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“What is Adventure Therapy?” - Findings of our partnership project

As a partnership we tried to create a common understanding about (the essence) of what Adventure Therapy is for us, and tried to distinguish essential elements on Adventure Therapy. We have concluded findings out of our shared workshop experiences, the meta-reflections and the link with literature. The results are findings on important Adventure Therapy related issues which we will describe in this chapter per topic.

The input for these findings comes from a whole process which resulted in 6 questions in which we tried to capture in the most possible holistic way some essential aspects of Adventure Therapy and tried to implement both the differences and the common visions. We also have a larger version of this text where we will take you more deeply into the context of our partnership and the process we went through while digging for the stepping stones of Adventure Therapy in Europe. More about our process as a partnership will be published on our website at the end of the project (April 2017).

Please note that when we speak about ‘the partners’, we are referring to the people from the 8 partner organizations involved in this European Partnership project: NATURE (Belgium), KÉTTÉ (Hungary), KAMALEONTE (Italy), Mutsaersstichting (The Netherlands), Pressley Ridge (Portugal), Upplifun (Iceland), Asociaciòn Experientia (Spain) and CREATE YOUR CHANGE (Germany); who co-created these findings.

1. What critical approaches do we use in our Adventure Therapy programs?

In general we all felt the need to clarify the meaning of approaches. We agreed that it is a combination of Experiential Learning and personal or individual different therapeutic approaches that make it Adventure Therapy (AT). We all come with our backpack of tools and we use them purposefully in a therapeutic way through Experiential Learning methods and activities.

The common basis of Experiential Learning adds to the fact that in our AT-programs there is a need for therapy to begin with and the program is designed to address this need. This might be different from other Experiential Learning or Experiential Education programs. In AT, participants come with a therapeutic question and want to address their problem within the context of an AT-program. The program has to have a clear start and an end, depending on the needs of clients. There is a dynamic process going on between the identified needs and the program design.

The main methods that we identified in our AT-programs, are:

- Experiential Learning
- Adventure
- Nature
- Reflection

There was also the need to clarify the differences between AT and other therapies. In this regard, the group highlighted that in therapy there is always a perceived emotional risk, but what we do differently in AT is to actively use kinaesthetic experiences often in nature and/or using nature components to pursue healing. In fact, we value the presence of a deeper isomorphic experience in nature (this includes both the kinaesthetic experience itself and the cognitive dimension of the experience).

'Nature' is considered to be the core setting element within AT (whether practiced in- or outside). Within the 'Adventure' component we want to emphasise the need for challenge and wilderness within AT. 'Reflection' appears to be a critical component for the process and in regards to building meaningful relationships (with facilitators and peers) - another critical aspect of the AT process.

So in conclusion to this first question, there was a common understanding that first of all there has to be an identified need for therapy; and second, the intervention program has to be designed in order to meet those needs, with a perceived beginning and end.

We discussed a lot about different therapeutic approaches (adding up to Experiential Learning methods) and everyone agreed that there isn't one therapeutic approach that suits AT best. It is up to the professional to decide what the best approach is, based on his/her own background experiences and practices.

For it to be considered an AT program though, our common understanding is that it has to include:

- **Nature** - This came out as one of the most critical aspects, and it could be experiences being conducted in nature and/or using nature components or metaphors.
- **Experiential Learning** - Regardless the therapeutic approaches being used, Experiential Learning is always the basis and a part of the process.
- **Adventure** - The idea of a perceived risk, it can be physical, emotional, a challenge and/or a wilderness environment.
- **A Reflection process** - It is what brings meaning to the learning.
- **Meaningful relationship(s)** - It can be a relationship with the facilitator and/or with peers from the group.
- The presence of a deeper **isomorphic experience** - It includes both the kinaesthetic experience itself and the cognitive dimension of the experience.

2. What are we aiming for when doing Adventure Therapy with clients? What is our "goal"?

What came out of our discussions is that in AT our aim is to create a safe space to provide participants the opportunity to connect with their inner selves and allow them to take steps that they have trouble doing in their daily lives. We want to provide a frame, where the client can explore its own potential. Biographical work and the process of the group can support this connection to your inner self.

What popped up for us was that in AT you take the time to facilitate the therapeutic process in steps. For example: first you help clients to connect with their feelings through a solo experience, then help them share it with a few persons and then in the big group. The process is easier when grading it up, rather than forcing them to share things immediately in the big group.

Adventure Therapy goes beyond or further than the facilitation of personal development or growth. It is our aim to create a safe environment, where clients can connect not only with their talents but also with their dysfunctional patterns. And it is also our aim that through this, they not only develop some insight in their patterns but are able to explore “What can I do to change these patterns?” and “Where do they come from?”. We agreed that in AT, in addition to growth facilitation and the exploration of patterns, you often go into the ‘WHY’ of some patterns, you go more actively to the roots. As a facilitator of an AT program, it is your aim to create consciousness about: the problem; the need for change and how to change. It is also your aim to help clients to make contact with the history of which paths they took, in order to help them create change in how to interpret reality and in how to react to the world. A change that accords and correlates with their wellbeing. It is important to keep in mind, though, that the ‘WHY’ of patterns doesn’t always have to be childhood things. It can also be the focus on ‘What was the function of the pattern?’, ‘Where did it help you in the past?’ and ‘How is it helping/obstructing you in the here and now?’.

The focus in AT is that we create opportunities for the client to be able to experiment with new experiences and more functional patterns. The aim is creating a space for experiences that build up healthy patterns. If you think about emotion theory and how emotional schemes can only be changed when they are activated, our aim in AT is to activate these schemes in order to create chances for new healthy emotional schemes. In providing AT activities as a facilitator, you deliberately try to maximize the chances of creating situations where clients can look into the eye of their dysfunctional emotional schemes and co-create with them more suitable functional emotional schemes/patterns.

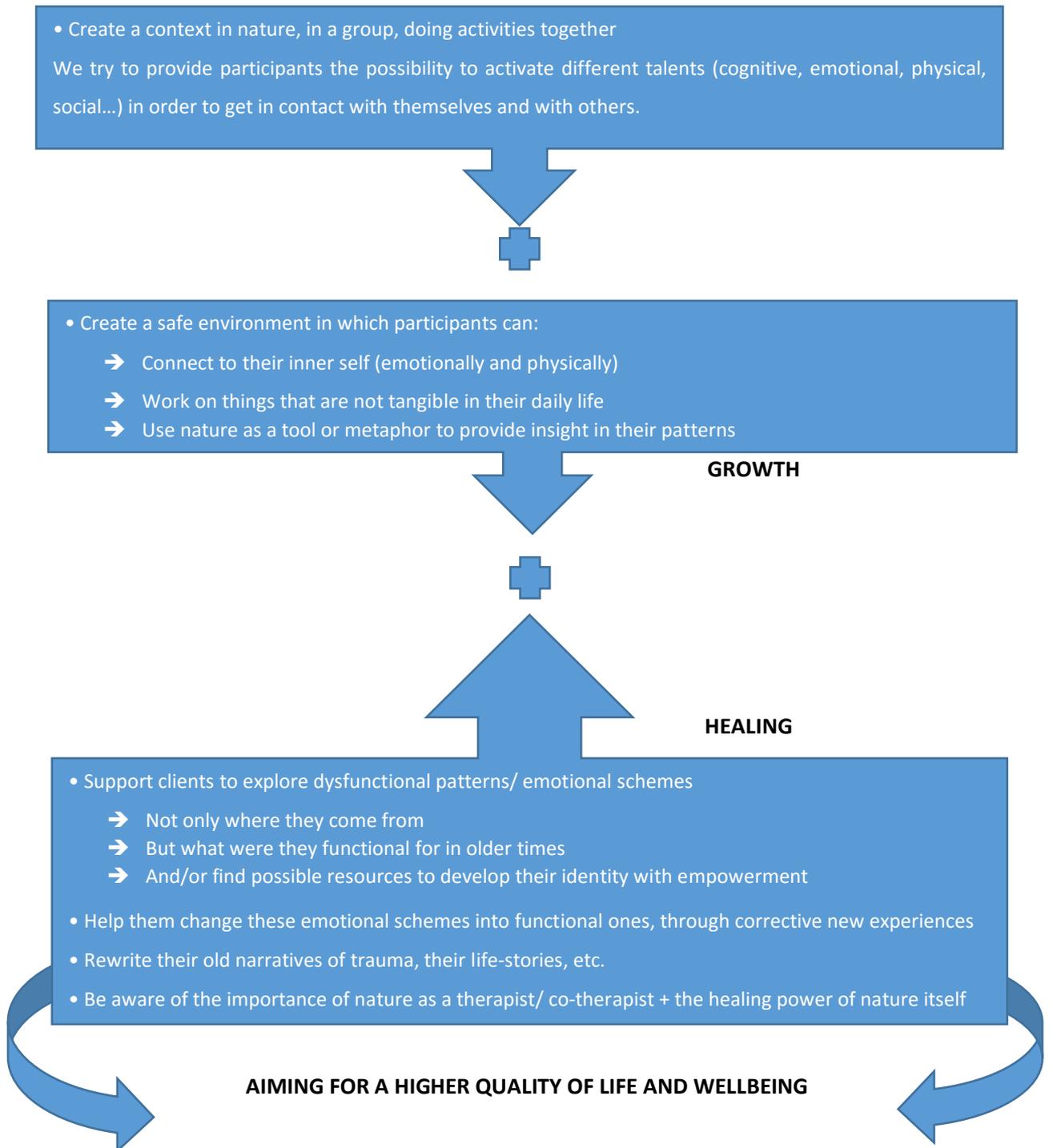
We could even go one step further and argue that through an AT program, sometimes clients don't only change patterns, but can even build something totally new. We create an atmosphere to make them able to use new resources, to explore those resources and develop them. Resilience is reinforced and there is an opportunity to create an experience of functional healing and bonding between client, nature and therapist.

We all agree that the healing can (also) take place between nature and the client, but there are some differences in the role of nature and/or the therapist: For some partners of the partnership project, nature IS the therapist and as a human therapist you are at most a co-therapist. In this view, as a therapist you somehow are like a witness of the healing power of nature itself. For others nature is not the therapist. The adventure therapist is the therapist and nature is the co-therapist. Nature is the mirror. Despite these different opinions, we all agree though, with the idea that the healing process is also between the client and nature. Nature is like music in music therapy. It is a therapeutic tool.

When we are talking about healing as an aim in Adventure Therapy, the question arises "What are we 'healing (for)'?" Every therapy is a process of change and at the end we are aiming for a higher quality of life for the client. Let's take a hero's journey as a metaphor for this: a journey where you go through a whole process with ups and downs to be able to reach further to a higher quality of life.

Putting this all together into a scheme:

In Adventure Therapy our aim is to:



3. Who facilitates an Adventure Therapy-program?

What is important in the (therapeutic) background of the AT-professional?

The first element to consider is the **personality** of the professional, composed by the capacities, education and the stable characteristics of each person, his/her personal way to be and to be useful and present in educational contexts. The most important in the personality of the AT-professional is self-awareness and presence (ability to be "here and now" in order to feel the group and to do something useful when it's needed) that make the professional able to manage the therapeutic context. The professional has to be a person, who is able to provoke and then handle therapy, able to deal with what could happen. Humanity and passion for his/her work should be consistent characteristics for every AT- professional.

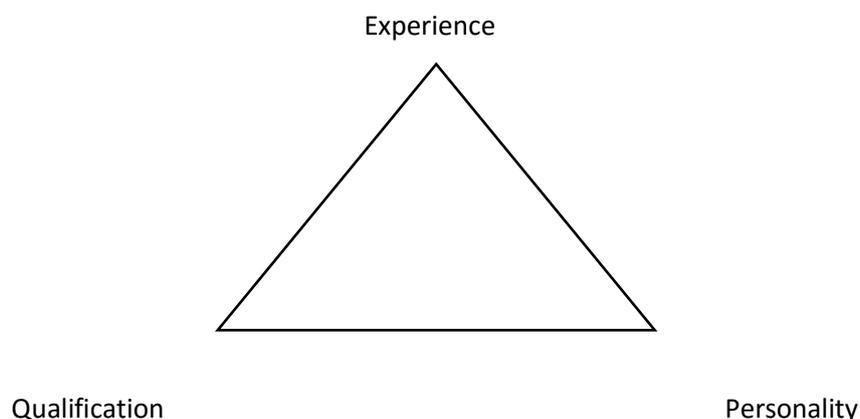
Another very important element is the **qualification** of the AT-professional, which is related to the degrees, masters, diplomas, certifications in fields such as:

- Psychology
- Education/ Pedagogy
- Outdoor/ Sports knowledge ('hard skills')

These specializations can be acquired through specific training.

A third important element in the background of our AT-professionals is the **experience**. Which kind of experiences does he/she have in his/her backpack and which kind of knowledge can he/she take from his/her own experiences?

In this regard, there is a triangle relationship between the three elements above. Especially personality and experience are interconnected because personality can change over time through the experience. But also their qualifications matter and influence both experiences and personality.



What we as a partnership team have extrapolated from these reflections is that the best way to ensure therapeutic quality in any AT program, is to have an AT team with a mixture of all qualifications. It is therefore important to have a team with different specializations in: psychology, education and outdoor knowledge. The competences of the entire team are not only a summary of elements, but there should be a synergistic effect. It's not only about $a+b+c$, the total is more than the sum. An AT team should have all knowledge needed and the self-awareness, presence and humanity to be able to touch, support and handle a specific target group. This means that (for the team but also for every single practitioner) only the qualification is not enough: to have a therapeutic background is important but only in connection with the other elements mentioned.

Every individual AT-professional does not only need to be qualified, experienced and to have the right attitude, but also **self-awareness** is very important. He has to be aware of his inner process and his own obstructions or patterns. We therefore would encourage each professional to follow a personal therapy process as well as supervision from other professionals.

One last (but definitely not least) element of AT-professionals that came out of our partnership as being very important is the **ATTITUDE** of the professional. The focus of their attitude is on motivating, connecting, showing interest, supporting and being accessible to clients.

The professional offers the client a full-functional relationship that motivates clients to step-by-step foster self-efficacy, the respect towards own emotions/ own body and resilience. Because our clients in Adventure Therapy programs are often very vulnerable, the professional has to handle them with extra care and attention and has to be more cautious towards the emotional safety of all individual members. He needs to have a respect for diversity, an openness to change and needs to be supportive, authentic, empathic, accepting, cosy, motivating, and flexible, use active listening, and be useful for the participant. Because of the vulnerable nature of the clients in AT programs it is highly important to create a safe, containing, calming, validating, and empathic environment for clients, so that they can have corrective emotional experiences. The Adventure Therapist has also the necessary skills to assess the participants' (and the groups') needs before and during the activity, in order to design a tailored activity for the participant.

Several of the partners within the partnership stated that an Adventure Therapist should be actively involved and facilitate the clients' process during an activity, and should not wait until the end of the activity (during the moment of reflection).

4. What about the timeframe of an AT – program?

We all agree that Adventure Therapy differs from Experiential Education in the depth, in the intimacy of the content but also in the time span. We believe that AT works best if interventions are embedded in a longer therapy process. Whether it's embedded in a more 'classical' therapy process or whether the whole process goes on within an Adventure Therapy context, there has to be some kind of "trajectory" with a beginning, middle and end. Within this "AT-trajectory", there could be several contact moments or even several AT-programs. Adventure Therapy activities could also be used as a short intervention, as the start or ending of a more 'classical' therapy process.

Within this timeframe there are some milestones: First, there is some kind of an **assessment** and setting of **therapeutic goals** (individual and group goals). Second, there is the 'core' part of the process where there are some **challenges** and **experiences** for clients to fulfill and to **reflect** upon. In the end there also needs to be some attention for the **transfer** into the daily life of participants. Some **follow-up** interventions are also clearly recommended. We also agree that within this timeframe, there has to be regular critical evaluation moments of the timeframe and adapt it if needed.

Each intervention and the timeframe depend on several factors: the specific situation of the client (–system), the therapeutic goals, the other therapists (to start/continue), the expected results, the financing and the culture (organizational/ social cultural context) in which it takes place. The timeframe of an intervention also is depending on the setting. This can be a setting in the free market, social institutions, a pedagogical setting, a mental institution, a family setting, etc.

To conclude, we all agree that a longer timeframe is recommended for AT programs. But there are also some of our partner organisations providing separate AT sessions to clients (within a larger therapy process). We are aware of the fact that Adventure Therapists must reserve enough time for a session so that the deeper psychological level could be reached. There is, of course, no strict timeframe for such AT-sessions. To reach a deeper psychological level though, we agree that sometimes it might be better to have a longer lasting session in a lower sequence than short sessions more frequently. In that case the new experiences can ground, new patterns can be transferred and new mindsets can be developed in the time between the sessions.

5. What kind of activities and reflections are embedded in our AT programs?

In Adventure Therapy we choose consciously which activities suit our very vulnerable target group and we think more about (emotional and actual) safety, because of the expected impact on the clients. An AT program does not only tend to be longer than our usual Experiential Education programs and the groups are much smaller, but as an AT professional you are even more flexible ('emergent') in your program design and activities. You have to focus on participant's behaviour and reaction at all times and respond to what you experience, feel and see. Because of the vulnerability of the target group, AT-programs tend to have more simple activities in the beginning of a program and simpler instructions for activities. Extra care is needed when tailoring activities to the groups'/clients' needs, keeping in mind the mental state of participants, cognitive skills, physical skills and life stories of participants. AT activities are always connected to the therapeutic goals of the participants/clients and there are a lot of opportunities to work with metaphors and symbols, or to do biographical work and solos.

Reflections are also strongly connected to the therapeutic goals of the clients. The reflections in an AT-program tend to be very much focused on resources and self-esteem. The way of reflecting and debriefing helps the client to develop new ways to deal with his/her problems, traumas and difficulties in life. So reflection is somehow on a deeper psychological level than in EE. The group is used as a "reflection team", as a resource, mirror or in a corrective way. Reflections in AT go to a deeper level of understanding oneself and are focused on feelings, thoughts, the resonance of those with old and new ways of doing and the necessary and specific changes towards functional behaviour. The transfer of these reflections to our daily lives is also very important. We all agree that in AT, the transfer part is key to apply the learning into daily life in order to improve and acquire more functional behaviours/habits.

6. What role does the group play in our AT-programs?

Almost all the partners work with small or bigger groups (of 4 persons or more) to create a therapeutic space. Some are also working with families or family-systems. Most of the partners definitely have a big focus on the groups' process and try to facilitate the group towards an open and intimate bunch of people that can provide feedback and support for each other. Therapists and clients explore together how the group process can support and contribute to the individual needs. Therefore, the group has to be a strong support, a mirror, a social proximity and a valuable resource to each other. The group in an AT-program will be encouraged to receive and give feedback in the reflecting process and to provide room for sharing and reflection. For the processing (reflective) part, the group is crucial to reflect one's behaviour and to learn from other peoples' coping mechanisms, struggles, etc. The group also creates an audience for statements of will and provides peer support. This focus on peer support is very important for belonging and ownership in the group.

Some partners place a different emphasis on this group process. They state that one can previously decide, when designing the activity, the emphasis they want the group to have. This means that in an AT-program, the group could be just part of the setting (individual therapy in a group) or the group could be an active protagonist in living the experience with the person in treatment. Within this view, the role of the group would be like a spectrum, between the individual goals and the group goals.

Final conclusions

Within our partnership it has been a very enriching process of getting to know each other, trying to speak a common language regarding Adventure Therapy issues, who seem to be a horizon with very different spectrums of national and even organizational colours. But through endurance, resilience, patience and also a fair amount of humour, we have found ways of experiencing and (meta)reflecting about some significant parts of 'What is (for us) the essence of Adventure Therapy?'. We have found each other in a reflective dialogue being able to sublimate both our different and common ideas into something that is more than only the sum of it all.

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