State of the Profession
Lee Gillis, Ph.D.

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: professor
Function: noun
1: one that professes, avows, or declares

leegillis.com
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)

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre 1800</td>
<td>Friends Hospital opens in Philadelphia. A major component of treatment is based on idea that natural environment is healing for the &quot;mentally ill&quot;</td>
</tr>
<tr>
<td>1901</td>
<td>&quot;Tent therapy&quot; - on the hospital grounds Manhattan State Hospital East to isolate TB patients from other patients.</td>
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<tr>
<td>1929</td>
<td>Camp Ahmek, beginning of a &quot;therapeutic approach&quot; to camping</td>
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<tr>
<td>1946</td>
<td>Salesmanship Club of Dallas (Campbell Loughmiller) – beginning of therapeutic camping movement</td>
</tr>
<tr>
<td>1968</td>
<td>Kelly &amp; Baer found delinquents who participated in an Outward Bound program experienced lower recidivism</td>
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<tr>
<td><strong>1979</strong></td>
<td>Term <em>adventure based counseling</em> used in print</td>
</tr>
<tr>
<td><strong>1980</strong></td>
<td>AEE’s Professional Group: Adventure Alternatives in Corrections, Mental Health, and Special Populations</td>
</tr>
<tr>
<td><strong>1980s</strong></td>
<td>Rapid growth of challenge courses construction and training in adolescent hospitals begins</td>
</tr>
<tr>
<td><strong>1983</strong></td>
<td>Publication of <em>Conscious Use of Metaphor in Outward Bound</em></td>
</tr>
<tr>
<td><strong>1984</strong></td>
<td>Colorado Outward Bound begins treatment program</td>
</tr>
<tr>
<td><strong>1988</strong></td>
<td>Publication of <em>Adventure Based Counseling</em></td>
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<tr>
<td><strong>1989</strong></td>
<td>Term <em>adventure based counseling</em> used in print</td>
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<tr>
<td><strong>1990</strong></td>
<td>Demise of Challenge courses in adolescent hospitals</td>
</tr>
<tr>
<td><strong>1990</strong></td>
<td>Kristen Chase dies in Challenger Foundation wilderness therapy program</td>
</tr>
<tr>
<td><strong>1991</strong></td>
<td>Ethical Code adopted by AEE’s Adventure Alternatives</td>
</tr>
<tr>
<td><strong>1992</strong></td>
<td>AEELIST (listserv) started</td>
</tr>
<tr>
<td><strong>1993</strong></td>
<td>Publication of <em>Adventure Therapy: Therapeutic Applications of Adventure Programming</em></td>
</tr>
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<tr>
<th>Year</th>
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<tr>
<td>1994</td>
<td>M.S Psychology: Adventure Therapy track BEGINS at Georgia College</td>
</tr>
<tr>
<td>1994</td>
<td>Publication of <em>Wilderness Therapy</em></td>
</tr>
<tr>
<td>1994</td>
<td>Aaron Bacon dies at North Star Expeditions in Utah</td>
</tr>
<tr>
<td>1995</td>
<td>Adventure therapy Listserv started</td>
</tr>
<tr>
<td>1997</td>
<td>1st International Adventure Therapy Conference, Perth, Western Australia</td>
</tr>
<tr>
<td>1997</td>
<td>M.S Psychology: Adventure Therapy track ENDS at Georgia College</td>
</tr>
<tr>
<td>1998</td>
<td>1st Therapeutic programs accredited by AEE</td>
</tr>
<tr>
<td>1999</td>
<td>Outdoor Behavioral Healthcare Industry Council (OBHIC) forms</td>
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<tr>
<td>2000</td>
<td>2nd International Adventure Therapy Conference, Augsburg Germany</td>
</tr>
<tr>
<td>2002</td>
<td>Naropa University begins M.A.-Transpersonal Counseling Psychology: Wilderness Therapy</td>
</tr>
<tr>
<td>2007?</td>
<td>Prescott College begins M.A. in Adventure Based Counseling</td>
</tr>
<tr>
<td>2000-2003</td>
<td>Several OBHIC organizations become accredited by Joint Commission on Accreditation of Healthcare Organizations and Council on Accreditation</td>
</tr>
<tr>
<td>2003</td>
<td>3rd International Adventure Therapy Conference, Victoria, British Columbia, Canada</td>
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<tr>
<td>2006</td>
<td>4th International Adventure Therapy Conference, Rotorua New Zealand – THIS WEEKEND, NEXT YEAR 1-5 Feb</td>
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</table>
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?


- **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

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**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 **not** 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.

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

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 |
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: 1<sup>st</sup>IATC ‘97

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

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<table>
<thead>
<tr>
<th>To develop <strong>accreditation</strong> at counseling &amp; outdoor levels;</th>
</tr>
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<tr>
<td>To develop a <strong>code of practice &amp; ethics</strong></td>
</tr>
<tr>
<td>To form an association of adventure therapists to facilitate <strong>supervision</strong> on processes &amp; training/research programs to assist in credibility of adventure therapy</td>
</tr>
<tr>
<td>To form an <strong>international association</strong> of adventure therapist</td>
</tr>
<tr>
<td>To establish a journal of theory &amp; practice dedicated to adventure therapy.</td>
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</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Therapist Role</th>
<th>Stage</th>
<th>Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurturing Parent</td>
<td>Precontemplative</td>
<td>Cognitive Affective</td>
</tr>
<tr>
<td>Socratic Teacher</td>
<td>Contemplative</td>
<td></td>
</tr>
<tr>
<td>Experienced Coach</td>
<td>Action</td>
<td>Behavioral</td>
</tr>
<tr>
<td>Consultant</td>
<td>Maintenance</td>
<td></td>
</tr>
</tbody>
</table>

### Demonstrable Elements of Therapeutic Relationships (Norcross 04)

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

Insufficient Research on Tailoring for: (Norcross 04)

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

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

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 Sunday afternoon; 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

Report out #1
Miracle Question 2:

• Instructions
  – *It’s February 2010; 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.

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),
- ...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.
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?
References

• Gass Mike (Jan, 312004) Best practices in Adventure Therapy in 2004 and 2010. NATSAP Conference, Clearwater Beach, Florida
• Newes Sandy (2001), Adventure-Based Therapy: Theory, Characteristics, Ethics, and Research