and engagement as the expert (Creswell, 1998; Flick, 1998). My role as researcher was that of an active, interested learner (Creswell, 1998; Flick, 1998). This collaborative, qualitative approach bridges the gap between participant and researcher. A collaborative approach has been preferred for youths since it engages and honors them as their own expert (Axline, 1947/1969; Oaklander, 1978); youths are usually not in control of many decisions that affect them.

Interviews were conducted before and after the six-week walk and talk intervention. The first interview included an introduction by myself and by the youths. They were asked to draw a picture of themselves performing any activity of their choice. Sheets of 8" by 11" white paper and ten assorted gel pens were provided. These pens were chosen because of their popularity with children of all ages. Upon completion of the drawings, the youths were asked to make a list of five of their strengths. Next they were asked to list at least five weaknesses. The final activity was to write a short autobiographical incident—about something that had made an impression whether positive or negative. After each activity, discussion was encouraged. A goal of the interview was to start the youths thinking about self, and for me, to learn what they think and feel. At the close of the interview, I prepared them for the week of walking and talking, emphasizing that it would be their opportunity to talk about whatever came to mind and the talks would be confidential—except in extreme situations, for instance, statements about harming themselves or others.

By conducting the first interview in this manner, it was hoped the youths would start to self disclose in some or all of the modalities. Also, it provides baseline insight as to how the youths feel at that time. The self portraits of each youth were examined by a licensed art therapist, Maxine Junge, and myself. Maxine Junge (personal communication, February 18, 2002) provides the caution that what she offered were guesses, hypotheses, and impressions. The autobiographical pieces gave insight into issues considered important by these youths.

The interview was fairly ambitious, but the researcher did not press the youths with the agenda. It was hoped that an alliance would be established wherein trust and respect would be shared. This started the counseling process. It is important to discover what this process is for the youths and report it. It is important to discover the meaning the youths give to events, and resulting actions (Maxwell, 1996). It was the youths' reality that this qualitative approach attempts to understand (Maxwell, 1996). The youths were the focus and their phenomenological experience was explored while psychoeducational interventions were suggested and discussed when appropriate.

It was the counselor's role to help the youths clarify and reframe belief constructs while helping to identify and translate the subconscious into the conscious (Hays, 1999). How youths behave and speak, reflects subconscious thoughts and feelings (Hunter, 1987). It was the counselor's role to help the youths identify the connectedness to place and others, identify and verbalize one or more successful survival skills while introducing new conscious approaches that encourage the cognitive strategy of stop, think, do. Introducing young people to the hope of a future that is rewarding and positive and one they can manage and control is a paramount goal. When appropriate, they will be introduced to various life skills that can improve the quality of their life (Orlick, 1993). By learning about positive thinking, positive self talk, stress management, relaxation skills, imagery, anger physiology, anger management, communication with "I statements," focusing and refocusing, new behavioral choices can be made (Orlick, 1993). Learning one, two, or more key life skills can enhance the youths' life.

I met with each respondent for six consecutive weeks, once a week, for approximately 30–45 minutes per session. Each session entailed a walk on the school grounds. This did not include the pre and post interviews. The eight participants began their first walk and talk between December 12, 2001 and January 28, 2002. This wide range of start times was due to the waiting period for parental consents and then arranging appropriate times with the teachers. Also, at the end of December and early January there was a two-week school break which caused a delay in beginning some first sessions. The total walk and talk time allotted was 45 minutes but because of time needed to dress appropriately, actual walk and talk time was about 30 minutes. At the start of each walk I asked the youths what they wanted to discuss. If there wasn't anything in particular they wanted to say, I asked them for highlights in their lives since I last saw them a week ago. Highlights are positive events, positive experiences, comments, personal accomplishments or anything that has lifted the quality of the moment for that child (Orlick, 1993, 1998). Next, I asked them about their lowlights. Understanding and verbalizing that life is filled with highs and lows begins the journey of self discovery and also allows the youth to discuss alternative strategies for dealing with problems.

Throughout the six week Walk and Talk intervention, I introduced strategies for dealing with stress, identifying what was stressful for the youth, discussing the importance of positive self talk, mental imagery, visualization techniques, and focusing and refocusing techniques (Orlick, 1993, 1998). Most of the youths chosen for this intervention had anger-management challenges. When appropriate, anger management

techniques, combined with the cognitive strategy of stop, think, do was introduced. Understanding anger cycles and the physiology of anger was discussed. One of the life skills introduced was learning the rules of using assertiveness rather than aggressiveness and utilizing I-statements to convey feelings to others. When appropriate these types of life skills were introduced and practiced in mock situations. Positive life skill techniques were woven into the counseling session during most sessions.

The intervention was completed with a post interview. When gathering data from the youths, respondents were informed that the research was intended to help them in the future; therefore, answering honestly is important. Respondents were told there were no right or wrong responses. They were to feel free to talk openly. Similar to the pre intervention interview, youths were asked to draw a picture of themselves in an activity. Next they were asked to write their strengths and weaknesses. At that time, I showed each youth the drawing from their pre intervention interview, and we compared the strengths and weaknesses from before and after the intervention. Together we noted the differences. I asked each youth: What has changed since we started? What did you like about walk and talk? What didn't you like about it? What was helpful? What wasn't helpful? What are your concluding comments and remarks? Do you think it would be good for other youths to participate? I asked them what they thought about the art they produced and about the strengths and weaknesses they identified. I assessed self-esteem via the self portrait they had drawn, comparing pre and post intervention responses. Several methods of communicating with the youths, i.e. art, structured exercise, open-ended questions, and discussion of their experience, made my report of their phenomenological experience more complete.

RESULTS AND DISCUSSION

I chose a phenomenological approach because I wanted to capture the essence of the youths' experience as told by them. Did they feel better and do better? The youths' experience was reported as I observed it. I assessed their experience of the Walk and Talk intervention as told to me by them along with collateral observation and/or information given to me by parents, teachers, and other involved school personnel. The ecopsychology aspect of this intervention can be replicated in any safe outdoor environment.

The only given variables in this research are the common denominators of age, youths from 9 to 13 years old, and the individual, problem-

atic behaviors, although variations in etiology and epidemiology exist. The factors relating to the causes of the behaviors are individual. The systemic distribution of impacting incidents and contributing components to each youth's behavior vary. By offering a multimodal approach it was hoped that the youths' experience would be positive and result in prosocial behavior.

As the qualitative researcher it was my mandate to utilize rigorous data collection procedures (Creswell, 1998). As a researcher it was also my intent to maintain my distance in order to promote objectivity but still engage them as a counselor. To achieve this result requires walking a fine line. To preserve scientific clarity, conscious effort was required. However, a positive interpersonal relationship was necessary for the success of the research intervention and of the qualitative approach. The characteristics and assumptions of the phenomenological qualitative approach to research necessitates that the participant's view be the entire reality of the study (Creswell, 1998). As such, the reality was purely and subjectively portrayed as an experiential component of the study. To analyze the data, multiple approaches and multiple traditions were included. This was done to provide a fuller, holistic view and richer understanding of the process which occurred during time in the field.

Combining the three components of counseling, ecopsychology, and physiological enhancement creates a new intervention for behaviorally challenged youths. The youths who completed the intervention stated that it helped them clarify feelings. Overall, I believe the Walk and Talk intervention benefited each youth who completed the intervention. The following discussion provides specifics about the individual participants.

Youth A

Youth A's participation helped him to become more self aware of his struggles with sister and father. Although strategies were discussed, I do not believe that Youth A assimilated many new life skills. He needed much more individual time and attention to help him cope with the number of problems he faces outside of school. However, his art therapy work showed a definite improvement. The first drawing was very small, not grounded, and "floating" which the art therapist suggested indicated a feeling of smallness, powerlessness, and lack of self-esteem. The final drawing depicted a well-defined boy and girl—Youth A and little sister—in his bedroom with all his prized possessions. Both children were smiling and he looked like a protective big brother. His teacher's comments about Youth A indicated that the Walk and Talk

intervention had benefited Youth A at least for the days of each Walk and Talk. The teacher believed Youth A needed more continuous intensive help. Youth A made positive comments about his experience in intervention: He liked talking about his feelings and learning focusing and refocusing skills. His before-and-after strengths ratio was 12/15 indicating that he believed he had more strengths on the completion day of Walk and Talk than on the starting day. His weaknesses ratio was 9/3 indicating that at the start of Walk and Talk he believed he had many more weaknesses than when he finished.

Youth B

I believe there was a significant improvement with Youth B. Each week he self-disclosed more and more. He was eager to talk about his problems and challenges as time went on. Toward the end of the intervention he was walking with his head held high rather than downcast. He was very pleased to report his new fun relationship with his big brother. His teacher told me throughout the intervention of his improved coping and social skills in the classroom. She gave me detailed accounts of how Youth B avoided confrontations by using newly acquired social skill strategies. In the last discussion with the teacher, on the last day of the intervention, she revealed a violent outburst in his classroom. It was on that day physical abuse charges were reported to social services regarding his mother. Although the teacher could not understand Youth B's incongruent behavior, I knew it all fit.

His before-and-after strengths ratio was 5/8 indicating that he believed he had more strengths on the completion day of Walk and Talk than on the starting day. In addition, three of the strengths mentioned were social skills. His weaknesses ratio was 4/0 indicating that at the start of Walk and Talk he believed he had four weaknesses, and when he finished he had none. Youth B indicated Walk and Talk was a helpful intervention for him.

The art therapist's comments regarding his drawings indicate that he was a boy possibly filled with fear and anger. The drawings denoted a developmental problem, in that they depicted a small and insignificant figure.

Youth C

I think there was a huge improvement with Youth C. He seemed to self-disclose more and more each week. He utilized the life skill techniques we discussed, practiced them throughout the week, and eagerly reported back to me. His self-esteem soared with each new success he experienced. He would retell with enthusiasm his weekly attempts at

new life skills, his successes along with some failures. His teacher echoed my sentiments noticing a remarkable change of attitude in the classroom, his cooperation with peers, and positive choices in behavior. His brother commented on their newly improved relationship.

His before-and-after strengths ratio was 5/5. On completion day of Walk and Talk, three of his five strengths were social skills whereas on starting day none were social skills. His weaknesses ratio was 5/2 indicating that at the start of Walk and Talk, he had many more weaknesses than when he finished. At the start he indicated that two of his five weaknesses were social skills and at completion, one of his two weaknesses was his temper. I viewed these changes as exemplifying a raised level of self-awareness. Youth C very enthusiastically claimed Walk and Talk was a positive event for him.

The art therapist noted that his first drawing depicted a small, faceless, insignificant boy, and his final drawing was very similar. Sadly, after completion of the intervention, charges of parental child abuse were reported to social services.

Youth D

Youth D was reintegrated into the regular classroom toward the end of the Walk and Talk intervention. I think his participation in the intervention was one of many support efforts that helped him improve his overall success and well-being. During Walk and Talk he talked about his daily challenges. He seemed to develop a self awareness over time. His teacher reported positive changes: he had started to react appropriately to accept "no" without bursting into tears. He utilized self-chosen time outs and self talk to help him control his emotions. His teacher indicated that he was more polite and considerate with others. Youth D reported that Walk and Talk had been a great experience for him.

His before-and-after strengths ratio was 7/8. On completion day of Walk and Talk, one of his eight strengths was a social skill. His weaknesses ratio was 5/5. The art therapy assessment for his first drawing suggested an ineffectual, fearful, and avoidant child. His final drawing was grounded, but still revealed a faceless self. Youth D's before-and-after drawings lack depth and involvement.

Youth E

I believe Youth E benefited from his participation in the Walk and Talk intervention, but needed intensive ongoing help. He seemed to have a very low self image that was controlled by external events. His troubled home life, parents' divorce, and taking a daily drug cocktail

for various problems contributed to his need for external support. His teacher agreed. The teacher also said that Youth E had benefited greatly from participating in Walk and Talk. In the classroom he was much calmer and cooperative, thereby experiencing more personal success, something he clearly needed. Youth E said Walk and Talk was good for him because he could get his feelings out.

The art therapist's assessment of his artwork was of a boy with high intelligence, with a good self image. This was contradictory to the boy I knew. Both of his pictures were grounded but showed an avoidant boy who did not know how to handle his impulses.

His before-and-after strengths ratio was 5/8. On completion day of Walk and Talk, seven of his eight strengths were social skills. This was impressive. His weaknesses ratio was 5/1. In his first meeting he identified two social skills weaknesses as being related to being bullied. In our final meeting he admitted that arguing was his weakness. I believe he had acquired more self awareness over the intervention time and learned new coping strategies.

Youth F

It was difficult for me to assess whether Youth F, the only female participant, benefited from the intervention. I often wondered what she was learning and what bothered her. However, I found her participation in the ecopsychology aspect remarkable. She became transformed from a girl who threw rocks at birds to one who tried to gently approach them and stroke them. She became increasingly aware of the surrounding trees, an occasional wandering dog, and the variety of birds. She seemed to enjoy the physical aspects of the intervention. I believe she was extremely athletic and often mentioned this to her. Her teacher queried me after the second Walk and Talk to learn what life skills we were concentrating on. The teacher collaborated with me to help the girl control her impulsivity by reminding her when it was appropriate to focus, refocus, stop, think, do, rub her lucky penny, and apply any other life skill strategies I had mentioned. Also, Youth F's mother phoned me to offer collaboration in helping her daughter use life skills at home. Youth F experienced behavioral improvement during the intervention time as reported by all triangulation sources. Youth F told me that Walk and Talk was great.

The art therapist's assessment of her artwork suggested possible organic problems. I agreed. Her before-and-after strengths ratio was 15/7. Her weaknesses ratio was 5/0. I believe Youth F could use ongoing outside support.

Youth G

Youth G was a total pleasure to have as a participant of Walk and Talk. Although he was mildly developmentally delayed, he was eager to learn new positive life skills. He readily became attached to the outdoor environment, becoming keenly aware of the birds, trees, and sounds. He often made observations that I found remarkable although his kind, gentle spirit was often squelched in his daily struggles with academics and interpersonal relationships, but because of his resilience and willingness to discuss his problems he could find solutions readily. His teachers believed Youth G's success was ongoing after he participated in a behavioral program. Youth G's teachers concurred that the Walk and Talk intervention had probably helped to illuminate his positive choices.

Youth G's art assessment denoted his developmental lag. The drawings before-and-after showed him wearing a sport shirt with the number twelve (his lucky number) and playing volleyball. Neither drawing reflected a grounded individual. His before-and-after strengths ratio was 5/5. In his first meeting he identified two social skills as being strengths. In the last meeting he identified three social skills as such. His weaknesses ratio was 1/3. I believe this indicated a keener self awareness. I believe Youth G benefited enormously from his participation in the Walk and Talk intervention.

Youth H

Youth H identified seven strengths and two weaknesses. He liked to talk about playing and watching hockey. His art was not grounded and very simple. The art therapist noted that his drawing was very protected and defensive indicating possible anger and aggression.

Youth H was removed from the intervention after one meeting. At the time of our first meeting the teacher's aid strongly argued against his being a participant in the Walk and Talk intervention. Youth H had been selected by the student outreach worker and his parents had consented to his participation. The new school guidance counselor contacted me with concerns and recommended that he be pulled from the intervention. Due to these objections, Youth H was withdrawn. My advice to future Walk and Talk interventionists is to enlist the support of all people who are in favor of a youth's participation in the program. Otherwise what happened to Youth H could happen to others.

Overall, the research results were positive. From the teachers' perspective, my perspective, and the youths' comments, the intervention seemed to benefit them on many fronts. Introducing alternative life skill strategies was a key counseling component of the intervention.

All youths found the focusing and refocusing exercise beneficial and many adopted the technique to everyday life. Focusing and refocusing can facilitate learning to experience life fully. By practicing focusing and refocusing exercises youths can learn to closely observe what is seen, listen intently to what is heard, feel fully and connect completely when interacting with others (Orlick, 1993). The focusing and refocusing technique utilized aspects of the intervention's ecopsychological component by weaving a life skill technique into a closer awareness of self and facets of the outdoors that otherwise would go unnoticed. After applying the technique outdoors it was readily transferable to indoor situations.

It is my belief that to varying degrees, the youths benefited from the experience of counseling outdoors enhanced by the physiological "boost" provided by aerobic exercise. Walking allowed for physical release, something very important for these active youths. Feelings, problems, and sometimes solutions to problems materialized. All respondents found talking about such problems to be beneficial. These respondents were chosen because of their difficulty in managing social situations.

Assuming my findings are correct and the intervention can be deemed successful, will the intervention have long-term effects? I can only speculate. Follow-up longitudinal studies are recommended. Suggestions for future research include using control groups with various problem behaviors as well as groups with no problem behaviors, groups with and without the ecopsychological component, groups with and without the walking component. I also advise utilizing quantitative methods to measure success. Possibly my strongest recommendation is to do the Walk and Talk intervention in warm weather.

CONCLUSIONS

A possible limitation of this research could be its subjective nature. Further, my subjectivity presupposes that most people with attachment difficulties respond favorably to Carl Rogers' (1980) therapeutic approach of positive personal regard.

Inclement weather could deter respondents from wholehearted participation. Unfortunately, the session times, once established, were not flexible since they were incorporated into the school day.

This research approached behavioral challenges from an individual vantage point rather than a systemic or societal perspective. Some researchers (e.g., Grossman, 1999) view youths' turmoil and violence

as resulting from the ills of society (i.e., television, movies, and video game violence). The present research does not address these types of cultural concerns of society on a macro level.

In sum, I would like to see the Walk and Talk intervention used in middle schools and high schools, and utilized by mental health practitioners. Once youths have completed the intervention, I recommend periodical refreshers on a monthly basis. **Walk and Talk refreshers will give the youths a time to reconnect with the outdoors, self, and reinstate positive behaviors and life skills.**

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