



## Breaking down the stigma of mental illness through an adventure camp: A collaborative education initiative

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### Abstract

In May 2001, 40 mental health consumers and 80 third year undergraduate nursing students participated in a two-day outdoor adventure camp entitled 'Inside Out: Adventures in Mental Health Nursing'. Based on the success of this program, the following year 200 third year undergraduate students along with 100 mental health consumers attended the camp. Together they explored issues of mental health and illness through experiential and perceived risk challenges. The program involved learning about and participating in action-based approaches to working with people. The following report describes this educational initiative that enabled nursing students to learn from mental health consumers and, at the same time, challenge negative views about mental illness. The evaluation data reveals a breakdown in the stigma of mental illness as consumers and students came to know, trust, and count on each other in order to succeed in the adventure challenges. Other benefits and outcomes for both students and consumers are outlined as well as shortcomings.

### Keywords

*stigma, collaborative education, adventure camp, action-based learning, mental health education, student nurses*

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### Introduction

#### *Mental health nursing education*

Working with consumers of mental health services remains one of the most feared and unpopular areas of nursing practice. This view is generated not only by mainstream media but educators and nurses themselves. Nurses, like other health workers, have been acculturated into the prevailing belief that certain diagnoses are equated with poor outcomes or that certain

types of people are problem patients (Horsfall, 2000; Caldwell & Jorm, 2001). As consumers assert, 'stigma is the health care professionals' collective delusion that they are 100 per cent mentally healthy and consumers are 100 per cent mentally ill and are therefore inferior, other or different' (Melbourne Consumer Consultants' Group, 1997).

As a result, cultivating positive regard for people with a mental illness as well as student interest in mental health as an attractive career remains a

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- Note:** The term 'consumer' is used with respect for contemporary nomenclature. However, the author prefers the term 'person' over consumer to denote a reciprocal, rather than a one sided exchange that occurs in practice.  
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great challenge. Furthermore, due to the demand for mental health clinical placements, along with the increased acuity of persons hospitalised with a mental illness, students become exposed to people while they are severely ill, thus leaving them with little opportunity to witness or interact with consumers during periods of remission or recovery. This only serves to reinforce negative stereotypes.

Numerous studies underscore this ongoing problem of attracting nurses into the mental health workforce. Among the identified reasons are the: negative beliefs held by the community about people with a mental illness (Stevens & Dulhunty, 1992; 1997); fear of people with a mental illness (Davies, 1995; Fisher, 2002); negative experience of students in mental health placements (Clinton, 1999); negative attitudes of clinicians toward students (Perese, 1996; Clinton & Hazelton, 2000); mental health nursing not considered to be 'real nursing' (Rushworth & Happell, 2000); poor mental health nursing role models (Perese, 1996); and active discouragement by academics of students pursuing mental health (Clinton & Hazelton, 2000).

In contrast, studies also indicate that providing a positive encounter with mental health consumers can go a long way to dispel pessimistic views and encourage interest in mental health nursing. Certain conditions have been shown to generate favourable consideration of mental health as an exciting and viable career option. The conditions include clinical placements where students feel welcomed, valued and supported (Perese, 1996; Clare, White, Edwards & van Loon, 2002), with good professional role models (Mullin & Murray, 2002), in a relaxed atmosphere that promotes enjoyment and intrigue (Mullin & Murray, 2002), and which provide an opportunity to see people with a mental illness 'make it' (Perese, 1996).

### ***Background***

An opportunity to redress the negative aspects of student experiences presented itself in the Spring of 2001 at Flinders University School of Nursing and Midwifery. A severe shortage of

mental health placements required faculty to consider alternative ways to examine mental health and illness in clinical settings. It was decided that in addition to the theoretical content taught by lecturers and mental health consumers in the undergraduate curriculum, the required clinical hours could take place in general medical settings. With estimates of nearly 50% of all people having a lifetime mental health problem and 79% of those people having a co-morbid mental disorder (USA survey by Kessler, McGonagle, Zhao et al., 1994), it seemed reasonable that students begin to consider mental health as a mainstream health issue.

A companion workbook to the prescribed course text, 'Interpersonal Nursing for Mental Health' (Horsfall & Stuhlmiller, 2000) was developed. The workbook offers a selection of clinical study sheets aimed to focus the student on clinical investigations of mental health and illness in general settings. Each sheet requires students to engage in a range of activities from basic information retrieval to interviewing nurses and consumers about specific mental health concerns. While this seemed to be an adequate solution, the program still lacked opportunity for students to meet and work with mental health consumers directly.

The same dilemma (i.e. lack of appropriate mental health clinical placements) had been overcome by Arthur and Sharkey (1991) at the University of Newcastle in New South Wales through implementation of a mental health camp. They designed a one week camp program that provided respite to severely ill hospitalised mental health consumers and their carers while creating a structured intensive experience for students. Over a seven week period, 176 students spent one week at the camp focusing on management of difficult behaviour caused by mental disorder. Each week, 12 clients and 30 students attended the camp. Two students were assigned to each consumer and their interactions were to focus on strategies to reduce problem behaviours. Evaluations indicated that it was an enjoyable learning experience both for the students and the consumers, and had a significant impact on changing student perceptions about mental illness for the better.

Many students reported a newfound interest in mental health as a career. Inspired by the camp concept, a similar program was developed for the Flinders University nursing students.

### *Pedagogical principles*

Several key pedagogical principles informed the Flinders University program. Embedded in a collaborative education model were the components of action-based education and outdoor adventure programming that combined to create an environment where the basic tenets of mental health nursing - learning how to helpfully relate to people who experience social, psychological, and physical conditions - could be explored.

Education that involves learning through action-based or experiential techniques turns passive didactic learning into multidimensional experiences that integrate theory with practical activity. Adventure-based programming is specifically designed to confront participants with challenges that provoke stress or anxiety that must be dealt with. Challenges are geared to ensure success with a focus on abilities rather than disabilities. Through action, participants discover that they have some capabilities and some power and control over their lives (Stuhlmiller, 1994). Learning from a positive encounter can thus become as permanently etched on the brain as learning from a negative experience.

The positive effects from outdoor education on emotional wellbeing and interpersonal relations are well documented. A meta-analysis of 43 different programs for troubled youth has shown that they became more internal in their locus of control, received better grades, and had more positive self-concepts after completion of adventure programs (Carson & Gillis, 1994). Another meta-analysis of research on school children found that the positive changes from adventure experiences were more lasting and stable over time than traditional education programs (Hattie, Marsh, Neill & Richards, 1997). Studies of programs specific to mental health have widely shown increases in self-esteem of participants and a positive impact on

self-efficacy (Davis-Berman, Berman & Capone, 1994). As Arthur & Sharkey (1991) demonstrated in their research, the camp environment was most suitable for developing skills in the mental health area.

The collaborative education model was selected to fit the belief that some of the best teachers of mental health nursing are those who have been nursed (Horsfall & Stuhlmiller, 2000). Educational collaboration for this project meant that all participants were teachers, students, experts and learners interchangeably thereby creating status equalisation and a level playing field. Although clear authoritative leadership was required to ensure overall program structure and safety, all participants were given an opportunity to lead and facilitate varying activities.

As research studies indicate, collaborative education endeavours to reverse common social prejudices and is particularly effective in reducing the stigmatisation of people with a mental illness (Stein, Cislo & Ward, 1992; Clinton, 1999). The collaborative education model is also commensurate with the principles outlined in 'Learning Together: Education and Training Partnerships in Mental Health' (Deakin Human Service Australia, 1999), a document generated under the Australian National Mental Health Strategy. The document states that: 1) 'The relationship between consumers, carers, and service providers...should be the primary focus of practice and education in mental health...'; 2) 'Mental health professionals need to learn about and value the lived experience of consumers and carers'; and 3) 'Mental health professionals should recognise and value the healing potential in the relationships between consumers and services providers and carers and service providers'.

## **Method**

### *Participants and setting*

The participants of the 2001 program were 80 third year undergraduate nursing students who responded to an invitation to attend the camp. Because the camp was a pilot project, attendance

was voluntary with no penalties for non-attendance. The consumer cohort comprised 40 participants from day treatment programs. People with both chronic and acute mental health problems that covered a wide range of diagnoses were involved. Staff participants included social workers, nurses, volunteers and students from the day programs. The camp leadership team consisted of the author and two adventure therapists, one a mental health nurse and the other a licensed counsellor. Other nurse academics attended ad hoc throughout the week.

The 2002 program consisted of nearly 200 third year undergraduate nursing students and 100 mental health consumers. This time the program was mandatory for students. The consumers were those who had attended the camp in 2001 plus some additional recruits from inpatient units. At least ten senior members of the State Consumer Advisory Group also participated.

Woodhouse Boy Scout Camp in the Adelaide Hills was selected for its location away from the University and mental health institutions. It was important that the location had reasonable bus access for both students and consumers and overnight accommodations. The camp had access to a high ropes course and 'Challenge Hill', an obstacle course with a range of physical and perceptual challenges.

### ***Program aims and activities***

The program aims were to:

- join student nurses and consumers in action-oriented outdoor fun involving perceived risk activities;
- create a successful experience in approaching and dealing with one's own anxiety;
- explore issues of mental health and illness;
- challenge beliefs and attitudes about self and others; and
- push personal boundaries.

All activities were designed to meet the fitness and ability of participants. Activities were also specifically designed to be rewarding for participants as they shared the success of meeting and accomplishing each challenge. The focus was not on correcting individual deficits but instead on enabling participants to reveal

personal aspects of control, possibility and strength. At the same time, participants were required to reflect on the consequence of choices, alter or modify challenges and examine interactions with others.

The activities required teamwork, problem solving, consensual decision making, trust, leadership, competency building, following orders, negotiation, communication, getting to know each other, and dealing with anxiety created by fear of the unknown. The issues brought to the fore in each exercise were translated into nursing and mental health concepts that were more fully explored in wrap-up sessions. For example, one group took a short cut to accomplish activity goals. A discussion about taking short cuts in nursing practice ensued.

Warm up exercises such as the name ball toss, human machines, and group dance served to break the ice, generate laughter and create the platform for play. The guided blind walk, fall exercise, and story swapping served to foster disclosure and trust. In the 'person-thing' exercise, participants are divided into two groups - persons and things. 'Persons' are to be treated with the utmost respect and are highly valued while 'things' are meaningless, are to be devalued and ignored. After a period of time the roles are swapped thus allowing all to gain first hand experience with stigmatising and being stigmatised. Perceived risk activities included an obstacle course, ropes course, climbing/abseiling tower and the flying fox. Sport and social activities such as cricket and football, along with banner making, a waffle making contest, and sausage sizzle, provided less structured opportunities for interaction. Not to be underestimated was the importance of preparing and sharing food.

## **Results**

### ***Activities***

Some of most powerful learning came from the perceived risk challenges. For example, one middle aged student had not been able to enter a building higher than two stories since a

traumatic experience. With support and guidance, she decided to climb the five story abseil tower. While it took some time with extra safety measures in place, she confronted and tackled her personal fear. It was a tangible accomplishment that became a metaphor for her to examine other issues she had been avoiding. For the group, discussion was generated about overcoming areas of nursing practice that are anxiety provoking, such as working with mental health consumers.

A rope swing placed across a river lead to some important discoveries. Very few students were successful in crossing the river without falling in, while numerous consumers succeeded without difficulty. The surprise and awe among students was palpable, as they had been conditioned to think that consumers could not possibly possess such capabilities. Consumers also lead other obstacle course challenges - instructing, guiding and supporting students through to success. Many lessons about overcoming life obstacles through encouragement and support unfolded.

Students also witnessed experienced mental health nursing in action. One participant froze half way over a tight wire. An audience gathered as the nurse skilfully talked the person through to a victorious conclusion. It was an instructive and impressive moment for all. The 'person-thing' exercise was particularly meaningful to a student who had been a prisoner of war. The exercise triggered a flashback that required supportive intervention. Ultimately the student obtained newfound understanding, skills and mastery over his previous experience.

Several consumers had significant encounters as well. For one consumer, the opportunity to lead a nurse around blind-folded, the same nurse who had previously restrained him in hospital, was particularly momentous. The shoe was now on the other foot and he loved it. At the same time, participants witnessed the extraordinary care and compassion that he offered to the nurse he was leading.

On the spot educational sessions also occurred. Several consumers, who were unable to

participate in certain activities, became deputised as 'Consumer Professors'. They held mini workshops under the trees, professing to students what they believed good nursing care to be about. An impromptu game called 'guess the diagnosis', generated by the State Consumer Advisory Group member, provided humour and insight into varying types of illness experiences. Eight consumers asked students to guess their diagnosis through a series of questioning. Students discovered that many of the problems shared by consumers were rather common and ordinary and they too could relate to them. Quickly dispelled was the notion that mental illness is something mysterious, and that diagnostic labels are fixed and explain individual experiences.

### *Evaluations*

Students were given the 'Perspectives on Mental Illness Scale' (Bell, Horsfall & Goodin, 1996) to tap their perceptions of mental illness before and after the program. Each camp team kept a journal of expectations, outcomes, and discoveries before and after each activity. Clinical confidence in working with mental health consumers was assessed by asking the students to rate their confidence before and after the camp, and to answer questions about subsequent career choices. The students' clinical worksheets and written essays pertaining to their exploration of mental health in general settings were also assessed.

A video of camp activities and testimonial reports was created and condensed into a 15-minute promotional training film. Pictures from the Inside Out Adventure Camps can be found at:

[www.users.on.net/dominic/gallery/camp2001/index.htm](http://www.users.on.net/dominic/gallery/camp2001/index.htm)  
[www.users.on.net/dominic/gallery/camp2002/index.htm](http://www.users.on.net/dominic/gallery/camp2002/index.htm)

Some of the quantitative data remains to be analysed against data yet to be collected from a comparison control group. Generally, however, it would appear from the Perspectives on Mental Illness Scale that student attitudes shifted in a positive direction. It can also be reported that at the conclusion of the course a 30% increase in student confidence in working with mental

health consumers was achieved. This figure is based on an averaging of all scores on a 1 to 8 scale (1 no confidence, 8 very confident). An examination of individual scores illustrates that students who did not like the camp changed little in their confidence, while those who did made the most dramatic shifts and additionally indicated interest in pursuing a mental health career.

The qualitative data (camp activity journals, video taped camp discussions between consumers and students, anonymous camp evaluations, student assignments and open ended course evaluation questions) were analysed for themes and statements that summarised experiences and discoveries.

Overall the data reveals the following key findings:

- a breakdown in the stigma of mental illness as consumers and students came to know, trust, and count on each other in order to succeed in the adventure challenges;
- increased self-esteem, self-efficacy, and overall sense of wellbeing as consumers and students confronted and worked through personal and professional mental health concerns;
- a shift in student beliefs and attitudes toward people with mental health problems as evidenced by subsequent student clinical work and the resultant 200% increase in the number of students selecting to enter mental health nursing; and
- increased confidence and competency of consumers as active participants and teachers of nurses as evidenced by subsequent personal and work choices.

Several statements by the students and consumers capture the common responses.

Comments from student nurses included:

- *I discovered that underneath all mental illness, we are all human...strip away the illnesses, find a common theme, anything that you may share as interest with a client, then communication will be easy.*
- *My views about mental illness definitely changed, I was surprised at just how 'normal' the consumers were. This experience definitely broke down the stereotypes of mental health and the negative feelings I had about mental health. I learned something about myself too.*

- *I can't believe the trust that people developed in a one hour activity, the openness of consumers, and what people can achieve with support, and how much encouragement helps.*
- *Because of these past two days many of us are now considering mental health nursing.*
- *All nursing is mental health nursing (i.e., trust and teamwork).*
- *Consumers are people and we find any labelling offensive.*
- *During the camp I was approached by another student who didn't recognise me as a student and thought I had a mental illness. She got me a cup of tea and talked to me as if I was a child in a very patronising way, which annoyed me. I realised that it would probably annoy anyone, with or without a mental illness. I intend not to do this!*

The following group journal entry is representative of the shift in attitudes:

Pre-camp: *How can you expect us to meet these people without any background lectures on their disorders?*

Post-camp: *These are not consumers, they are our friends and they should have been here with us from the start! (Consumers arrived at the camp at midday.)*

Comments from consumers included:

- *I gained extra confidence in myself through gaining the ability and confidence to open up and talk to others.*
- *The mental and physical challenges made me feel more positive about my own life and I realised just how influential stress and negative thoughts, words, and actions can affect wellbeing.*
- *It was great to have the shoe on the other foot. Here I was teaching the same kinds of people who used to put me in seclusion.*

Many consumers have subsequently organised camping trips, other social events, and have expressed interest in further involvement in teaching students.

While the pilot group students unanimously reported positive comments about the program, a small minority of students from the mandatory group responded negatively. Their comments were:

- *Several students agree that this topic has not given us much knowledge into mental health issues.*
- *I feel we should have learnt more about the illnesses themselves.*
- *I felt the camp wasn't specific enough for me. Too light weight. I felt like I was in primary school!*
- *I found the camp very confronting.*
- *I found the topic a bit airy fairy and it didn't really deal with much mental health for me. Too many warm fuzzies and not enough factual information. This same student reported: I have not found any area of nursing attractive.*
- *Too little time for something so important.*

## Discussion

The camp initiative provided an opportunity to teach and learn about mental health in a unique way. The educational objectives were achieved and even surpassed in many circumstances. Based on the camp experience, numerous students decided to pursue mental health further. Most importantly however, the overwhelming majority of students reported that the encounter was a 'real eye opener' that left an overall favourable impression of mental health consumers and nursing that will be long remembered.

Arguably the students who voiced negative comments about the camp are right; the camp did not provide much more than a brief introductory experience. The focus was not on specific mental health knowledge or skill acquisition but rather on creating an environment for students to confront their fears and gain comfort in learning from consumers.

For educators as well, action-based approaches are not suitable for all. Teachers must have the willingness to be flexible, be able to provide leadership, demonstrate some level of enthusiasm, be uncomfortable at times, participate, think on their feet and have the interpersonal skills to build and maintain the participants' respect and confidence. They must also be comfortable with self-disclosure. If the

teacher has strict codes and boundaries of practice that prohibit self disclosure or interactions that involve physical activity, action-oriented teaching is not appropriate.

These requirements account for, in part, the scepticism of other educators and clinicians who voiced concerns that such a camp would lead to blurred boundaries between students and consumers. The idea that students experienced consumers as knowledgeable peers in a fun, friendly and casual atmosphere was, for some, discomforting. Overall, the criticisms were few yet important and provided additional insight into the risks and benefits of adventure programs.

It is argued here that these results could not have been achieved as quickly or powerfully in clinical or academic settings. The naturalistic environment removed institutional barriers and expectations by creating a novel and level playing field. The experiential approach challenged all participants equally, enabling mutual recognition and commonality. The activities were geared for challenge, success and fun, thereby promoting teamwork, trust building, problem solving, competency and wellbeing. In combination, these conditions created a powerful learning experience that had immediate, longer term and possibly sustaining effects.

Nurses constitute the largest proportion of the health care workforce. They, more than any other disciplinary group, have front line, intimate, and often sustained contact with consumers and their families. Their attitudes, beliefs, and care practices exert tremendous influence on the experience and health outcomes of consumers. Embracing the tenets of a collaborative education model that promotes mutual discovery of nurse-consumer connections and experiences including strengths, capabilities and potential for growth and recovery, will go a long way toward more informed and compassionate care.

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