

“Reaching for Roots and Finding a Forest”



Results from the European
partnership project REACHING
FURTHER

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Introduction

In January 2015 the Belgian organization NATURE decided to invite a group of experiential educators and adventure therapists from seven other European countries to dream and talk about starting a European partnership project on Adventure Therapy together. They wanted to work together in the search for the roots of Adventure Therapy (AT) in Europe and see if it was possible to create a professional network of European AT practitioners. In October 2015 this dream came true: with the support from Erasmus+ and the European Union, the two-year Strategic Partnership Project, named 'Reaching Further' (2015-2017) was born.

Among several others, the goals of the partnership were:

- To create a common understanding and language of AT in Europe (at least within the eight organizations represented by the partner-countries: Belgium, Germany, The Netherlands, Hungary, Iceland, Italy, Spain and Portugal);
- To provide a platform for sharing knowledge, experience, resources, etc. among practitioners;
- To explore AT as a new innovative method of working with youth-at-risk within youth work and other informal learning organizations.

Two years of continuous work and regular meetings (through Skype and in 'real life') allowed for an opportunity to share practical experiences and to identify common points in our culturally different professional working practices. During the meetings (5 in total) each partner organization presented workshops, sharing their good practices of Adventure Therapy. Through a meta-reflection process of these practices and workshops, facilitated by the 'Training and Intervision Action Group', common and different elements of the approaches were identified and discussed. At the same time the extracted key-elements of AT served as the foundation for a literature review study conducted by the 'Research Action Group'. The results of both processes are interrelated because both Action Groups took into account what the other had been finding, extracting and reflecting.

During this process of reviewing literature and developing a common language on Adventure Therapy, there was also a 'Website Action Group', creating an online platform for the network, and a 'Gathering Action Group', whose main task was to plan and organize a gathering for all European AT practitioners to come together and share their knowledge (the first GATE). After the partnership has finished, we would love to keep the network alive and include more European countries and AT practitioners. They will be able to participate in all announced trainings on the website, share information and experiences with each other and keep broadening our knowledge of AT in Europe.

It has been a very enriching process of getting to know each other, of trying to speak a common language and looking for the European roots of Adventure Therapy. Through endurance, patience and also a fair amount of humour 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... In reaching for the roots we haven't only found a tree of Adventure Therapy, we have found a whole forest.

In the following two chapters the main findings of the 'Training and Intervision Action Group' (Chapter 1: "What is Adventure Therapy?") and the 'Research Action Group' (Chapter 2: "A literature review") are presented. As a third chapter you will find a brief presentation of each country's history on Adventure Therapy as described by the representing organization that took part in the partnership. More detailed descriptions of the partnership process and the development of all Action Groups will be published on the website at the end of the partnership (in April 2017), as well as some workshops and good practices that we have found to be useful.

“What is Adventure Therapy?”

Findings of the partnership project

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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), Associacìon 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.

In Adventure Therapy our aim is to:

- Create a context in nature, in a group, doing activities together

We try to provide participants the possibility to activate different talents (cognitive, emotional, physical, social...) in order to get in contact with themselves and with others.



- Create a safe environment in which participants can:

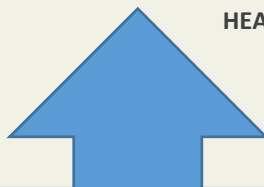
- Connect to their inner self (emotionally and physically)
- Work on things that are not tangible in their daily life



GROWTH



HEALING



- Support clients to explore dysfunctional patterns/ emotional schemes
 - Not only where they come from
 - But what were they functional for in older times
 - And/or find possible resources to develop their identity with empowerment
- Help them change these emotional schemes into functional ones, through corrective new experiences
- Rewrite their old narratives of trauma, their life-stories, etc.



AIMING FOR A HIGHER QUALITY OF LIFE AND WELLBEING



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.

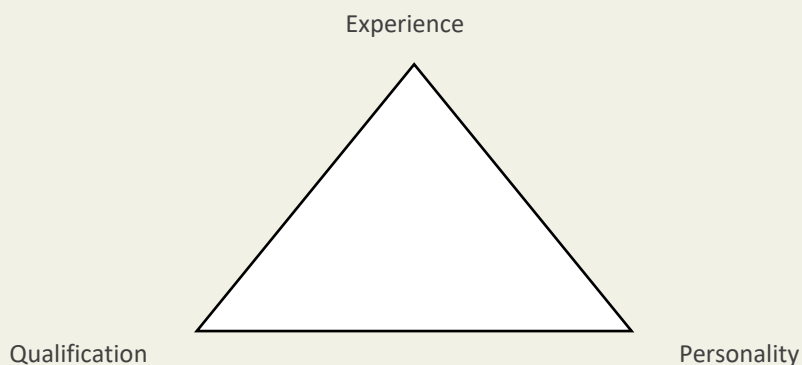
Another very important element is the **qualification** of the AT-professional, which is related to the degrees, masters, diplomas, certifications in fields such as:

- 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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Literature Review

‘Adventure Therapy with Youth at Risk’

Focusing on key-elements of common understanding within the European Adventure Partnership project ‘Reaching Further’

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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 processing of the 8 workshops that were led by all partner organizations at our international meetings, common core and key-elements of ‘Adventure Therapy with Youth at Risk’ were highlighted and incorporated into the focus of the literature study.

Seven important key-elements of AT-programs that were highlighted during these 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

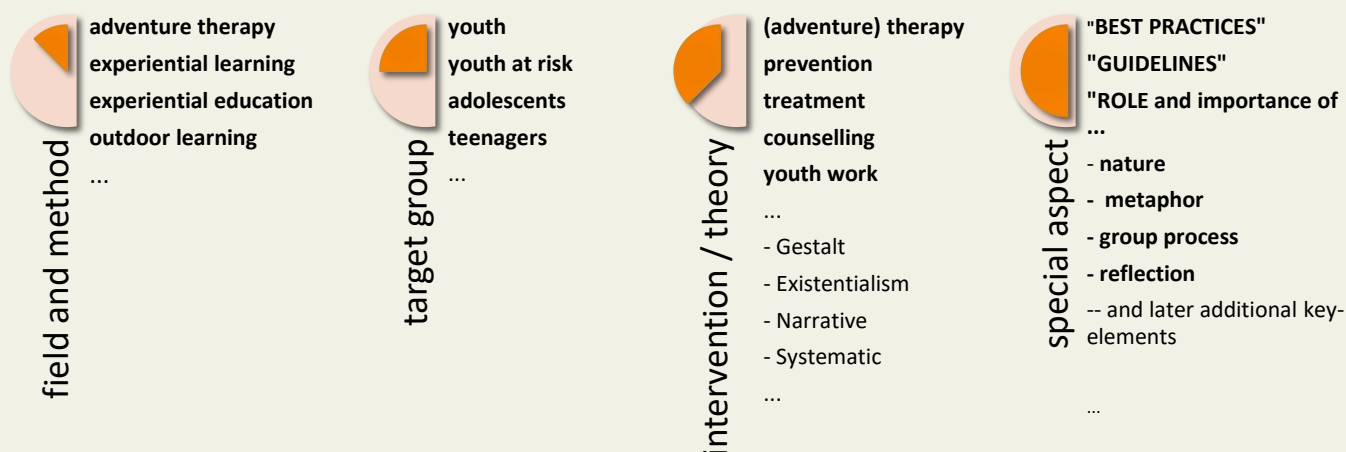
Before the 'AT with Youth at Risk' literature review started, the 'Research Action Group' of the project identified a limited selection of literature on AT in general, based on a selection of basic literature that already existed across Europe, where such programs were being implemented. They recommended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

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'.

For the literature that focuses more on 'AT with Youth at Risk', the group decided to select articles that focus on practice and program descriptions as a main theme for the literature review. The members prepared a list of proposed literature by searching for relevant articles in online databases, traditional libraries, bibliographies and reviews – through formal and informal connections with professional practitioners, universities and appropriate organizations.

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

The search and selection of articles was based on the following "search-words":



The selected literature was then divided among the seven members of the Research Action Group. They read and reviewed the articles using a framework including the key elements that were extracted during the international meetings. 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. Based on the short reviews of these articles, the members wrote summaries of the different key-elements. Finally, one member (formal coordinator of the research group) wrote a Synthesis Study.

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.

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.

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).

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.

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 hero'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 (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); 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.

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.

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).

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 Csíkszentmihályi (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?”

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.

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History of Adventure Therapy in Europe

Belgium

**Lynn Van Hoof & Nadia Vossen –
NATURE**

Outdoor programs and experiential education started with the first courses of the Dutch Outward Bound School (in Zeeland, The Netherlands) in the summer of 1961 based on the pedagogical principles of **Kurt Hahn** (who started the OUTWARD BOUND School in Wales 20 years earlier). During the **1960s** these Dutch OBS instructors developed an approach that was very different from the British model, which was the base for a **typical Dutch-Belgian tradition in experiential education**. [READ MORE ...](#)



Spain

**Alexander Rose & Natalia Ruiz de Cortázar Gracia –
Asociación Experientia**

Traditionally, non-formal educative interventions in Spain are mostly designed and programmed using French patterns. Due to the dictatorial regime in Spain (1939-1975) few educational innovative approaches merged during that time (Trilla, 1997). Commonly researchers and intellectuals migrated to France and were trained in *Animación sociocultural* (translated sometimes as Socio-cultural Animation), bringing back this model to Spain and adopting it further (Senent, 1998). In Spain it is commonly included as a variant of Experiential Education, but as opposed to experiential models. [READ MORE ...](#)



Hungary

Natalia Rakar-Szabo and Gabor Timur Szabo

- Hungarian Foundation for Experiential Learning “keTTe” Foundation

The story of Experiential Education (EE) and later Adventure Therapy in Hungary began in the mid-nineties – in the outdoor training field and parallel with the international influence on the non-profit development of EE and the implementation of AT in Hungary.

Until 1989 - 90, Hungary was a part of the Eastern-Central European Socialist Block, behind the “iron curtain”, so it was more or less impossible (or at least forbidden), to implement or develop alternative, innovative, experience based pedagogical, psychological or development methods, in our schools. [READ MORE ...](#)

Italy

Roberta Raimondi & Mario D’Agostino – KAMALEONTE

In Italy Adventure Therapy is still a developing field and it is not widespread yet. There is few academic research on this matter, and few experiments, most of them related only to *mountain-therapy* (G. Scoppola). The term was used for the first time in the pages of the magazine "Famiglia Cristiana", in September 1999. It’s an original therapeutic-rehabilitative and socio-education approach aimed for prevention, treatment and rehabilitation of individuals with problems, illnesses and disabilities through trekking, long walks in nature and climbing (from www.montagnaterapia.it). [READ MORE ...](#)





Portugal

Kátia Almeida – Pressley Ridge

In Portugal, there is no record of Adventure Therapy programs and/or initiatives over the past and present. There are many for-profit and non-for-profit organizations delivering outdoor adventure programming, but without a therapeutic component. [READ MORE ...](#)

Germany

Corinna Fleischer – CREATE YOUR CHANGE

In 1996 and 1998 mental health professionals gathered to discuss the use of experience based methods in psychotherapy in the psychosomatic clinic Fontane-Klinik, in Motzen. A first research on the effectiveness was presented ... [READ MORE](#)





The Netherlands

Per Wijnands & Lianne Janssen – Mutsaersstichting

In Belgium and the Netherlands the beginning of outdoor-programs, based on the principles of Kurt Hahn started in 1961 and was founded in the “Nederlands OUTWARD BOUND School” in Renesse, Zeeland. In the Netherlands they organised a 21-day structured program with a lot of physical activities. The goal was not to develop physical strengths but personal development. Since the 60s of last millennium some Dutch OUTWARD BOUND instructors developed an approach that was substantially different from the imported British model. This development laid the foundation for a typical Dutch-Belgian outdoor tradition (Witlockx, Van Stiphout & Lagrou, 1988, 4; Hovelynck, 1998a). [READ MORE ...](#)

Iceland

Harpa Ýr Erlendsdóttir & Guðrún Friðriksdóttir – Upplifun

In 1982 The Operation Drake Fellowship (ODF) contacted the Icelandic Youth Foundation and requested cooperation with Icelandic professionals. The first group came to Iceland in 1983 and there were youth exchanges between the two countries until 1986. The basis of the group formed around ODF Hálendishópurinn (The Highland Group) was created. All the professionals in Hálendishópurinn had specific expertise regarding therapy work, nature, pedagogic effects of community and communication and had years of experience with youth at risk. The first Hálendishópurinn excursions were in 1989 and soon became popular as a therapeutic option (Sigrún Júlíusdóttir, 2002).

[READ MORE](#)



Historical background of Adventure Therapy in Belgium

Lynn Van Hoof & Nadia Vossen – NATURE (Belgium)
(in collaboration with Johan Hovelynck & Luk Peeters)

Outdoor programs and experiential education started with the first courses of the Dutch Outward Bound School (in Zeeland, The Netherlands) in the summer of 1961 based on the pedagogical principles of **Kurt Hahn** (who started the OUTWARD BOUND School in Wales 20 years earlier). During the **1960s** these Dutch OBS instructors developed an approach that was very different from the British model, which was the base for a **typical Dutch-Belgian tradition in experiential education**. It was more process-oriented, more based on the ideas derived from humanistic therapy directions (including Fromm (1962) and Rogers (1961) but also Perls and the Gestalt Therapy (1951)) and from the T-group tradition (inspired by Kurt Lewin). There was also more emphasis on ‘the here-and-now’, ‘feedback’, the emergent program design and the role of the instructor evolved more towards process facilitator. Johan Hovelynck labeled it as being **more “process-experiential”** (1998, 2000). He also referred to it as a **“lowlands approach”** at a few occasions (e.g. 1995), suggesting that the absence of rugged nature in our region stimulated local adventure educators to further develop the quality of facilitation: “letting the mountains speak for themselves” wasn’t much of an option...

In 1977 OUTWARD BOUND Belgium (OBB) was established as a first provider of outdoor training and

education in Belgium (trainers were trained by the OB school in the Netherlands, according to this renewed concept on experiential education). The model evolved in Belgium even further, inspired by the ideas of **experiential therapy** (see e.g. Greenberg, Rice & Elliot, 1993) and by insights in organizational development and organizational learning (see e.g. Argyris & Schön). The latter tradition inspired the term **‘reflection-in-action’** for the local approach to facilitation (Hovelynck, 1998; 2000).

The methodology of adventure education spread in the first place through OBB trainers, some of whom started their own organizations, be it within youth work, higher education or training organizations. In the **end of the 1980s** a bigger ‘market’ grew for everything concerning adventure: “team-building” but also **therapists working with outdoor activities**.

A big step forward in spreading out the methodology of adventure education was the support and funding of the ‘Koning Boudewijnstichting’ that researched and published the effects of adventure education programs for so-called youth-at risk and stimulated the development of outdoor adventure education programs. There were also influences from methodologies coming from the USA. The origins of Adventure Therapy programs in Belgium were probably in working with **youth-at-risk** (e.g. the work

of Luk Peeters in the '80-ies, see e.g. Peeters, 1990; 1995) and in the process-experiential approach that seemed characteristic for all local outdoor programs at the time. The latter point results in a fine line between **process-experiential adventure education** and **adventure therapy**. In 1996 the organization NATURE was established as another provider of outdoor training and education programs in Belgium as well as adventure therapy programs for youth at risk.

The specificity of Adventure Therapy in Belgium is nowadays breaking through, with current programs for participants challenging existential questions, eating disorders, cancer, depression, etc. More and more programs are emerging and the representatives of a process-experiential approach are trying to make the **Adventure Therapy approach** more explicit in order to differentiate it from other approaches (also Peeters, 1995; 1997b, 42).



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Historical background of Adventure Therapy in Spain

Alexander Rose & Natalia Ruiz de Cortázar Gracia – Asociación Experientia (Spain)

To get a clear picture of Adventure Therapy in Spain, we must recall some specific and differentiating milestones regarding the historical background of non-formal and outdoor education in Spain.

“Animación sociocultural” and Experiential Education

Traditionally, non-formal educative interventions in Spain are mostly designed and programmed using French patterns. Due to the dictatorial regime in Spain (1939-1975) few educational innovative approaches merged during that time (Trilla, 1997). Commonly researchers and intellectuals migrated to France and were trained in *Animación sociocultural* (translated sometimes as Socio-cultural Animation), bringing back this model to Spain and adopting it further (Senent, 1998). In Spain it is commonly included as a variant of Experiential Education, but as opposed to experiential models. This approach places more emphasis on community education, improving the level of social welfare and has goals that are more focused on creating group dynamics through cultural and art activities (Trilla, 1997). The most similar intervention model to Experiential Learning, is the subtype of “Free/Leisure time pedagogy” (*Pedagogía del tiempo libre*), with stress on developing individual capabilities through group activities in natural settings (Martínez Rico, 1998; 2003), used predominantly in Scouts or other Youth groups.

Adventure/ Outdoor Education – Personal enhancement

The model of *Animación sociocultural* has been perpetuated in training in outdoor schools, vocational trainings and in most of the interventions addressed to non-formal education.

Therefore, the mid and northern European Experiential Education’s (thus, Experiential Learning-) approach was unusual until the nineties, when outdoor training and experiential teambuilding was introduced in sports and business environments (Anglada, 2007). In the last ten years, users of active tourism have increased and slowly educational institutions are coming closer to this experiential approach, although only from a recreational point of view (Anglada, 2007). An attempt to introduce Adventure Learning both in corporate and in learning settings (formal and non-formal) was with the foundation of Outward Bound Spain around 2003, but after less than a decade the company closed.

Adventure Therapy

Regarding research and divulgation of AT in Spain ('*terapia a través de la aventura*' – '*terapia de aventura*'), few references appear in Spanish (Kraft, 1990; Fonseca Agosto, 2010; Rose, 2012), and only a dozen papers were presented in international and national conferences in Spain. There is no previous information or references in Spain about other AT practitioners or programs.

In the year 2015, *Asociación Experientia* was founded thanks to the previous work of Alexander Rose, having visited several Adventure and Wilderness Therapy programs in the USA and in Europe and having researched and published about it since 2008. Also from 2008, Spain has been a member of the Adventure Therapy International Committee, also represented by Alexander Rose.

2015 has also been the year where the first Adventure Therapy program has been launched in Spain. David Fernández Oñate, member of Experientia, designed and developed *Abriendo vía*, a specific indoor climbing program with patients presenting paranoid schizophrenia, with history of using toxics and behavioural difficulties during adolescence.

In 2015 as well, Natalia Ruiz de Cortázar, Lydia Yusta Bermúdez de Castro, Jano Morcillo Forés, and Alexander Rose, have developed *Azimet*, a specific program for youth at risk (adolescents with ADD/ADHD symptoms).

As we speak, the Clinical team of Experientia is also developing specific Adventure Therapy programs for adolescents affected by HIV/AIDS, for selective prevention for adolescents presenting drug abuse, youth in Foster care, etc.

2016 has brought some new milestones: Experientia has taken part in a Pilot program for selective prevention of drug abuse, and has also won the 2016 *Psicofundación* Award for Young Psychologists with an AT program in hands of Natalia Ruiz de Cortázar and Lydia Yusta Bermúdez de Castro.

Despite other adventure and/or outdoor interventions in the fields of psychotherapy, rehabilitation, re-education and psycho-educational in Spain, Adventure Therapy as a specific methodology is still an unknown and innovative approach in Spain.

Painting a broader picture and using the Spanish language countries as a frame, there is a need to mention the efforts to introduce Adventure Therapy in Latin America. Practitioners are developing their own programs there, influenced by the proximity to the US; and also several US Adventure Therapy programs are opening venues in South and Central America. The recent celebration of AEE (Association of Experiential Education) conferences in Mexico and Colombia, in 2001 and 2012 respectively, are helping to establish a network.

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Historical background of Adventure Therapy in Germany

Corinna Fleischer – CREATE YOUR CHANGE (Germany)

The history of Adventure Therapy („Erlebnistherapie“) in Germany builds on the development and rediscovery of Experiential Education („Erlebnispädagogik“). While the philosophical approach of ‘learning by doing’ reaches far back, Kurt Hahn (1886-1974) directed the modern progressive education towards Experiential Education. The schools and programs he developed first in Salem, Germany and later in Scotland aimed at character building through group experiences in the outdoors. Through expeditions and community service projects the youth learned to take on responsibility and ownership for their actions. He founded the Outward Bound School, which expanded to a worldwide organization offering outdoor programs for youth and young adults aiming at personal development (Michl, 2009). Only after the second world war, Experiential Education started to grow more in Germany and the modern understanding started to evolve in the 1960s (Baig-Schneider, 2007).

The methodology of using experiences to foster learning and personality development, using the outdoors, the perception of risk and challenge and the power of a peer group, was adapted to different goals and populations and by different disciplines, resulting in a big variety of programs and formats. The biggest area was the youth service sector, where social workers work with youth at-risk, foster kids and delinquent youth. On the other side the approach was also adapted to the regular school setting and used in physical education classes or school projects. It is also used for team building and management courses with adults in so called Outdoor Trainings. The approach has also been adapted to

the clinical field – as an adjunctive to the treatment of diabetes, obesity or coronary diseases and for psychotherapy (Gilsdorf, 2004).

The German concept of ‘Erlebnistherapie’ differs from the North-American understanding of Adventure Therapy. Mainly, the adventure is only seen as one way amongst others to facilitate a meaningful experience for the participants (Gilsdorf, 2004). A new concept of the modern Experiential Education in Germany is social learning through interaction. In this, a group is presented with an artificial, challenging situation that can only be solved by working together (Baig-Schneider, 2007).

With the growing popularity and different formats there was a need to create a common understanding of Experiential Education. In 1992 the now called „Bundesverband für Individual- und Erlebnispädagogik“ organization was founded, which works on unifying topics like a common definition, standards for staff formation, programs etc. to support the professionalization of the field (www.bundesverband-erlebnispaedagogik.de).

In 1996 and 1998 mental health professionals gathered to discuss the use of experience based methods in psychotherapy in the psychosomatic clinic Fontane-Klinik, in Motzen. A first research on the effectiveness was presented, but no other German conference or gathering happened in the years to come.

The idea was taken on and followed through by some individuals, so that there are many experiential-based methods used in addition to general psychotherapy. Some psychiatry settings or addiction recovery clinics offer rock climbing (in a gym) and low or high ropes courses (Klinik Wollmarshöhe, Fontane-Klinik). While in the mental health field the programs always add to the normal offer and are not paid by regular health insurance or the government, this is different for youth services.

For youth who are not able to stay in foster care or other youth services because of their problematic behavior, the government offers individual pedagogic interventions, which can be travel projects abroad or on-site projects (Boeger, Dörfler & Schut-Ansteeg, 2006). In each case the youth worker builds a one-on-one relationship with the youngster and growth is aimed for through the use of

experiential methods and the contrast to their day to day environment (Klawe, 2014). Living together in a country or on a sailing ship without speaking the language naturally strengthens the interdependence of youth and staff, offers challenging situations and therefore the opportunity to learn new behaviors and ways to deal with difficult situations. Through the positive relationship youngsters can learn to take on responsibility for their own life and still get the support that is needed in the process of growing in their personality (Klawe, 2013).

Another specific development is the Systemic Nature Therapy, mainly shaped by Planoalto and elaborated through Kreszmeier. It focuses especially on self-awareness during the experience in nature and the therapists work with a systemic approach using creative techniques, scenic play and rituals (Kreszmeier, 2008).

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Historical background of Adventure Therapy in Hungary

Natalia Rakar-Szabo & Gabor Timur Szabo
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The story of Experiential Education (EE) and later Adventure Therapy in Hungary began in the mid-nineties – in the outdoor training field and parallel with the international influence on the non-profit development of EE and the implementation of AT in Hungary.

Until 1989 - 90, Hungary was a part of the Eastern-Central European Socialist Block, behind the “iron curtain”, so it was more or less impossible (or at least forbidden), to implement or develop alternative, innovative, experience based pedagogical, psychological or development methods, in our schools. This means that, apart from the socialist way of providing education, all other teaching approaches such as: alternative pedagogy like Waldorf, Montessori, Rogers’s or other Experiential Education approaches (alternative therapeutic methods being used in other Western Countries) or even classical social concepts, did not exist in Hungary and were clearly not supported.

First entry of Experiential Education into the outdoor training sector and education system

In the corporate outdoor sector, two sources are known as to how organizational development consultants became trained for outdoor training. One group was invited to General Motor’s Training Center in Valencia, Spain, where a high rope course based leadership training program was presented. The other source was a corporate skills training company, who invited a Belgian experiential organization development consultant. Both sources started to use high ropes courses in their work with corporates and provided various forms of outdoor training activities. Since then

several Hungarian for-profit organizations provided outdoor trainings and programs in that sector, typically with the purpose of team-building.

In the field of Experiential Education in schools and the NGO sector, Hungarian history started at the start of the new millennium. In CEEu region, not in Hungary, but in Hungarian minority-inhabited territory of Romania, Transylvania, Outward Bound Romania - a non-profit organization - was founded in 1993 as an independent member of the internationally recognized **OUTWARD BOUND International**.

Their primary programs included personal development courses for high school students, courses for educators, youth leadership courses, and courses aimed at orphans, troubled, and economically disadvantaged youth. Later, in the early years of the new millennium, many of the future Hungarian experiential educators and trainers, were educated here, in their native Hungarian language.

Today, probably one of the most successful Hungarian NGO’s called “Bator Tabor” (“Brave Camp”), is organizing therapeutic recreation camps for seriously ill children and their families, as well as for families who lost their child due to a severe illness.

Paul Newman, the world-famous actor, established a camp in Connecticut USA, in 1988, and it became the basis for the Serious Fun Children's Network, which the "Bator Tabor" has been a member of since 2007. While the professional background of their work comes from the United States, the free camping for children is funded by corporate and individual donations. In 1997 the first group of Hungarian children visited a therapeutic recreation camp in Ireland and in 2001 based on the foreign model "Bator Tabor" was created for the healing of children with cancer in Hungary.

The first school application of experiential education was realized in the early part of the 21st century, by two Hungarian teachers (Sandor Banyai, Nikolett Kovacs) trained by Pressley Ridge, Pittsburg, PA, USA. They participated in the first Hungarian Adventure Therapy conference in 2005 and were so inspired, that they started the first experiential education courses, (in Hungarian: "élménypedagógia"), for elementary school teachers. Since then, thousands of Hungarian teachers were trained in experiential education, but sadly, were drawn mainly from the Hungarian minority communities from countries around Hungary.

The "Elmenyakademia" (Academy of Experience) public benefit association, was founded in 2006 by 12 volunteers, who dedicated their professional life in establishing a Kurt Hahn approach using non-formal educational programs. Founder, Etelka Kovacs, after completing the trainer courses at Outward Bound Romania, she developed the bases of the association in cooperation with the leaders of OB Romania, which organization kept on being the parent establishment of Elmenyakademia and the trainer of their crew.

There are some other small non-profit organizations today working in the Experiential Education field – mainly focusing on short training sessions of school teachers, outdoor educators, sport teachers, facilitators and animators. For example: "Kalandok és Almok" (Adventures

and Dreams) Association, "Holdfényliget" (Moonlight-Grove) Foundation and Experience-Zone and some others.

Implementation of Adventure Therapy

The first Adventure Therapy (AT) program in Hungary was designed and realized in 2004 by Gabor T. Szabo, former leader of "keTTe" - Hungarian Foundation for Experiential Learning (founded in 2004) with psychiatric outpatients at the "Csanyik" Psychotherapeutic Centre of the St. Francis Hospital of the City Miskolc. Gabor T. Szabo was the first Hungarian psychologist, who officially studied EE/AT methods, during a 2-year long Outdoor Trainer/Adventure Therapy accredited course at Vienna University IOA Institution, bringing this methodology to Hungary.

The Csanyik Project consisted of a group of 10 patients participating in several week-long group process and individual process sessions, with psychologists and social workers. An interdisciplinary methodology treatment plan was carried out with a biblio-therapeutic frame and a three-day (two nights) expedition with low ropes modules and rock climbing. There was an impact analysis based on different tests which provided the base of a postgraduate thesis about the project.

The "keTTe" Foundation organized the first AT conferences in Hungary in 2005 and 2006 at the "Csanyik" Centre. Professionals inspired by these events (and trained by OB Romania) created the first residential adventure therapy program in a Psychiatric Hospital for Adolescents named "Vadaskert". The program was running successfully for more than three years (2010 - 2013), using high and low ropes courses, expeditions and outdoor experiential team challenges.

The program was supported by non-governmental funds but was closed down in 2013. The leaders of this program later set up a 9 days' course called: "From EE to AT", which introduced the basic elements of this approach and which is still running successfully.

The “keTTe” Foundation has carried out several adventure and wilderness therapy programs since 2004, mainly for adolescents and young adults in state care, children living with disabilities and their families. The professionals of the foundation used adventure therapy in structural and systemic couples- and family therapy settings as well. They are probably the first outdoor practitioners to call their method “Wilderness-Adventure Therapy” (within the international meaning and setting) in Hungary.

Since Hungary’s first regime change in 1989-90, new changes have been taking place with regards to democracy, and even more so when the Orban Government (Right-Conservative Wing) came into power in 2010. As a response to this, the “keTTe” Foundation decided to build up the Hungarian Experiential Education community to support the development of its own internal (and external) network. Therefore, after the organizations’ first two AT Conferences, they set up an organization of new conferences: In 2015, the First Hungarian Conference for Experiential Learning was established and followed by the second one in 2016. Today there is a preparation going on for the third one in 2017. It is the intention of the organizers to set up a tradition of this forum, where all professionals who are interested or involved in the applications of experiential learning in the field of education, social work, therapy or organizational and leadership development, can network with others who are also working in this wide and diverse field.

It is hoped that the forum will provide an opportunity for practitioners to create a space for the growing community of experiential educators in Hungary and the CEEu region. Many members of the wider international EE/AT community, have supported such forums and conferences here in Hungary.

Networks and professional relationships have been formed by practitioners from “keTTe”’s being active participants in such events as well as being the Hungarian representatives in IATC / ATIC since 2002. Main support still comes from

abroad - some international professionals (to name but a few), who have and will continue to attend and support the Hungarian EL/AT conferences and development of AT: Martin Ringer (NZ), Prof. Dr. Christine Norton (USA), Prof. Dr. Günter Amesberger (AU), Prof. Dr. Hartmut Paffrath (GER), Luk Peeters (BEL), Dr. Rüdiger Gilsdorf (GER), Prof. Dr. Denise Mitten (USA), Prof. Dr. Ray Handley (AUST), Prof. Dr. Werner Michl (GER), Prof. Dr. Michael Gass (USA), Ian Blackwell (UK), Frank J. Grant (UK), Markus Gutmann (AU), Dr. Stephan Natynczuk (UK), Ping-Huang Liao (Taiwan), Tony Dixon (USA), Katia Almeida (PORT).

Besides the conferences, “keTTe” Foundation, under the leadership of Natalia Rakar-Szabo and Gabor T. Szabo, started the first Hungarian 1+2 semester educational course for Experiential Trainers/Consultants with an Adventure Therapy Specialization in 2016. They started the course with the contribution of several international Adventure Therapy and Experiential Education academics and professionals (some of those named above).

The first Hungarian official academic research was started in 2015, focusing on the Impact of Wilderness-Adventure Therapy with Foster Care Adolescents (still ongoing under a PhD research). This research is led by Natalia Rakar-Szabo with background support of the Development Psychology Department of Doctoral Institution of Pecs University.

In Hungary the outdoor training sector is widely spread out, although in the last 6 - 7 years the popularity and demand has slightly decreased for these programs which were generally built and delivered on simple team building activities. There are at least 35 - 40 different for-profit companies, all providing different outdoor programs for organizations and for the private sector.

Since 2000, the Leisure Adventure Parks has been spreading out as well, but after 2009 - 2010 the popularity of these entertainment services also dropped, many of them even have closed in the last few years. Up until now (2016), there are no Hungarian Universities, higher Education Schools or

Institutions, who are officially teaching Experiential or Outdoor Education, Adventure Therapy or anything similar. Only Pecs University has a small accredited course for students of pedagogy, as an optional, alternative course of 30 - 60 hours.

Today, there are approximately 10-12 non-profit Hungarian organizations implementing Experiential Education and/or Experiential-based Therapeutic Program Elements as methods into their mainstream programs. The number of them is rising year every year, and we do our very best to support this process.

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Historical background of Adventure Therapy in Italy

Roberta Raimondi & Mario D'Agostino – KAMALEONTE (Italy)

In Italy Adventure Therapy is still a developing field and it is not widespread yet. There is few academic research on this matter, and few experiments, most of them related only to *mountain-therapy* (G. Scoppola). The term was used for the first time in the pages of the magazine "Famiglia Cristiana", in September 1999. It's an original therapeutic-rehabilitative and socio-education approach aimed for prevention, treatment and rehabilitation of individuals with problems, illnesses and disabilities through trekking, long walks in nature and climbing (from www.montagnaterapia.it). These programs are designed to take place through group dynamics, in the cultural, natural and artificial mountain setting. The intervention areas might be different, although most of them are in the health sector.

Those which concern implementations on mental health in particular, have turned to people with drug addictions and people with mental and physical disabilities. We also find in Italy programs dedicated to partially sighted or blinded people, focused on the sensory dimension of experience (S. Carpineta, 2010). Currently mountain therapy groups are present in various regions. The north of Italy is a very active driving force for this approach.

'The mountain' in these programs becomes a living space, a laboratory for "new" ways of being in the world: this setting, this new context, different from the usual, can help build a new inner structure (N. G. De Toma, 2012).

In the health sector there are also rehabilitation programs for areas such as cardiology, eye problems, oncology etc. There is one interesting project regarding a mini-residential-camp of "cardiology mountain therapy" (G. Scoppola, 2004). This approach tends to increase, through residential

sessions, where the sense of self-worth and self-efficacy of the participants are the main focus.

In the social sector we find more therapy-mountain routes dedicated to young people with fewer opportunities or troubled teens groups, or used as a means for social integration (programs for immigrants, etc).

The most difficult thing in Italy is to bring together the "worlds" as distant as health/institutions, social and mountains/outdoor activities. With the advent of the mountain-therapy were born some collaborations between local health authorities and the Alpine Club, social cooperatives, voluntary associations and other stakeholders, which required the use of formal instruments such as agreements, common programming etc. But this is a work in progress and there should still be made some other important changes.

Another kind of therapy in nature is *Underwater Psychology*. In Italy the first conference on scuba diving psychology took place in Mestre-Venezia, in 2000, and was organized by Salvo Capodieci, member of the Doctors, Psychotherapists Association of Venice.

The field of the group's interest focuses on scuba diving, and covers topics such as motivational dynamics by diving into the deepness of emotional problems facilitated through the underwater experience, underwater applications of problems, in particular rehabilitation, educational and learning problems. The research explored the theme of the evocative and metaphorical powerful dimension of diving, which strongly binds to the exploration issues of the inner individual worlds (G. Venza, 2006).

The underwater psychological research that emerged from these contributions is relevant to the diving safety, guidelines for the instructors training, but also as a field of theoretical exploration about the knowledge of mental functioning, here knowable within a particular size but not disconnected with the ordinary life experience.

Some of the most significant Italian organizations or sectors that offer Adventure Therapy programs are:

- Association “Il Cerchio”, from Milan, in collaboration with A.I.F.A. Onlus, that uses a mix of experiences between sports activities in nature (hiking, climbing, archery, hiking and camping), judo and group psychotherapy to treat ADHD (Attention Deficit Hyperactivity Disorder). Through residential summer camps with therapeutic purposes this organization aims to increase social support and improve children’s relational attitudes.
- The Underwater Psychology, treatment through underwater. This program includes diving and other water activities like snorkelling, kayaking, stand up paddle, scuba diving, diving, etc. The underwater psychology techniques are used also in some kind of rehabilitation processes.
- “Sentieri di libertà” (freedom trails) of Salute mentale Sardegna (an ASL of Southern Sardinia): a community psychotherapy lab, which represent a living metaphor

of a psychiatric model that sees the community as the place to care, to address and resolve mental illness and regain a new sense of belonging (A. Cones, 2015). This laboratory was born in a rehabilitation institute for psychotic patients as an itinerant conference that allows patients to experience, on body and mind, the community sense of “ancient people” who had lived in these hills and, together with specialists, addresses mental health issues. By using activities such as hiking; festivals; music; shared dinners; four days sessions, and trekking, this psychiatric laboratory is providing therapy for mental illness.

- KAMALEONTE is an eco-sport organization that since 2004 promotes wellness, individual and group development. Through outdoor, sportive and adventure activities KAMALEONTE offers several different kinds of Adventure Therapy and Experiential Learning programs for children, young people and adults.

Conclusion

The outdoors as a therapeutic frame is still not so widespread in Italy but the last few years something started to change. A network started that is helping the dissemination and, hopefully, is adding more small pieces to the big puzzle.

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Historical background of Adventure Therapy in The Netherlands

Per Wijnands & Lianne Janssen – Mutsaersstichting (The Netherlands)

Gass (1993) describes the term Adventure Therapy (AT) as a relatively new term that is only 25 years old. Also, Newes (2003) indicates that AT gradually begins to be included in the therapy sector where it serves as a treatment for several populations including: youth offenders, mentally ill, people with eating disorders and also people without diagnosed problems. Kurt Hahn, a German educator, is described as the first person who offered experiential education in a wilderness setting in 1920 (Gass, Gillis, & Russell, 2012; Newes, 2003). Later, around 1940, he founded the first OUTWARD BOUND (OB) school in Wales where he used his pedagogical principles (Hovelynck, 2001 Bouman, 1998). Since the start of OB, AT has proven to be an unique therapeutic treatment that can be used both as a supplement to another form of therapy but also as an independent form of therapy (Newes, 2013).

The fact that AT is a new form of therapy, makes it difficult to determine exactly when people started using professionally 'adventure' in a therapeutic setting (Davis-Berman & Berman, 1994; Gillis & Priest, 2003; Kelly & Baer, 1968). In the AT world history are mainly descriptions of organizations and individuals who started outside the regular care program by performing adventure therapeutic treatments in mental health care (Gass, Gillis, & Russell, 2012).

AT emerged from the vision of the "experiential learning" methodology which is defined as "learning by doing, and reflecting on this" (Gass, 1993; Newes, 2003). The principles of experiential learning can be traced from the educational descriptions of Dewey (Newes, 2003). This methodology is

based on the belief that learning is a result of direct experience, and that people learn best when multiple senses are actively involved in learning.

Examination of Newes (2003) shows that at the same time the use of several senses ensures a higher cognitive activity and a better memory. Specifically looking at AT would this fact, combined with adventure activities, may be responsible for the high reported positive behavioural change.

Also, assumed the methodology of experiential learning that active learning has a great value for the client since he is responsible and involved in the process. In addition, the theory of experiential learning is based on the belief that individuals learn when they step outside their comfort zone.

Belgium and the Netherlands

In Belgium and the Netherlands the beginning of outdoor-programs, based on the principles of Kurt Hahn started in 1961 and was founded in the "Nederlands OUTWARD BOUND School" in Renesse, Zeeland. In the Netherlands they organised a 21-day structured program with a lot of physical activities. The goal was not to develop physical strengths but personal development. Since the 60s of last millennium some Dutch OUTWARD BOUND instructors developed an approach that was substantially different from the imported British model. This development laid the foundation for a typical Dutch-Belgian outdoor tradition (Witlockx, Van Stiphout & Lagrou, 1988, 4; Hovelynck, 1998a).

The approach of the Dutch OUTWARD BOUND instructors which was developed in the 60s and 70s brought outdoor training closer to an experiential model. Hahn's pillars evaluated into the ideas of humanistic therapies, and the T-group tradition, inspired by the work of Kurt Lewin. The emphasis in the guidance of a group shifted more to 'here and now' and 'feedback', and to experience the process of meaning: the role of the trainers evolved from instructor to facilitator. This development changed the face of the OUTWARD BOUND programs substantially.

Both in Belgium and in the Netherlands, outdoor training was initially spread out through OUTWARD BOUND instructors who went over time elsewhere to work for a variety of reasons. Some of them grounded their own organization - such as Frans Griffioen with Elan Training, Herman Wittockx with Organisational Behaviour Development or Stef Geens of Exponent. Others brought their outdoor experience into youth work, social work or educational work.

The Netherlands

Later in the Netherlands there are several organizations all over the country which individually searched for practices from abroad to work with vulnerable youngsters. Project Adventure Netherlands and Outward Bound Netherlands are some of them, also Youth at Risk Netherlands. There were also organizations like YMCA which searched for activities and methods for facilitating the work with youngsters in their social development. Somewhere in the 90s an organisation in the south of the Netherlands went to the USA and New Zealand to look to the theory and practice of Project Adventure and Adventure Based Counselling. They came back with a lot of experience and a lot of enthusiasm. What they had learned in those countries allowed them to transform it into a practice on its own, based on experiential learning, but suitable for their target group: mentally disabled youngsters. They developed a methodology which was spread out over several organizations in the south side of the country. This methodology developed in some cases to an AT-approach and from there on to Adventure Therapy. Nowadays there are only a few organizations in the Netherlands who use the term Adventure Therapy

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Historical background of Adventure Therapy in Portugal

Kátia Almeida – Pressley Ridge (Portugal)

In Portugal, there is no record of Adventure Therapy programs and/or initiatives over the past and present. There are many for-profit and non-for-profit organizations delivering outdoor adventure programming, but without a therapeutic component. There are also many initiatives using sports in general and some initiatives involving outdoor sports to promote skills development and learning. Most of the initiatives present in Portugal are focused on life skills training in general, using different approaches, as mentioned before.

Kátia Almeida was a professor at Lusófona University and was part of the team that developed and implemented the field of Sports Psychology in the University. From 2004 until 2008, she has developed and implemented a course for Sports Psychology students on Experiential Education and Adventure Therapy that was part of the students' curriculum. It was the only time so far in the country that this field was offered on a university level.

The inspiration came from Pressley Ridge in the USA. For over 30 years, Pressley Ridge had a Residential Therapeutic Wilderness Camp for delinquent boys in Ohiopyle, Pennsylvania. Katia Almeida worked on this program in the late 90's and participated in several training sessions and conferences on Adventure Therapy while in the USA,

especially the ones organized by the Association of Experiential Education and the National Adventure Therapeutic Wilderness Camps.

From 2007 until 2009, Pressley Ridge in Portugal was a member of the Association of Experiential Education (USA) and an active member of the Therapeutic Adventure Professional Group (TAPG).

Pressley Ridge in Portugal started using Adventure Therapy back in the 90's. Since 2005, Pressley Ridge was the first organization in the country claiming the use of Experiential Education and Adventure Therapy in their programs for youth at risk. Also since then, we've been providing training in this field for other professionals and organizations working with at risk children and youth.

In 2013, Pressley Ridge developed and started the Surf.ART program for at risk children (ages between 7 and 13). The main goal is to help kids develop social and personal skills that promote development, social inclusion and well-being, through surfing and the contact with nature. Experiential Education and Adventure Therapy are the main strategies in this program.

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Historical background of Adventure Therapy in Iceland

Harpa Ýr Erlendsdóttir & Guðrún Friðriksdóttir – Upplifun (Iceland)

In Iceland there is no getting away from nature. It permeates our very being and makes us who we are. The strength of an individual's character was formerly measured by the way he or she could, in a way, converse with nature. How well they managed during the summer months, how they handled the winter, the ocean, wind, rain and snow (Gunnar Friðriksson, 1990). After towns started getting bigger there was and there is a societal agreement that youth at risk sent to the country to work on farms come back mature and stronger physically and mentally (Margrethe Andreassen, 2015). The National Icelandic Scout Association was founded in 1912 and the first Voluntary Rescue Service was formally founded in 1918. Both have been fundamental in keeping Icelanders in touch with nature and in the development of youth since the beginning. The main advocates of the most famous adventure therapy group, Hálandishópurinn, are originally scouts.

In 1982 The Operation Drake Fellowship (ODF) contacted the Icelandic Youth Foundation and requested cooperation with Icelandic professionals. The first group came to Iceland in 1983 and there were youth exchanges between the two countries until 1986. The basis of the group formed around

ODF Hálandishópurinn (The Highland Group) was created. All the professionals in Hálandishópurinn had specific expertise regarding therapy work, nature, pedagogic effects of community and communication and had years of experience with youth at risk. The first Hálandishópurinn excursions were in 1989 and soon became popular as a therapeutic option (Sigrún Júlíusdóttir, 2002). Hálandishópurinn was influenced by writings and practices created by Kurt Hahn and the OUTWARD BOUND schools and were operated from 1989 until 2007, but none of the founders were a part of it from 2005. After the financial collapse of 2008 there has been no financial support to resurrect the group (Björn Vilhjálmsson, 2013).

There have been groups run by occupational therapists at the National University Hospital Mental Health Departments since 2001 and Æfingastöðin since 2006. And now with the partnership of Reaching Further there will be more groups in the future. It should be mentioned however that recreational centres, after school programs and various others have used experiential learning for a long time a great deal with good result without the therapeutic intervention.

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Partner Organizations



As a new born organization, Experientia aims to develop and implement therapeutic programmes in Spain based on Adventure Therapy and Experiential Learning for youth and adults, with a special emphasis on Wilderness Therapy programmes.

<http://www.asociacionexperientia.org><http://www.asociacionexperientia.org><http://www.asociacionexperientia.org>



Based on experiential, nature based and sustainability learning theories CREATE YOUR CHANGE is offering seminars, courses and individual settings for professionals in developing their own resilience and empowering them to develop concepts for programmes for resilience learning.

www.create-your-change.org<http://www.create-your-change.org/>



Kamaleonte is an eco-sport organization that promotes wellness, individual and group development. Through outdoor sport and adventure activities Kamaleonte offers different Experiential Learning programmes to school classrooms and teachers, to young people and adults and to organizations. The focus of the project is: group dynamics, team work, diversity, communication, personal development and wellness.

<http://www.kamaleonte.org> <http://www.kamaleonte.org/>



The Hungarian Foundation for Experiential Learning “kéTTé” was the first NGO in Hungary for experiential learning, experiential education, adventure-therapy and wilderness-therapy. Established in 2004 the foundation creates opportunities of development to people to grow and develop with the pedagogical and psychological background of the experiential learning method – in Hungary as well as in other European environments.

<http://www.kettealapitvany.hu><http://www.kettealapitvany.hu/>



The Mutsaersstichting is a youth care service center that offers professional mental health and care services to children and youth. In addition, we give social support and counselling to women and children.

<http://www.mutsaersstichting.nl><http://www.mutsaersstichting.nl/>



NATURE is a youth organization recognized and supported by the Government of Flanders (Belgium). Through an experiential and adventure based approach within a non-formal educational context, the organization aims to actively contribute to the personal and social development of kids, youngsters and young adults between the ages of 10 and 30 years old. The organization has developed a special affinity with socially disadvantaged youth and with youngsters who are suffering from mental disabilities.

<http://nature.be/>



Pressley Ridge Portugal provides services through community-based programmes, involving kids at risk and their families. The Surf Art Program is the one that pretends to promote success in the life of children and youth through surf and contact with nature. Our mission is to develop the kids' potential and autonomy.

<http://www.pressleyridge.pt>



“Upplifun” or “Experience” is a non-profit association for experiential learning and outdoor education, established in Reykjavik in 2012. Upplifun is devoted to the promotion of experiential learning and outdoor education on a national and European level and is supported by Áskorun (Challenge pltd) which is a private educational and training company. The aim of Upplifun is to be a platform for discussion, exploration and cooperation for those in Iceland or in Europe who are interested in experiential, adventure learning theory and different methodologies of outdoor education and are committed to implementing and developing them in their life and work.

<http://askorun.is/http://askorun.is/>