OUTWARD BOUND USA

RETURN

COUNSELOR QUESTIONNAIRE

Applicant Name: _____ **Course Number:** _____

Dear Counselor or Healthcare Provider,

Your client has applied to one of our programs and indicated that you have provided counseling within the past year. They have given us permission to request your input on their mental and emotional readiness to experience a productive level of challenge on the course and be an active participant in their own and their group's growth and safety.

Outward Bound Courses…

- Are **not clinically therapeutic programs.** They are progressions of intentional challenges—physical, mental, and interpersonal—that increase the capacity, resiliency and confidence in students who come in with the ability and commitment to participate fully for the whole course.
- Require students to adapt to unfamiliar settings without access to phones or technology, and work together to solve problems or travel distances they wouldn't think are possible. No previous outdoor skills or camping experience is required.

The Instructors…

- Teach course skills, model expected behaviors, coach participants to reach beyond self-imposed limits, and facilitate the group's progression.
- Receive some layperson training, such as Wilderness First Aid, Wilderness First Responder, Mental Health First Aid or Psychological First Aid; they are **not counselors or therapists** and do not have one available to them.

Course Activities and Environments…

- May include one or more expeditions or adventure activities such as canoeing, backpacking, sailing, winter camping, rock climbing, challenge course, community service project, solo[1] and more.
- May take place in one or more outdoor settings, including forests, oceans, rivers and mountains, possibly in remote wilderness up to 24 hours from emergency care.

Expectations and Eligibility Criteria[2] for Students

All participants must begin the course with:

- Age-appropriate ability to follow instructions, make safe choices, and readiness to learn to be self-reliant in self-care in their new environment.
- Able to engage positively and respectfully with a diverse peer group, and tolerate periods of frustration, failure, discomfort (cold, wet, hot, buggy, hungry, muddy) and long hours of mental and physical effort.

All participants must be able to learn in the course environment:

- Proficiency with course skills, to share in the work of the group and to reliably meet behavioral expectations.
- To cope effectively with stress, behave inclusively and equitably toward others, and confront fears such as heights, water, trusting others and solitude.

Dismissal from Course

Although instructors will make reasonable individual accommodation to enable group success, students who cannot or will not engage according to the behavior agreements and participation expectations will be dismissed without refund at the discretion of Outward Bound staff.

Statement of Confidentiality

All information provided to Outward Bound will remain confidential and not be released to any outside organization or agency without a written release from your client, if 18+, or a parent or guardian if under 18.

We are grateful for your time and perspective in helping us determine if your client is ready to participate in creating a safe and positive Outward Bound experience at this time. Thank you!

[1] Solo is 6-72 hours of alone time for introspection, quiet, rest and journal writing. Participants are given specific boundaries, a tent/tarp, sleeping bag, water supply and a small amount of food. They are checked daily by instructors and have a means of communicating distress if the need arises.

[2] Please contact the sender of this form if you would like more information about the course or to review the full Essential Eligibility Criteria.

SYMPTOMS and BEHAVIORS (Observed/Reported)

Please indicate the symptoms or behaviors that your client has demonstrated **that interfere(d) with daily life (school, work, activities and relationships), currently or within the past six months**. Outward Bound considers current and recent symptoms and behaviors in assessing an applicant's readiness for increased physical, emotional and interpersonal challenge.

Symptoms and Behaviors that interfere with client's daily life (school, work, activities and relationships)		**Description** Please describe the frequency, recency and severity of the symptom/behavior and its impact on your client
Self-Control and Direction Following		
Argumentative or defiant	☐	
Controlling, deceitful or blames others	☐	
Difficulty concentrating or organizing	☐	
Hyperactive, inattentive or easily distracted	☐	
Impulsive, or difficulty following instructions	☐	
Self-Care and Safety		
Depression or mood swings	☐	
Disordered eating or compensatory behaviors	☐	
Feelings of guilt or low self-esteem	☐	
Flashbacks, hallucinations or memory loss	☐	
Inflated self-esteem or grandiosity	☐	
Insomnia	☐	
Intrusive thoughts	☐	
Impulsive or risky sexual behavior	☐	
Self-harm (nonsuicidal self-injury)	☐	
Suicide ideation ***within 12 months***	☐	
Suicide plan or attempt ***within 12 months***	☐	
Violates rules (truancy, running away)	☐	
Adaptability and Flexibility		
Anxiety	☐	
Avoidance of people, places or activities	☐	
Catatonic behavior	☐	
Dissociation	☐	
Distorted thoughts or delusions	☐	
Hypervigilance	☐	
Immature for age	☐	
Fatigue or lack of motivation	☐	
Perceptual or cognitive distortion	☐	
Repetitive, obsessive or stereotypical behavior	☐	
Somatic complaints	☐	
Inclusive Learning Environment		
Verbal aggression, intimidation or abuse	☐	
Physical violence or use of weapons	☐	
Detachment or lack of empathy	☐	
Impaired social interaction	☐	
Interrupts or talks excessively	☐	
Irritability or low frustration tolerance	☐	
Theft or destruction of property	☐	
Other		
	☐	

ELIGIBILITY ASSESSMENT QUESTIONS

All students are expected to:

1. **Adapt to the physical and social environment ("setting") of the course: living and traveling outside with a group of peers, away from technology, parents, friends, therapy and familiar supports. Please indicate your client's readiness.**

Client is likely to experience the course setting as a positive challenge and strive for success	Not enough information to predict, or no experience adapting to new settings	Client may struggle to adapt and may experience course setting as negative, but is not likely to behave in unsafe ways	The course setting may provoke behavior in client that may be unsafe for self or others
○	○	○	○

Comments on your rating:

2. **Be able to recognize hazards and communicate danger or distress to staff and other students in a timely manner. Please indicate your client's readiness.**

Client is ready to actively participate in the course safety systems	Not enough information to predict, or no experience with risk management responsibility	Client may be slow to recognize or alert staff to unsafe situations	The client may create or ignore conditions that are unsafe for self or others
○	○	○	○

Comments on your rating:

3. **Perform essential self-care, including maintaining adequate nutrition and hydration, dressing appropriately for environmental conditions, maintaining personal hygiene, and managing known medical conditions. Please indicate your client's readiness.**

Client is ready to learn new ways to take care of basic needs with age-appropriate independence	Not enough information to predict, or no experience with independent self-care	Client may need occasional 1:1 assistance with basic needs, even after instruction	Client will likely need frequent 1:1 assistance to ensure they are meeting basic needs
○	○	○	○

Comments on your rating:

4. **Follow instructions and refrain from behavior that is harmful to themselves. Please indicate your client's readiness.**

Client is ready to learn necessary safety skills and apply them, even without direct supervision	Not enough information to predict	Client is likely able to learn safety skills but may not consistently follow instructions	Client may struggle to learn safety skills and is unlikely to follow instructions unsupervised
○	○	○	○

Comments on your rating:

5. **Refrain from the use of alcohol, nicotine, unapproved substances, and misuse of prescription or OTC drugs. Please indicate your client's readiness.**

Client is likely to reliably follow and uphold substance policies	Not enough information to predict	Client is unlikely to violate substance policies, but may yield to temptation, if present	Client is likely to try to violate substance policies and requires close supervision
○	○	○	○

Comments on your rating:

6. **Contribute to an inclusive and safe learning environment; to be respectful of the various identities (such as race, ethnicity, gender, sexual orientation, religion and ability) of others; to refrain from behavior that is discriminatory or socially exclusive or that harasses, bullies, intimidates or harms others; and to refrain from sexual or romantic behavior. Please indicate your client's readiness.**

Client is ready to participate and creating a safe and inclusive learning environment	Not enough information to predict, or no experience with diverse groups	Client will likely need coaching to use inclusive language and reminders about appropriate relationships	Client is likely to target others for their differences, or seek to engage in exclusive behavior or relationships
◯	◯	◯	◯

Comments on your rating:

DIAGNOSES, TREATMENT and MEDICATIONS

Diagnoses	**Description** (please provide relevant details not described in the Symptoms/Behaviors section, including **daily living impacts, stability and coping effectiveness**)
❑ Anxiety Disorders	
❑ Attention Deficit Hyperactivity Disorders	
❑ Autism Spectrum Disorder	
❑ Bipolar Disorders	
❑ Depressive Disorders	
❑ Disruptive, Impulse and Conduct Disorders	
❑ Eating Disorders	
❑ Intellectual Disabilities	
❑ Learning Disorders	
❑ Obsessive-Compulsive Disorders	
❑ Personality Disorders	
❑ Schizophrenia and Psychotic Disorders	
❑ Substance/Addiction Disorders	
❑ Trauma and Stressor-Related Disorders	
❑ Other:	

SIGNIFICANT LIFE EVENTS

Has your client experienced any significant life events, or are there triggers that your client may experience on the course that the instructors should be aware of? (Optional.)

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Treatment/Therapy Please indicate below any treatment or therapy that applies to your client CURRENTLY or within the past YEAR.	**Recency (in months)** How recently has your client had this treatment or therapy?			
❑ Psychotropic Medication	❑ current	❑ < 3	❑ 3-6	❑ 6-12
❑ Outpatient Counseling	❑ current	❑ < 3	❑ 3-6	❑ 6-12
❑ Intensive Outpatient Program	❑ current	❑ < 3	❑ 3-6	❑ 6-12
❑ Residential Treatment	❑ current	❑ < 3	❑ 3-6	❑ 6-12
❑ Hospitalization	❑ current	❑ < 3	❑ 3-6	❑ 6-12
❑ Special Treatment (e.g., ECT)	❑ current	❑ < 3	❑ 3-6	❑ 6-12
❑ Other (specify):	❑ current	❑ < 3	❑ 3-6	❑ 6-12

Medication Please indicate each psychotropic medication your client takes currently	**Duration (in days)** How long has your client been taking this medication?			**Stability (in days)** How long has your client been stable at this dose?		
	❑ < 30	❑ 30 - 90	❑ ≥ 90	❑ < 30	❑ 30 - 90	❑ ≥ 90
	❑ < 30	❑ 30 - 90	❑ ≥ 90	❑ < 30	❑ 30 - 90	❑ ≥ 90
	❑ < 30	❑ 30 - 90	❑ ≥ 90	❑ < 30	❑ 30 - 90	❑ ≥ 90
	❑ < 30	❑ 30 - 90	❑ ≥ 90	❑ < 30	❑ 30 - 90	❑ ≥ 90

NOTES on medication changes or dose adjustments within the last 90 days, side effects, or safety and effectiveness with changes in sleep/nutrition/hydration patterns, exertion, temperature extremes or altitude:

CLIENT INFORMATION

Is this client in counseling with you currently? ❑ Yes ❑ No Date of most recent session: _____

a. If yes, what is the frequency of sessions? _____
b. If no, by whom was therapy terminated? _____
c. If no, what was the outcome of this course of treatment? _____
d. If you've discussed this course with your client, how would you describe their perspective on attending? ____

_____

_____

COUNSELOR INFORMATION

Company Name: _____ Counselor Name: _____

Counselor Signature: _____ Date: _____

Discipline: _____

Telephone Number: _____ Email: _____

May we contact you with questions? ❑ Yes ❑ No

If yes, what is the preferred mode of contact? _____

If there are other health professionals involved in your client's care whose opinion we should seek, please describe: _____