

ADVENTURE THERAPY in Canada

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ABSTRACT

Adventure therapy involves using experiential challenge activities (socialization games, problem-solving initiatives, ropes courses, outdoor pursuits, wilderness expeditions, or primitive survival/living skills) conducted in small groups (of about 6-12 clients) to engage with the therapist (a licensed psychology clinician or graduate-trained professional). As with most therapy, the outcomes are intended to empower, build resilience, lower stress, develop coping strategies, improve pro-social skills, resolve trauma, transform behavior, and reduce resistance to change. Clients directly benefit through their improved health: physical, emotional, mental, cognitive, social, behavioral, and spiritual well being. As a psychological researcher, I first studied this therapy in the USA during 1983 and declare no conflicts.

PRACTICE INNOVATION

Well established in America today, and gaining momentum throughout Europe and Australia, only about twenty high quality operators exist in Canada. They generally serve youth presenting with mental health disorders, criminal histories, or substance abuse backgrounds. Some well known names are: Wendigo DARE and the Pine River Institute (ON); Educo, Power2Be and Take-a-Hike (BC); Enviros (AB); Momenta and Confluence (MB); Face Aux Vents and Le Grand Chemin (QC); and Outward Bound (Canada-wide).

For their therapy programs, each has a therapist on staff, bound by a code of ethics, including the duty of keeping information confidential. The therapist ensures that one or more psychological modalities are being applied, that treatment plans are created and followed based

on an intake assessment, and that progress is regularly monitored and evaluated by quantitative or qualitative methods. In addition, upon completion of treatment, clients experience exit interviews and long term follow-up that ensures ongoing health. The therapist may also be assisted by expedition leaders and outdoor facilitators. By working together these staff teams make certain that all the important bases are covered: challenge activity safety and efficacy, client needs and issues, and client engagement with therapy (Gass, 1993).

The setting chosen most often chosen for adventure therapy is the outdoor environment which provides two unique elements not normally found in clinical or residential therapies: risk taking and nature immersion. These two provide a powerful combination of spiritual affinity and human relationships.

Risks are perceived to be high by clients, but in reality the dangers are kept quite low by adventure therapy staff experienced at the outdoor challenges (physical, emotional, mental, cognitive, social, behavioral, and/or spiritual). By applying competence against the risks, clients are able to resolve the uncertainty of the adventure in a favourable manner. Repeated successes, carefully facilitated by staff, result in improved resilience, confidence, and self-esteem (Priest & Gass, 2018). In turn, these lead to self-regulation responsibility, relapse prevention, self-protection, and mitigating psychosocial disorders.

Program durations tend to range from a month to a year. During these long periods and the extended expeditions, ample time is devoted to developing a strong alliance between client and therapeutic staff. If the therapy includes rites of passage, clients can be reinserted into normal growth progressions.

Since all of this occurs in the milieu of a small group, so the client has no choice but to engage with others in the challenge activities. These group events emphasize trust, communication, cooperation, collaboration, teamwork, decision-making, and problem solving for daily life. Any success, shared in a group, builds pro-social skills and develops strong peer-to-peer relationships (Harper & Dobud, 2020).

Engagement is unavoidable in adventure therapy. Clients are placed in highly unfamiliar surroundings that disarm their old habits and tactics to deflect, demand their focused attention, have strong natural and intrinsic consequences (not extrinsic reward or punishment), and provide immediate examples of healthy behaviors and unhealthy choices. Their actions are followed by group discussion and individual talk therapies that give the opportunity to compare current behaviors to those of the past and link the novel situation to future daily living through the careful use of metaphor. The next activity gives clients a chance to practice new, tangible behavioral changes with the same intensity of reinforcing feedback. Activities replace screen time and digital distractions are thus avoided (Gass, Gillis & Russell, 2020).

Nature not only causes the natural consequences for learning in adventure, it also pro-

vides recuperative qualities. By immersing individuals in the surrounding environment and engaging them in sensory experiences (meditation, creative arts, and holistic health) they are able to draw from the regenerative properties of nature. These result in short term calming, long term stress reduction, the development of coping strategies for future distress, attention restoration, and biophilia (Harper, Rose & Segal, 2019).

Furthermore, clients engaged in adventure therapy develop new healthy habits through exercise, nutrition, contemplative time, and sleep. They establish positive relationships with the staff, their peer group, and themselves. So they are unlikely to return to dysfunctional friendships when they get home. If their caregivers or parents are involved before, during and especially after, then clients are more likely to willingly engage and transform as with any positive form of therapy. For these reasons, adventure therapy counters notoriously difficult-to-engage clients with high levels of personal motivation.

Adventure therapy can be the primary form of treatment or may be adjunctive to other forms of therapy and may be occasionally blended with closely related forms of therapy such as art, drama, and play. However, it is most often integrated with family therapy, group therapy, and individual therapy. It proves most effective with clients who have not successfully resolved issues by traditional talk therapies. Adventure therapy programs serve clients presenting with singular disorders or combinations of anxiety, mood, stress, behavioural, conflict substance, eating, impulse control, and somatic disorders. Programs provide prevention, early intervention, and ongoing treatment, for criminally, at-risk or troubled youth.

Do not mistake mere outdoor recreation or education programs for adventure therapy. These are likely to lack a therapist and most of the therapy practices described above. However, they might incidentally or accidentally offer some therapeutic value that restores client health or well-being in a beneficial way. These therapeutic programs may be eudaimonic or adaptive, but are not considered adventure therapy.

Eudaimonia suggests feelings of contentment, happiness, comfort, satisfaction, and well-being. These emotions come from playful activities that provide a sense of normalization. This universality heals the feelings of individuals who may be living with a condition, disorder, chronic illness, or terminal disease. Activities are usually delivered in unique summer camps and year-round facilities that are medically equipped to deal with exceptional populations. The regularizing efforts are full of joy and delight, yet have clear therapeutic value for individuals who may be over-protected due to their existing maladies.

Adaptive recreation is a specialized subset of therapeutic eudemonics and serves individuals living with a physical or mental disability, special need, and/or barrier. Through the use of activity modification or equipment accessibility, with the aid of guides, or by adding prosthetic devices or assistive technology, the individual is able to participate in almost any

outdoor sport (hiking, biking, skiing, paddling, climbing, surfing, etc.). This inclusive effort provides for equalized engagement and has clear therapeutic value.

References

- Gass, M. A. (1993). *Adventure in therapy: Therapeutic applications of adventure programming in mental health settings*. Boulder, CO: Association for Experiential Education.
- Gass, M.A., Gillis, H.L. & Russell, K.C. (2020). *Adventure Therapy: Theory, research, and practice*, 2nd edition. New York: Routledge.
- Harper, N.J. & Dobud, W.W. (2020). *Outdoor therapies: An Introduction to Practices, Possibilities, and Critical Perspectives*. New York: Routledge.
- Harper, N., Rose, K. & Segal, D. (2019). *Nature-based Therapy: A practitioner's guide to working outdoors with children, youth, and families*. Gabriola, BC: New Society.
- Priest, S. & Gass, M. (2018). *Effective Leadership in Adventure programming*. Champaign, IL: Human Kinetics.