_____

A Literature Review

'Adventure Therapy with Youth at Risk'
Focusing on key-elements of common understanding within the
European Adventure Therapy Partnership project 'Reaching Further'

Written by the Research Action Group of the partnership project: Natalia Rakar-Szabo (Hungary),

Corinna Fleischer (Germany), Lynn Van Hoof (Belgium), Silvia Sbarra (Italy), Harpa Yr Erlendsdóttir

(Iceland), Alexander Rose (Spain), Wilbert Nolle (The Netherlands)

This literature review was conducted to investigate the specifically defined core elements of the Adventure Therapy (AT) methodology, as applied to working with disadvantaged and at-risk youth. The identification of the key-elements was conducted within the framework of international project work, mainly during practical workshop presentations and post-processing of these workshops.

The purpose of reviewing the international literature in the field of introducing different programs and theories concerning 'AT with youth at risk', was to examine if our common findings could also be found in the existing literature and if so to underline its fundamental importance.

Terms and focus of the study, research question

During the workshop processing sessions - led by all partner organizations during our international meetings - common core and key-elements of 'AT with Youth at Risk' best practices, were highlighted and incorporated into the focus of the literature study.

Seven important key-elements of AT-programs that were highlighted during the meta-reflections of the workshops (some of which include additional sub-elements) are:

- **Nature**
- **Biographical work**
- **Group process**
- **Metaphorical work**
- **Reflection**
- **Relationships** between participants/clients and
    - The therapist
    - The family
    - The inner self
- **Balance between challenge and safety** (incorporating perceived risk and comfort zone)

Methods and procedures of review

Before the 'AT with Youth at Risk' literature review started, the RAG identified a limited selection of literature on AT in general, based on a selection of basic (European) literature that already existed across Europe, where such programs were being implemented. They recommended all partner organizations and the network that had been established, to read and digest these three general articles on Adventure Therapy.

The three main ones were:

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Dokument1   page 2

1. Luk Peeters (Belgium) (2003): 'From Adventure to Therapy': Some Necessary Conditions to Enhance the Therapeutic Outcomes of Adventure Programming.

2. Nevin J. Harper (Canada), Luk Peeters (Belgium), Cathryn Carpenter (Australia) (2014): 'Adventure Therapy'.

3. Günter Amesberger (Austria) (1998): 'Theoretical Considerations of Therapeutic Concepts in Adventure Therapy'.

During the first meeting in Germany (November 2015), the Partnership Team shared ideas and recommendations, resulting in the RAG making the proposal to create a common framework to review and select further AT literature with youth at risk.

In their deliberations the Strategic Partnership adopted and adhered to the main rules and milestones of their review process, through looking at the following areas:

1. Determination of used "types" of the research:
    a. the group decided to select articles that focus on practice and program descriptions, as a main theme for the literature review;
    b. in relation to looking at 'best/good -practices' they decided initially on what the guidelines were for ascertaining "what is 'best/good practice'", based on their own practice and general understanding across the field of AT

2. Designation of the research process: describing characteristics of research findings;

3. Creation of activities which furthered the review process;

4. Developing concepts and finding common theories for creating a common language and common recommendations;

5. Consideration, evaluation and dissemination across the board of literature that dealt with AT with Youth at Risk.

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Erasmus+

Dokument1   page 3

To adopt a unified and relevant approach to their literature review, the group looked at information from a dual perspective, e.g. a National and International level: -
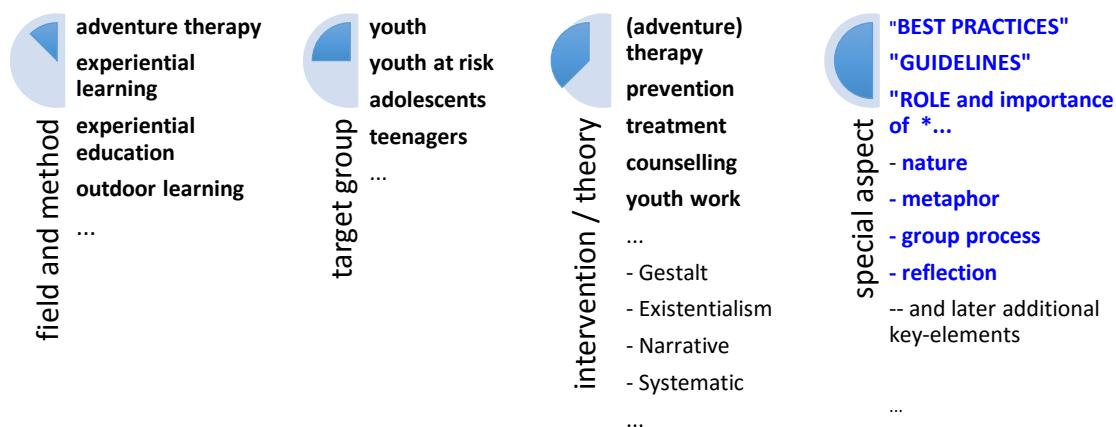
1. Reviewing literature on the Internet, online databases, traditional libraries – through formal and informal connections with professional practitioners, universities and appropriate organizations;

2. Dealing with information through reading personalized bibliographies, and reviews by practitioners and researchers within the AT field;

3. Sharing and preparing good practices using jointly created and agreed methods;

4. Recording their literature findings, summarizing pertinent aspects of the review and producing a final written review.

During the period that the Strategic Partnership Project and the various Action Groups were meeting to discuss these issues mentioned above, participants presented workshops. For the workshops participants developed a framework of appropriate outcomes using the key-elements mentioned earlier, and of course, underlining good practice recommendation processes and reviewing techniques. Similarly, the Research Action group was working on collating a list of those AT articles and books, which involved:

1. Members prepared a proposed list of literature that best suited their reviewing needs: the article or book title; possible content of program description / programming / program evaluation / planning and practical implementation of the program;

2. Once this was done, the collection of articles was divided among the seven RSG members, who then undertook the selection of articles for the first reviews, with further selection by relevance following;

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Dokument1   page 4

_____

3. Members wrote a short review of selected articles using a common frame of reference, allowing them to highlight all key-elements, with some members preparing summaries on different key-elements, from the selected articles

4. Finally, one member (formal coordinator of the research group) wrote a Synthesis Study.

The literature evaluation criteria, was defined quite broadly, to allow all members to seek out relevant studies, according to their own culture and language, taking into account terminology differences:

field and method	target group	intervention / theory	special aspect
adventure therapy **experiential learning** **experiential education** **outdoor learning** …	**youth** **youth at risk** **adolescents** **teenagers** …	**(adventure) therapy** **prevention** **treatment** **counselling** **youth work** … - Gestalt - Existentialism - Narrative - Systematic …	**"BEST PRACTICES"** **"GUIDELINES"** **"ROLE and importance of *...** - **nature** - **metaphor** - **group process** - **reflection** -- and later additional key-elements …

In total 22 papers were included in the literature review. They are marked with an asterisk in the reference list at the end of this chapter.

Findings of key-elements in selected literature of "AT with Youth at Risk"

The following section highlights summaries of the agreed seven elements of the AT methodology, based on the descriptions found in our reviewed literature. Many highlights involve quotes from AT authors which are looped with comments from the literature review group.

_____

1. Key-element: "Nature"

Taylor, Segal, and Harper (2010), argue that nature can be an essential "co- facilitator" of change. In that sense, within an AT program, nature can be either used as (1) the main setting (i.e. the reality of Nature) e.g. the unfamiliar environment in which important interactions can take place, or (2) nature can be used as a metaphor within the therapeutic process.

When nature is used as the main setting in which an AT program takes place (often through outdoor activities), nature provides consequences that cannot be avoided (i.e. rain, lack of sleep, hunger), this renders participants ill equipped to hide their emotions and motivates participants towards action (Neill, 2003; Raines, 1985; Rosol, 2000; Russel, 2000). Nature as a setting also fosters fresh inter- and intrapersonal perspectives (Gass, 1993), interdependence and trust, vulnerability, openness and spontaneous connections (Kaplan and Talbot, 1983),

Moreover, a lot of studies provide evidence that nature has a positive impact on the vitality and well-being of youngsters: a 20 minute city-park walk fosters more concentration than a down-town walk (Taylor and Kuo, 2009); simply being in nature contributes to personal development, healing and therapeutic success (Beringer, 2004); viewing nature reduces anger, stress and anxiety, sustains attention and interest and enhances feelings of pleasure (Bird, 2007); through nature, participants gain new perspectives on their everyday environments, foster growth through overcoming cognitive dissonance and foster intrinsic motivation (self-determination theory, Ryan et al., 2010).

Beringer (2004) concludes his article with saying that nature (as a wilderness, a semi-natural park, a cultural landscape or an urban setting like the inner-city) is a force in human development and an opportunity for adventure learning and therapy. Nature can also be used as an unfamiliar setting that provides immediate feedback and creates a state of dissonance within participants. This internal cognitive-emotional dissonance can generate a transformative experience.

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Erasmus+

Dokument1   page 6

_____

2. Key-element: "Biographical Work"

Among the research selection, only Deane and Harré (2013) and Tucker et al. (2014) consider the importance of the clients' biography in their articles. But neither of them talks about the effects of biographical work in the treatment through perspective taking, storytelling or others. They see the individual history of each person as important background information to keep in mind, so that the psychological safety of clients can be ensured. Especially personal trauma, abuse or neglect needs to be kept in mind for the program design to prevent triggering or re-traumatization.

The evaluation study of individual pedagogic interventions (AIM, 2007) even points out that they intentionally don't look back into the biographical story of the clients, but rather focus on the here and now. They aim at building new, healthy relationships to shape the present and future, since the past is usually very painful and traumatic.

Four other studies relate to the personal life of client's by involving the family in the program. Either by considering their perception through questionnaires (Harper and Cooley, 2006), by joined programming days to enable a shared experience (Gillis and Simpson, 1991) or by home visits to make the counselling experience less threatening (Marx, 1988). Most articles also point out the importance of family involvement for the transition phase and transfer back into all-day life after the treatment (Gillis and Simpson, 1991; Harper and Russell, 2008).

3. Key-element: "Group process and its impact"

Whilst some articles explore the group's components that need to be considered when programming an experiential based training or adventure therapy process, other articles focus more on the group's impact on the participants own learning, positive change and behaviour improvements.

_____

The importance of a group's components was highlighted by the following writers: -

Weilbach et al, (2010), studied in more detail, the pre-assessment of needs of the participant as they felt it helped identify relevant activities and in program content, that would most likely be more relevant to the participants' therapeutic issues and needs.

Another important issue for AT programmers is the age component: i.e. in working with adolescents, it should be remembered that they have not fully developed capacity to reflect on their experiences, therefore the effective processing and reviewing of experiences becomes critical for learning to occur. Similarly, being in a group, which is also a community, can serve as a therapeutic tool itself, and according to Beringer (2004), feeling connected to others is one of the most important psychological needs of an individual which is supported by Mackenzie (2003), when he links group as a community to the sense of belonging, and by Romi and Kohan (2004): Being in a group with a sense of belonging, increases self-esteem, trust and supportive culture.

Interdependence, different levels of challenge and emotional sharing leads to trust among group members; and emotional sharing makes for a lower level of competition which in turn creates a supportive group culture.

Sharing life stories or taking responsibility for certain tasks, giving and receiving feedback are some of the prior elements for peer support; and for this reason, they are powerful for growth (Gillis and Simpson, 1991).

The group's role has an important description by Tucker et al., (2014): the group itself fosters teamwork and social interactions (excluding solo experiences); and it can be a significant predictor of improvements, if there is enough time spent for engaging in the group in adventure therapy.

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Dokument1   page 8

4. Key-element: "Metaphorical work"

When Gass (1985), introduces 'transfer of learning' process levels (specific, non-specific and metaphoric), it becomes obvious that the impact of using metaphors in adventure programs is obviously positive. He also highlights Erickson's (1980) and Haley's (1973) foundations, who say that instead of using metaphors, direct therapeutic suggestions reduces the clients' defences to functional change, which enhances therapeutic interventions allowing them to become "powerful vehicles for therapeutic change" (Gass, 1991).

Bacon (1983) has provided a more detailed description of using metaphors for effectiveness. The metaphor: (1) must be compelling enough to hold the individual's attention (i.e., it must be related with appropriate intensity); (2) have a different successful ending/resolution from the corresponding real-life experience; (3) be isomorphic; (4) be related in enough detail that it can facilitate a student's "trans derivational search" (i.e., a process by which the client can attach personal meaning to the experience)." The facilitator-directed process is known as the 'metaphoric model' (Priest and Gass, 2005).

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Erasmus+

Dokument1   page 9

Later Gass and Gillis added kinaesthetic metaphors (2009), as important and additional types of metaphors, which are intentional actions with isomorphic links to client's affection, behaviour or cognitions that aid in transfer of learning through his perception of their similarity.

Despite the importance of metaphor to the process of some adventure therapy practices, there is little empirical research on the use of metaphor as a component of AT practices (Bacon, 1983; Gass and Priest, 2006).

Although none of the other core element is uncertain, the role and value of metaphor is not clear in the present day therapeutic process of AT. Gillis (1993) underlined this fact more than 20 years ago, but little has happened in this area since. He recognized the lack of clarity of any metaphoric framing's influence on the therapeutic process of change. Gass and Priest (2006) explored the significance of the use of metaphor, as a framing and debriefing tool in adventure based programming, but currently, there are no other researchers focusing on this matter.

Gary Hartford (2011) made a literature review on the development of applied metaphor in AT, and among his findings and recommendations, we found that: -

1) There is merit in the use of metaphor in therapy being collaborative. The review of counselling psychology research primarily focused on understanding the meaning of client generated metaphors, and emphasized the necessity of arriving at an understanding of metaphoric content with a client. The collaborative theme in the literature emphasizes the importance of collaboratively developed metaphors in adventure activities;

2) An understanding of conceptual metaphors indicates that the use of certain universal themes and structuring activities, in accordance with sub-individual metaphors, will probably increase the salience of adventure therapy-based activities for groups and individuals;

3) Metaphors provide a space in which the meaning of experiences can be negotiated.

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Erasmus+

Dokument1   page 10

Work with metaphors (and symbols) as one of the component key-elements appears to be less frequently occurring among other selected articles. So far, not many specific studies and research has focused on the fact that this issue is both elusive and difficult to measure as far as being a key-element is concerned.

Buchberger (2013) describes a frame of AT intervention which use the Greek-mythical storyline of a heroe's journey as a frame of intervention, where this approach brings out the strengths of the client and helps them 'find their own way'. He presented a good example for conceptual metaphor becoming a metaphorical linguistic expression. In the same work he puts a special focus on using rituals in a symbolic way to mark the beginning, ending or change of something "special". Therapists will need to carefully listen to which verbal" images" (metaphors) the client is using and pick them up using archetypes. In addition, other metaphors will help to facilitate a 'process of change' in the client - without too many words (i.e. through experience as opposed to pure rhetoric).

Nicole Hill (2007) identifies associated therapeutic factors of wilderness therapy, mentioning the importance of "metaphorical framing" as a transfer of the wilderness experience to real-life experiences. Here the metaphor appears as a symbolic way, in order for reality intentional framing of the activity to match and build on treatment goals.

Gillis and Simpson (1991), in their presentation of Project Choices Treatment, do not mention any framework concerning work with metaphors, although the closing event of the process is a "Transitional Ceremony", which usually carries metaphorical elements. (Each morning the program begins with a morning meditation. The transition from the actual program to the aftercare program includes a transition ceremony - with a slideshow of photos and progress reports). Harper and Russel (2008), also describe the wilderness treatment model where they mention the importance of 'Ceremony and Rituals', without detailed descriptions.

_____

Tucker et al. (2004) and Marx (1988) describe the use of "nature" as a metaphor, as being one concept of adventure therapy methodology, although they do not go into details of its application.

Marx plastically displays diversity with the use of metaphor in his description of the Outdoor Adventure Counselling Program, stating that **"**OUTDOOR adventures can be intense, physical and emotional, just like teens" (1988, p.517).

In writings of Weilbach, Meyer and Monyeki (2010), we can see a good example for implicit use and interpretation of the 'metaphor', which is generally characterized within AT programs. The entire setting is interpreted as 'metaphor', without describing or explaining the underlying details or application of the content: "The activities used in adventure experiential learning must be designed to address needs of the participants, as this will facilitate an understanding regarding the relevance of the activities and how the learning gained through participation can be applied to real life situations."

5. Key-element: "Reflection"

Reflection is one part of the Experiential Learning Theory (ELT, Kolb 1984), and according to the Kolb mode, the experiences generate a sense of psychological disequilibrium which motivates the participant to take action. (Deane and Harré, 2013).

Deane and Harré also state that reflection and the process of group participants' experiences are mostly enhanced by skilled instructors. Romi and Kohan (2004), just as Harper and Russel (2008) state, that solo reflection time or individual counselling sessions (Romi and Kohan, 2004; Harper and Russel, 2008) are helpful elements. The activities are a necessary part to provide experiences (H.L. Gillis and Simpson, 1991; Weilbach et al., 2010; Scheinfeld, 2011), but the reflection itself seems to be one of the biggest critical factors for change and transfer of lessons learned into participants' daily lives

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Dokument1   page 12

(Nadler and Luckner, 1992; Weilbach et al., 2010; Deane and Harré, 2013). The environment, where the activity takes place, also provides valuable feedback into the reflection (Deane and Harré, 2013).

Gills and Simpson (1991) state that the client group in AT programs plays a significant part in the individual and overall group therapeutic outcomes, during the groups reflection and review of all processes that occur during the life of the program. In such scenarios, individuals can find support from their peers, especially when they share experience, emotions and vulnerability during any process event. This can in turn, improve and enhance their own performance (Scheinfeld, 2011; and Deane and Harré, 2013).

Boeger et al, (2006), suggests that in such scenarios, the focus is often put on building relationship and social skills through observations of other participants presenting behaviour, demeanour and vocal input. In addition, Mackenzie (2014) believes that within such scenarios occurring, it produces more opportunity for successful processes through positive psychology, rather than outcomes or weaknesses of the group. Autry (2001) adds that processing techniques may include frontloading (i.e. addressing individual and group goals and expectations before the activity) and debriefing [reflection] (i.e. providing closure and addressing individual and group treatment issues after the activity).

Many AT models use group discussions as a way of reflection and connection with the self. In addition, solo reflection time is valued (Harper and Russell,2008).

6. Key-element: "Therapeutic Relationship with therapist, family, group and inner self"

To establish any level of therapeutic relationship within outdoor adventure programs, it can only arise through setting the stage before the program commences. One of the prime considerations must be to draw up a 'tripartite' contract: between the young participant and the program therapists/ counsellors; between the organisation delivering the program and the young persons' parents (carers);

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Dokument1   page 13

and between the program participants (young people and practitioners), and the environment within which the program will operate in.

Such contracts provide consistency in relationships, continuity in service delivery and the integration of learning environments, which during the program, are maintained and furthered (Marx, 1988).

Important relationships start also while setting the therapeutic goals and by providing activities that enable clients to achieve the goals (Gillis, 1991).

To be able to offer an opportunity for discourse and cooperation between the adults (practitioners) and the adolescents, it is important that participants see the therapist as an accessible equal who shares harsh conditions with them. The personality and impact of the therapist seems to be a significant factor in the outcome of the program - but further research is needed (Romi and Kohan, 2004). In their program description, we can also find importance of the group and reflection:

-        In the concept of self-esteem, one important factor is a feeling of belonging.
-        The program uses walking + group tasks (where the group needs to plan things, and receive feedback from each other).
-        Group discussions were used.

In this one-on-one relationship, the therapist/counsellor takes on a role of a supportive, process-oriented, empathetic person (Buchberger, 2013). Carl Rogers (1951), believes, that three important aspects of any therapeutic relationship, are: congruency, empathy and acceptance. Through this attitude of the therapist, a trustful relationship to the client can be built which helps them find a new relationship to their inner-self. In addition, the therapist should adopt a resource-oriented approach, instead of a problem focused perspective.

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Dokument1   page 14

The therapeutic relationship for the client is important, if they are to gain orientation and to feel emotionally safe. This goal is achieved through the therapist being accountable from the start by sticking to ground rules that they have laid with the client beforehand.

Sibthorp and Banning, (2004), see the importance of the relationship between participants, as a more effective outcome in developing life effectiveness, but the input of the therapist is invaluable in any process.

When young people are supported in the right way by taking care of their psychological and emotional safety, it may enhance their adaptation skills. Without the right support, it may have enduring negative emotional effects like provoking extreme anxiety which could lead to persistent traumatic issues. In accordance with this, therapists need to be attuned to each participant's emotional as well as physical limits (Deane and Harré, 2013).

By creating a safe environment and overseeing all aspects of the process, it can provide the client the right support to look to their future, foster their dreams and change their perspective. But another key element for a good transfer and a potential 'sustainable' outcome of any intervention is a close integration of the family in the process. So while the client is away from the family home, another counsellor should be working with the family. From time to time, brief meetings, phone calls or letters should be a two-way process between the family and the individual on the program. Once the young person is permanently back home with their family, further social work and/or counselling needs to continue to enable sustainability of any change that has taken place. (AIM, 2007).

Furthermore, research has shown that the therapist plays a significant role as a link between the youngster and their family members (Marx, 1988; Gillis, 1991). Involving the family with home visits and providing an ongoing structure for their further involvement is an integral part of transferring the therapy to the daily life of youngsters (Gillis, 1991). Also, Clagett (1989) noted that successful elements of a Wilderness Adventure Therapy program are family involvement and an aftercare component.

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Dokument1   page 15

_____

To create a safe space for the client, the adage of 'do no further harm' in tandem with well-developed strategies/processes, is important for any success for the AT process. (Conway, 2010).

AT process (or any other format of 'outdoor therapeutic work' – Nature Therapy; Eco Therapy; Wilderness Therapy; adventure based counselling to name but a few), which aims for a positive change for the participant, must have a working relationship based on both 'trust' and 'caring' between client and practitioners, and between the client group. Such positive relationships based on 'trust' and 'caring for each other' will undoubtedly give the clients a true sense of community, where they are able, possibly for the first time in their lives, to learn in a caring environment, to take responsibility for their own actions and care for others who may be experiencing unresolved trauma issues.

Project Choices, believes in positive interactions with a firm but understanding staff team, along with caring confrontation and consequences. The incorporation of family dynamics is a primary concern in their programs and a family atmosphere is created, through the use of placement homes who serve as 'house parents' throughout the treatment and aftercare program, as well as including family members in a family weekend during the program (Gillis and Simpson, 1991).

Nicole Hill (2007) describes the building of trust as very important and states that through relationships (with yourself, peers and the therapist), at-risk youth first need to establish physical trust and then emotional trust. She underlines the importance of Social Learning through interaction, modelling, challenging each other, providing feedback in the group. Universality, altruism, group cohesiveness, and interpersonal and vicarious learning are highlighted elements.

The facilitation through staff is also a dimension of an important relationship: expression of feelings, thoughts and reactions to learning experiences are encouraged (Hill, 2007).

_____

Harper and Cooley (2007) also mention in their work, the importance of family involvement. The article investigates the effect of involving the family (through one-day pre-and posttreatment multi-family programming), during a three-week adolescent wilderness therapy program. It states, that such an approach in their view, is very effective.

Pommier and Witt (1995) believe that the addition of a family component to outdoor programs, can have certain (positive) impacts, but it requires support for the family and adolescent upon returning home.

Martin Ringer (1994) looks for the key competences, attributes, skills, abilities of adventure therapists/leaders in the domain of human interaction. To do so, he first makes a distinction in roles on the continuum Recreational-Therapy. He distinguishes eight different roles, a role being a group of competences. The adventure therapist needs all of them (or in different persons on the same staff team). There are five domains that make up a role: thinking (cognition), feeling (affect), action, context and consequence.

What is required, is someone who can deliver the 'outdoor activity', provide adequate physical and psychological safety, foster inspiration and aliveness in a group, can coach participants to successfully learn skills, facilitate the group process, and, has good effective and appropriate one-on-one communication skills. All these attributes are based already in outdoor leader skills. The 'additional' specialist therapeutic role, are the ones that provide a storehouse of knowledge about the psychological make-up of the clients, individually and as part of a living group. In effect, this role as 'clinician' is also the role of the 'human behaviour expert'. In this last role, the therapist is also able to implement a strategic therapeutic programme that is suited to the current client group (Ringer, 1994).

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Erasmus+

Dokument1   page 17

_____

7. Key-element: "Balance between Challenge and Safety"

A commonly accepted definition of Adventure Therapy is: -

> "Adventure therapy is a form of psychological intervention which relies on activities with managed risk, deliberately selected by the therapist, which the client perceives as adventure. The psychological and/or physical challenge which arouses a state of heightened awareness in the client, the uncertain outcome, the group activity, the unusual settings (e.g., the wilderness or a ropes course), and the immediate feedback regarding the client's behaviour, which the challenge affords, all contribute to the intended therapeutic success" (Beringer, 2004).

However, despite the universal acceptance of the above definition, several authors have defined some elements of what 'challenge' is and what part does it really play in AT: -

- Buchberger, (2013) - using perceived risk and overcoming fear;
- Romi and Kohan, (2004) - a sense of the dangerous and unsolvable;
- Hill, (2007) - unfamiliar setting that provide new experience in which pre-existing standard of success or failure does not exist.
- AIM, (2007) - Underlines the power of projects done in foreign countries: being somewhere far away from home, in a different culture and where a different language may be spoken, makes the intervention attractive, interesting and more challenging.
- Gillis and Simpson, (1991) – activities in AT are sequenced to become more physically and psychologically risky.

Without a doubt, the value of challenge is any AT program's motivating force to change for positive-growth. Russell and Phillips-Miller (2002), found challenge as one of the key factor relating to change, - together with relationships established with counsellors and leaders, peer dynamics, facilitated

_____

reflection on life through use of solo, structure of (the actual) process. Other motivating elements are: repeated success, experiencing own limits and perceived risk (Weston et al., 1999).

Ewert and Garvey (07), said of Weston's statement, that danger, risk and fear which pushes an individual out of their comfort zone, produces optimal levels of stress and disequilibrium, but when this is resolved and overcome, this promotes character building and growth. On the other hand, Fredrickson (Broaden and Build Theory, 2001) feels that the underlined positive emotions of the individual experiences allow for the promotion of character building and personal growth, rather than too much reliance on overcoming stress and disequilibrium.

In any case, challenge alone is not enough for useful activities program. It is important that challenge is balanced with other elements, like skill or safe setting: Nakamura and Csíkszentmihalyi (2009) and their Flow Theory, proposed the need of optimal balance between perceived risk and skill for having good experience.

Buchberger (2013) underlined the safety setting by stating, that challenging and exploring personal boundaries, is only possible to a trustful relationship with the therapist, which gives security, orientation and acceptance.

In addition, some articles underline: -

-       The importance of both emotional and physical safety (in all instances, the therapist is responsible of creating this setting (AIM, 2007; Buchberger, 2013; Deane & Harré, 2013);

-       The basic and essential question should be: "What is the optimal challenge level?"

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Erasmus+

Dokument1   page 19

_____

Conclusion

In undertaking this review, it became evident that there is a lack of information within the field of: "searching and defining core elements of AT with Youth at Risk". There are not many descriptions and researches, focusing on empirical evidence of program effectiveness based on conscious and rigorous analysis of the concrete components.

There are several excellent pieces of research, important theories and evaluations, which the review has attempted to outline, regarding the presumed collection of core elements that might contribute to positive outcomes for Partnership Teams, as evidence of our own experience from practice and field-work.

It is obvious from this report that there is a need for more specific research based on program evaluations and analysis of programs with the specific purpose of supporting new program development processes.

It can be especially important for those European organizations, who are trying to implement and spread the practice of AT in their home countries. Particularly, where there is no AT historical background, theoretical basic/knowledge of this method, coupled with a lack of social, governmental financial support. But sharing outcomes and experiences and creating clear resolutions (even with designation of core/key-elements of AT), should not remain dormant or stagnant, or even be allowed to pass into 'history' before it has even been recognized as a valid and appropriate working perspective to intervene with youth on many different levels.

Across Continental Europe, there are many countries and societies, which by their very historical nature, have vast unequal differences – social; economical; cultural; linguistic; historical; political; educational; and both state and community health provision.

_____

_____

These differences should remind us of the importance of acceptance, openness and recognition of mutual learning opportunities – instead of putting all energies into creating definitions and rules 'carved in stone'.

For the colourful and diverse European Community and the ATE Partnership, our goal must be to keep the common platform of common understanding – that is the way we all can grow and develop in our beautiful dissemblance.

References

Please note: References marked with an asterisk (*) indicate articles included in the literature review.

*AIM (Arbeitskreis Individualpädagogischer Maßnahmen (2007). Evaluation study: Youth in individual pedagogic interventions, Institut des Rauhen Hauses für Soziale Praxis GmbH.

AMESBERGER, G. (1998). Theoretical Considerations of Therapeutic Concepts in Adventure Therapy. In: Exploring the Boundaries of Adventure Therapy: International Perspectives. Proceedings of the International Adventure Therapy Conference (1st, Perth, Australia).

*AUTRY, C. E. (2001). „AT with girls at risk: responses to outdoor experiential activities, Therapeutic Recreational Journal, 35.(4), 289-306.

BACON, S. (1983). "The conscious use of metaphor in Outward Bound". Denver, CO: Outward Bound.

*BERINGER, A. (2004). "Toward an Ecological Paradigm in Adventure Programming", In: Journal of Experiential Education, 27(1).

_____

_____

*BOEGER, DÖRFLER AND SCHUT-ANSTEEG (2006). Project adventure with adolescents: Influence on psychopathology and self-esteem, Journal Praxis der Kinderpsychologie und Kinderpsychiatrie, 55, 181-197.

*BUCHBERGER, F. (2013). Common paths - The combination of indicial and experientially based concepts in the individual social service for youth at-risk, BA Thesis.

CLAGETT, A.F. (1989). Effective therapeutic wilderness camp programs for rehabilitating emotionally-disturbed, problem teenagers and delinquents. Journal of Offender Counselling Services and Rehabilitation, 14 (1), 79-96.

*CONWAY, J. (2010). Evaluation on Wilderness and Adventure Therapy Programs for Young People, December 2010 (Supplement), 131-140.

*DEANE K. L. AND HARRÉ, N. (2013). The Youth Adventure Programming Model.

ERICKSON, M. H. (1980). The collected papers of Milton H. Erickson on hypnosis. Ernest L. Rossi (Ed.). New York: Irvington.

ESTES, C. (2004). Promoting student-centered learning in experiential education. Journal of Experiential Education, 27(2), 141–160.

EWERT, A., AND GARVEY, D. (2007). Philosophy and theory of adventure education. In D. Prouty, J. Panicucci, & R. Collinson (Eds.), Adventure education: Theory and applications (pp. 19-32). Champaign, IL: Human Kinetics.

_____

FREDRICKSON, B. L. (2001). The role of positive emotions in positive psychology: The broaden- and build theory of positive emotions. American Psychologist, 56, 218-226.

GASS, M. (1985). Programming the transfer of learning in adventure education. Journal of Experiential Education, 10 (3), 18-24.

GASS, M. (1993). Adventure therapy: Therapeutic applications of adventure programming. Dubuque, IA: Kendall/Hunt Publishing.

GASS, M., AND PRIEST, S. (2006). The effectiveness of metaphoric facilitation styles in corporate adventure training (CAT) programs. Journal of Experiential Education, 29(1), 78–94.

*GILLIS, H.L., SIMPSON, C. (1991). Project Choices: Adventure-Based Residential Drug Treatment for Court-Referred Youth, Journal of Addiction and Offender Counselling, 12(1), 12-27.

GILSDORF, R. (2003). Experience–adventure–therapy: An inquiry into professional identity. In K. Richards & B. Smith (Eds.), Therapy within adventure (pp. 51–75). Augsburg, Germany: Zentrum für interdisziplinares erfahrungsorientertes Lernen.

HALEY, J. (1973). Uncommon therapy: The psychiatric techniques of Milton Erickson. New York: W. W. Norton and Company.

*HARPER, N. AND COOLEY (2006). Parental Reports of Adolescent and Family Well-Being Following a Wilderness Therapy Intervention: An Exploratory Look at Systemic Change, Journal of Experiential Education, 29(3), 393-396.

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Dokument1   page 23

_____

HARPER, N., PEETERS, L., CARPENTER, C. (2014). Adventure Therapy. In R. Black & K. Bricker: Adventure Programming and Travel for the 21st Century. Venture Publishing Inc.

*HARPER, N. AND RUSSELL, K. (2008). Family involvement and outcome in adolescent wilderness treatment: A mixed-methods evaluation, International Journal of Child & Family Welfare, 1, 19-36.

HARTFORD, G. (2011). Practical implications for the development of applied metaphor in adventure therapy. Journal of Adventure Education and Outdoor Learning, 11 (2),145-160.

*HILL, N. (2007) Wilderness Therapy as a treatment modality for at-risk youth: A primer for mental health counsellors, Journal of mental health counselling, 29(4), 338-349.

HOVELYNCK, J. (2000). Recognizing and exploring action-theories: A reflection-in-action approach to facilitating experiential learning. Journal of Adventure Education and Outdoor Learning, 1(1).

HUNTER, M. (1986). Teach for transfer. El Segundo, CA: TIP Publications, 7–20.

*JONES, L. AND RISLER (2004). The Effectiveness of Wilderness Adventure Therapy Programs for Young People Involved in the Justice System in Residential Treatment for Children & Youth, 22(2).

KAPLAN, S. AND TALBOT, J.F. (1983). Psychological benefits of a wilderness experience. In: Behavior and the natural environment. Springer US, 163-203.

KOLB, D. A. (1984). Experiential learning: Experience as the source of learning and development. New Jersey: Prentice-Hall.

_____

_____

*LEWIS, S.F. (2013). Examining changes in substance use and conduct problems among treatment-seeking adolescents, in.: Child and Adolescent Mental Health 18(1), 33–38.

*MACKENZIE, D.L., SON, J. AND HOLLENHORST, S. (2014). Unifying psychology and experiential education: toward an integrated understanding of why it works, in: Journal of experiential education, 37(1), 75-88.

*MARX, J.D. (1988) An Outdoor Adventure Counselling Program for Adolescents, Social Work. .

NAKAMURA, J., AND CSIKSZENTMIHALYI, M. (2009). Flow theory and research. In S. Lopez & C. Snyder (Ed), Oxford handbook of positive psychology (pp. 95-206). New York, NY: Oxford University Press.

NEILL, J.T. (2003). Reviewing and benchmarking adventure therapy outcomes: Applications of meta-analysis. Journal of Experiential Education, 25(3), 316-321.

NEWES, S. AND BANDOROFF, S. (2004). What is adventure therapy? In S. Bandoroff and S. Newes (Eds.), Coming of age: The evolving field of adventure therapy (pp. 1–30). Boulder, CO: Association for Experiential Education.

*NORTON, C.L., TUCKER, A., RUSSELL, K.C., BETTMANN, J. E., GASS, M., GILLIS, H.L. AND BEHRENS, E. (2014) Adventure Therapy with Youth, Journal of Experiential Education, 37(1) 46–59,

POMMIER, J. H., & WITT, P. A. (1995). Evaluation of an Outward-Bound school plus family training program for the juvenile status offender. Therapeutic Recreation Journal, 29, 86–103.

_____

_____

PEETERS, L. (2003) From Adventure to Therapy: Some necessary conditions to enhance the therapeutic outcomes of adventure programming. In: K. Richards & B. Smith (eds.) Therapy within Adventure, Proceedings of the Second International Therapy Conference, (pp. 127-138), Augsburg, ZIEL.

PRIEST, S. AND GASS, M. (2005). Effective leadership in adventure programming (2nd ed.). Champaign, IL: Human Kinetics.

RAINES; J.T. (1985). The effect of the adventure activity of rappelling on the palmar sweat and state anxiety of fifth grade pupils under student-centered leadership. Doctoral dissertation. Indiana University, Bloomington. IN. (University of Oregon Microfilm Publications No. BF723.A5155.412).

*RINGER, M.T. (1994). Leadership competences for Outdoor Adventure: from recreation to therapy, Adventure based interventions with young people in trouble and at risk, Proceedings of a national one-day conference

ROGERS, C. (1951). Client-centered therapy: Its current practice, implications and theory. London: Constable.

*ROMI, S. AND KOHAN, E. (2004). Wilderness Programs: principles, possibilities and opportunities for intervention with dropout adolescents, Child & Youth care Forum, 33 (2), 115-136.

ROSOL, M., (2000). Wilderness therapy for youth-at-risk. Parks & Recreation, 35(9), 42–49

RUSSELL, K. C. (2000). Exploring how the wilderness therapy process relates to outcomes. The Journal of Experiential Education, 23, 170–176.

RUSSELL, K. C., & PHILLIPS-MILLER, D. (2002). Perspectives on the wilderness therapy process and

_____

its relation to outcome. Child & Youth Care Forum, 31, 415-437.

RYAN, R. M., WEINSTEIN, N., BERNSTEIN, J., BROWN, K. W., MASTELLA, L., & GAGNE, M. (2010). Vitalizing effects of being outdoors and in nature. Journal of Environmental Psychology, 30, 159-168.

*SCHEINFELD, D. (2011). Adventure Therapy: A supplementary group therapy approach for men, Psychology of Men & Masculinity, 12(2), 188.

*SIBTHORP, J. AND BANNING, A. S. (2004) Developing Life Effectiveness Through Adventure Education: The Roles of Participants, Expectations, Perceptions of Empowerment, and Learning Relevance, The Journal of Experiential Education, 27(1), 32-50.

TAYLOR, A. F. AND KUO, F. E. (2009). Children with attention deficits concentrate better after walk in the park. Journal of attention disorders, 12(5), 402-409.

TAYLOR, D.M., SEGAL, D. AND HARPER, N.J. (2010) The ecology of adventure therapy: An integral systems approach to therapeutic change, Ecopsychology, 2(2), 77-83.

*TUCKER, A., SMITH, A., GASS, M.A. (2014) How Presenting Problems and Individual Characteristics Impact Successful Treatment Outcomes in Residential and Wilderness Treatment Programs, Residential Treatment for Children & Youth, 31, 135–153.

*WEILBACH, T., MEYER, C., AND MONYEKI, M.A. (2010) The effect of adventure-based experiential learning on personal effectiveness of adolescents, African Journal for Physical, Health Education, Recreation and Dance, Supplement, 131-140).

_____
Reaching Further – Strategic Partnership supported by Erasmus+

Dokument1   page 27

_____

WESTON, R., TINSLEY, H.E.A., AND O'DELL, I. (1999). Wilderness adventure therapy for at-risk youth. Parks and Recreation, 34, 30–40.

Authors

Written by the 'Research Action Group' of the partnership project: Natalia Rakar-Szabo (Hungary), Corinna Fleischer (Germany), Lynn Van Hoof (Belgium), Silvia Sbarra (Italy), Harpa Yr Erlendsdóttir (Iceland), Alexander Rose (Spain), Wilbert Nolle (The Netherlands)
- With input from all partners of the partnership project

info@adventuretherapy.eu