Per Wijnands – Mutsaersstichting (The Netherlands)

Adventure Therapy in the backyard with individuals

This practice is about one session that is part of a treatment program that approximately consist of 10 sessions, of one hour each, spread out over 10 weeks. This program is designed for an individual client. The activity (slacklining) has been selected for this client because it suits his specific goal and the process he is in at this stage. So there is not a fixed and pre-structured program. The program is formed in relation to the need of the client which means his theme or target, his development process and the next step towards his goal.

# Summary

*Main objectives for the Adventure Therapy program for this client:* to strengthen the self-esteem/ confidence of the client and improve his regulation of emotions and difficult social situations.

*Secondary objectives for this session*: set achievable goals, focus shift, trust in yourself.

*Activity:* Slackline

*Process:* The client finds today’s session very exciting because it’s the first time that he’s having Adventure Therapy without his parents. In addition a trainee of the therapist will join the therapy session for the first time. During the walk towards the forest we talk about superficial things to get on the same level as the client. We also look back on the previous session and the goals the client wants to work on during his treatment program. The client says that he particularly wants to work on his self-confidence, especially in contact with (relatively) unknown people. He finds it difficult to make contact with people he doesn’t know or to ask someone a question.

We have taken with us the material for a number of possible activities. We choose to use the slackline because the client finds it very exciting without his parents and with relatively 'unknown' supervisors. The previous session he also had an activity with the slackline. We install the slackline between two trees. While we are installing the slackline, the client indicates that he does not know how he should get the job done.

Before we start with the activity, I discuss some elements from the Value Contract and Challenge by Choice. Then I explain the activity: the aim is to achieve a better time at every attempt to walk over the slackline. The client carries out this activity several times. The first time he underestimates himself and he is two times as fast as he thought. The second time he thinks he will be slower. After an intervention (focus shift) he completes the command faster and more effectively and eventually he completes the command in 9 sec. He experienced/learned that he can do more than he thinks. Meanwhile we have used an Active Reviewing method, where we have used the CSS model. I ask him a question directed to the activity on the slackline and constantly pursuing a better time: "Where were you standing at the beginning of the activity and where would you stand now?". The client moves almost from the stress zone to the edge of the comfort zone. I ask the same question, but now in combination with the moment that he walked alone with us towards the forest and in contact with us. Again the client moves almost from the panic zone to just in the comfort zone. I ask him how this is possible. What happened to him that he moved from the panic zone to the comfort zone? The client doesn’t know what changed/happened, but it shows that there has apparently something happened inside him. On the slackline he can reasonably explain why he made the move in the CSS model, but for the other question it is more difficult. We leave it at that, except that I ask the client to think about the second question I asked and the change in the CSS model he made....

We remove the slackline and take some time for reflection. We look back on the activity, the experience of the client and what he has learned or experienced and what he possibly could take with him into his daily life.

# Target Group

The client is a 10-year-old boy who has average intellectual capabilities and a discordant intelligence profile. There are difficulties in his academic and social-emotional functioning. He has attention and concentration problems. The client also has behavioral and emotion regulation problems. In the social area he experiences regularly frustration, he feels quickly challenged and bullied, and can then react angrily and sometimes aggressive. The difficulties he faces at school and in social contact have a negative impact on his self-image. The client’s coping skills are weak.

Experiential learning/ Adventure Therapy is used to achieve the following objectives: to strengthen the self-esteem/ confidence of the client and improve his regulation of emotions and difficult social situations.

# Trainers

Trainer/Therapist is Per Wijnands. Competences:

|  |  |
| --- | --- |
| Understanding Psychopathology | Understanding of goals and what the next steps are to achieve these goals |
| Being able to follow the process | Can communicate on the same level as the client |
| * Creative | Understanding of (behavior) issues |
| * Creating a Safe environment (both mental and physical) | * Knowledge of the experiential learning methodology |
| * Being able to Report to others | * Reflective ability (including meta-level) |
| * Development-oriented | * Can Improvise |
| * Willing to get the best out of others | * Can coach |
| * Has the right attitude | * Authentic |
| * Ask questions and does not judge | Is not afraid of confrontations |
| * Does not want to stand in the ‘picture’, the client and his actions are the main focus | Knowledge of Adventure Activities in the domain of instruction and safety |
| * Knowledge of First Aid |  |

Adventure Therapy is within the ‘Mutsaersstichting’ a solo-function, belonging to the field of occupational therapy. Various disciplines are deployed within the ‘Mutsaersstichting’ to work towards the goals of clients.

# Methodology

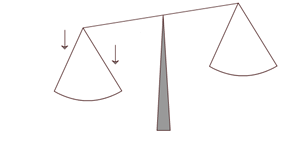
* The zone of proximal development (described by Vygotsky). For example: when a child can already do something, but the next stage of development is almost there. The child can crawl and almost wants to stand. By responding to this and creating opportunities so that the child can stand in the exercise, you are working on boosting within the zone of proximal development. So you put the child not far from a box so the child can crawl to the box and pull up to it.
* Comfort Zone - Stretch Zone - Stress Zone
* NLP 'leveling' (create report) and 'anchor'
* Solution focused working
* Mindset and attitude (victim role <-> responsible role)
* Focus strategy: The main change of the mindset is that the focus shifts from avoiding to reaching. In other words, from fundamental thinking 'get away from problems, risks and failure' to fundamental thinking 'chances, opportunities, challenges and results. We shift the focus to where we want to go. When the goal fits into the vision of the greater good and no damage has been done, then the focus controls all the energy in the right direction.
* Elements of experiential learning (Full Value Contract) Challenge by Choice, Kolb's learning cycle
* Active Reviewing
* Debriefing/ Reflection: What, so what, now what
* Transfer to daily practice
* Meta Reflection: The trainers evaluate the session and set the direction for the next session.
* In addition to the above issues, we often use a metaphor during the Experiential Learning activities. This way, the operation of the method becomes even more effectuated.

# Why using this practice?

Our starting point is the competency model: these young people do not get to their developmental tasks because the balance between psychopathology and stress factors outweighs the protective factors on the other side, thus the youngster can’t sufficiently learn skills that contribute to the establishment of the development tasks. By using AT, you practice skills (in the case above: shift focus and set goals) and increases your protective factors (Confidence and Self-reflection increases) so that the scale is more balanced and the client thus is more attributable to its development tasks. Through practicing all this in the therapeutic setting (zone of proximal development) you create a safe learning environment.

Psychopathology

Stressors



Protective factors

Development tasks

Skills

# Components of Adventure Therapy

The adventure activities are provided in a therapeutic environment as a treatment from a multidisciplinary team, and are facilitated and performed by a therapist. The treatment/ therapy is provided under the direction of a coordinator who is focused on the needs of the client with specific (psychiatric and educational) issues. So it’s not a guidance or coaching route targeting (behavioral) change in the client.

* Objectives of occupational therapy are generally aimed at the reduction of the disorder, the reduction of the effects of a disorder, the triggering of a stagnated development, the prevention of deterioration in the operation or to improve bio-psychosocial functioning
* It is a part of a treatment plan in which the problems and the treatment are described by a multi-disciplinary team.
* We make time for reflection. We look back on the activity, the experience of the client and what he learned or has experienced and could use in his daily life.
* We make a transfer to the daily life.
* We do a meta-reflection: we evaluate the session and set the direction for the next one.
* We report the session and share our observations with a multidisciplinary team.

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