

BRINGING ADVENTURE INTO MARRIAGE AND FAMILY THERAPY: AN INNOVATIVE EXPERIENTIAL APPROACH

H. L. (Lee) Gillis
Georgia College, Milledgeville, GA

Michael A. Gass
University of New Hampshire

Outdoor adventure experiences, traditionally associated with programs like Outward Bound and Project Adventure, have evolved into specific interventions for a number of therapeutic populations. Once used primarily with dysfunctional adolescents, a series of presentations and writings have emerged that apply these techniques to marriage and family populations. This article presents a brief history and overview of the documented use of adventure experiences in marriage and family therapy and enrichment. Illustrations of actual techniques and recommendations for guiding future studies are also offered.

INTRODUCTION

The following first session statements are probably familiar to many family therapists:

Son: I can't trust him.

He's never around when I need him; he wouldn't listen anyway.

He doesn't care!

Father: I just don't understand why he does this!

He's always been a problem.

He doesn't need more talk; what he needs is more of my belt!

The presenting symptoms of the family actually using these statements included a 14-year-old son's substance abuse, low sense of self-esteem, and strong fear that his father would abandon him and his four siblings. The single-parent father's behavior involved remaining emotionally distant until his son used drugs or acted out; at which time the father reacted with physical violence and depreciating comments.

The next series of comments were from the fifth session with the same family:

Son: Are you there, Dad?

Will you support me?

I'm working toward my future.

Father: I'm here, Billy.

H. L. (Lee) Gillis, PhD, is Assistant Professor of Psychology, Georgia College, Milledgeville, GA. Michael A. Gass, PhD, is Associate Professor and Chair of the Department of Kinesiology, University of New Hampshire.

You can trust me.
I'm here to support you.

Although some of these statements may not seem too atypical for families experiencing healthy changes, the method used to achieve this type of interaction is unique and innovative. The goals for this session were to redirect the interaction between the father "William" and son "Billy" by (a) creating a safe atmosphere for change, (b) connecting the father-son relationship in a positive manner, and (c) changing their interaction to make it more functional and less dependent on Billy's acting out behaviors to bring them together. These comments, and the associated emotion that accompanied their intent, occurred during a prescriptively constructed adventure experience conducted in the office of a family therapist.

This type of approach aims to implement adventure experiences with therapeutic intent. The use of such experiences has achieved an increasing degree of acceptance among therapists who work with substance abusers (Gass & McPhee, 1990; Gillis & Simpson, 1991), adjudicated youth (Kelly & Baer, 1968; Kimball, 1983; Bacon & Kimball, 1989), executives (Galagan, 1987), college students (Gass, 1990), clients served in private practices (Berman & Davis-Berman, 1989) and psychiatric hospitals (Stich & Senior, 1984; Stich & Sussman, 1981; Schoel, Prouty, & Radcliffe, 1988). In addition, adventure experiences have provided new approaches for reaching the goals of marriage and family therapy.

The purpose of this article is to outline a brief history of the foundations of adventure therapy, present a brief summary of past efforts to merge the fields of marriage and family therapy with adventure therapy, discuss how traditional marriage and family therapists might make use of such an approach in their work, and forecast the future integration of these two approaches. The case outlined earlier will be used to illustrate the dynamics of adventure family therapy and the application of these concepts to the marriage and family therapy office setting.

HISTORICAL DEVELOPMENT OF ADVENTURE APPROACHES

Outward Bound

The origin of most adventure activity approaches can be traced to the philosophies of experiential learning inherent in Outward Bound, a wilderness-based program teaching self-discipline and teamwork through adventure activities (Bacon, 1983). Outward Bound traditionally conducts experiences in wilderness areas (e.g., mountains, desert, ocean) to facilitate group cohesion and increase participants' positive sense of self. These objectives are usually achieved by teaching necessary wilderness skills as well as encouraging traits such as self-reliance and compassion. Programs are generally designed for 23-day experiences but are often modified to 5 to 9-day courses or even weekend excursions.

Many of Outward Bound's tenets are based on the beliefs of educator and philosopher Kurt Hahn. Hahn's "educational prescription" saw the primary task of learning as insuring "the survival of these qualities: an enterprising curiosity, an undefeatable spirit, tenacity in pursuit, readiness for sensible self-denial, and above all, compassion" (Godfrey, 1980, p. 247). This prescription is also applicable to areas of human development and therapeutic change.

A review of any current Outward Bound brochure reveals that there are workshops for "normal" and "troubled" adolescents and adults, as well as for a specific age or gender (Outward Bound, 1991). A typical Outward Bound course involves a training phase, an expedition phase, a solo (i.e., an individual reflection experience lasting from a few hours to 3

days), and a final expedition (Bacon, 1983). The positive and intentional use of physically stressful activities (e.g., rock climbing) combined with group activities focused on a common goal (e.g., getting all group members safely over a 12-foot wall) are designed by staff to create experiences that can promote a positive self-concept, an internal locus of control, and an increase in problem-solving skills (Bacon & Kimball, 1989).

Project Adventure

Outward Bound has been a pioneer in adventure programming. Probably one of the most successful related programs which have evolved from its ideals has been Project Adventure, Inc. (Miner & Boldt, 1981). Project Adventure, Inc. began in 1971 and offers short-term experiences on what are commonly referred to as "ropes courses" (Rohnke, 1989). Ropes courses, as well as other non-wilderness activities (e.g., games and group "initiative" problems), serve as media for reaching goals similar to the Outward Bound concepts and goals described earlier (Schoel et al., 1988). This has been particularly true for many educational and therapeutic programs that want to implement adventure activities but lack the space, time, or resources for wilderness experiences.

A typical adventure ropes course refers to what many may envision as an "obstacle course." Most adventure group leaders, however, have adapted and structured these "obstacles" in the form of physical challenges that can be individually or group focused. Steel "rope" cables are connected between trees (or support beams) at various heights to create actual activities or to serve as support cables for safety lines. Such activities in an intentionally designed adventure program can enable group members to achieve specific educational or therapeutic goals. Following participation in the activities, group members discuss (i.e., "debrief") their experience, and opportunities are offered for personal reflection or group confrontation which may lead to behavioral change (Schoel et al., 1988).

How Adventure Therapy Works

Gass (1992) offers a seven-point rationale for how adventure therapy works.

1. It is an *action-oriented therapy*. Traditional "talking" approaches are augmented by a focus on a concrete, physical activity that is usually shared by all group members. Therapeutic interaction becomes observed and holistic, involving affective, cognitive, and physical interaction for the purposes of examining the client's patterns and beliefs. Clients are asked to "walk" as well as "talk" their behaviors during the therapeutic activity.

2. The *unfamiliar environment* of a wilderness or a ropes course is usually involved (although this paper advocates ways to use the techniques indoors). The unfamiliar or adventure environment (i.e., one that is in contrast to the client's current unhealthy environment) is structured to create success-oriented perspectives for the client. This type of contrast provides the client with new insights into potential solutions that are applicable in "real-life."

3. The positive use of stress (eustress) is used to provide a healthy *climate of change*. Placing participants in activities they perceive as risky can create stress, moving the client away from homeostatic (e.g., comfortable) states and patterns. When the stress is created, an uncomfortable dissonance may occur that the client wishes to resolve. A state of equilibrium is regained (or a solution to the problem is constructed) when the client makes the necessary adaptations to this dissonance through the use of healthy behaviors (e.g., problem-solving behaviors that involve the use of skills such as trust, cooperation, good communication). The process of adaptive dissonance used to regain a state of equilibrium can then be

applied to other areas of the client's life

4. The use of activities provides leaders with observable *assessment information* as participants project their functional and dysfunctional behaviors into the activity.

5. The use of a *small-group format* with activities perceived as risky or stressful can create conflict that allows for opportunities to balance individual and group needs.

6. This approach typically focuses on *solutions and successful behavior* instead of dysfunctional patterns that lead to further failure.

7. The *role of the therapist* becomes active as strategies of change (activities) are designed to target specific client behaviors. Similarly, since the activities are generally perceived by participants as "fun," the therapist may be perceived as more approachable than in more formal settings. This rationale is thought to underlie the "enterprising curiosity, . . . undefeatable spirit, tenacity in pursuit, readiness for sensible self-denial, and above all, compassion" (Godfrey, 1980, p. 247) that Kurt Hahn believed was so much a part of an adventure experience.

Research in Adventure Therapy

Bandoroff (1990), Burton, (1981), Ewert (1987, 1989), Levitt (1982), and Shore (1977) have reviewed a substantial amount of information on research into adventure programming that includes references to therapeutic populations. The writings of Bacon (1983, 1987, 1988; Bacon & Kimball, 1989), Chase (1981), Gass, (1991), Haussman (1984), Kimball (1983, 1991), Roland, (Roland, Summers, Freidman, Barton, & McCarthy, 1987), Schoel et al., 1988; Stich (Stich, 1983; Stich & Gaylor, 1983), and Witman (1989) have also contributed significantly to this field. These reviews agree that globally measured self-esteem has been found to increase following participation in adventure programming, although the longevity of such change and its transfer to other settings have not been empirically validated. Recidivism for adjudicated adolescents has also been positively influenced by adventure programming. Additional dependent variables have been studied, including self-reported changes in locus-of-control and problem-solving, staff observations of behavioral change, and other measures such as grade point average and attendance. Results of changes on these measures have been less conclusive.

Adventure therapy, though traditionally applied only to individuals or small groups of unrelated participants, is now being applied systemically in conjunction with marriage and family theories. Gillis et al. (1991) found 43 programs working with families in recreational, enrichment, and therapeutic programs. Most of the programs surveyed had been in existence for less than 3 years, were housed within residential treatment settings, and worked with families because some family member was involved in treatment. However, couples and families have been involved in adventure programming for about 10 years.

ADVENTURE FAMILY THERAPY

Several people apparently developed similar ideas of combining adventure activities with marriage and family therapy at about the same time. These ideas will be presented chronologically in the areas of (a) enrichment and (b) therapeutic uses.

Enrichment Uses

In contrast to the traditional approach to couples' enrichment (L'Abate & McHenry, 1983), Mason (1981) conducted a 4-day outdoor adventure experience for couple's enrich-

ment as part of her dissertation research. This program incorporated rock climbing into an outdoor couple's relationship program. The sample consisted of nine, normal, nondistressed couples whose self-esteem had increased at posttesting time. Trust findings were significant in that women's self-trust increased twice that of men's. According to Mason, her study reflected many cultural stereotypes (i.e., that women trust themselves less, that males trust rock climbing equipment more than women, and that women did not perceive their partner's trust in them as easily as men did.)

Roland and Hoyt (1984) developed an adventure program that focused on family issues where one or more members were disabled. The program consisted of a weekend of adventure activities followed by weekly meetings to help integrate positive changes made while participating and debriefing the activities. The authors reported "subtle, yet meaningful changes" (p. 24) in families who participated.

Gillis (1987) conducted four, single-day outdoor enrichment experiences for couples as part of his dissertation research. He used group initiatives and ropes course activities to concentrate on increasing communication skills and improving trust levels between dating and married couples. Males and females participating in the experience did not differ in the study regarding the trust or support received, so the gender-linked cultural stereotypes found by Mason (1981) were not supported by Gillis's investigation. In related articles, Gillis and Bonney (1986, 1989) outlined the relationship of adventure activities in group and family therapy to techniques employed by Haley (1973, 1987) and Madanes (1989).

The "Family Challenge" program (Clapp & Rudolph, 1990), a multifamily (three to four families), short-term model designed for assessment, enrichment, and intervention, used a 1:1 family to staff ratio and grouped families together according to common issues. Families met five times over a 3-week period. The authors reported that participants showed significant gains in problem-solving abilities, general functioning skills, and reframing abilities; levels of passive appraisal significantly decreased. Although the Family Challenge model is adaptable for both enrichment and therapeutic uses, other programs documented in the literature appear to be more therapeutic in focus.

Based on these efforts, it seems that the outcomes of enrichment programs using adventure experiences offer promise for enhancing trust, communication, and problem solving. However, replication of these findings along with more systemic and less individually oriented measures is needed. The contradictory findings of gender differences regarding trust also needs further evaluation.

Therapeutic Uses

Deal (1983) and Kirkpatrick (1983) described the same weekend program for alcoholic couples conducted at the North Carolina Outward Bound School. Both authors outlined how various group building and individual challenge activities were used during the therapeutic couples' weekend. Deal (1983) related how each element of the adventure ropes course at the North Carolina school symbolized steps of the recovery process in alcoholism treatment; Kirkpatrick (1983) provided information on the structure and outcome of the program using a descriptive analysis of each couple in the experience.

Creal and Florio (1986) described a "Family Wilderness Program" that operates with families of adjudicated delinquent adolescents from a Department of Children and Youth Services psychiatric hospital in Connecticut. A particular strength of this manuscript was the discussion of ethical issues faced by family adventure therapists. One of the ethical concerns identified by the authors was the fact that adventure activities can be too powerful a

therapeutic intervention for some families since activities may raise certain issues too quickly in therapy. The authors reinforced the need to provide families with information about the activities in advance so they can make an informed decision on whether or not to participate in the program.

Bandoroff (1992) developed an adjunctive program titled "The Family Wheel." This program was conducted at the end of a 21-day wilderness therapy program for adjudicated adolescents. Therapy was constructed around four "theme" days of repair, trust, communication, and negotiation. Quantitative evaluation of 27 families who participated in the Family Wheel program compared with 39 families who chose not to attend the program was inconclusive; qualitative findings indicated that the Family Wheel experience strongly impacted participants.

Based on these efforts, it seems that the outcomes of couple and family adventure therapy programs show promise for working with alcoholic families and families of acting-out adolescents. As with enrichment programs, research in the therapeutic area remains preliminary, and although it supports the findings in individually assessed adventure programs (e.g., Ewert, 1989), more traditional systemic assessment instruments are needed to demonstrate the efficacy of adventure therapy with couples and families.

THE DESIGN OF THERAPEUTIC ADVENTURE EXPERIENCES

Although adventure therapists or family adventure therapists may use any number of theory bases, most will follow a similar design in sequencing and processing experience. Techniques are evolving in the field of adventure family therapy to address specific needs. As stated in the introduction, the purpose of adventure family therapy is to implement adventure experiences with therapeutic intent. Despite the absence of a wilderness environment or a ropes course, the principles of adventure therapy can be utilized to design activities appropriate for the therapist's office. Let us return to the case of Billy and his father. The following dialogue is a portion of what occurred during the fourth session. Note that many interventions that use adventure experiences may sound like a page out of Satir's (1972) or Whitaker's (Whitaker & Keith, 1981) approaches to therapy, but this approach seems to possess much more of a strategic direction and makes use of other critical concepts (e.g., eustress, direct consequential learning).

Therapist: I'd like to try something with the two of you to show you what might be happening in your family and how that will affect the future for both of you. This activity is about (a) how kids grow up to be adults, (b) how they figure out what they will be able to achieve and how to believe in these dreams, and (c) how kids test limits. Here we have Billy facing away from you, Dad, and looking out into his future. (*The son is positioned facing away from his father.*) Dad, you're standing back here (*The father is placed behind his son.*) supporting him like the good father that you are.

In this exercise, Billy is moving forward toward his future, yet we all know that sometimes, and Billy has pointed this out to us, kids fall back and need to be repositioned. As you know, Dad, when this happens you need to reestablish Billy's freedom as a growing teenager while maintaining your appropriate control as a parent. So this exercise is about teenagers growing up and having setbacks and parents being the best ones to help their kids get reestablished and stay on the "straight path" to their dreams.

Before the two of you begin practicing the times that Billy will need your support, we better make sure that the two of you are there for each other. We'll do this with some

statements you'll say before Billy falls backward. They will be:

"Son: Are you there Dad?"

Dad: I'm here Billy.

Son: I'm working toward my future.

Dad: I'm here to support you."

Let's just try that.

(The father and son go through these series of statements. Note that these statements are isomorphic with common safety signals used in adventure activities [e.g., spotting and belaying]. The therapist asks Billy, "When your father says that, are you always sure that he's there?" Billy replies "no" and to help change this interaction, the therapist has the son turn around and go through the statements face to face with the father. The father is directed continually to assure the son that he will be there.)

Therapist: Now Billy, your role here is to use your sensitivity and help your Dad in the best way you can. He wants all of your future dreams to come true and for you to be able to be the best person you can, but he's also frightened for you. He's so frightened sometimes that he doesn't know what he should let you do or where he should let you go. So the best thing you can do to help him in this exercise is to show him that you trust him. In this exercise, like at other times, you don't say trust, you show it. You show it here by staying straight; the straighter you are in this exercise, the more you show your Dad that you trust him and that he can trust you. So stay straight in your ankles, your knees, your back, your heart, and your head. (*The therapist anchors these statements by touching each of these areas on Billy as they are stated.*) Staying straight in each of these shows trust. If you really want to show your Dad that you trust him and he can trust you, you will be as straight as possible, okay? (*Son indicates that he understands and agrees.*)

Therapist: (To Dad.) Now there are several ways you can accomplish your role here, Dad. You're a pretty strong guy, and you can stand back about 2-3 feet waiting for Billy to fall, or you can stay in touch with him by starting from the very beginning of the exercise with your hands on his shoulders. Which do you think would work best? (The father chooses to stand back and wait, which is consistent with his "hands-off" approach to interacting with Billy unless he is acting out.) Okay, let's try it.

(The exercise is done with signals given first by Billy to his father. The son laughs uneasily at the signals and fails to lean back to his father. He describes the experience as difficult for him to lean back on his father because he doesn't know if his father is there or if his father will catch him. Dad changes position so he is touching Billy and reassuring him that he is there. The two complete the exercise quite easily with the father providing supportive assurance and staying in contact with Billy and Billy remaining completely straight in working with his father.)

Therapist: (To Dad): I'm very impressed with the change in your position and how much more comfortable Billy seems about doing this exercise. You know the more comfortable both of you get with Billy growing, the healthier the risks he can take as a growing young adult to be the person he wants to be. It seems that one thing we know is that if kids stand for nothing, they'll fall for anything, right? Another feature of what you did that impressed me is that it's one thing to protect Billy from falling and making mistakes, but it's another to give in and let him go too far. If he doesn't stay straight, he could hit the floor, or worse yet, destroy his mind and body on things like drugs. As with all parents, you realize that it's important for you to remember that you know what's

healthy and appropriate for him.

- (These isomorphic statements were made in the preceding manner to match the family's belief system and to insure their integration into the future interaction between the father and son.)

The experience was discussed further with the therapist focusing on how the relationship of the father and son needed to be "hands on" in order to be successful. This experience, titled "Straight to your dreams" for this particular situation, served as a significant change event for this family and provided the remaining sessions with a rich source of therapeutic information and focus, including extensions to other children in the family.

As in the case of Billy and his father, therapeutic adventure experiences such as "Straight to your dreams" are often strategically designed to attain specific treatment objectives (e.g., learning how a son and father might be more actively and positively involved in "staying straight"). There are five general areas that are used in adventure therapy to create functional change for clients and families: assessment, structuring, intervention, debriefing, and follow-up. Each of these areas will be outlined and discussed in relation to the case of Billy and his father.

1. *Assessment.* Critical to the effectiveness of any therapeutic intervention is the ability to identify client needs based on an appropriate means of assessment. Assessment for adventure therapy programs can be obtained through traditional methods or through the actual use of adventure experiences. Adventure experiences are valuable assessment tools because most clients are unfamiliar with these activities. Because of this unfamiliarity, clients often project a clear representation of their behavior patterns, personality, family interaction patterns, and interpretation into the activities (Creal & Florio, 1986; Bacon, 1983).

In the case of Billy and his father, the initial chief complaint was Billy's substance abuse. Through four sessions of family therapy, the problem supporting this symptom (as well as other symptoms) was determined through traditional verbal and observational assessment methods. This information was critical for determining the specific structure and interrelating context of the adventure experience for Billy and his father. Without this information, conducting such an intervention would be a "hit or miss" strategy.

2. *Structuring.* Based on the assessment of the client's or family's needs, adventure experiences are structured to target functional change during the actual experience. This idea of adaptation is very similar to Zeig's (in press) concept of "gift wrapping" ideas (therapy goals) specifically tailored to utilize the client's history in bringing about functional change. The same adventure experiences may vary from one family to the next because of the need to adapt activities to specific treatment objectives. There is no "one standard format" for conducting each experience, but there are some specific guidelines for therapists to use in structuring these experiences in order to help families focus on specific issues and resulting behavior change.

Probably the central focus of adventure experiences is to have a positive integration (i.e., transfer of learning) into clients' future behavior (Gass, 1985). Without positive transfer of learning, adventure experiences have little or no long-term value for clients. Therapeutic programs generally place a great deal of emphasis on metaphoric transfer (Gass, 1991). Metaphoric transfer occurs when parallel processes become so similar (i.e., isomorphic) that learning in one situation becomes analogous to learning in a different, yet similar, situation. This is accomplished by appropriately "framing" or structuring each experience to assist clients with integrating functional change into their lives. Appropriate framing enhances the therapeutic value of the adventure experience, enabling it to be more prescriptive and specific

in application and use. The proper structuring of metaphoric adventure activities for therapeutic purposes often holds the key to creating valid therapeutic experiences and lasting change for clients.

As described earlier, the therapy with Billy and his father focused on structuring an experience that matched their needs, creating functional change through the resolution of specific issues, and leading Billy and his family to transfer these changes into their lifestyle once the experience was over. "Straight to your dreams" is an example of how one adventure activity (i.e., "Trust Lean" [Rohnke, 1988]) was structured to focus on substance abuse and distancing issues in Billy's family, serve as a medium for the family to resolve these issues, and provide a means to integrate functional change into the family's structure and interaction. Note that this particular activity, like many adventure interventions, was adapted for use in a traditional family therapy office.

Gass (1991) has created a seven-step model that outlines a sequential process that adventure therapists can use in creating the actual "structure" of therapeutic adventure experiences. These steps are: (a) state and rank the goals of the therapeutic intervention based on the assessment of the clients' needs, (b) select an adventure experience that possesses a strong metaphoric relationship to the goals of therapy, (c) identify how the experience will have a different successful ending/resolution from the corresponding real life experience, (d) adapt the framework of the adventure experience so participants can develop associations with the concepts and complexity of the experience, (e) design the structured metaphor to be compelling enough to hold participants' attention without being too overwhelming, (f) make minor adjustments to highlight isomorphic connections during the adventure experience (e.g., appropriate reframing, punctuation), and (g) use appropriate processing techniques following the experience to reinforce positive behavior changes (e.g., reframe potentially negative interpretations of experience, focus on the integration of functional change into the client's lifestyle).

3. *Interventions.* Once these activities are structured or framed in the intended manner, the adventure experience is conducted to achieve the appropriate intervention. The role of the therapist during the intervention is to guide the family through the experience, emphasizing key points they make in their decision-making process through techniques that are often used by family therapists during other types of interventions (e.g., punctuation, reframing, anchoring, circular questioning, the use of paradoxical techniques).

This facilitation process is quite evident throughout the "Straight to your dreams" initiative with Billy and his father. During this experience, the therapist punctuated key concepts that were critical foci for the family, particularly those foci that were isomorphic connections between the adventure experience and areas of change for the family (e.g., staying "straight" in the activity and staying "straight" from using drugs). The therapist also reframed certain family behaviors in order for the family to perceive certain actions in a different manner (e.g., Billy's acting out as his "sensitivity" in recognizing that the family needs their father at home, the father's inability to act as his concern to do the best thing for Billy). Physically anchoring specific concepts also served as a means to highlight critical concepts (e.g., staying straight, trust). Circular questions also played an important role in intensifying certain critical features (e.g., "When your father says that, are you always sure that he is there?"). The strategic use of techniques like these assists the therapist in modulating the intensity, pace, and direction of the intervention so that the family can fully integrate the intentions of therapy.

4. *Debriefing.* Following an intervention activity, adventure therapists focus varying degrees of attention on debriefing the dynamics of what occurred in the activity. The purpose

of debriefing is (a) to enhance the therapeutic value of the adventure experience through heightened client awareness and (b) to increase the positive transfer of functional therapeutic change for clients' future use. Debriefing techniques are generally verbal in format, but can often take the form of nonverbal strategies (e.g., sculpting, journal writing).

Borton (1970) offers one of the simplest formats for debriefing adventure experiences through the three progressive questions of (a) what happened? (b) so what? and (c) now what? The "what" asks clients to revisit their actions and interactions in a nonjudgmental manner to increase their understanding of what actually occurred. This can be particularly valuable for families in adventure activities since some members are "left out" of certain decisions on what occurred or some members of the family become so involved in the dynamics of their interactions that they become oblivious to the actions of others. The "so what" asks clients to examine the consequences and ramifications of what occurred in the experience. Examination of this area often leads to a deeper understanding of behavior patterns that led to various actions in the activity. This is particularly relevant for family adventure programs, where the discovery and examination of these patterns provides an important source of information for family members to change. The "now what" stage focuses on building from the two previous debriefing stages. It asks clients to examine their behavior patterns and make decisions about what they wish to change or keep the same in future interactions. This final stage obviously focuses strongly on transferring learning from adventure experiences to future interactions for the family. As stated by Gass (1991), the success in reaching and implementing this stage in therapy often determines the lasting effectiveness of an adventure therapy experience.

The debriefing of "Straight to your dreams" allowed Billy and his father to focus on transferring their interaction in the experience to other ways they could actively be involved together. Several critical points of the debriefing were the identification and discussion of appropriate "hands-on" parenting techniques that could work for this family, appropriate ways in which Billy could let his father know what kind of support he needed, and appropriate ways in which the father could convince his son that he could trust him to be there.

5. *Follow-up.* Once positive changes have been integrated into the family system from the adventure experience, there is a need to implement methods of reinforcing these changes to prevent the reoccurrence of negative behaviors and to enhance clients' ability to adapt to new conflicts. Adventure therapy programs without follow-up experiences lack the strength of interventions with these experiences. As stated by the U. S. Department of Justice concerning adventure therapy programs for dysfunctional adolescents, "wilderness programs without follow-up into clients' home communities should be rejected on the basis of their repeated failure to demonstrate effectiveness in reducing delinquency after having been tried and evaluated" (Johnson, Bird, Warren-Little, & Beville, 1981, p. 77).

Follow-up experiences can consist of actual adventure experiences or methods that enable the family to revisit critical portions of their adventure experiences (e.g., through reflection). One of the best follow-up techniques for marriage and family therapists is to use key phrases or critical portions from the adventure experience in traditional therapy sessions. In the intervention stage of the "Straight to your dreams" example, the therapist asked Dad at an appropriate time, "Which (style of parental involvement) is right for you?"

FUTURE TRENDS

The various formats (hours, one day, multiple days), environments (ropes courses,

wilderness areas), and populations (couples/families, enrichment/therapeutic) represent the main avenues adventure therapists have used in combining these two fields. The use of adventure activities has been growing within the therapy field (e.g., Gass & McPhee, 1990; Schoel et al., 1988), and numerous paths exist for practitioners and researchers. In creating the "territory" of future expansion, two critical routes that must be charted are (a) treatment considerations and (b) training issues.

Treatment Considerations

Several existing family therapy approaches may be integrated with adventure activities. Gass (1991) has outlined how adventure strategies can be integrated into strategic and structural approaches. Gillis and Bonney (1986) and Gerstein and Rudolph (1989) have documented the use of strategic approaches for adventure curricula. Gillis and Bonney (1989) have outlined how adventure activities can fit within a psychodrama format, and Mason (1987) has acknowledged the influence of Whitaker's approach in her work. More descriptive and qualitative analyses are needed to explore when and how adventure experiences fit with these and other therapeutic approaches. It is possible that the selection of which family framework to use will depend upon specific client needs rather than on one "correct" theoretical answer.

It is also unclear how adventure activities can be integrated most appropriately into therapeutic processes. Questions that should be used to decide this issue include (a) determining when adventure experiences should be used as a tool for assessment, an adjunct to traditional marriage and family therapy practices, or as therapy per se; (b) identifying the circumstances, populations, and issues for which adventure techniques are contraindicated (Creal & Florio, 1986); and (c) identifying particular activities that work best with particular populations (e.g., single-parent families or families with acting-out adolescents) to produce lasting effects. These treatment issues, along with the related ethical issues (Creal & Florio, 1986) and the qualitative and quantitative research questions they raise, are important in guiding the exploration of this new area.

Training Issues

The training of professionals also raises several issues. Therapists using adventure experiences or specific adventure techniques should realize that they need competency in two fields to integrate these fields effectively into a third field. Although certain traditional therapeutic approaches and adventure activities share similar concepts (e.g., metaphor development, assessment/diagnostics, enactment, and action-oriented therapy), these approaches need to be taught in an integrated manner. There is a need for training programs which address this "cross training" issue and envision the integration of adventure and marriage and family therapy fields as achieving a level of intervention greater than either field can achieve separately. It is deceptively simplistic to think that having been trained in either field exclusively qualifies one to add the other field without sufficient preparation. Due to the potential physical and psychological danger of improperly administered activities, Gillis and Bonney (1986) caution therapists to resist the temptation of implementing adventure techniques without sufficient training. The same caution is certainly warranted for adventure leaders who feel they can add a therapeutic component to their program by merely incorporating therapy jargon (e.g., metaphors, processing) or by merely including a trained therapist in their efforts. Both fields need to take responsibility for insuring that appropriate training programs

are made available for interested professionals; otherwise, this integrated approach will continue to be limited in application.

SUMMARY

The integration of adventure experiences into the marriage and family therapy and enrichment field is clearly uncharted territory. The explorations accomplished to date offer the promise of new therapeutic innovations to come. Many questions remain for practitioners and researchers, and we hope that this attempt to chart a course for the future extends the invitation for further travel.

REFERENCES

- Bacon, S. (1983). *The conscious use of metaphor in Outward Bound*. Denver, CO: Colorado Outward Bound School.
- Bacon, S. B. (1987). *The evolution of the Outward Bound process*. Greenwich, CT: Outward Bound, USA. (ERIC Document Reproduction Service No. ED 295 780)
- Bacon, S. (1988). *Paradox and double binds in adventure-based education*. Greenwich, CT: Outward Bound, USA.
- Bacon, S. B., & Kimball, R. (1989). The wilderness challenge model. In R. D. Lyman, S. Prentice-Dunn, & S. Gabel (Eds.), *Residential and inpatient treatment of children and adolescents* (pp. 115-144). New York: Plenum.
- Bandoroff, S. (1990). *Wilderness-adventure therapy for delinquent and pre-delinquent youth: A review of the literature*. Unpublished manuscript, University of South Carolina.
- Bandoroff, S. (1992). *Wilderness family therapy: An innovative treatment approach for problem youth*. Unpublished doctoral dissertation, University of South Carolina.
- Berman, D. S., & Davis-Berman, J. L. (1989). Wilderness therapy: A therapeutic adventure for adolescents. *Journal of Independent Social Work*, 3(3), 65-77.
- Borton, T. (1970). *Reach, touch, and teach*. New York: McGraw-Hill.
- Burton, L. M. (1981). A critical analysis and review of the research on Outward Bound and related programs (Doctoral dissertation, Rutgers University, 1981). *Dissertation Abstracts International*, 42, 1581B.
- Chase, N. K. (1981). *Outward Bound as an adjunct to therapy*. (ERIC Document Reproduction Service No. ED 241 204).
- Clapp, C., & Rudolph, S. (1990). Adventure therapy with families: The Family Challenge program. In R. Flor (Ed.), *Proceedings Journal of the 18th Annual Association for Experiential Education Conference*, 71-73.
- Creal, R. S., & Florio, N. (1986). The family wilderness program: A description of the project and its ethical concerns. In M. Gass & L. Buell (Eds.), *Proceedings Journal of the 14th Annual Association for Experiential Education Conference: The season of ingenuity: Ethics in Experiential Education*, 47-55.
- Deal, G. (1983). Ropes and recovery. In T. F. Stich (Ed.), *Outward Bound in alcohol treatment and mental health* (pp. 30-69). Greenwich, CT: Outward Bound, Inc.
- Ewert, A. (1987). Research in outdoor adventure: Overview and analysis. *Bradford Papers Annual*, 2, 15-28.
- Ewert, A. (1989). *Outdoor adventure pursuits: Foundations, models, and theories*. Worthington, OH: Publishing Horizons, Inc.
- Galagan, P. (1987). Between two trapezes. *Training and Development Journal*, 41, 40-48.
- Gass, M. A. (1985). Programming the transfer of learning in adventure education. *Journal of Experiential Education*, 10(3), 18-24.
- Gass, M. A. (1990). The longitudinal effects of an adventure orientation program in the retention of students. *Journal of College Student Development*, 31, 33-38.
- Gass, M. A. (1991). Enhancing metaphor development in adventure therapy programs. *Journal of*

- Experiential Education*, 14(2), 8-13.
- Gass, M. A. (1993). *Adventure therapy: Therapeutic applications of adventure programming*. Boulder, CO: Association for Experiential Education.
- Gass, M. A., & McPhee, P. J. (1990). Emerging for recovery: A descriptive analysis of adventure therapy for substance abusers. *Journal of Experiential Education*, 13(2), 29-35.
- Gerstein, J., & Rudolph, S. (1989, October). *Taking family adventure programming one step further: Utilizing a strategic perspective*. Paper presented at the Annual Conference of the Association for Experiential Education, Santa Fe, NM.
- Gillis, H. L. (1987). An exploratory study comparing the strategic use of metaphorical introductions with traditional introductions in a one-day, adventure workshop for couples enrichment, (Doctoral dissertation, The University of Georgia, 1986). *Dissertation Abstracts International*, 47, 3312A.
- Gillis, H. L., & Bonney, W. C. (1986). Group counseling with couples or families: Adding adventure activities. *Journal for Specialists in Group Work*, 11(4), 213-219.
- Gillis, H. L., & Bonney, W. C. (1989). Utilizing adventure activities with intact groups: A sociodramatic systems approach to consultation. *Journal of Mental Health Counseling*, 11, 345-358.
- Gillis, H. L., Gass, M. A., Bandoroff, S., Rudolph, S., Clapp, C., & Nadler, R. (1991). Family adventure survey: Results and discussion. In C. Birmingham (Ed.), *Proceedings Journal of the 19th Annual Association for Experiential Education Conference*, 29-39.
- Gillis, H. L., & Simpson, C. (1991). Project choices: Adventure-based residential drug treatment for court-referred youth. *Journal of Addictions and Offender Counseling*, 12, 12-27.
- Godfrey, R. (1980). *Outward Bound: Schools of the possible*. Garden City, NY: Anchor Press/Doubleday.
- Haley, J. (1973). *Uncommon therapy: The psychiatric techniques of Milton H. Erickson*. New York: W. W. Norton.
- Haley, J. (1987). *Problem solving therapy* (2nd ed.). San Francisco: Jossey-Bass.
- Hausmann, S. E. (1984). A qualitative study of year-round outdoor therapeutic camping programs. *Dissertation Abstracts International*, 45/09-A, 2835. (University Microfilms No. AAD84-27540)
- Johnson, G., Bird, T., Warren-Little, J., & Beville, S. L. (1981). *Delinquency prevention: Theories and strategies*, 20. U. S. Department of Justice: Office of Juvenile and Delinquency Prevention.
- Kelly, F., & Baer, D. (1968). *An alternative to institutionalization for adolescent delinquent boys*. Boston: Fandel Press.
- Kimball, R. O. (1983). The wilderness as therapy. *Journal of Experiential Education*, 5(3), 6-9.
- Kimball, R. O. (1991). Empowerment: How and why they work: Special report: Challenging teens in treatment. *Adolescent Counselor*, 4(2), 24-29.
- Kirkpatrick, T. (1983). Outward Bound as an adjunct to family therapy in the treatment of alcoholism. In T. F. Stich (Ed.), *Outward Bound in alcohol treatment and mental health*. Greenwich, CT: Outward Bound, Inc.
- L'Abate, L., & McHenry, S. (1983) *Handbook of marital interventions*. New York: Grune & Stratton.
- Levitt, L. (1982). How effective is wilderness therapy: A critical review. In F. E. Bolteler (Ed.), *Proceedings: Wilderness Psychology Group Third Annual Conference*, 81-89.
- Madanes, C. (1989). *Strategic family therapy*. San Francisco: Jossey-Bass.
- Mason, M. J. (1981). Relationship enrichment: Evaluating the effects of a couples wilderness program (Doctoral dissertation, University of Minnesota, 1980). *Dissertation Abstracts International*, 42, 161B.
- Mason, M. (1987). Wilderness family therapy: Experiential dimensions. *Contemporary Family Therapy*, 9(1-2), 90-105.
- Miner, J., & Boldt, J. (1981). *Outward Bound, USA*. New York: William Morrow.
- Outward Bound, USA. (1991). *1991 Brochure*. Greenwich, CT: author.
- Rohnke, K. (1988). *The bottomless bag*. Dubuque, IA: Kendall-Hunt.
- Rohnke, K. (1989). *Cowstails and cobras II*. Hamilton, MA: Project Adventure, Inc.
- Roland, C., & Hoyt, J. (1984). Family adventure programming. In G. M. Robb, & P. K. Hamilton, (Eds.), *The Bradford Papers: Proceedings from the 1983 Institute on Innovations in Camping and Outdoor Education with Persons who are Disabled*: Vol. 4 (pp. 19-28). Martinsville, IN: Indiana University/Bradford Woods.

- Roland, C., Summers, S., Freidman, M., Barton, G., & McCarthy, K. (1987). Creation of an experiential challenge program. *Therapeutic Recreation Journal*, 21(2), 54-63.
- Satir, V. (1972). *Peoplemaking*. Palo Alto, CA: Science and Behavior.
- Schoel, J., Prouty, D., & Radcliffe, P. (1988). *Islands of healing: A guide to adventure based counseling*. Hamilton, MA: Project Adventure, Inc.
- Shore, A. (1977). *Outward Bound: A reference volume*. Greenwich, CT: Outward Bound, Inc.
- Stich, T. F. (1983). Experiential therapy. *Journal of Experiential Education*, 5(3), 23-30.
- Stich, T. F., & Gaylor, M. S. (1983). *Outward Bound: An innovative patient education program*. (ERIC Document Reproduction Service No. ED 247 047).
- Stich, T. F., & Senior, N. (1984). Adventure therapy: An innovative treatment for psychiatric patients. In B. Pepper & H. Rylewicz (Eds.), *Advances in treating the young adult chronic patient* (pp. 103-108). San Francisco: Jossey Bass.
- Stich, T. F., & Sussman, L. R. (1981). *Outward Bound An adjunctive psychiatric therapy: Preliminary research findings*. (ERIC Document Reproduction Service No. ED 239 791).
- Whitaker, C. A., & Keith, D. V. (1981). Symbolic-experiential family therapy. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of family therapy*, 187-225. New York: Brunner/Mazel.
- Witman, J. P. (1989). Outcomes of adventure program participation by adolescents involved in psychiatric treatment. *Dissertation Abstracts International*, 50/01-B, 121. (University Microfilms No. AAD89-07355)
- Zeig, J. (1992). Virtue of our faults. A key concept in Ericksonian therapy. In J. Zeig (Ed.), *The evolution of psychotherapy: A second conference*, 252-269. New York: Brunner/Mazel.

NEW! The Popular Reference Updated for the 90s...

Family Therapy Glossary

AAMFT's handy, illustrated book is an ideal introduction to all the terms which delineate the field of marriage and family therapy.

AAMFT's FAMILY THERAPY GLOSSARY includes:

- definitions which blend traditional and historical concepts with current systemic terms.
- references for terms which may need further clarification
- a supplemental bibliography for additional study
- illustrations that explain many terms



Send me _____ copies of the FAMILY THERAPY GLOSSARY at just 8.95 each (\$8 each when ordering 15 or more!) Payment: AMEX MC VISA CHECK

Name: _____ AAMFT
 Street: _____ 1100 17th Street, NW
 City, State, Zip: _____ 10th Floor, Washington, DC
 Phone: _____ 20036-4601
 Card # _____ Exp. _____ Phone: (202) 452-0109
 Signature: _____ FAX: (202) 223-2329