State of the Profession
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Best Practices in Adventure Therapy:
Heartland Region
Therapeutic Adventure Professional Group (TAPG)
Mini-Conference
Hosted by Omni Youth Services, Buffalo Grove, Illinois
February 4-6, 2005

professor

Main Entry: **pro·fes·sor**
Function: *noun*
1 : one that **professes** , **avows**, or **declares**

curmudgeon

Main Entry: **cur mud geon**

Function: *noun*

2 : a **crusty**, ill-tempered, and usually **old man**

Introduction

- Some History with Observations
- Report Card:
  - Theory
  - Research
  - Practice
- Miracle Question #1 Now: Report Out #1
- Miracle Question #2 Then: Report Out #2
- Questions, Comments, Recommendations, Insults, Jokes, Snide Remarks, Expressions of Gratitude, etc.

History

Know it or risk repeating it

Selected Events in Adventure Therapy (US)

Pre 1800	Friends Hospital opens in Philadelphia. A major component of treatment is based on idea that **natural environment** is healing for the "mentally ill“
1901	"**Tent therapy**" - on the hospital grounds Manhattan State Hospital East to isolate TB patients from other patients.
1929	Camp Ahmek, beginning of a "**therapeutic approach**" to camping
1946	Salesmanship Club of Dallas (Campbell Loughmiller) – beginning of therapeutic camping movement
1968	Kelly & Baer found delinquents who participated in an Outward Bound program experienced lower recidivism

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Selected Events in Adventure Therapy (US)

1979	Term ***adventure based counseling*** used in print
1980	AEE's Professional Group: Adventure Alternatives in Corrections, Mental Health, and Special Populations
1980s	Rapid growth of challenge courses construction and training in adolescent hospitals begins
1983	Publication of the *Conscious Use of Metaphor in Outward Bound*
1984	Colorado Outward Bound begins treatment program
1988	Publication of *Adventure Based Counseling*

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Selected Events in Adventure Therapy (US)

1990	Michelle Sutton dies during the first desert trek - Summit Quest
1990	Kristen Chase dies in Challenger Foundation wilderness therapy program
1991	Ethical Code adopted by AEE's Adventure Alternatives
1992	Demise of Challenge courses in adolescent hospitals
1992	AEE's Adventure Alternatives becomes Therapeutic Adventure Professional Group
1992	AEELIST (listserv) started
1993	Publication of *Adventure Therapy: Therapeutic Applications of Adventure Programming*

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Selected Events in Adventure Therapy (US)

1994	M.S Psychology: Adventure Therapy track BEGINS at Georgia College
1994	Publication of *Wilderness Therapy*
1994	Aaron Bacon dies at North Star Expeditions in Utah
1995	Adventure therapy Listserv started
1997	1st International Adventure Therapy Conference, Perth. Western Australia
1997	M.S Psychology: Adventure Therapy track ENDS at Georgia College
1998	1st Therapeutic programs accredited by AEE
1999	Outdoor Behavioral Healthcare Industry Council (OBHIC) forms

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Selected Events in Adventure Therapy (US)

2000	2nd International Adventure Therapy Conference, Augsburg Germany
2002	Naropa University begins M.A.-Transpersonal Counseling Psychology: Wilderness Therapy
200?	Prescott College begins M.A. in Adventure Based Counseling
2000-2003	Several OBHIC organizations become accredited by Joint Commission on Accreditation of Healthcare Organizations and Council on Accreditation
2003	3rd International Adventure Therapy Conference, Victoria, British Columbia, Canada
2006	4th International Adventure Therapy Conference Rotorua New Zealand – THIS WEEKEND, NEXT YEAR 1-5 Feb

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Observations from History

- "Tent therapy" on hospital grounds no longer exist
- Therapeutic camping continues [NATWC]
- Juvenile delinquents still receive "adventure programming" as an alternative to incarceration
- Challenge courses at adolescent hospitals have been chain sawed

Observations from History

- Teens still die in "wilderness programs" – States try to regulate
- Outdoor Behavioral Healthcare Industry Council [OBHIC] forms, collects data, becomes accredited
- **No** new adventure or wilderness therapy **books** written in 10 years
- Academic programs begin and some end

By the way, whatever happened to Corporate Adventure Training

Any lessons to be learned here?

Mike Gass (2004) posited: *What happened to Corporate Adventure Programming?*

- **Failure** of evidence based outcome and procedures (e.g., bottom line return on investment).
- **Inability** to proactive implement risk management procedures.
- Flood of **low quality programs** and lack of market differentiation.
- **Competition/backlash** from traditional sources.
- **Inability** to grow as a field in a systemic, collaborative manner.

Theory

Some recent positive developments

- Sandy Newes' extensive critical review of the Adventure Therapy field (accessible from James Neill's website)
- Denise Mitten's keynote at the 3IATC advocating AT as a Complementary and Alternative Medicine [CAM]
- Keith Russell's advocacy for a Wilderness Therapy model
- Simon Crisp's Wilderness Adventure Therapy model
- James Neill's Internet Portal

Unanswered Questions

Theory suggestions: 1st IATC '97

•Formalize "what is adventure therapy"
•What does it take to be an adventure therapist & how does one qualify for the title?
•Develop more emphasis on behavioral outcomes & change
•Recognize cultural differences (what works in the USA might not work in Australia);
•Re-evaluate the role of fear & program sequencing & risk disclosure

James Neill's 2004 semantic contribution to definition

- **Therapy + Adventure:**
  - **Adventure Therapy**
  - **Adventure Based Therapy**
  - **Therapeutic Adventure**
- **Therapy + Outdoor/Wilderness:**
  - **Outdoor Behavioral Healthcare**
  - **Therapeutic Outdoor Programs**
  - **Wilderness Therapy**
- **Therapy + Activity/Recreation:**
  - Activity Based Psychotherapy
  - Diversional Therapy
  - Therapeutic Recreation
- **Specific Principles and Models of Practice**:
- e.g., Adventure Based Counseling

Therapy + Adventure:

- **Adventure Therapy (AT) Neill 2004**
  - broad term for the intentional use of a combination of **adventurous activities** (commonly, for example, expeditions, ropes courses and initiative tasks) and **facilitation** to achieve psychotherapeutic goals.
  - Often conducted in groups.
  - Can be used as primary or adjunctive treatment for psychological and behavioral problems.

Therapy + Outdoor/Wilderness:

- **Wilderness Therapy (WT) Neill 2004**
  - emphasis on the outdoors, however the term "wilderness" specifically refers to the effort to situate the experiences in relatively **natural environments**.
  - WT tends to place more emphasis on the **direct therapeutic role of nature**, as well as the situational contingencies associated with living in wilderness settings.

Theory: Grade = C+

- **What are we doing:**
  - **Continuing to talk about the definition**
  - **Proposing some (untested) models**
  - **Developing strategies for infiltrating mental health practice [CAM]**
- **What we are <u>not</u> doing:**

In 1992:

•**Put energy in writing specific how-to training manuals**
•Train **traditionally trained psychotherapist** to do whatever it is we do
•Share what we do with traditional therapists in traditional psychotherapy journals
•**Our own writing** needs to be **more easily accessible**
•**Train** experientially based outdoor **leaders** and **paraprofessionals in ethics**

In 1996

• A **survey** is needed to highlight **similarities** and **differences in AT & WT**
• A **common set of information needs** to be specified in abstracts: • **type of programming** • **population** • **measurement instruments** •**outcome statement**.

In 1996

- **Define clinically relevant criteria for being and adventure therapist and evaluate the validity of the criteria**.

- Perform a retrospective and prospective survey is needed with a large sample given an assessment battery composed of some well-normed questionnaires.

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Research

It's not like we don't know what needs to be done

Some recent positive developments

- Sandy Newes' extensive critical review of Adventure Therapy research
- Keith Russell's work with OBHIC and numerous presentations inside and outside of AEE
- Mike Gass' call to action in his SEER keynote at AEE

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Research suggestions: 1st IATC '97

Quantify the effects of our work; to define further just what our work is;
Provide **independent** research into programs
Partner practitioners & researchers.
Demonstrate through research & evaluation that **long term change** has taken place.
Identify potentials risks of carrying out our work

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Research: Grade = D

- **We do not have doctoral granting mental health programs to nurture research**
- **We have had ample warning as to the consequences of ignoring research and we are experiencing the consequences**
- **We do not value research – and as we say in my part of the world, *that dog will BITE you***

Mike Gass' SEER recommendations

- Promote, advocate, and seek out **partnerships** between industry providers and researchers [pursue the OBHIC model]
- Appropriately **train** students and other professionals to **produce** valued research

Practice

That's why we're here this weekend?

Some recent positive developments

- TAPG work on best practices
- 3 successful International Adventure Therapy Conferences
- A recent publication with proceedings from the 3IATC
- A call for articles in a (Ringer's book)
- This conference

Practice suggestions: 1st IATC '97

For facilitators to be **sensitive toward people's fears** - identifying what they are - i.e., Not assuming that the fear is outdoor activities
To **explore our own identity** by giving & receiving honest feedback & becoming aware of our own behavior .
To have **a professional organization** with clear ideas about the evolution, research, accountability
To **start each participant on a path of self discovery**
To **actively dialogue with youth** (what do THEY want?)

Practice suggestions: 1st IATC '97

To develop **accreditation** at counseling & outdoor levels;
To develop a **code of practice & ethics**
To form an association of adventure therapists to facilitate **supervision** on processes & training/research programs to assist in credibility of adventure therapy
To form an **international association** of adventure therapist
To establish a journal of theory & practice dedicated to adventure therapy.

Practice: Grade = C+

- **We need to tailor our treatment to people and diagnoses (Barlow 04 and Norcross 04)**
- **We need to understand how psychotherapy research can inform how we tailor our practice (Norcross 04)**

Suggestions from Barlow 2004

1. Treatment is specifically tailored – not averaged across treatment
2. Techniques emerge from laboratories of science
3. Treatment emanates from diverse theoretical approaches

1. We tend to merge challenge course based treatment and wilderness based treatment
2. We do not have any labs as evidenced by the lack of doctoral dissertations from any one (or 2) schools
3. We ARE from diverse theoretical approaches

Resistance (Norcross 04)

- **Highly Resistant clients need therapies that have greater self control, use paradoxical intention and have therapist who minimize directiveness**
- **Low Resistant clients need therapist with greater directiveness who provide explicit guidance**

Coping styles (Norcross 04)

- **Externalizers** (Impulsive, action or task oriented extroverts) need symptom focused, skill building therapy
- **Internalizers** (self critical, inhibited introverts) need interpersonal and insight oriented therapy

Stages of Change (Norcross 04)

Therapist Role	Stage	Therapy
Nurturing Parent	**Precontemplative**	Cognitive Affective
Socratic Teacher	**Contemplative**	
Experienced Coach	**Action**	Behavioral
Consultant	**Maintenance**	

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Demonstrable Elements of Therapeutic Relationships (Norcross 04)

- Therapeutic alliance
- Cohesion
- Empathy
- Goal Consensus
- Collaboration

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Probably Effective Elements of Therapeutic Relationships (Norcross 04)

- Positive regard
- Genuineness
- Feedback
- Repair of alliance ruptures
- Self-disclosure
- Management of counter-transference
- Quality of transference interpretation

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Insufficient Research on Tailoring for: (Norcross 04)

- Attachment Style
- Gender
- Ethnicity
- Religion/Spirituality
- Preferences
- Personality disorders

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Disconnect

Research (Barlow/Norcross) says:	We (according to Newes & others):
Experienced therapists have more successful outcomes because they know more treatment strategies and can handle difficult situations	…value training through experience and, for the most part, eschew formally trained psychotherapist
Treatment specifically tailored to people and diagnoses works best	…programs are unable to delineate which therapeutic approach they use; we appear to offer the hammer that treats everyone as a nail

Some thoughts

- **From Barlow's (2004): What if wilderness/adventure therapy were a Psychotropic Drug?**
  - **There would be major money spent to make sure it worked**
  - **There would be direct marketing to the public advising people with specific diagnoses to consider participating**
- **Since the public prefers treatment to medication, on what are we waiting?**

Miracle Question 1:

- **Instructions**
  - ***It's <u>Sunday afternoon</u>; what has happened that has made this weekend the most worthwhile professional experience you have had?***
  - **Find someone you do not know, discuss this question and write down responses on the stickies provided**

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Report out #1

Miracle Question 2:

- Instructions
  - ***It's <u>February 2010</u>; what has happened to Wilderness and Adventure Therapy that places it in the vernacular of mental health professionals?***

  Find another someone you do not know. Share your responses to the first question, discuss the second question and write down responses on the other stickies provided

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Report out #2

According to Mike Gass (March 2004)
Adventure Therapy, if successful in 2010, will:

- …have documented research on what treatment does and does not do,
- …have stronger risk management systems, particularly with screening for which program for which client,
- …have clear indicators of what quality programs are or what are not (e.g., accreditation),

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According to Mike Gass (March 2004)
Adventure Therapy, if successful in 2010, will:

- …match external organization and government "value systems,"
- …adapt to be more applicable for the changing demographics of America
- …become more recognizable to the public, being differentiated from all other adventure programming forms
- …understand where programming "fits" along a client's continuity of care.

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My thoughts

We, as a field are not committed to evaluation or research; we operate as if someone else will do it.

It is we who must do the work. It is we who must value evaluation of our work and be willing to share what we collect.

Where will you put your energy in order to move the field forward?

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