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Sailing Away the Pain: Evaluating an Adventure Sailing Therapy Program for Adults Living in a Drug Rehabilitation Center

Abstract

The study consists of a pilot study aimed to the evaluation of a sailing therapy program with drug users and multi-diagnosed patients.

A need that practitioners working in nature-based programs in Italy are identifying as urgent is the difficulty in finding effective evaluation methods and tools. Although some validated tools specific for outdoor programs do exist, context specific tools are needed. The wider participatory research, of which this study is part and that is still in progress, has the aim to collect and/or create a wide range of possible evaluation tools and methods to be used by nature-based practitioners or to serve as an inspiration for them to create their own.

In this study, a self-assessment questionnaire for adult patients, living in a drug rehabilitation center and experiencing a sailing therapy week, was created starting from three preexisting tools, which were adapted to this specific context: the first results are encouraging.

Keywords

Sailing therapy; Evaluation tool; Drug users; Multi-diagnosed patients; Participatory research

¹ This article is the result of a collaborative work, with the contribution of three researchers (G. Melotti, A. Gigli and C. Borelli) and three practitioners (A. Ambrosani, M. M. D'Alessio and E. Boffa). Giannino Melotti wrote Paragraph 4.1, 4.2 and 4.3; Chiara Borelli wrote Paragraph 3.2, 3.3 and 5; Alessandra Gigli wrote Paragraph 1 and 3.1; Elisabetta Boffa wrote Paragraph 2.3; Andrea Ambrosani wrote Paragraph 2.1; Michele Maurizio D'Alessio wrote Paragraph 2.2.

1 Introduction

Within the broad and complex field of Adventure Therapy, meant to be "a therapeutic modality combining therapeutic benefits of the adventure experiences and activities with those of more traditional modes of therapy" (Newes & Bandroff, 2006, p. 4), the present research is particularly interested in the specific context of sailing therapy programs for drug users and multi-diagnosed patients.

Research on sailing programs for therapeutic purposes shows short-term psychological benefits and sometimes also long-term ones (White et al., 2016; Grocott & Hunter, 2009; Finkelstein, 2005; Rogers, 2004; Norris & Weinmann, 1996). These programs can be described as

sea voyages designed to foster personal and social change. Such voyages present participants with physical and emotional challenges which demand adoption of new daily routines, cooperative working, acceptance of novel rules and authority figures, management of physical danger and development of psychological and physical stamina (White et al., 2016, p. 355).

There seems to be an interesting potential in this kind of experiences for people recovering from dependency on alcohol and drugs (White et al., 2016; White & Cloud, 2008). Research also shows positive physical and psychological health improvements thanks to sailing experiences in patients with mental illnesses (Carta et al., 2014; Loreto et al., 2018; Sancassiani et al., 2017).

Despite the validation and/or publication of tools for the evaluation of adventure education and therapy projects (Neill, 2008; Russel & Gillis, 2017) and also of sailing therapy programs specifically (Lo Iacono, 2019; 2009), practitioners working in the field in Italy (cfr. Melotti et al., 2020) express the need for context-specific tools, as shown by the results of focus group interviews with practitioners working in adventure education and therapy (Borelli et al., 2020).

Therefore, this research consists in a pilot study for the tryout of an evaluation tool, built through a co-construction process involving both researchers and practitioners. The tool was built on the specific characteristics and needs of Ulysses sailing project.

2 Research context: Ulysses sailing project

2.1 A brief history

The start of the Ulysses Project may be traced back to the early nineties and is deeply rooted in the history of Cento Fiori social cooperative.

During the 1980s, everywhere in Italy heroin addiction was casting a nasty shadow and Italy became soon the country with the largest number of drug-related deaths. In this panorama, many citizens started to organize to try and face the problem and save as many lives as possible.

In Rimini, in the early 1980s, the Public Health Service was poorly equipped against such a widespread phenomenon. Many citizens, in addition, had the feeling that interven-

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tions against drug addiction were too little. Following these feelings, a street demonstration was organized on 22nd November 1980. From the ashes of this public raise of attention and will to do something to face the problem, a no profit organization was founded in 1981, Cento Fiori ("a hundred flowers") social cooperative.

In 1984, the first Drug Rehabilitation Center "Comunità di Vallecchio" was born. This first nucleus grew in the countryside, with the help of the first patients, in collaboration with the Borough of the city of Montescudo and the Regional health service. The first project was to restore an old country house, whilst living in a prefabricated building inherited from the territory hit by the 1976 Friuli earthquake.

The personnel were picked with a public selection and the first therapeutical interventions were just the idea of being far away from the city and the drug dealing places, working and doing something useful for the community.

In 1989 Cento Fiori acquired a small shipyard in the port of Rimini. The aim was to restore an old fishing boat along with the patients of the rehabilitation Center and to begin sailing together in the Adriatic Sea. As a matter of fact, those years there still was not a univocal protocol on how to treat drug addiction. Being it the time of experimentation, the team of Cento Fiori thought that maybe a strong, disruptive, and adventurous experience could help people defeat the anxiety of being left without drugs. Knowing other similar experiences abroad, Cento Fiori's team started thus thinking of sailing as a therapeutic intervention.

The first boat was an old Italian barquentine ("Goletta") with which the first sailing trips in 1992 were made. The captain was Werther Mussoni, one of the founders of Cento Fiori and at the time President in charge. The motto that he used to bring to sea was "Sol omnibus lucet", the sun shines for everyone and everyone should enjoy it. The first objectives were thus conveying a passion/hobby and showing that life could be enjoyed even without using drugs.

The sailing projects started in 1992 and are still existing today. In these thirty years at least 400 people have been sailing with Cento Fiori's team. Some have recovered from drug addiction, many have not. Some have become passionate about sailing; many others just remember the sailing experience as one of the best experiences (sometimes the only one made sober) of their lives. From the beginning many things have changed: the Captain is no longer Werther Mussoni, who retired, but Andrea Ambrosani, a well-experienced social worker and skipper. Patients have also changed, as has the world of drug addiction too.

2.2 The project today

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Nowadays Cento Fiori deals with much more difficult drug-addiction problems and with much more complex drug users. Patients are often multi-diagnosed, polytraumatized, have multiple addictions and multiple disorders, the most recurrent being eating disorders, gambling, anxiety disorders, depression, and schizophrenia. Approximately 30-40% of hosts is also subjected to legal obligations due to previous crimes related to substance abuse.

The therapeutical method is currently standardized following the international standards and employs, among others: individual psychotherapy, family therapy, group-based interventions and psychotherapy, dialectical-behavioral therapy, programs for couples, ergotherapy and personalized programs. The Ulysses Project is today used as a coadjuvant in a long-term program consisting of many other interventions as above mentioned.

Sailing trips take place twice a year in summer and they usually last for seven days depending on the weather. A trip is intended for the patients of the Diagnosis Center and the other is destined to the patients of the Therapeutic Community. Each trip can host a skipper, two therapists/social workers and five to seven patients.

Inclusion criteria for patients are motivation, time spent following the rehabilitation program, verbal manifestation of interest and not being subjected to legal obligations (the destination is usually Croatia, and these patients cannot travel abroad).

2.3 Ulysses project goals and methods

Patients are involved in the project during their therapeutic program after the stabilization phase, and once the practitioners have gained a sufficient level of knowledge of the patients and confidence with them. The main goals of the project are:

- Showing patients that life can be enjoyed in a healthier way and contributing to reverse the trend of negative episodes in their lives;
- Making a closer observation on their clinical symptoms and personalities;
- Supporting patients in becoming able to cope with frustration tolerance;
- Favoring the acquisition of an idea of the self closer to reality;
- Helping patients to come out of isolation, acquire new awareness and possibly make a breakthrough in therapy.

Some elements are believed to play a disruptive role in this experience. In the first place the trip starts with crossing the Adriatic Sea overnight, a trip which lasts up to 15 hours, and is often troubling for people who are not used to traveling by sailing. Patients are bewildered by the start of the new experience as they slowly realize they are no longer subjected to the strict rules of living in a Rehabilitation Center. During this phase, patients are usually asked by the team to organize practical aspects of life on board.

The morning after the first contact with the foreign land – Croatia – takes place. Patients are asked to cope with an unknown language, a different currency and with very low populated areas. In this context nature, with its beauty and its resources, is believed to play a crucial role in reducing anxiety, being it the element who can "break the ice" and bond people together. In fact, patients soon start to dive in the crystal clear waters of Croatia, swim and sunbathe.

The role that once was played by the substance of use, and which was played, during the stay in the rehabilitation center, by the internal rules, is now played by the elements of nature. The wind, the sun and the sea decide for the team the time to sleep, to eat, to travel and even the time to go to the bathroom.

In fact, nature plays also a role in frustration tolerance since it is the frequent weather variability which dictates the rules of the sailing trip. It dictates the route, the speed, and sometimes the decision of going back to Italy before time.

A disruptive element is also deinstitutionalization. Roles are no longer the ones played whilst inside the rehabilitation center: there is no therapist and no patient, everyone can play a therapeutic role for the other and everyone is equal facing the sea. The only hierarchical role is the one of the captain, who represents the law. The only moment in which the roles are reestablished is the one of the evening journal, which is mandatory to take part in. It is a moment for the patient to gather together and to reflect on the day that has passed. While they experience how to self-manage a group, the therapists and the skipper have a brief meeting to sum up the clinical observations made during the day.

During the thirty years of sailing trips the sailing team of Cento Fiori started noticing a few phenomena during and after the cruise. Patients at times seemed to reduce the request of anxiolytics and to have a lower drop out from the rehabilitation program. In general, an increase in self-awareness and motivation was observed.

The need for evidence-based intervention and for a scientific approach to Cento Fiori method for adventure therapy brought the sailing team to start a collaboration with CEFEO research center on Outdoor and Experiential Education and Training² (University of Bologna, Italy). This collaboration had the goal to understand whether the observations and hypothesis made by the sailing team would be confirmed by scientific research through efficient evaluation tools.

3 Research methods

3.1 Broader research project and preliminary steps

The present study is part of a wider research project on the evaluation of nature-based therapeutic and educational programs. The broader research begun with focus group interviews regarding planning and evaluating nature-based programs, with 6 different groups of practitioners (Cento Fiori sailing team was one of these). One of the main result emerging from the focus group interviews is the awareness of the need to create program-specific evaluation tools, instead of one unique tool for different contexts.

Professional development sessions regarding planning and evaluating were then held by CEFEO researchers G. Melotti, A. Gigli and C. Borelli for the different groups of practitioners participating to the wider research. Then a new phase started: the co-construction of evaluation tools with each group of practitioners, starting from their specific characteristics and needs.

The co-construction process with Cento Fiori sailing team for creating an evaluative tool for "Ulysses" project followed different steps:

1. Discussion on the specific needs of the team (who, what, when, for whom and why evaluating the project?).

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² https://centri.unibo.it/cefeo/it/cefeo-international

- 2. Trial of a questionnaire on specific aspects of the experience to be filled in by patients participating to the program (pilot study).
- 3. Participant observation by two researchers during the sailing program.
- 4. Feedback on the results of the trial and on the researchers' observation in order to reflect on the tools and reorientate the path.

3.2 Hypothesis

Starting point: Cento Fiori practitioners' 30 years experience made them perceive the sail-boat program was effective for their patients, under the point of view of reducing drop out risk and of a chance for awakening. Thus, the study was guided by to hypothesis:

- Hypothesis 1: patients can benefit from the sailboat experience by improving their emotions regulation skills;
- Hypothesis 2: patients can broaden their ideas of themselves and on their life by feeling strong emotions and physical sensations during the sailing extraordinary experience.

3.3 Questionnaire characteristics and structure

This pilot study involved 10 participants (3M; 7F; age average: 31,2 years). The participants were belonging to two different groups: 5 from the Therapeutic Community attending the sailing project in June 2021, and 5 from the Diagnosis and Observation Center participating to the program in August 2021.

The questionnaire was repeated three times: pre-experience (just before getting on the boat), post-experience (just after the experience) and follow-up (3 weeks after the experience), in order to see the expectations, the immediate effects, and the maintenance.

The questionnaire was constructed by combining three different existing tools, chosen in order to respond to the specific needs identified from the group of practitioners and consistently with the research question and hypothesis. The tools used to compose the questionnaire are:

- Italian version (Giromini et al., 2012) of the "Difficulties in Emotion Regulation Scale - DERS" (Gratz and Roemer, 2004): 36 items, Likert scale ranging 1 (almost never) – 5 (almost always). The scale is composed by 6 dimensions: 1. Nonacceptance of emotional responses; 2. Difficulty engaging in Goal-directed behavior; 3. Impulse control difficulties; 4. Lack of emotional awareness; 5. Limited access to emotion regulation strategies; 6. Lack of emotional clarity.
- 2. "Experience on the sailboat" questionnaire (Lo Iacono, 2009): 20 items, Likert scale ranging 1 (never) 5 (always), regarding different aspects of the experience on a sailboat.
- 3. "Experiential Adventure Education Questionnaire" (EAEQ) by A. Gigli (2019, unpublished): 40 items, containing one open-ended question, and various scales. The questionnaire measures emotional and physical sensations generated by the adventure experience. It was adapted to the sailboat setting with its specific characteristics.

The first scale was chosen in order to test the first hypothesis, while the second and third questionnaires were chosen to test the second hypothesis.

4 Results

Data analyses were carried out through IBM SPSS Statistics 27. Pre, Post and Follow-up questionnaires were compared through one tailed T-test analysis of two paired samples; level of significance cut-off: p < .05.

The results of the three parts of the evaluation tool are presented separately.

4.1 Difficulties in Emotion Regulation Scale (DERS)

Significant results:

- The Comparison of Pre and Post responses shows a decrease on Impulse control difficulties (\underline{x}_{pre} = 16.7, \underline{x}_{post} = 15.5, t=2.03, df=9, p<.04) and on Lack of emotional clarity (x_{pre} = 12.3, x_{post} = 10.1, t=3.40, df=9, p<.004)
- Comparing Pre and Follow-up responses we observe a decreases on total DERS score (\underline{x}_{pre} = 86.8, \underline{x}_{fu} = 77.8, t=2.03, df=8, p<.03), on Limited access to emotion regulation strategies (\underline{x}_{pre} = 19.6, \underline{x}_{fu} = 17.1, t=2.00, df=8, p<.04) and on Lack of emotional clarity (x_{pre} = 11.7, x_{fu} = 8.9, t=2.00, df=8, p<.04)

No change was observed comparing Post and Follow-up responses, suggesting that, three months after the end of the experience, the degree of emotion regulation remains stable.

4.2 Experience on the sailboat questionnaire

4.2.1 Comparing Pre and Post

Comparing expectations placed on the experience (Pre) with what participants actually said they experienced as soon as they finished the experience (Post), we note that at the end of the experience the respondents declared that they had no difficulty in the relationship with the crew (\underline{x}_{pre} = 2.3, \underline{x}_{post} = 1.8, t=1.09 df=9, p< .05), that they would repeat the experience in the future (\underline{x}_{pre} = 4.3, \underline{x}_{post} = 4.8, t=-1.9, df=9, p< .04), and that they have not felt so strongly the need to go ashore (\underline{x}_{pre} = 3.0, \underline{x}_{post} = 1.5, t=4.9, df=9, p< .04).

4.2.2 Comparing Pre and Follow-up

Comparing expectations placed on the experience (Pre) with what participants said three months after finishing the experience (Follow-up), we observe that the respondents would like to repeat the experience with the same crew (\underline{x}_{pre} = 3.3, \underline{x}_{fu} = 4.0, t=-2.0, df=8, p< .03) and, again, that they would repeat the experience in the future (\underline{x}_{pre} = 4.3, \underline{x}_{fu} = 4.8, t=-1.8, df=8, p< .05), and that they have not felt so strongly the need to go ashore (\underline{x}_{pre} = 3.0, \underline{x}_{fu} = 1.9, t=2.0, df=8, p< .03).

4.3 Experiential Adventure Education Questionnaire (EAEQ)

4.3.1 Comparing Pre and Post

In the comparison between Pre and Post, the expectations that the respondents had of not being able to give sensorial and cognitive attention to the environment that surrounded them (\underline{x}_{pre} = 4.0 , \underline{x}_{post} = 4.4, t=-2.4, df=9, p< .02) and of experiencing a sense of claustrophobia (\underline{x}_{pre} = 1.7 , \underline{x}_{post} = 1.1, t=2.0, df=9, p< .04) were disregarded.

4.3.2 Comparing Pre and Follow-up

In the Pre-Follow-up comparison, three months after the end of the experience, the subjects declared that they experienced more sense of cold (\underline{x}_{pre} = 2.9, \underline{x}_{fu} = 1.9, t=-2.7, df=8, p< .01), but less confusion (\underline{x}_{pre} = 1.8, \underline{x}_{fu} = 1.1, t=-4.0, df=8, p< .002), fear of the dark (\underline{x}_{pre} = 1.7, \underline{x}_{fu} = 1.3, t=-2.0, df=8, p< .04), sense of claustrophobia (\underline{x}_{pre} = 1.7, \underline{x}_{fu} = 1.0, t=-2.0, df=8, p< .04), breathlessness (\underline{x}_{pre} = 1.8, \underline{x}_{fu} = 1.0, t=-2.8, df=8, p< .01) and tiredness (\underline{x}_{pre} = 3.2, \underline{x}_{fu} = 1.9, t=-3.0, df=8, p< .01) than expected.

4.3.3 Comparing Post and Follow-up

In the Post-Follow-up comparison it emerges that three months after the end (Follow-up) of the experience the subjects declare that they have experienced less *confusion* (\underline{x}_{post} = 1.7, \underline{x}_{fu} = 1.1, t=-1.8, df=8, p< .05), sense of loss of balance (\underline{x}_{post} = 2.7, \underline{x}_{fu} = 1.4, t=-3.4, df=8, p< .01), fear of slipping (\underline{x}_{post} = 2.4, \underline{x}_{fu} = 2.1, t=-2.0, df=8, p< .04), perception of humidity (\underline{x}_{post} = 2.9, \underline{x}_{fu} = 2.3, t=-1.9, df=8, p< .05), tiredness (\underline{x}_{post} = 2.2, \underline{x}_{fu} = 1.7, t=-1.9, df=8, p< .05), breathlessness (\underline{x}_{post} = 1.6, \underline{x}_{fu} = 1.0, t=-1.9, df=8, p< .05), fatigue (\underline{x}_{post} = 3.8, \underline{x}_{fu} = 1.9, t=-3.8, df=8, p< .01) compared to what they had declared to try as soon as the experience was over (Post).

4.3.4 Quotes from the short answer question (Post)

- Exciting. Fearless. Positive and very raw as an experience without borders, so bare...
- I have (re) discovered the beauty of traveling in an even freer and more fascinating way like the sailing boat, without being covered by substances or alcohol. In this way, I was able to understand even better how important it is to remain lucid in the future in order to achieve and build such pleasures.
- I have rediscovered the joy of life.
- Liberating, cathartic, an experience to be repeated.



- Very nice and relaxing. I enjoyed the sea like never before, I found myself again.
- A brief comment.... Poetry in motion!

4.3.5 Quotes from the short answer question (Follow-up)

- I have had very deep relationships with others and I have also understood myself and my motivations more precisely. I have experienced emotions that had remained dormant since a long time...
- It made me rediscover the beauty of travel and sailing and magnificent places: experiences that I risked losing.
- Sense of freedom, collaboration, equality.

Unique experience, and I hope to have the chance to do it again in other situations. It will leave me a deep memory and teachings.

5 Discussion

The results of the first part of the questionnaire, the Difficulties in Emotion Regulation Scale (DERS), show that after the experience, a decrease in impulsiveness and in the lack of clarity is observed, the latter also confirmed with the follow-up survey. In addition, after 3 weeks (Follow-up) there is a decrease in the lack of strategy and most of all a decrease in the global DERS score, compared with the data detected before the experience. The absence of differences between Post and Follow-up could be interpreted as an indicator of the stability of the change introduced by experience.

The results of the first second of the questionnaire, the "Experience on the sailboat questionnaire", show that after the end of the activity, the experience on the boat is observed to be experienced more positively than expected by the participants, especially with respect to the perception of the relationships experienced with the other crew members and the fear of not feeling physically at ease on the boat. This data is further confirmed by the comparison between the analysis of the Pre-Follow Up data, while the results obtained in the Post-Follow Up comparison highlight a further improvement in the perception of relationships with other crew members. This data could suggest that the experience on the boat has positively contributed to the process of strengthening the relationships among the patients once they return to the residing center, but also the possible "idealization" of the experience lived on the boat, now belonging to the recent past.

The results of the third part of the questionnaire (EAEQ) indicate a general appreciation of the experience. Furthermore, after the experience, many emotions and physical sensations are perceived more positively: this might be due partly to low expectations before the experience, and partly to a positive perception (idealization) and meaning-making of the experience once some time had passed.

The main limitations of the research are related to the tiny sample: since this was a pilot study the results do not aim at generalization, but are meant to be used to improve the evaluation tool and the next steps of the research. Another limit regard the difficulties in being precise on the timing for the administration of the questionnaire, especially in the Pre and Post phases, due to organizational issues when starting and ending the sailing project. One more limit is lack of a second follow-up, after more weeks or months, in

order to capture the long-term effects: it was not possible, since the rehabilitation program at Cento Fiori does not last long.

Despite these limitations, this study is particularly interesting as it is able to provide a first response to Cento Fiori practitioners who were looking for an evaluation tool for their project. Furthermore, this trial seems very useful for planning the next steps of the research:

- Continuing to monitor the experience through the questionnaire in order to get more data and get more reliable results;
- Finding ways to overcome organizational issues and be able to implement a new Follow-up phase after more weeks or month;
- Implementing also qualitative evaluation tools, such as strengthening the already existing journal, and trying to involve patients in digital storytelling activities.

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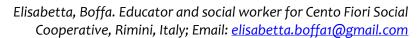
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