Adventure Drugs Rehabilitation

ADR

Adventure therapy program for patients in rehabilitation for substance abuse

A Handbook

for

Addiction Counselors

Project Title **Acronym** **Key action** **Duration** **Application No**	**Reintegration Through Sport** **R.T.S** **Erasmus+ Sport/ Small Collaborative Partnerships** **1/1/2018-30/6/2019** **590442-EPP-1-2017-1-EL-SPO-SSCP**

KETHEA

www.kethea.gr

KETHEA is the largest rehabilitation and social reintegration network in Greece. It has been providing its services to drug addicts and their families since Ithaki, the first Greek therapeutic community, was set up in 1983. Its services are offered free of charge on the street and in prisons and rehabilitation units around Greece. KETHEA also helps people suffering from other forms of addiction including alcohol, gambling and the Internet.

Department of Physical Education and Sport Science (DPESS)

www.pe.uth.gr

The objectives of DPESS are to: promote public awareness of the importance of physical activity as a main contributor to the improvement of health and quality of life; cultivate and promote Physical Education and Sports Science through theoretical and applied teaching and research; provide graduates with the knowledge and skills necessary for their scientific and career development; contribute to the advancement of Greek Sports and to promote the ideals of sportsmanship, ethical behavior and fair play; and to promote exercise levels of the Greek population.

A-LARM

www.a-larm.no

A-larm is an organization (NGO) towards prevention of alcohol and drug addiction in Norway. It is strive for openness about drugs and treatment. It is a national organization with approximately 60 employees. A-Larm consists of users, relatives and professionals. It works towards the users, social welfare services, peer support, and research.

Experientia Adventure Therapy Spain

www.asociacionexperientia.org

Experientia is pioneering in the implementation of Adventure Therapy in Spain: an innovative methodology that uses adventure activities and experiences in nature as tools for the psychotherapeutic process.

Equal Society Κοινωνία Ίσων Ευκαιριών

www.equalsociety.gr

Equal Society aims to raise awareness and inform citizens about their rights on equality, equal treatment and non-discrimination in all areas of social life, especially in education, professional training, employment, social security, health and entrepreneurship.

www.rtsport.eu

www.facebook.com/ketheasport/

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Reintegration Through Sport Project Overview

The Reintegration Through Sport (RTS) project was approved by the Erasmus +: Sport, Small Collaborative Partnerships program. The RTS project aimed to highlight the benefits of outdoor sports activities and contribute to the creation of a secure environment, giving ex-drug addicts equal opportunities, contributing to their treatment and social reintegration. The project's main goal was to develop and implement an innovative training tool based on the Adventure Therapy Methodology/Experiential learning process and outdoor sport activities in order contribute to the treatment and reintegration of ex-drug addicts.

Project Objectives

- ❖ The use of outdoor sports activities to the treatment and the prevention of the use of psychoactive substances.
- ❖ The application of the Adventure Therapy methodology based on the experiential learning process to addiction treatment aiming to the life skill development
- ❖ To emerge physical activity and sports as a complementary therapeutic tool in the treatment and prevention of addictions
- ❖ To enhance accessibility and equal opportunities for people from vulnerable social groups

Project Outcomes

- ❖ Data Base of Collection of Good Practices and Studies on relevant project topics
- ❖ A training tool (ADR) to increment awareness, capacitation and training of addiction experts and health professionals in order to implement outdoor sport activities in addiction treatment based on Adventure Therapy and experiential learning methodology.
- ❖ A pilot implementation and evaluation report of the training tool.
- ❖ Evaluation through Social Return On Investment methodology (SROI)

Activities List

The below chart lists the major activities for the Reintegration Through Sport Project. This chart is comprised only of major project activities. There were smaller activities which are not included in this chart. Activity definition identified by the specific work package which must be performed to complete each deliverable. An activities sequencing was used to determine the order of work packages and assign relationships between project activities. A duration estimating for each activity was used to calculate the number of work periods required to complete work packages.

Activity	Objective(s):	Transnational Meetings	WP	Duration (months)
Management/ Coordination of the project	- Identify all the tasks that need to be undertaken to achieve the project's objectives. - Identify responsible individual(s) for each task and the amount of time/effort they will be required to provide. - Identify the key milestones, which will enable the progress of the project to be monitored. - Identify a communications and knowledge management plan.	**Kick-off meeting** Place: Athens - Greece Coordinator: KETHEA DATE: 15-16 Feb /2018	1	18
Development/strengthening of network	- Establish and strengthen a network - Exchange of best practices, scientific knowledge and comprehensive program - Creation of a database of existing programs related to the objectives of the project. - Use of the network for the implementation of Erasmus + mobility program - Implementation of the project results (training tool) from the network.	**Network creation meeting** Place: Kristiansand - Norway Coordinator: A-LARM DATE: 25-27 April/2018	2	16
Collection of good practices/Theoretical background	Comparative study / analysis of the current situation through the identification and collection of good practices, theoretical background and scientific approaches; methods or trends mainly at national level (central or regional) of the partners countries; European level on the subject of the program.	**Analysis of good practices** Coordinator: KETHEA Place: Valencia - Spain DATE: 25-28 Sep/2018	3	5
Developing of the Training tool	Creation of a training tool (Adventure Drugs Rehabilitation-ADR) based on outdoor sport activities and Adventure Therapy. Development of an innovative tool in the form of a manual which will combine the methodology, guidelines, best practices, and recommendations that can be applied by physical education teachers and health professionals who work in the field of addictions.	**Design of the Training Tool meeting** Coordinator: University of Thessaly Place: Trikala Greece DATE: 20-23 Nov/2018	4	7
Pilot implementation of the training tool	- Sensitization and training of health professionals in the training tool - Pilot implementation of the tool to former drug users.	**Pilot implementation** Coordinator: Asociación Experientia Place: Ioannina Greece DATE:10-15 May/ 2019	5	2
Evaluation	- Intermediate report - Every three months Equal Society will provide a report relating to data collection process and key recommendations - Social Impacts Assessment - When the project is complete Equal society will conduct a social impact assessment report.	-	6	18
Dissemination	- To reveal the benefits coming from outdoor sport activities and adventure therapy activities. - Highlight the educational dimensions of sports and identify the ways in which education reinforces personal development and treatment progress of the specific group (people in therapy). - To emphasize the importance of the training interventions in a treatment facility as means of dealing with social exclusion of people with addiction problems. - To highlight the importance of outdoor sport and adventure therapy activities as a prevention tool against drug addiction. - To promote project's intellectual outputs and tangible deliverables to the general public and to all potential stakeholders. - Promote education in and through sport with special focus on skills development.	**Final conference** Coordinator: KETHEA Participants: all Place: Athens Greece DATE: 21 Jun 2019	7	18

ADDIE Model

The Design of the Training Tool was based on the ADDIE model. The ADDIE model is a framework that lists generic processes that training developers use. It represents a guideline for building effective training tools in five phases.

Table 1. ADDIE Model

Analysis phase

In the analysis phase, the project team clarified the objectives and identified the learning environment and the target population existing knowledge and skills. During the analysis, the objectives of the training tool were identified as well the needs of the target population, existing knowledge and any other relevant characteristics that help in better understanding. The following questions were answered:

> - *Who are our target population and what are their characteristics?*
> - *What are the related needs, behaviors and motivations?*
> - *What is the desired new behavior?*
> - *What kinds of experiences do need?*
> - *What related experience do they have?*
> - *What do they need to know?*
> - *What gap exists between what they know and what they need to know?*
> - *What do we need to consider about them?*

Design phase

In the design phase, the project team developed the learning objectives, assessment instruments, the exercises and their sequence, the setting, content and the final planning. The following questions were answered:

> - *What content needs to be created?*
> - *What appropriate activities need to be developed?*
> - *Which are the goals?*
> - *Ways to achieve the goals?*

- ➤ *What content consistent with the goals?*
- ➤ *What Protocol and Sequence of the activities?*
- ➤ *What learning theories will be used?*
- ➤ *What resources are available?*
- ➤ Potential challenges?

Development phase

In the development phase, the project team created and assembled content features described in the design phase.

Implementation phase

During pilot implementation, the effectiveness of the training tool was applied and evaluated. The following questions were answered:

- ➤ *Can we deliver the pilot effectively and how?*
- ➤ *What content and resources will we need?*
- ➤ *How will we know if the pilot is has met the needs of the participants?*
- ➤ *What do they expect?*
- ➤ *What do they need?*
- ➤ *How can pilot meet their needs?*
- ➤ *How can we help meet their needs?*
- ➤ *What do they need to know to accomplish the implementation?*
- ➤ *Who will support the pilot, how will be organized, where, when etc.?*

Evaluation phase

This phase refers to the design of the evaluation process of pilot implementation. The evaluation consisted of tests designed for criterion-related referenced items and providing opportunities for feedback from the participants.
The following questions were answered:

- ➤ *Are the needs of participants being addressed in the design and development of the pilot?*
- ➤ *What methods are working/not working during the pilot?*
- ➤ *How did participants evaluate the tool upon completion?*
- ➤ *Which variables we will evaluate and evaluation tools we use?*

Addiction

Addiction is a global problem that costs many millions of lives each year and causes untold suffering. It can involve ingesting licit and illicit psychoactive drugs (e.g. alcohol, nicotine, opioids, stimulants, steroids, prescription painkillers, sedatives or cannabis) or other kinds of activity (e.g. gambling, computer gaming). The science of addiction has advanced to a point at which it is timely to examine the wide range of underlying mechanisms that have been identified and assess what these imply for the development of a comprehensive strategy for combating the problem.

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

The key features that definitions attempt to capture are that addiction involves repeated powerful motivation to engage in an activity; it is acquired through engaging in the activity; the activity does not involve innate programming because of its survival value; and there is significant potential for unintended harm. This need not be limited to substance use or abuse.

Why do people take drugs?

❖ *To feel good.* Most abused drugs produce intense feelings of pleasure. This initial sensation of euphoria is followed by other effects, which differ with the type of drug used. For example, with stimulants such as cocaine, the "high" is followed by feelings of power, self-confidence, and increased energy. In contrast, the euphoria caused by opiates such as heroin is followed by feelings of relaxation and satisfaction.

❖ *To feel better*. Some people who suffer from social anxiety, stress-related disorders, and depression begin abusing drugs in an attempt to lessen feelings of distress. Stress can play a major role in beginning drug use, continuing drug abuse, or relapse in patients recovering from addiction.

❖ *To do better.* Some people feel pressure to chemically enhance or improve their cognitive or athletic performance, which can play a role in initial experimentation and continued abuse of drugs such as prescription stimulants or anabolic/androgenic steroids.

❖ *Curiosity and "because others are doing it."* In this respect adolescents are particularly vulnerable because of the strong influence of peer pressure. Teens are more likely than adults to engage in risky or daring behaviors to impress their friends and express their independence from parental and social rules.

(NIDA, 2018)

Risk and protective factors for drug abuse and addiction

Table 2. Risk and protective factors

Risk Factors	Protective Factors
Aggressive behavior	Good self-control
Lack of parental	Parental monitoring supervision and support
Poor social skills	Positive relationships
Drug experimentation	Academic competence
Availability of drugs	School anti-drug school policies
Community poverty	Neighborhood pride

*Source (NIDA, 2018)

Theories related to drug abuse

Numerous mechanisms underlying addiction have been discovered, and these have spawned a multitude of models, each of which addresses a part of the problem. A large number of models of addiction describing these mechanisms have been proposed. The models are very heterogeneous and do not fall into a neat hierarchical classification (EMCDDA, 2013).

Table 3. Theories related to drug abuse

Theory	Definition
Behavioural theories	Drug self-administration is an example of behavior because the activities of persons are instrumental in obtaining the consequences of the drug's effects. Drugs might be reinforcing in two general ways: through the direct effects of drugs on some sort of reinforcement system in the brain.
Cognitive theories	Self-regulation is an important factor in the development of drug use problems. Self-regulation involves planning, taking into account social and physical factors as well as drug user own goals, and acting appropriately. Addictive behaviours are seen as the result of having an excessive reliance on external structures - in the case of drug dependence - to maintain a physical and psychological balance. Addiction involves a failure of an individual's strategies, skills and capacity for self-control to counter the immediate impulses and desires underlying the addictive behaviour; this failure can in part be caused by 'ego depletion'.
Personality theories	Some theorists argue that certain people are more prone to addiction through a so-called "addictive personality". For such people, drug-taking behaviour - or, more specifically, "addiction" - holds benefits even though there are negative consequences that occur after some time.
Rational choice theories	One of the central elements of drug dependence is the fact that the individuals have impaired control over their use of the substance. This may manifest itself in continued use despite a wish to reduce or stop use of the drug, to use greater amounts of the drug than maintented, or to use the drug for longer periods than intended. Addiction involves making a rational choice that favours the benefits of the addictive behaviour over the costs.
Learning theories	Addicts acquire addictive behaviours through mechanisms that shape human behaviours without the need for conscious decisions or intentions and/or influence our capacity for self-regulation. Prevention and promotion of recovery involve changing the environment to alter exposure to cues and/or reinforcers, cueing and reinforcing competing behaviours and/or improving the efficiency of inhibitory mechanisms.
Drive theories	Addiction involves the development of powerful drives underpinned by homeostatic mechanisms
Inhibition dysfunction theories	Addiction involves impairment of the mechanisms needed to control impulses
Imitation theories	Addiction involves, or at least begins with, imitation of behaviour patterns and assimilation of ideas and identities.
Reflective choice theories	Addicts choose to engage in the addictive behaviour, and recovery involves choosing not to engage in it. The choice may be rational or biased, but always involves a comparison of the costs and benefits. Prevention and promotion of recovery involves altering the actual or perceived costs and benefits and/or improving the decision-making process
Biased' choice theories	Addiction arises at least in part from the influence of emotional and other biases on the process by which options to engage or not engage in addictive behaviours are compared
Goal-focused theories	Addiction arises out of pleasure seeking or avoidance of distress or discomfort or, at least in part, out of identification with others engaging in the addictive behaviour. Prevention and promotion of recovery involves limiting access to the sources of these goals, reducing their reward value, meeting the needs in other ways or boosting the impact of conflicting goals
Positive reward theories	Addiction arises out of the pleasure and satisfaction caused by the activity. The greater the pleasure and satisfaction, the greater the risk of addiction.

Acquired need theories	Addiction involves the development of physiological or psychological needs, as a result of engaging in the addictive behaviour, which are then met by the addictive behavior
Pre-existing need theories	Addiction involves engaging in behaviours that meet important pre-existing needs
Identity theories	Addiction arises from, and is at least partly maintained, by aspects of one's self-identity (how one views oneself).
Integrative theories	Addiction involves a combination of mechanisms in which environmental factors and internal states and traits interact to generate conscious and non-conscious motivations based on seeking pleasure or satisfaction or avoiding discomfort. Prevention of addiction and promotion of recovery involves identifying and addressing key environmental and internal factors that need to be changed at the level of conscious choice and automatic processes.
Biological theories	Addiction is primarily a 'brain disease' in which neural pathways of executive function become disordered and particular motivational processes become amplified as a result of an interaction between behaviours and their effects in the brain, particularly ingestion of certain drugs
Process-of-change theories	Initial enactment of the addictive behaviour, development of addiction, attempts at recovery and success or failure of those attempts involve different processes that can be delineated and influenced by different interventions
Social network theories	The rates of transition into and out of addiction on the part of individuals within a group or population are a function of the social connections between individuals who are and are not promoters of addiction or non-addiction, and the nature of those connections

Source (EMCDDA, 2013).

Drug addicts Characteristics

The drug-dependent person experiences mood swings related to drug use. Gradually there is a personality change and all activity and thoughts revolve around drugs. Judgment and insight are also impaired. Family relationship change- In the beginning the drug abuser starts avoiding family members. As the addiction progress, lying, stealing, and violence become a regular feature.

Table 4. Drug addicts Characteristics

Characteristics	- Drug seeking behaviors - Risk taking behaviors - Anger or frustration - Inability to complete daily work - Drastic personality changes - Struggles with symptoms of depression or anxiety - Loses the ability to manage emotions - Struggles with maintaining meaningful relationships - Displays a loss of interest in previously enjoyed activities - Displays Irritability - Inability to consistently abstain - Impairment in Behavioral control - Craving; or increased "hunger" for drugs or rewarding experiences - Diminished recognition of significant problems with one's behaviors and interpersonal relationships - A dysfunctional Emotional response. - Changes in brain function
Related (negative) experiences	- A fundamental feeling of deficiency - Lack of intimate relationships - isolation from families/friends - locus of control - Doubt of the ability to bring the desired outcomes - Passivity - Fear of failure - Experiences of rejection - Avoidance of unfamiliar circumstances or challenges - Fear of the uncertainty of involvements with work and with people drives to the "safe" involvement of drug addiction. - Being free from addiction means being able to choose how to respond to a set of stimuli - Addictions fill essential gaps in a person's life, not the least of which is empty time - Addicts who began to replace an addiction with a new relation to the world take a few small steps which are not enough, initially, to guarantee that the new identity can support itself. - The drug is the reward which replaces the real-world rewards and you don't need to be confident or concerted enough to obtain. - Drug effect is instantaneous, without the anxiety-provoking work and time that are required to achieve career goals or to sustain long-term interpersonal relationships. - Given a sufficient dose of the drug, you can get what you expect.

What kinds of experiences do Drug addicts need

Psychosocial interventions are structured psychological or social interventions used to address substance-related problems. They can be used at different stages of drug treatment to identify the problem, treat it and assist with social reintegration. Psychosocial interventions are used to treat many different types of drug problems and behavioural addictions. Clients are helped to recognize the triggers for substance use and learn strategies to handle those triggers. Treatment providers work to help patients to identify alternative thoughts to those that lead to their drug use, and thus facilitate their recovery. Psychosocial interventions can help drug users to identify their drug-related problems and make a commitment to change, help clients to follow the course of treatment and reinforce their achievements (Jhanjee, 2014; EMCDDA, 2016; Murthy, 2018).
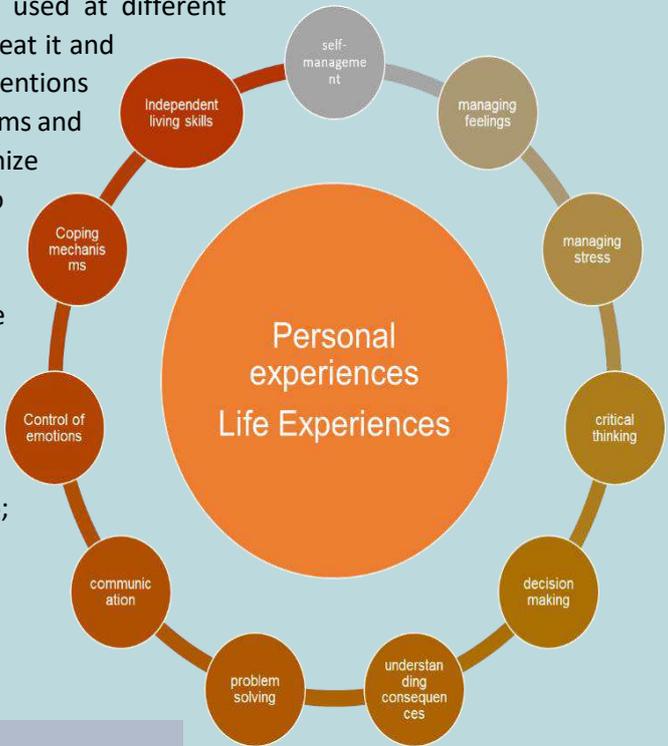
Desired new behavior

Life skills (decision-making and problem-solving skills, self-awareness, empathy, assertiveness, equanimity, resilience and general coping skills among others) are abilities that support the addicted person to adopt a positive attitude and enable him/her to effectively meet the demands and challenges of everyday life. The term "life skills" includes a cluster of cognitive, socio-psychological and interpersonal skills and behavioral that help an individual make informed decisions, communicate effectively and improve his/her interactive and self-managed skills and adopt an active, healthy lifestyle. Life skills can organize personal, interpersonal and environmental actions in a way that leads to better health, which in turn leads to more physical, psychological and social comfort. These skills allow the addicted person to accept the responsibilities of his social role and effectively address one's own demands and expectations without harming him/ herself or others. Life skills training is a holistic approach to developing values, skills, and knowledge in persons, helping them to protect themselves and others in a number of risk situations.
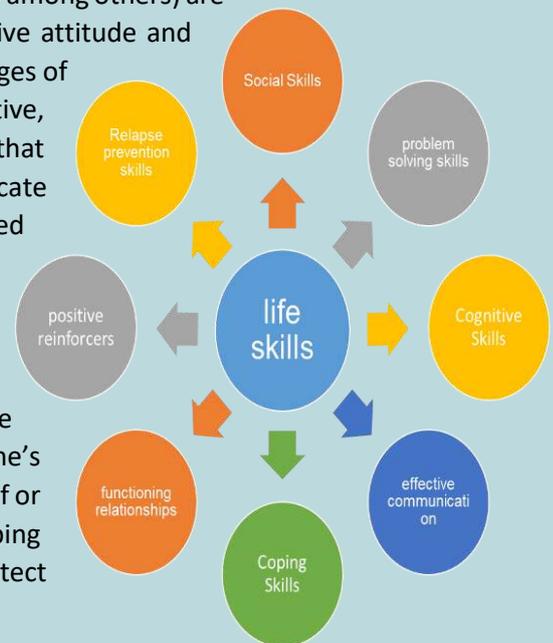
Table 5. The purpose of life skills education

Reinforce existing	Prevent or reduce
Knowledge Positive attitudes and values Pro-social and healthy skills and behaviour	Myths and misinformation Negative attitudes Risky behaviours

Source (UNICEF. Life Skills-Based Education Drug Use Prevention Training Manual)

Table 6. Life Skills and sub-skills in a drug use program.

Inter-personal Skills	Skills for Building Self-Awareness	Values Analysis & Clarification Skills	Decision-Making Skills	Coping & Stress Management Skills
Empathy building Active listening Giving & receiving feedback Non/Verbal Communication Assertion & refusal skills Negotiation & conflict management Relationship & community building skills	- Self-assessment skills - Identifying personal strengths & weaknesses - Positive thinking skills - Skills for building self-image and body image	- Skills for identifying what is important, influences on values & attitudes, and aligning values, attitudes & behaviour	- Critical and creative thinking skills - Problem solving skills - Analytical skills for assessing personal risks and consequences - Skills for information gathering and generating alternatives	- Self-control skills - Coping with (peer) pressure - Time management skills - Dealing with emotions: grief, anxiety - Dealing with difficult situations (conflict, loss, abuse trauma,) - Help seeking skills - Goal setting skills

Source (UNICEF. Life Skills-Based Education Drug Use Prevention Training Manual)

How to achieve desired new behavior and the goals

Adventure Therapy

Adventure Therapy (AT) is used as a clinical tool to promote therapeutic changes to clients and has widespread use in a wide range of mental disorders either as a primary, complementary or parallel therapeutic tool. Is an active and experiential approach to group psychotherapy that uses outdoor activities as the main tool, utilizing real or perceived physical and psychological risk as clinically important factors in achieving desired change and goals. Is a program in which outdoor activities, which are physically and/or psychologically demanding, are used in a security and skills training framework to promote interpersonal and intrapersonal development. Adventure therapy is a form of experiential learning. Outdoor adventure activities are the primary practice of adventure therapy, while experiential learning methodologies guide its facilitation. As seen throughout this text, adventure based outdoor activities have provided context for a diverse range of applications across the human experience. As such, the fundamental processes of designing and delivering adventure-based activities are fairly common regardless of their application or depth of intervention. Further, the concept and realities of experiential learning facilitation have played a central role in the development of these multiple expressions and manifestations of adventure programming (Luckner & Nadler, 1992; Gass, 1993; Ringer, 1994; Gass & Gillis, 1998; Alvarez & Stauffer, 2001; Fletcher & Hinkle, 2002; Russell, 2007; Gass, Gillis & Russell, 2012; Harper et al., 2014).

The common basis of Experiential Learning adds to the fact that in 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 (Adventure Therapy Europe, 2015)

Adventure therapy is practiced across the spectrum of public health, including in prevention, early intervention, treatment and continuing care for a range of health difficulties. Examples of a use of adventure therapy across this spectrum are provided (www.internationaladventuretherapy.org):

❖ Prevention – is keeping people healthy, well and connected
❖ Early intervention – is intervening early before the onset of a dysfunction, diagnosed difficulty, disorder or disconnection
❖ Treatment – is offering a tailored treatment for people with a known dysfunction, diagnosed difficulty, disorder or disconnection
❖ Continuing care – is helping people to maintain their health and wellbeing

Table 7. Adventure Therapy Features

therapeutic/counseling/ educational theories	✓ Cognitive theory ✓ Reality theory ✓ Gestalt therapy ✓ Experiential education ✓ "learning by doing" ✓ Outdoor education
Basic elements	✓ The positive effect of nature on the healing process ✓ The positive use of stress ✓ Active and direct involvement and responsibility of clients in their treatment ✓ Participating in adventure experiences that are meaningful to the client, particularly with regard to physical consequences ✓ Focusing on positive changes to current and future client behavior ✓ The use of unfamiliar experiences in nature and strong care and support embraced throughout the therapeutic experience.
Principles	✓ The client becomes a participant and not a spectator in the treatment. ✓ Therapies require customers to create personal motivations in the form of energy, engagement and responsibility. ✓ Therapies are real and meaningful in terms of physical consequences for the client. ✓ Reflection is a crucial element of the healing process. ✓ Changes must have as much and future significance for customers and their society
Characteristics	✓ Evaluating participants before adventure therapy ✓ Pre-activity discussion to prepare participants for personal change ✓ Activities selection to create personal change for participants ✓ The reflection phase to identify new experiences from participants and encourage their transfer to their everyday life.
Benefits	✓ Active quintessence ✓ Experiential learning ✓ Call for action and encouragement of physical participation. ✓ In and out of therapeutic procedures. ✓ Creating a transfer of experience into everyday life ✓ Experiment with roles and archetypes. ✓ Our entire existence to "me in this state" ✓ Nature and its properties as a screen. ✓ An alternative input to awareness. ✓ Treatment focuses on capabilities and forces rather than limitations and vulnerabilities. ✓ Actions have clearly visible consequences
Goals	✓ Self-esteem ✓ Self-confidence ✓ Self - expressions ✓ Self-awareness ✓ Self-control ✓ Self-efficacy ✓ Goal setting ✓ Trust ✓ Self-critical thinking ✓ Abstinence focused strategies ✓ New Identity development ✓ Responsibility ✓ Therapeutic Alliance
Outcomes	✓ Knowledge/awareness ✓ Personal growth/challenges ✓ Responsibility ✓ Relationships with others/teamwork ✓ Social Skill Acquisition ✓ Determination/ perseverance ✓ Physical fitness ✓ Transference ✓ Self s awareness/improvement/fulfillment ✓ Achievement of a personal goal ✓ Self-confidence/ esteem, sense of accomplishment ✓ Nature appreciation ✓ Development of Self-Concept ✓ Knowledge and Skills ✓ Realizations to Change Behavior ✓ Strengthened Family Relations ✓ Participation in the wilderness in the future ✓ Resiliency ✓ Impact on the attitudes of participants regarding their ideas of self and their connection to wilderness ✓ Increase self-efficacy and transference into the personal, social and work spheres of participants' lives

Source (Gass, 1993; Ringer, 1994; Russell et al., 1999; Paxton & McAvoy, 2000; Fletcher & Hinkle, 2002; Goldenberg et al., 2005; Russell, 2007; Gass et al., 2012; Harper et al., 2014; www.aee.org)

Setting/Nature

Nature is a healing environment as it can provide natural challenges, offering benefits to both the physical and psychological condition of the individual. In nature the person improves his / her self-confidence, regains a sense of calmness and makes thoughts that may lead to the discovery of a different new self. Adventure therapy usually takes place outdoors (Kaplan & Talbot, 1983; Miles, 1987; Fletcher & Hinkle, 2002).

Contact with nature has been shown to be a strong determinant of health, thereby justifying significant consideration in designing intervention strategies. Nature is a therapeutic environment as it can provide physical challenges for the person and offer both physical and psychological benefits improve cognitive functioning as interactions with nature can make a significant contribution to cognitive control. The individual can benefit from their experiences in the natural environment not only by restoring depleted resources but also by acquiring new skills. The individual improves self-confidence, regains a sense of calm, and makes thoughts that lead to a reflection that can lead to the discovery of a different young self who is less conflicted with less tension. (Kaplan & Talbot, 1983; Miles, 1987; Kaplan, 1995; Berman et al.,2008; Bowler et al., 2010; Hartig et al, 2010; Mitchell, 2013)

Nature restoration experiences can emerge as part of an intentional strategy for managing adaptive resources as well as incidentally, during their lives in an area close to nature. In this context, adventure therapy, which usually takes place outdoors is a type of program in which outdoor activities that are physically and / or psychologically demanding are used in a safety and skills training context to promote interpersonal and interpersonal development, utilizing a range of activities / experiences such as goal setting, awareness raising, trust activities, group problem solving and individual problem solving (Luckner & Nadler, 1992; Fletcher & Hinkle, 2002; Hartig et al, 2010)

Nature can contribute to health in the following ways (Miles, 1987):

- ✓ In nature, the person is experiencing an inability to control the environment, which can help to cope with the stress of everyday life
- ✓ Limited environmental control in nature may lead to a reduction of forced control over other aspects of a person's life, leading to a more relaxed and comfortable attitude
- ✓ Nature can help the individual to improve self-esteem and self-confidence
- ✓ In nature, the person improves the ability to learn through engagement with the environment
- ✓ Physical challenges can improve physical fitness

Table 8. Benefits of Outdoor Adventure

Dimension	Benefits
Personal	- New experience – adds a kick to participants" lives, allows then to experience something - High-risk experience – facing perceived danger may help participants overcome fears, gain self-confidence, and enhance their ability to cope - Escape – offers release form the tensions and complexities of modern life - Success – allows participants to achieve a highly personal senses of accomplishment - Knowledge – participants learn more about themselves and the environment - Physical fitness – physical activity can help burn calories and increase strength, stamina, and flexibility
Economic	- Minimal financial investment – provides interesting and pleasant activities at a reasonable cost
Social-psychological	- Socializing – provides a chance to meet others who have similar interests - Unity – promotes cohesiveness and doing things together without the distractions of everyday life - Cooperation and trust – promotes better relationships through cooperation, appreciation of others, compassion and respect - Nature and outdoors – promotes aesthetics appreciation for nature and concern for vanishing wild places - Compassion, cooperation, respect for others, communication
Educational	- Improved academic abilities, awareness of nature and the environment, problem solving, outdoor skills, values clarification
Physical	- Strength, co-ordination, balance, cardiovascular endurance
Skill	- Goal setting - Decision making - problem solving - responsibility - physical development - nature awareness - communication - leadership - Independence - interdependence - self-efficacy - willingness to take risks - tolerance - respect - trust - compassion
Recreational	- Enjoyment - relaxation - entertainment - excitement - catharsis - self-expression

Source (Australian Outdoor Adventure Activity Benefits Catalogue, 2008)

Risk

Risk management relates to the perception of risk relative to the actual level of risk associated with a particular activity. With adventure experiences, with particular internal mechanisms, such as contrast and unknown knowledge, most people perceive adventure experiences as more dangerous than they actually are when they are involved. However, the activities must be "risky enough to provide an adventurous learning experience and engaging enough to challenge the participants, but appropriate to reduce the real risks they face". The adventure involves both physical and emotional / psychological risks. Risk, both real and perceived, is an essential part of planning as it is essential to success. Risk-taking helps clients do something they believe they cannot achieve by transferring that attitude into their daily lives (Gall, 1987; Ewert, 1989; Priest, 1992; Priest &Gass, 1997; Fletcher & Hinkle, 2002)
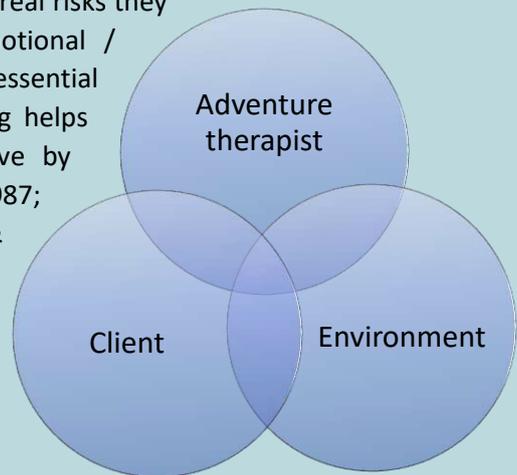
The real risk exposes the client to possible damage, while the perceived risk is only an illusion of risk

Adventure therapist

Client

Environment

Excessive risk = negative experience (Ewert, 1989)

Table 9. Examples of the Interacting Factors that Increase the Probability of Accidents in Adventure Activities

Inappropriate conditions (environment)	*Unsafe acts (client)*	*Judgment errors (adventure therapist)*
Falling rocks/objects Weather Swift/cold water Inadequate area security Inadequate equipment/clothing Animals/plants Psychological/physiological profile	Inadequate protection Inadequate instruction Inadequate supervision Unsafe speed Inadequate food/drink Poor position Unauthorized procedure	Desire to please others Following a schedule Misperception Disregarding instincts Fatigue Distraction Miscommunication

**Source (Gass et al., 2012)*

Processing

The processing is defined as the techniques used to increase the healing properties of the adventure experience based on an accurate assessment of the client's needs. The treatment can occur before, during or after the adventure (Gass, 1993).

The processing activities can be used to (Gass, 1993a):

- ✓ help individuals concentrate or raise awareness prior to experience
- ✓ to facilitate awareness or to promote change while an experience is occurring
- ✓ to describe the experience after completion
- ✓ enhance change and incorporate it into the life of the participants after the end of the experience

Process learning Models

KOLB'S learning cycle model

Learning is the process whereby knowledge created through the transformation of experience (Kolb, 1980).

The learning cycle basically involves four stages, namely: concrete learning, reflective observation, abstract conceptualization and active experimentation. Effective learning can be seen when the learner progresses through the cycle. The learner can also enter the cycle at any stage of the cycle with logical sequence (www.simplypsychology.org).

1. **Concrete Experience** - a new experience or situation is encountered, or a reinterpretation of existing experience.
2. **Reflective Observation** of the new experience of particular importance are any inconsistencies between experience and understanding.
3. **Abstract Conceptualization** - reflection gives rise to a new idea, or a modification of an existing abstract concept.
4. **Active Experimentation** - the learner applies them to the world around them to see what results.
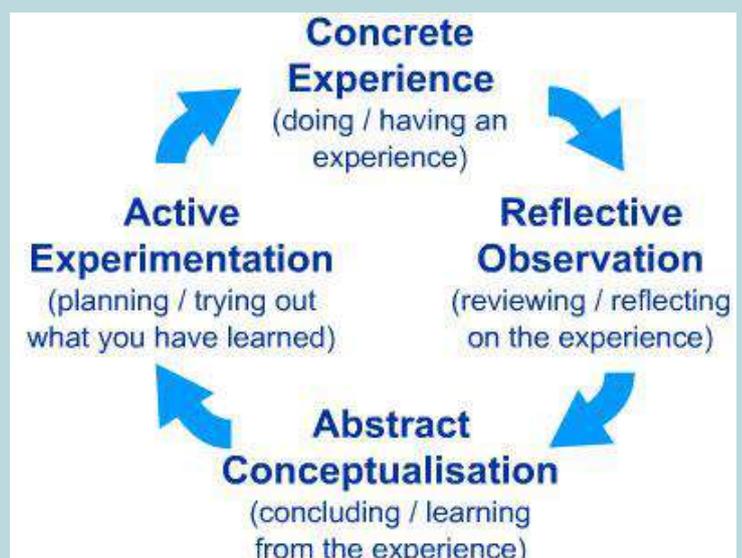
Comfort zone model

The comfort zone is a psychological state in which things feel familiar to a person and they are at ease and (perceive they are) in control of their environment, experiencing low levels of anxiety and stress. In this zone, a steady level of performance is possible.

Reflection questions for Comfort zone

- ✓ Think of some moment in which you felt some anxiety during the activity?
- ✓ What makes you feel at risk?
- ✓ How do you know that you were anxious? Where did you noticed in your body?
- ✓ Where it was?
- ✓ Who did you were with? Or were you alone?
- ✓ What made you go from Learning zone to Panic Zone?
- ✓ What did you/others do to go to your Learning zone again?
- ✓ Do you feel your Center zone expanded after that experience? How?
- ✓ Tell 3 things that were obvious
- ✓ Tell 3 things that now you know were from your imagination

Professional adventure therapist/ Facilitator

Participation in adventure therapy without education or training could have not only negative psychological effects but also possible harmful physical effects on the clients. Must be professionally trained in both treatment and adventure planning as they should have both traditional counseling skills (soft skills) and additional skills such as outdoor sports management (hard skills) (Alvarez & Stauffer, 2001; Fletcher & Hinkle, 2002; Gass & Gillis, 2010; Gass Gillis & Russell, 2012; Tucker & Norton, 2013; Priest & Gass, 2018).

- ❖ Hard skills are solid, tangible, measurable, and often easier to assess. Hard skills for effective adventure therapist include technical activities, safety/risk, and environment.
- ❖ Soft skills are amorphous, intangible, difficult to measure, and often more difficult to assess. Soft skills for adventure therapist include organization, instruction, and facilitation.

The effective adventure therapist mortar, which cements everything together, is a mix of metaskills, those core competencies of a higher order that integrate with and potentiate the other skills (Priest & Gass, 2018).

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Table 10. Adventure therapist/ Facilitator Skills

Hard	Soft	Metaskills
- Tangible - Technical - Rigid - Concrete - Definable - Easily trained - Quantity - Stable - Measurable - Easier to evaluate - Unique to every activity - physical condition - Weather interpretation - First aid	- Intangible people - Flexible - Pliant - Immeasurable - Difficult to train - Quality - Organization - Instruction - Facilitation - Traditional counseling - More interpersonal - Reflective listening - Verbal & non-verbal communication - Reflection - Leadership - Problem solving - Decision making - Moral behavior	- Combination of hard & soft skills - Integrate - Incorporate - Strengthen - Intensify - Augment - Enhance - Reinforce

* Source (Priest & Gass, 1997; Fletcher & Hinkle, 2002; Tucker & Norton, 2013; Priest & Gass, 2018).

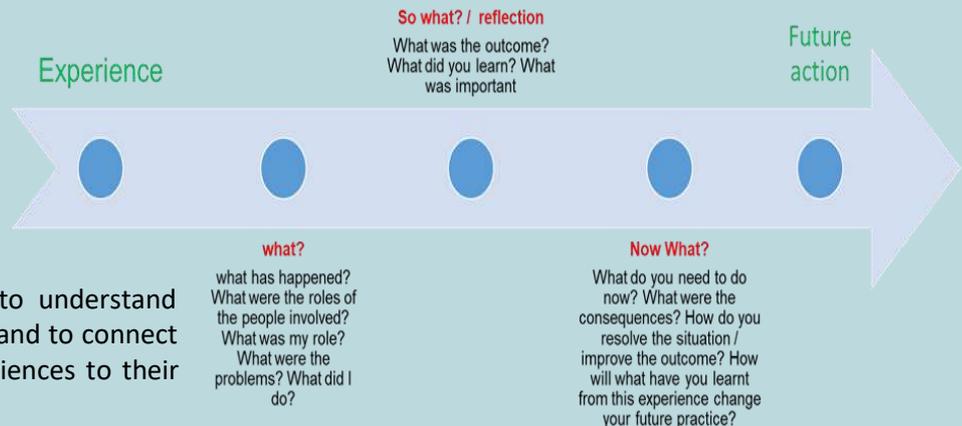*Table 11. Adventure Therapist/ Facilitator features*

	Actions	Capabilities	Supervision
Adventure therapists	- Act as the vehicle for change - Have a facilitating role in co-constructing change processes with the client - Must develop knowledge of planning - Selecting appropriate activities - Encourages balanced participation from group members - Actively plan and frame adventure experiences around critical issues for clients - Observes participants functioning and compares observations with known frameworks for human behaviour, then develops action plans. - Focusing on the development of specific therapeutic outcomes manage the processing of information - Establishes empathy with participant - Facilitate transfer into real life - Maintain less stringent limits than traditional therapists - Should discuss the limits before any Adventure treatment mission - "Leaving their chairs" - States own needs clearly and appropriately - Active experiences to highlight the "walk" experience and not just "talk" - Reflects back participant's thinking and feeling and meaning of verbal and non-verbal communication - Should respect the client's rights - Provide treatment - Have training in adventure therapy - Have the skills to integrate the adventure therapy into the therapy	- Risk management plans Small-group dynamics - Liability considerations - Outdoor leadership methods - Judgment - Minimum- impact practices - Decision making - Assessment of group capabilities - Outdoor leadership objectives - Have knowledge of group safety - Anticipate problems - logistics - Develop safety procedures - Apply physical and emotional care - Limit activities to capabilities - Model positive attitudes - Recognize own limitations - Recognize problem indicators - Awareness of group dynamics - Wilderness first aid skills - Ability to foster teamwork - Ability to provide personal growth - Ability to clearly identify problems - Ability to anticipate accidents - Judgment based on experience - Awareness and empathy - Group- management skills - Problem- solving skills - Instructional skills - Technical activity skills - Flexible leadership style	- The reflection of the experience - The investigation of strategies and interventions undertaken with clients - The investigation of the healing process - The examination of processes in the reality of the client Focus on the transfer of experiences

*Source (Alvarez & Stauffer, 2001; Fletcher & Hinkle, 2002; Becker, 2010; Gass & Gillis, 2010; Gass Gillis & Russell, 2012; Tucker & Norton, 2013; Priest & Gass, 2018).

Adventure Therapist/Facilitator techniques

The Debriefing Process:
What?, So What?,
Now What?

The overall aim of debriefing is to give clients the opportunity to understand what happened to them and to connect and transfer these experiences to their daily lives.

Experience

So what? / reflection
What was the outcome?
What did you learn? What was important

Future action

what?
what has happened?
What were the roles of the people involved?
What was my role?
What were the problems? What did I do?

Now What?
What do you need to do now? What were the consequences? How do you resolve the situation / improve the outcome? How will what have you learnt from this experience change your future practice?

What?

Is the activity itself, a summary of what happened. The debrief focuses on the most recent activity. Ideally, more emotional or confrontational issues should be addressed in the later stages of the program, and so activities need to be sequenced to the physical and emotional needs and abilities of group members. Debriefing typically commences with questions concerning the "What?" as in "What happened in that activity?". In this part of the debriefing, the facilitator encourages as many group members to provide their perception of the activity. This focuses on content about the experience rather than participants' emotional responses (Reupert & Maybery, 2002; Lubans, 2009).

So what?

Is what you learned about yourself and others from the activity. Is focuses on the emotional meaning held by individuals as a result of what had previously taken place. The role of the facilitators is to encourage group members to describe the emotions that were generated as a result of what happened. This phase of the debrief attempts to link the emotional experience of group members to the content (the "What?") and the subsequent roles played by individuals within the activity. Insights into group processes are heightened, and self-discovery maximized (Reupert & Maybery, 2002; Lubans, 2009).

Now What?

The third phase of the debrief, builds naturally from the "So What?". Is what you derive—the takeaways—from the group activity to apply to your life and at work. Questions in this phase center on, "Now what will you do differently in future?". This becomes a goal setting exercise for both individuals and the group where intentions for behaviour change are defined. Participants are encouraged to apply what has been learned to their relationships and lives outside of the program. This phase can also establish new ground rules (for the contract and the classroom) and initiate future activities that practice newly acquired group behaviour (Reupert & Maybery, 2002; Lubans, 2009).

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Table 11. Examples of Debriefing Questions

What?	What happened just now? What did you see happening? If a stranger walked into the room and you had to tell them exactly what happened what would you say? If you had to explain how to do this activity to someone that was not here, how would you explain it? Can anyone give an example of what was good communication /problem solving / working together (whatever the objective was) today? What went wrong with the communication / problem solving / working together attempt? What nonverbal communication did you see? How did you decide what to do during the activity? Was everyone heard? If not, why not? Were people listening to each other? Did they communicate to each other? What feelings did the different people express today?
So What?	How do you feel about what happened? What is one feeling word that describes how you feel right now? What was your body feeling during the activity? Where in your body were you feeling this? What did you do with that feeling? Would you like to feel differently in a similar situation? If so, how would you like to feel?
Now What?	So what happens now? What did you learn from that? About yourself? About others? What would you do differently next time? How does that apply to your life? What is the best way for this group to make decisions / solve problems / work together?

Source (Reupert & Maybery, 2002).

Funnel Model of Debriefing (Priest & Gass, 2018).

Replay

The replay question focuses the group on the topic or issue of interest- based on client needs, your program objectives, and any incidents that took place in the activity.

Remember

The remember question gets clients to identify an incident relating to the topic that took place during the experience. If you bring up the incident, the group may deny it or perhaps feel confronted. Therefore, you should ask a question that gets the group to bring up the issue, giving it ownership and control over the situation.

Affect and Effect

The affect/effect question addresses emotions and causes. Once clients bring up a specific incident related to an issue, you can ask other questions to ascertain the impact of that occurrence. These questions examine how each individual felt and how the group was influenced by the event

Summation

The summation question highlights new learning. Once you have ascertained the impact of the event, you ask clients to summarize what they have learned about the issue. So far, they have identified an occurrence and discussed its influence on their task performance and group dynamics.

Application

The application question helps establish linkages between the learning experience and real-life situations, thereby reinforcing learning and helping solidify its transference. Ask clients to

make connections in the form of metaphors, or analogies, between the adventure and daily life

Commitment

The commitment question looks toward change. Once clients have noted the usefulness of the new learning and how they might apply it in their daily lives, ask them to make a pledge and plan for action. You should press for answers in the form of an 'I' statement and get the group to support members who commit to doing things differently because of their guided reflection on the experience.

Table 12. Funnel Guide questions

Filter	Guide questions for each filter in the funnel
Replay	Can you replay or review the last activity for me? What are some_____ [topics] that you needed in that activity? On a five- point scale, hold up the number of fingers that indicates your level of performance_____ [topic], with five being exceptionally great.
Remember	Do you remember an example of excellent (or poor) _____ [topic]? Can you recall a particular time when_____ [topic] was good (or bad)?
Affect/effect	What emotional did you experience? How did this affect your feelings? How did this emotion impact the group? What influence did this have on the task?
Summation	How does the moral of this story go? What did you learn from all of this? Can you sum up what you have gained from our discussions (or reflections)?
Application	Do you see a connection between this learning and your life back at school? Can you apply this on the job? Do you see any parallels to your family?
Commitment	What will you do differently next time? Begin with the words, "I will". How can you commit to change? Who will help support you in upholding this pledge?

*Source (Priest & Gass, 2018).

Metaphor

Using objects, as symbolic representations of an experience, or personal attribute can be a very effective approach to processing. These activities engage participants in creating or choosing symbols representing a group success or individual strength or accomplishment. The strength of these types of activities is that they are not threatening to participants and facilitators, and leave the opportunities for creative and meaningful interpretation of an experience wide open. Participants can attach their thoughts to a tangible object that they can touch and show to a group during group discussion or take away with them to represent their experience. This helps thoughts and ideas reach depth and character in a way that

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doesn"t happen with dialogue alone. Because the participants can talk about the object or image rather than about themselves directly they sometimes express thoughts that otherwise would be left unsaid. Objects and images can be used to liven up the traditional sharing circle by providing interactive, kinesthetic ways to engage participants in group dialogue (Cummings, 2018).

Body Part Debrief

The Body Part Debrief activity is simple enough in nature that groups of any age will use it with ease. The body parts have a „coolness" factor to them that fosters a safe environment for people to talk. If you are having a hard time getting your participants to share or reflect, this activity will help solve that problem (Cummings, 2018).

Table 13. Body Part Debrief questions

Eye	Could represent something new that you saw in yourself or someone else? What vision do you have for yourself/the group? What qualities do you see in yourself? How did you see yourself perform within the group?
Stomach	Could represent something that took guts for you to do. What pushed you outside your comfort zone? What sick feelings have you felt before? Was something hard to stomach for you?
Brain	Could represent something new that you learned about yourself, a teammate, or the group. What thoughts do you have? What did you learn through your experience?
Heart	Could represent a feeling that you experienced. What things come from the heart? What means a lot to you?
Hand	In what way did the group support you? Could represent someone you would like to give a hand to for a job well done. How did you lend a hand during the activity?
Ear	Could represent something you listened to. What was a good idea you heard? Could represent something that was hard to hear—did you receive constructive feedback or not-so-constructive feedback.

Useful links:
www.training-wheels.com
www.reviewing.co.uk

Programming

Programming in adventure therapy involves (Becker, 2010; Gass & Gillis 2010):

- ✓ a planning process taking into account factors such as
- ✓ emotional maturity of clients
- ✓ levels of physical skills
- ✓ social development
- ✓ cognitive abilities
- ✓ any mental or physical disabilities
- ✓ a complete assessment and diagnosis of the needs of the client or group

  - ➢ *aiming at the selection of activities by the therapist, thus creating the right conditions for change*

- ❖ When designing and selecting adventure activities, the therapist should focus not only on the clinical objectives of the clients or the team but also on the emotional and physical safety of the clients, which is a unique aspect of this type of active intervention (Tucker, 2009).

- ❖ Careful analysis of activities toward treatment goals requires the ability to assess the needs of the client or group as well as an understanding of the activities selected for these specific goals (Tucker & Norton, 2013).

- ❖ The adventure therapy utilizes a range of activities / experiences such as goal setting, awareness, confidence activities, individual and team problem solving, processing and transfer (Luckner & Nadler, 1992).

Adventure Therapy activities

This section introduces activities as the primary mode of intervention and the primary catalyst for change in adventure therapy (www.aee.org).

Cooperative Activities
Cooperative activities involve interaction between clients and practitioners that require clients to engage with others for mutual benefit toward the development of therapeutic outcomes. Cooperative activities are often designed by the practitioner with the intention of creating positive interaction and fun. It is important to draw a distinction between games and activities. Games are playful and without expectation for change in a person. Activities, in this context, are chosen specifically for the clientele and with therapeutic intent (www.aee.org).

Three Circles
Create three circles, one inside of the other (like a target). This can be done with the use of chairs, people, ropes, or whatever you have at your disposal. These circles represent the different challenge zones. Explain that the inner circle is the safety zone. This consists of things that we are not at all challenged by. Learning does not occur in this zone. The middle circle is the challenge zone. This is where learning occurs. People will feel somewhat challenged in this area, meaning they will have their comfort tested, but they will continue to feel safe. The outer circle is the danger zone. This is where people experience panic. Here too we are unable to learn because our immediate safety is all we are concerned about. Have people call out different activities and encourage each member to stand in the appropriate zone for where this activity is for them (Watkins, 2014).

Finger Catch
Have everyone get into a circle and have them put their left palm up to the sky and their right index finger, pointed down, on top of the person to their right's palm. Ask the group for a code word. Once you have the code word, inform them that when you say the code word, you must try to catch the other person's finger while simultaneously trying to pull your finger away so it doesn't get "caught." Have them do this a few times and then switch hands (right palm up, left pointer finger pointed down, touching the other person's palm. Do this a few times as well (Watkins, 2014).

Trust and Support Activities
Trust and support activities involve the creation of an experience in which the client is not in total control and is required to count on other people to accomplish the task presented. It also provides opportunities for clients to be in the position where they provide physical and emotional support and have a level of control over someone's physical safety and emotional well-being (www.aee.org).

Full Value Contract (Five Finger Contract)
The five-finger contract serves as the ground rules. The facilitator must use his or her unique style to convey this contract, but the items consist of: (1) Pinky = safety, (2) Ring finger = commitment, (3) Middle finger = respect, (4) Index finger = accountability, and (5) Thumb =

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fun. I always do them in this order so that safety is first and foremost. Personally, I try to be very animated and use this as a way to get peoples' energy going. I jump back and forth continually revisit each finger and lead each finger with a catching saying. For example, "The middle finger is something that means what? *laughter* Now we might not want to say what it means, but here I think it is only appropriate to turn a negative into a positive. For us, the middle finger is going to be representative of respect." Finally, you ask group members who agree to the contract to shake hands with the person on their right and the person on the left and tell them, "I will follow the five finger contract." Those who do not agree are encouraged to consider agreeing, but it is their choice and they are not forced to agree or participate (Watkins, 2014).

Trust Run

Two lines of people facing each other with arms outstretched and staggered with person opposite. Runner begins several yards away and runs at a fast pace at the line. The folks in the line must drop their arms as the person passes. The idea is for the runner not to flinch or slow down while the lines try to move arms at the last minute (www.ultimatecampresource.com)

Trust Walk

Have everyone find a partner. One person is blindfolded and the other will be leading. The one who is leading needs to take the other through a obstacle course of some sort (it can be natural or made). The leader cannot touch the other person and must direct them using only words. To make it more difficult have an entire group lead one person and take turns (www.ultimatecampresource.com)

Who Was My Guide?

The group divides in half. One half is blindfolded. The other half chooses a partner who is blindfolded, but may not talk to them at any time. They take their blindfolded person on a trust walk by allowing them to hold their arm. Only the blindfolded person may talk - the guide must stay silent. At the end of the walk, the guide returns to their group. The blindfolded person then removes the blindfold and the roles are reversed. The guides then choose a blindfolded partner. Before taking off blindfolds, they separate. At the end of the game each person tries to identify their guide and say how they knew!!! (www.ultimatecampresource.com).

Initiative Activities

In the context of treatment, initiative activities aim to engage participants in the initiation of emotional or behavioral action towards achieving a therapeutic goal. They require participants to take initiative at solving problems, making decisions, or communicating with one another. Often, they are related to solving problems, and typically encourage a group of people to work together toward a specified outcome. Many initiatives are structured to require physical and mental coordination among participants in order to be completed. Although successful completion is often the focus of clients, it is the process that participants engage in that is the primary focus of the treatment. Initiatives are commonly used with clients in a group context, but it is important to state that these activities are used in a variety of social contexts, including individuals and families (www.aee.org).

Human Knot

Have the group make a large circle. (This game also works well as a race between several circles in larger groups.) Have everyone put their left hand in the middle, and hold hands with someone in the circle, not directly next to them. Repeat with the right hand, and be sure to hold hands with a different person, who is not directly next to them. Then the group must use teamwork to unravel themselves into a circle again without coming disconnected (www.ultimatecampresource.com).

Human Ladder

The group stands in a parallel line while holding a 1.5-inch dowel as a rung between each pair. The participant must climb over the rungs, touching each one. The first and last ones should be low. The rungs can change height when not being touched. The group sets a goal to travel from one destination to another by moving the ladder one rung at a time as the climber passes the bottom rung. Once the climber has moved completely off of the first rung, the pair holding the dowel rungs to the opposite side of the line and sets up again and extends the ladder.

High Adventure/Natural Environment Activities

Activities in this section are challenging to categorize for their diversity, both in terms of the activity itself as well as the length of time the activities may occur. Activities discussed here include overnight camping, backpacking, rafting, kayaking, hiking, mountain biking, rock climbing, caving and various other outdoor pursuits. These activities can occur in a day, a weekend, or as part of an extended expedition trip.

Natural environment or low adventure activities have decreased risks and minimal requirements for skills development. The duration may be shorter and may not require advanced skills to be completed successfully. Examples include hiking, creeking, fishing, or paddling on flat water in a controlled environment. In these activities, it is still critical to remain aware that the activity may seem to be low intensity for the practitioner, but may in fact be a high intensity experience for the client (www.aee.org).

Useful links

www.ultimatecampresource.com
www.adventuretherapy.eu

Table 14. Adventure Therapy activities

Activity	Goals	Description
Cooperative Activities	Therapeutic Alliance	Cooperative activities are generally designed to be fun and offer an opportunity for the practitioner to relate to the client on an "enjoyment" level rather than having a focus on problems and deficits. Developing an effective therapeutic relationship between the therapist and the client is a critical component of successful treatment.
	Effective Treatment Environment	Cooperative activities can assist the clients in developing norms that support therapeutic progress. In a treatment context, creating expectations of confidentiality, respect, safety, belonging and appropriate communication is important. Cooperative activities can enhance the engagement of the client in the treatment process.
	Assessment	Cooperative activities provide a good opportunity for assessing various aspects of treatment. Therapists are able to immediately observe client's level of functioning, including interactions with the practitioner and other participants, willingness to engage, and comfort level taking risks.
	Cooperation and Relationship Building	Cooperative activities can be used to support clients in developing willingness to work together and an ability to do so effectively. Many times, cooperative activities are fun and encourage clients to build positive, healthy interactions with others
	Social Skills Acquisition	There are a variety of opportunities with cooperative activities for social skills acquisition. Clients are able to increase their self-awareness regarding their level of functioning through practitioner and peer feedback. Clients are also given an opportunity to learn and to practice appropriate social skills, and to utilize skills they already possess, such as communication, following directions, or sharing
Trust and Support	Assessment	Trust activities provide a good opportunity for assessing trust and support dynamics and issues. Practitioners can observe how clients respond to activities requiring trust and how clients cope when faced with life situations in which their control is limited.
	Therapeutic Alliance	Trust and support activities can be used to deepen the therapeutic relationship, both with the practitioner or with other clients in a group setting. Practitioners and clients are able to demonstrate their trustworthiness through their actions in activities
	Supportive Behaviors and Interactions	Trust and support activities allow clients to explore how they use support from others or offer support to others. The practitioner can explore with clients their perceptions of different levels of trust in a variety of relationships.
Initiative	Cooperation and Relationship Building	Initiatives typically require cooperative interactions in order to be completed. This structure supports clients in developing the ability to work together effectively and engage in positive interactions. There is an opportunity with initiatives to assist clients in developing effective social skills through feedback and support.
	Trust and Cohesion	Initiative activities create situations of clients providing support, maintaining safety, and taking care of others. In addition to developing aspects of trust, clients are asked to manage healthy risk by choosing to participate and allowing themselves to trust others
	Problem Solving, Communication and Coping	Engaging in initiatives typically requires some level of problem solving by clients. Clients are asked to manage the steps of problem solving, including generating ideas, developing plans, implementation, making errors, evaluating and revising. This process can be new to clients or frustrating, which can encourage clients to identify, develop, and use coping skills.
	Responsibility and Self-Awareness	Initiatives create situations of clients being responsible for themselves and others. Clients are able to increase their self-awareness regarding their level of functioning through practitioner and peer feedback.
High Adventure/Natural Environment Activities	Responsibility and Self-Awareness	Natural environment and high adventure activities can be intentionally structured to support development of responsibility and self-awareness. One way this is accomplished is the use of natural consequences. In an outdoor context, the results of choices become quite tangible.
	Self-Efficacy and Coping Skills	In an outdoor context, skills mastery takes on a stronger sense of urgency as it relates to survival and management of the challenges of the environment. Learning new skills takes on increased importance in coping with the new setting.
	Relationship Building and Cooperation	Participating in low or high adventure activities with another person creates a unique shared experience that can be given positive meaning attributions and enhance relationship development. Whoever participates typically must cooperate and trust one another in some manner as they create an interdependent group
	Environmental Management	The outdoor environment is one that cannot be controlled but can be managed effectively with training and experience. Practitioners provide a structure for operating within the environment that allow clients to learn how to respond.
	Connection to the Natural World	While we often focus on the impact of challenge and adventure on client functioning, the natural environment in which many of these adventure-based activities take place is also an important component in the therapeutic change process.

Matching the Activity to Client Needs

Clinical Goals

Every decision must related to the clinical goals of your client.

Client Interests, Strengths, and Limitations

A practitioner can greatly influence client engagement, level of involvement, and transferability of an activity by applying the practitioner's understanding of a client's interests and strengths to the activities used and how the practitioner decides to facilitate them. Practitioners select activities that are achievable for clients.

Client Development

Consider the stage of the client in the change process, the developmental stage of the client or group development.

Sequencing

Activities are selected in a sequence that supports client's progress toward goals.

Activity Structure

Consider what is required of a client to successfully complete an activity. It is often helpful to create a parallel process so what is required to complete the activity successfully is the same things that will be required to achieve the treatment goals.

Activity Presentation and Props

Assess and attend carefully to the expected implications of the props presented and use them intentionally to enhance the experience. Rules, guidelines, safety considerations, space, and time are all issues that you can adapt to meet the needs of your clients.

Level of Risk

Adapt activities to compensate for what you are seeing in clients related to physical safety and emotional risk.

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Sequence of the activities

Group Formation.

All of the activities used at the beginning of the prescribed sequences are designed to help the members of a new group get acquainted with each other. Their progressive set of activities allows the participants to experience fun in a safe social environment. In addition, some of the initial activities are purposefully designed to develop trust communication skills among participants (Bisson, and 1998).
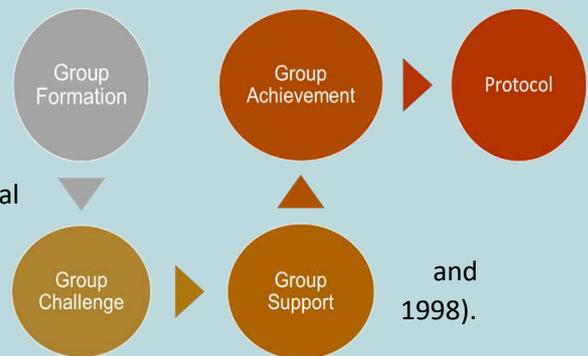
Group Challenge.

All of the activities are used to expose the group with physical or mental challenges. To resolve these challenges, the group must make decisions while cooperatively recognizing the need for leadership and followership (Bisson, 1998).
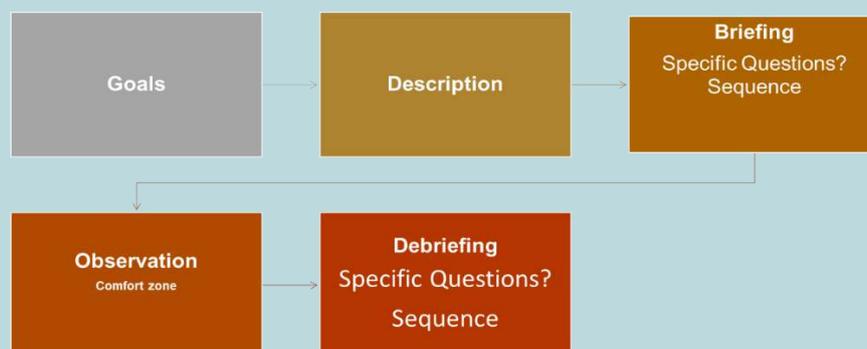
Group Support.

These categories of activities are quite similar because they require not only self-confidence and determination from the participant, but also psychological support and compassion on the group's part (Bisson, 1998).

Group Formation	Group Challenge	Group Support	Group Achievement
• Goal setting	• Group initiative tasks	• individual initiative tasks	• traditional outdoor activities
• Awareness	• Group problem solving	• high adventure activities	• Adventure experiences
• Cooperative games	• Group challenges	• individual problem solving	• Risk taken activities
• Trust Activities	• Decision making/problem solving	• social and individual responsibility	
• Communication Activities	• Team tasks		
• Ice breaking Activities		• Individual group	
• Socialization games			
		• psychological support and compassion from the group to the individual	• Comfort zone
			• Risk take
• Creating a team	• Team empowerment		

Group Achievement.

The final phase represents the category of activities that extends the adventure into the realm of traditional outdoor pursuit activities. This may include short-term canoeing, backpacking, and/or mountaineering expeditions etc. The categories are titled adventure experiences, adventure activities, and activity-based or wilderness-based pursuit's activities. These activities require more time and commitment from the participants and they are invariably placed at the end of the experience (Bisson, 1998).

Activities protocol

Adventure therapy and addiction treatment

A broad range of therapeutic directions focuses their attention towards problematic behavior, the vulnerabilities of the client. However, alternative programs have proved to be successful for drug users and young offenders. Adventure therapy is an emerging therapeutic intervention in mental health practice to help individuals overcome emotional, addiction and psychological problems. In that frame, Adventure therapy activities provide an alternative way of addiction counseling: the alternative behavior can be the entrance and fuel the awareness of the meaning-making process. Instead of waiting for rational self-arguments or insights as to the necessary starting point for change, clients can begin experimenting with alternative behaviour and trying out new things whilst being aware of the effect on themselves. In the adventure therapy approach, the attention and the perspective are placed on the present and on the future. It illuminates different ways to act and to engage the clients with all of their skills and abilities, with their limitations and taking into account their personal history, but focused on possibilities and strengths. There is a need to develop specialized adventure programs for substance users (Tobler, 1986; Gass & McPhee, 1990; Gillis & Simpson, 1991; Russell et al., 1999; Russell, 2007; Harper et al., 2007; Lewis, 2012; Bettmann et al., 2013)..

Adventure therapy programs can:

✓ Be proposed and adopted as cost-effective treatment for drug dependence (Tobler, 1986).
✓ Be proposed as an alternative for people who do not want to engage in traditional treatment (Russell, 2007).
✓ Helps addicted people to understand the changes they need and want to do in their lives (Russell et al., 1999).
✓ Gives a sense of accomplishment to the addict who is specific and real and who can use it in his everyday life (Russell et al., 1999).

Activities that are consistent with the addiction treatment goals	
Goal setting Awareness Cooperative games Trust Communication Ice breaker Socialization games Acquaintance Activities Communication Activities Trust Activities Group Problem Solving Activities	Outdoor Experience Risk taken activities High adventure activities Group initiative tasks, Group problem solving, Group challenges, personal challenge activities Decision making/problem solving Team tasks Adventure experiences

Source(Gass& McPhee, 1990)

✓ Manage negative emotions, increase their self-confidence, create a more favorable environment for staying in treatment (Gillis & Simpson, 1991)
✓ Can help individuals develop strategies to deal with abstinence (Bettmann et al., 2013)

❖ Adventure therapy leads to the assimilation of personal and interpersonal skills, such as communication skills, drug and alcohol awareness, and coping skills (Russell et al., 1999).
❖ The therapeutic benefits were not only sustained but continued to improve for a whole year after intervention (Harper et al., 2007; Lewis, 2012)
❖ People who dealing problems with substance use are looking for these alternative treatment options by choosing something different from what traditional treatment offers them (Russell, 2007)

There is a need to (Gass & McPhee, 1990):

❖ Identify and recognize specific behavioral, psychosocial and cognitive goals that we want to achieve through a treatment program.

❖ Define a specific therapeutic approach for this population. The way an experience is acquired is important as it is associated with selecting a particular activity.

❖ Determine if adventure programs are an inappropriate or negative treatment for specific individuals under particular circumstances. The adventure program has the potential to create positive changes.

❖ Determine whether a customer can participate in or be excluded of therapeutic adventures activities

Table 15. Goals for Therapeutic Adventure Programs for Substance Abusers

Behavior Oriented Goals	- Improve communication skills - Increase individuals' abilities to change their lives in a positive manner - Provide motivation to change existing lifestyles - Teach clients social integration skills - Discover new, positive recreational experiences - Provide greater impact/efficiency to the recovery process. (e.g., shorten the length of hospitalization for the client) - Teach clients to find and incorporate appropriate alternative lifestyles - Reduce incidence of problem drinking and/or drug abuse - Teach clients the steps of how to work through social integration skills - Find new lifestyle directions
Psychosocial Goals	- Increase self-esteem/concept - Increase levels of trust in others - Increase the ability to accept self-responsibility - Confront fears and feelings - Re-assess one's own potential - Increase socializations skills - Increase sense of self-competency - Re-evaluate personal values - Increase autonomy(i.e., independence) - Increase levels of maturity - Let go of past, or accept past
Cognitive Development	- Teach goal setting strategies and plan for their results - Teach techniques in stress reduction - Teach about the dysfunctional behavior patterns of substance abuse

Source (Gass & McPhee, 1990)

Pilot Implementation

The Pilot Implementation has been designed by Asociación Experientia in order to implement an adventure based therapy program for patients in rehabilitation for substance abuse from KETHEA, Greece. The design and implementation of this pilot aims to develop a supportive tool to provide adventure based interventions.

In the pilot implementation, the facilitator team used adventure experiences to help achieve client's therapeutic goals, in a 5-day adventure trip in nature. The experiences were client-oriented and connected with planned activities and goals. Clients were relating the experience to their treatment process and goals through discussion with the facilitators and their peers. The experiences had involved the clients directly, and through reflection progress, help them to make the experience concrete and relevant to their treatment plan.

Team	Therapist	Natalia Ruiz de Cortázar Gracia Psychologist and Psychotherapist. Adventure therapy specialist
	Facilitator	Román Rodríguez Sebastián Addiction and Adventure therapy specialist
	Logistics	Trekking Hellas
	Design and supervision	Alexander Rose Clinical Psychologist. Addiction and Adventure therapy specialist
Participants	14 participants in rehabilitation for substance addiction – 3F/11M	
Dates	May 11th to 15th 2019 Arrival May 10th | Departure May 16th	
Localization	Ioannina Giftokampos Tsepelovo Skamneli – Tsepelovo Vikaki canyon Kipi village	
General goals	To increase relapse prevention To enhance self-efficacy To develop coping and problem solving skills To bolster responsibility and self-awareness	
Methodology	Adventure therapy Experiential learning Motivational interviewing	
Resources / Outdoor Activities	Camping Rafting Rappel Fire building, cooking Orienteering MTB Archery River trekking / canyoning Journaling Solo time	
Evaluation	Fotis Panagiotounis	
Observations	Parallel Training group with professionals	

Goals and content

General goals

- ✓ To increase relapse prevention
- ✓ To enhance self-efficacy
- ✓ To develop coping and problem solving skills
- ✓ To bolster responsibility and self-awareness

Specific Goals

Specific Goals	Content	Activities
Promote introspection and self-awareness	Mindfulness, reflections	Guided meditations, journaling, psychoeducational groups
Learn to deal with stress and anxiety	Emotional recognition Relapse prevention	MTB, Caving, Archery, Rappel, Climbing, Kayaking
Learn to cope with uncertainty	Emotional recognition	Caving, Orienteering, Rappel
Learn accurate and helpful goal setting	Goal setting theory	Archery, Orienteering, Kayak
Foster self-awareness and learn coping skills and how to overcome fears	Emotional management	Caving, Rappel, Climbing, Kayak
Find internal motivation for change	Motivational theory	MTB, Orienteering, Rappel, Climbing
Enhance feeling of group belonging	Communication, Trust, Safe group	Cooking, Hiking, Rafting
Develop social skills	Social skills, communication,	MTB, Rafting
Enhancing personal resources and finding new ones	Self-awareness, self-esteem, self-concept.	MTB, Archery
Find meaningful goals for life		Closing

Ways to achieve the goals

- ➤ increase participants sense of personal confidence
- ➤ increase mutual support within a group
- ➤ develop an increased level of agility and physical coordination
- ➤ develop an increased joy in one's physical self and in being with others
- ➤ develop an increased familiarity and identification with the natural world
- ➤ The learning outcomes must be clear
- ➤ The learning experiences must be designed to help clients achieve those learning outcomes.
- ➤ The assessment tasks must allow the clients to demonstrate their achievement of those learning outcomes.

What we consider	Group balance Mental and Physical Abilities Intensity of the Experience Role of adventure (sensation seeking, Risk take) Safety Therapeutic process

no trust - no beginning
no fun - no return
no challenge – no continuation

Activities

Activities	Potential goals
Guided meditations	Promote introspection and self-awareness
Journaling	Promote introspection and self-awareness Find internal motivation for change
Psychoeducational groups	Promote introspection and self-awareness Learn accurate and helpful goal setting Enhance feeling of group belonging
Cooking	Develop social skills Enhance feeling of group belonging
Hiking	Develop social skills Learn accurate and helpful goal setting Enhance feeling of group belonging
MTB	Develop social skills Find internal motivation for change Enhance feeling of group belonging
Caving	Learn to deal with stress and anxiety Learn to cope with uncertainty
Orienteering	Learn to deal with stress and anxiety Learn accurate and helpful goal setting Find internal motivation for change
Rappel	Learn to deal with stress and anxiety Learn to cope with uncertainty
Climbing	Learn to deal with stress and anxiety Learn accurate and helpful goal setting Find internal motivation for change
Canyoning	Learn to deal with stress and anxiety Learn to cope with uncertainty
Archery	Learn to deal with stress and anxiety Learn to cope with uncertainty Learn accurate and helpful goal setting
Rafting	Develop social skills Learn to deal with stress and anxiety Learn accurate and helpful goal setting Enhance feeling of group belonging
Kayak	Learn to deal with stress and anxiety Learn to cope with uncertainty

Implementation

Preparation Staff meeting

- ✓ Send beforehand the program description to logistics and support facilitators
- ✓ Review programme and questions

Expectations and roles:

Factilitators:

- ➢ To facilitate the programme and activities as well as the processing and transference
- ➢ To ensure an emotional safe space
- ➢ To provide participants with opportunities to fulfill the goals of the programme

Support co-facilitator:

- ➢ To provide support during the activities
- ➢ To pay attention to individual needs within the group during the activities
- ➢ To help in the transference process when having previous knowledge about participants.

Logistics:

- ➢ To ensure physical safety
- ➢ To provide all logistics and materials necessary to developed the programme

Expectations: Each professional might talk about their own personal goals and expectations for the programme. It is essential to create a safe space among professionals too in order to perform adequately and support participants.

Communication procedures:

Safety procedures: Any activity might be ended or modify by demand in order to meet safety at all times.

- ➢ Trekking Hellas: Physical safety
- ➢ Facilitators: Emotional safety

Participants review: Professionals will provide relevant information about participants in order to tailor the intervention and to consider specific aspects of each participant.

Day Structure

Things that should happen every day:

- Mindfulness / Personal time in the morning
- Goal setting
- Check in meeting
- Personal time
- Processing (after each activity)
- Reflection of the day
- Adventure activities
- Games
- Check out meeting

Adventure Activities

Orienteering / survival

Aims	Learn to deal with stress and anxiety / Learn accurate and helpful goal setting / Find internal motivation for change
Duration	4 h
Description	Guided experiential walk in nature. Guide leads the group through the forest and shares flora and fauna of the area and their potential uses for surviving in nature. Cooperation in building a natural shelter with elements from the area.
Reflection	Find an object that represents your objective What is the direction you want to take? Tell 3 evidences that make you think that is the right direction
Transference	Which resources did you find in nature to be more comfortable or survive? Which resources do you have in your life to help you strive and move forward? How and when do you use them? How did you find out about them?

River trekking

Aims	Learn to deal with stress and anxiety and uncertainty / Learn accurate and helpful goal setting / Find internal motivation for change
Duration	4 hours aprox.
Description	Guided river trekking with professionals from the area.
Reflection	Reflect about uncertainties on the way. Feelings of being overwhelmed (water metaphor: we walk without seeing what's there). Trust in the process and the guides. How is it for you to trust others? Explain beforehand Learning Zone paradigm: Think of some moment in which you felt some anxiety during the activity What makes you feel at risk? How do you know that you were anxious? Where did you noticed in your body? Where it was? Who did you were with? Or were you alone? What made you go from Learning zone to Panic Zone? What did you/others do to go to your Learning zone again? Do you feel your Center zone expanded after that experience? How? Tell 3 things that were obvious Tell 3 things that now you know were from your imagination
Transference	How do you know you can trust someone? Who are those people that you place your trust when you are walking in the uncertainty?

Archery

Aims	Learn accurate and helpful goal setting / Learn to deal with stress and anxiety Learn to cope with uncertainty
Duration	60 minutes
Materials	Technical material / Paper and Markers
Description	- Technical instructions on safety and basics on use the bow and arrow - Invite participants to establish their own goal (hit the cardboard, the bull's eye, the inner circles of the bull's eye, etc.) - Invite participants to find a place and mark it on the ground with a stone or stick where they think they can accomplish hitting the target. - Try to hit the bull's eye 3 times. After each try, invite to evaluate individually external and internal factors to improve reach the goal - Evaluate what helped, and find in the group resources (p.e. being closer, hold stronger the bow, breathe and release the bow rope, etc.) - Try to hit the bull's eye again, so many times as necessary.
Reflection	Establishing SMART goals - Specific: What do I want to accomplish? - Measurable: How will I know I accomplished it? - Achievable: Is it in your power to accomplish it? - Realistic: Can you realistically achieve it? - Timely: When do you want exactly achieve it?
Transference	Do I usually set SMART goals? What do I usually use to accomplish them? For how long do I try before I give up? How do I feel when I reach a certain goal? What do I do when I do not achieve a certain goal?

Rafting + Rappel

Aims	Develop social skills Learn to deal with stress and anxiety Learn accurate and helpful goal setting Enhance feeling of group belonging
Duration	4 hours total (1'5h in the river + 1'5h prep) / (rappelling also included in the activity + 1h) / Jumps
Materials	Technical material / Eyes bandages
Description	- Technical instructions on safety and navigating - While navigating first river sections, invitation to think about a strategy to paddle smooth and effectively. Setting roles and goals. - Exercise: invite to raft blindfolded (all except helmsman and a participant who guides), and try to do some maneuvers such as: rapids descent, navigate backwards, do 360º maneuvers, etc. - Exercise: invite to jump out of the raft individually when possible and to swim aside of the raft. Pull him/her back in when finished. - Exercise: try to bring the weight on the raft's stern, and try to elevate the prow. - Exercise: try to change positions while rafting rapids
Reflection	Did you enjoy being in a group? How did you relate to others? What did you enjoy most from the activities? Describe a moment where someone did something you felt X (secure/proud/you were helping/etc).
Transference	What is in our control and what is not? How can I deal with things out of our control? What resources do I usually use to cope with uncertainty and stressful situations?

Assessment questions

Aims	Quick assessment
Duration	5'
Materials	Rope – big rope – Small rope
Description	[Rope is making a big circle. Small rope is making a small circle in the middle, forming a target.] We will have a lot of time to get to know each other, but we would like to do a quick simple dynamic. You see two circles here. I will be asking some questions and we invite you to move and position yourself in this target. If you agree with the statement, you come closer to the center. If you disagree, or does not apply to you, you go closer to the edge. - This is the first time I'm going to be camping - I love going for adventures - I fear insects or small animals - I like swimming on rivers or sea - I feel anxious or nervous about this experience - I feel excited about this experience - I like to be in nature - I feel calm - I have never slept on a tent before
Reflection	Co-facilitators must pay attention to the assessment and take notes of participants with higher anxiety levels and less comfortable.

Grounding and welcome

Aims	To create an emotionally safe environment To get to know each participant and staff
Duration	30'
Materials	Wool ball
Description	**Grounding** Connect with the environment; make ourselves comfortable in a new context. Close your eyes. Guided awareness exercise. Review all the senses (what do you see, what do you hear, the smells, the sound, the breeze or the sun in your skin, etc.) **Personal projection** If you could be something, any element that you can see looking around you… what would you be? Why would you be that element? **Get to know each other – The forest game** Each person is a tree (living trees), and trees move around the area. The instructor gives different suggestions for the trees to gather in forest. For example: Create forest of three trees. Forest of two. Forest of 5. Each time they will be giving different topics to talk about. They will have to share about themselves, and then reach an agreement with the other trees of their forest. For example: "Forest of three". The topic is… favorite food. Each person talks about their favorite food and all of them have to agree on something they all like. Topics could be: - Hobbies - Food - Places to travel - Places to live - Type of house - Sports - Goals in their week - Fears - Hopes

Guided Meditation

Aims	To bring awareness to the body, mind and the process. To provide with tools for meditation and relaxation techniques. To start your day with more awareness and connection with oneself.
Duration	15 minutes
Materials	
Description	Mindfulness session. Focus on the goals – It's about the process. Some examples. Barefoot silent walking, Guided imagination, Breathing exercises, Gratitude list, Observation of your surroundings, script for guided visualization, etc. Meditate: It's as simple as sitting comfortably and focusing on your breathing. Random thoughts will pop into your head. Just let them come and go, only give your attention to your breathing.
Reflection	Talk about process and results. Expectations and goals. How do you usually start your day? Is that the way you want your day to start? What would be the ideal but realistic way to start your day? Ask participants to share what do they do to meditate, relax, or what would they like to do to energize their days in the morning.

Observation Bag

Aims	To learn to appreciate other's people gestures. To observe and elaborate compliments
Duration	1h / several days
Materials	1 bag per participant. Pieces of paper
Description	Write a piece of paper to each participant stating something that you like about them, that you have observed that you think is positive, that you admire, that you appreciate. Try to make it into facts ("I appreciated your consideration when you help me doing this"). They can be signed with their name or not. Place each paper in each peoples envelop. If you do it through several days: there will be a place the next day set up for each participant to introduce their notes in everybody's bag. If you do it at the same moment: Place the bags in the center of the circle or in a circle, each person holds their bag/envelop and others puts the note on it.
Reflection	Challenge: ask participants to share one piece of paper they received. Since it is difficult to received and read aloud compliments, invite participants to have the experience if they will. How are you feeling? How did you feel reading this? Would you like to say something to anyone? Did you feel more comfortable writing it or would you have preferred saying it?

Names game "The wall"

Aims	To create a relax atmosphere and bonding time through games. To enhance team spirit and learn names.
Duration	15' aprox
Materials	Tarp
Description	Create two groups. They could be random or self-created. Place them far enough from each other so that you can divide the space with a wall out of a big blanket or tarp, in a way that groups don't see each other. Only one person at a time will come forward closer to the wall. The goal is to guess the name of the one person behind the blanket as fast as possible as soon as the blanket is lowered down. The person who said the name first, get to "keep" the opponent and joins their group. The game ends when everyone is on the same side of the blanket although it's also possible to end it as a tie (recommended for very competitive or problematic groups). The trainer should encourage everyone to go behind the blanket at least once.

Material List

Participants	
Sleeping bag	3 Water bottles (at least 2-3 liters)
Sleeping pad	Pen
Hiking backpack	Notebook
Day hiking backpack (small one)	Underwear & socks
Hiking boots	T-shirts
Sneakers/closed sandals (light shoes)	Pants or shorts
Hat (sun hat)	Rain jacket/ poncho
Sunglasses (optional)	Fleece/sweater
Sunscreen	Persona medication (if you need it)
Headlamp	Towel
Bandana	Toothbrush
Mosquito repellent	Hair brush
	Swimsuit
Group Material	
Tarps	
Tents	
Toilet paper	
Zipbags	
Small shovel	
Hand sanitizer	
Soap (biodegradable)	
For cooking	
Metal cooking cup for two	
Camping gas and fuel	
Cup and silverware (fork, knife, spoon	

Pilot Implementation Outcome Evaluation

The Pilot Implementation Outcome Evaluation of the RTS project was used in order to assess the accuracy, success, utility, worth, effectiveness, quality, and impact of the application of an Adventure Therapy intervention in patients in rehabilitation for substance abuse. Reasons for performing the outcome evaluation are to confirm that the objectives are being met, to justify overall effectiveness, to enhance knowledge and to identify the strengths or weaknesses of the program in scope to reduce operational problems in order to create safer practices and increase educational value, and finally to enhance capacity building of health professionals working in addiction treatment. The evaluation of outcomes also aims to improve policy decision-making of drug addiction organizations to adopt alternative counseling techniques such as adventure therapy methodology.

The purposes of the Pilot Implementation Outcome Evaluation were:

- ✓ to asses, if the program achieved and met its goals and objectives
- ✓ to monitor and recommend adjustments to the program;
- ✓ to examine whether the program was indeed effective;
- ✓ to investigate how these elements and practices can be improved;

The primary research question was:

What is the therapeutic value of the adventure therapy experience in a residential substance use disorder treatment context?

Subjects

A pilot implementation was conducted with a two groups, one with 14 members of KETHEA therapeutic programs and the second with 11 health professionals in addiction treatment of KETHEA and ALARM. Participants completed a 5-day Adventure Therapy program in nature. The first group was 11 males and 3 females, 31,6 years of age (min 24 – max 40). They are follow therapy 13,2 months (min 3 and max 45). They are using drug 13.5 years (min 5 – max 18). The second group was 6 males and 5 females, 40,5 years of age (min 29 – max 52).

Measures

1. **Adventure Therapy Experience Scale/ ATES 5.0 (Russell & Gillis, 2018).**

ATES 5.0 is a 20-item self-report measure of 5 factors reasoned to be at work in an adventure therapy experience. The factors included in the instrument are: Self-Interpersonal (4 Items), Self-Intrapersonal (4 Items), Reflection (4 Items), Nature (4 Items) and Challenge (4 Items). The twenty items measured the 5 factors on a 10-point Likert Scale.

- The *Self-Interpersonal* and *Self-Intrapersonal* factors where wilderness experiences, through a variety of day-to-day activities while on the program, help clients learn more cooperative behaviors and break down barriers of stereotypes and preconceived notions that allow group members to get to know each other better and form close interpersonal relationships.

- The *Reflection Factor* that asked respondents whether the experience helped them examine their behavior, think differently, brought up new emotions, and were intentional with their actions.
- The *Nature Factor* related to the effect that being away in nature and the beauty of nature had on their experience.
- The *Challenge factor* related to the physical challenge, being pushed beyond their limits, and whether they felt like they were preoccupied with other behaviors during the experience.

The ATES also contains 2 items measuring how helpful the adventure experience was as well as how mindful they were of their treatment process during the experience

2. **Participant Evaluation of Instructor and Program Quality / PEIPQ-B (Richards & Neill, 1994).**

The PEIPQ-B is a 57-item questionnaire, measured on an 8-point Likert Scale, which measures several different factors of the quality of an outdoor adventure programs. It contains nine factors of evaluation:
- Program Organization (PO)
- Program Effect on Personal Development (PPD)
- Program Value (PV)
- Instructor as Educational Exemplar (IEE)
- Instructor/Participant Rapport (IPR)
- Instructor Abilities and Skills (IAS)
- instructor general (IG)
- Group Cooperation and Productivity (GCP)
- Group Relationships (GR).

Procedure
Data collection from ATES and PEIPQ-B scales took place after the program was completed.

Data Analysis

The means and standard deviations for variables examined are displayed in Table 1 & 2.

Table 1. Means & Standard Deviations - Adventure Therapy Experience Scale Variables

Variables	INTER		INTRA		REFL		NAT		CHAL	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Clients	9,2	,919	7,3	1,126	8,9	1,259	9,6	,932	7,3	1,569
Health Professionals	9	,702	7,9	1,039	8,4	1,210	9	,562	6,7	1,061

Adventure Tharapy Experience Scale

	Health Professionals	Clients
CHAL	6,7	7,3
NAT	9	9,6
REFL	8,4	8,9
INTRA	7,9	7,3
INTER	9	9,2
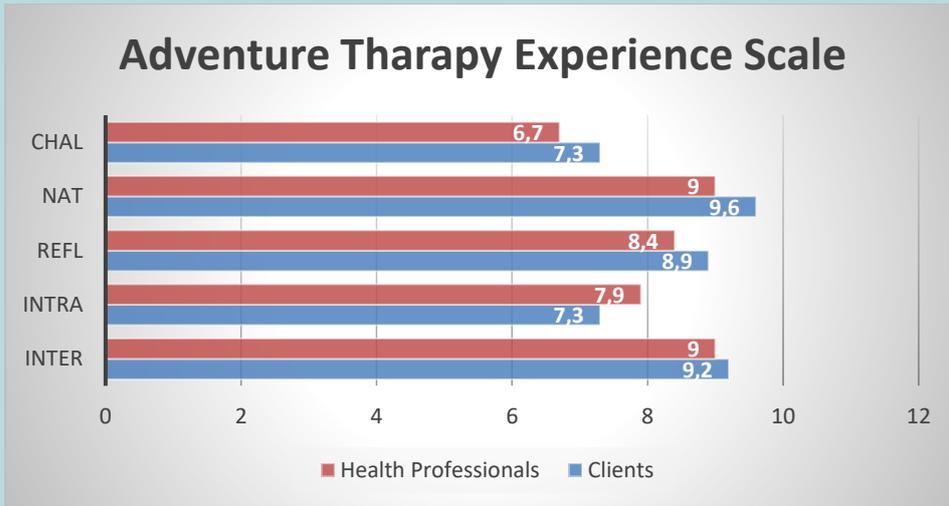
Table 2: Means & Standard Deviations - PEIPQ-B

Variables	PO		PPD		PV		IEE		IPR		IAS		IG		GCP		GR	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Clients	7,10	,696	7,06	,708	7,51	,413	7,66	,447	7,36	,617	7,62	,383	7,79	,323	7,54	,327	7,64	,357
Health Professionals	7,05	,607	7,18	,802	7,38	,533	7,84	,216	7,72	,340	7,70	,385	7,82	,337	7,58	,525	7,58	,474

PIEPQ-B
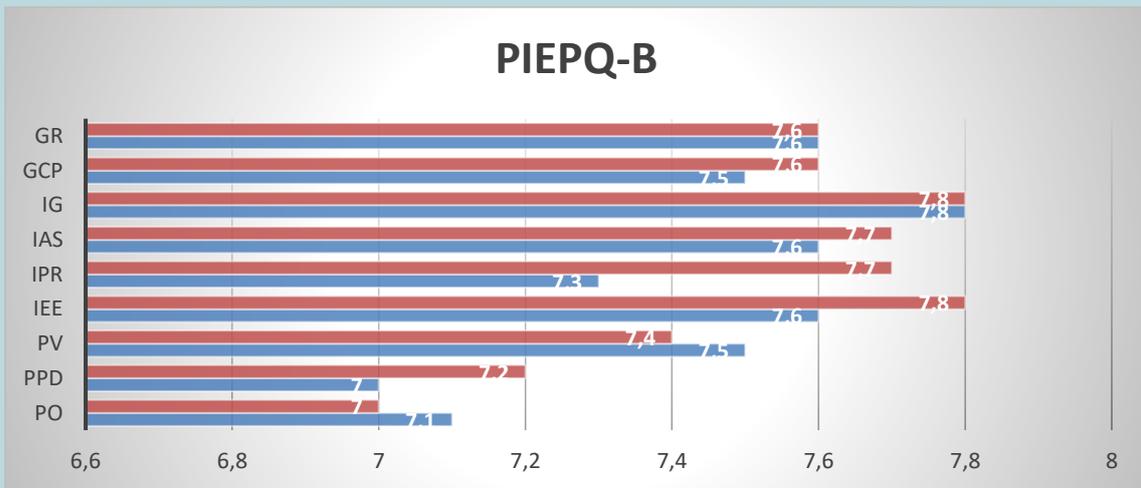
Results

Overall, the PEIPQ-B scale ratings show a very high level of satisfaction Pilot implementation participants experience. Given that the top of the scale is 8, the Program Organization received both groups, averaging 7. The ratings of instructor quality were the highest averaging close to 8. The Group Cooperation and Productivity (GCP) and the Group Relationships (GR) received a very high rating averaging above 7. The Program Effect on Personal Development (PPD) was 7. Finally, the Program Value (PV) was above 7.

The ATES scale ratings show a high score in the connection with nature and where the natural environment affect the participant's life. The Reflection Factor received an averaging 7, supporting the benefits of the Adventure therapy outcomes regarding applying the experiences learned from the activities to treatment goals and everyday life. The Self-

Interpersonal Factor shows the positive impact (averaging 9) of the activities on the relationship with the others (peers and facilitators) through engaging in conversation on the experience and the Self-Intrapersonal factor (averaging 7) shows the impact on the personal concept. Finally, the Challenges factor (averaging 7) show that engaging in challenging activities enhance the participant's accomplishment.

Conclusions

The adventure therapy offered an alternative therapeutic approach to addiction counseling. Adventure therapy has support addicts build their self-confidence and self-esteem by helping them identify their strengths while empowering them to overcome challenges, taking responsibility, as they function in real situations and living the consequences of the decisions made. The findings also showed that adventure therapy enhanced group collaboration and team bond, as it allowed the participants to share their experiences through the activities. Finally, the participants learned new skills while they are being able to practice them. In conclusion, despite the limitations (small number of participants, lack of control group) of the pilot implementation, the outcomes show that adventure therapy interventions can work as parallel or as a complementary therapeutic tool into traditional addiction recovery therapy.

Recommendation for implementation

Guidelines for Activities in Adventure Therapy (www.aee.org)

- ❖ Be competent in the activities being used by the facilitator. If the facilitator is not fully competent, he or she must be paired with someone who is fully competent in the areas required
- ❖ Utilize appropriate risk management and safety guidelines, taking into consideration the special issues presented with varying treatment populations.
- ❖ Actively involve clients in the activity. Utilize behavior that is not within expectation as part of future interventions. Understand that completion of the activity is secondary to the learning through the activity.
- ❖ Be aware of client cultural beliefs and values about working with others, managing emotions, solving problems, dealing with conflict, touch, and personal expression
- ❖ Select activities that are appropriate to the client's level of functioning and the ongoing assessment related to level of challenge, perceived risk, actual risk, knowledge of and relationship with client
- ❖ Understand how to adapt and modify activities to best meet the client's particular developmental position, therapeutic goals, and other dynamics that affect the choice of an activity
- ❖ Teach, reinforce, and monitor for physical and emotional safety
- ❖ Monitor components of assessment continuously, including emotional and behavioral responses to interventions, perceived and actual risk, safety, progress toward treatment goals, and client functioning
- ❖ Create an optimum learning environment based on assessment

- ❖ Facilitation should reference therapeutic intent and connect to related life experiences. Client emotional and behavioral responses are related to treatment goals in order to enhance the transfer of learning
- ❖ Maintain awareness of real and perceived risk. Adventure therapy contains aspects of real and perceived risks that impact clients.

Risk Management in Adventure Therapy (www.aee.org)

- ❖ It is of paramount importance for AT facilitator to have established risk management plans in place that reduce the potential for causing trauma to clients.
- ❖ AT facilitator need to have a clear idea of the severity of client issues that can be managed by the services provided and follow identified criteria in making these clinical decisions. If a client presents a significant risk of harm to self or others, program removal must be considered.
- ❖ AT facilitator must assess clients and facilitate activities carefully so that risk is managed and clients are compliant at an acceptable level.

Clinical Quality Assurances (www.aee.org)

- ❖ *Assessment:* Initial assessments regarding client appropriateness for services.
- ❖ *Treatment Planning*: Appropriate and effective treatment plans are to be developed with clients that indicate the frequency and duration of interventions for clearly identified problems.
- ❖ *Clinical Documentation*: Documentation is to be completed completely, professionally and in a timely manner. Documentation will likely include assessments, treatment plans, progress notes, and incident reports.
- ❖ *Informed Consent*: Practitioners are expected to communicate clearly and openly with clients about the risks and benefits.
- ❖ *Confidentiality:* In providing AT, it is expected for organizations, programs and practitioners to inform clients about their level of confidentiality and the limits of confidentiality.
- ❖ *Program Evaluation*: The effectiveness of services is evaluated in order to determine if the services are meeting designated goals.

Recommendations

- ❖ Production of "eustress" as a motivational agent for change (Gillis & Gass, 2004).

When properly implemented, adventure experiences introduce eustress, or the healthy use of stress, into the group member's system in a manageable yet challenging manner. This type of stress places individuals into situations where the use of certain positive problem-solving abilities (e.g., trust, cooperation, clear and effective communication) is necessary to reach a desired state of equilibrium.

- ❖ Solution-oriented structures (Gillis & Gass, 2004)

Entering therapy can be extremely threatening, heightening client defense mechanisms and resistance to change. Most adventure experiences possess the natural occurrence of

solutions in their structure. With unfamiliar adventure experiences, group members are presented with opportunities to focus on their abilities rather than on their dysfunctions.

❖ Changes in therapist's role (Gillis & Gass, 2004).

Adventure therapy experiences change the role of therapists from passive and stationary to more active and mobile. Therapists are encouraged to actively design and frame adventure experiences around critical issues for group members, focusing on the development of specific treatment outcomes.

❖ The physical nature of the program activities builds in the necessity of achieving a basic level of physical trust before moving on to more complex psycho-logical and social inter-action trust issues (Schoel et al, 1988)
❖ Conflict resolution patterns to structurally implement change (Gillis & Gass, 2004).
❖ Create and Maintain a 'Reflective Space (Peeters, 2003).
❖ Facilitate the 'Here and Now' Experiencing of the Participants (Peeters, 2003).
❖ Heighten the interpersonal safety of the relationship (Peeters, 2003)
❖ Focus to actual features of the experience (Peeters, 2003)
❖ Try to avoid descriptions or names that narrow or devaluate the proper experience of the participant (Peeters, 2003)
❖ Encourage participants to directly contact what is anxiety provoking and was previously avoided (Peeters, 2003).
❖ Set up and personalize activities to generate new experiments .(Peeters, 2003)
❖ Program development needed to be detailed and conducted in consultation with the treatment plan of the clients.
❖ The transition planning, after the adventure therapy intervention, in addiction therapy is important in order to assist clients to apply the outcomes in their everyday life.
❖ Identification of high risk clients and levels of activity for clients on medications.

Useful

❖ Develop an itinerary as a map so you can plan your meals, activities and prepare the equipment you use. In addition, also designing an alternative in case of unexpected events. Also Determine the Distance, the terrain and the weather conditions
❖ Outline a full description of the route you want to follow, where you intend to camp and when to return. A travel plan will help your partners know where you are going and when you plan to return.
❖ Determine the location of the nearest medical facility and how to evacuate an injured member.
❖ Operate within your training and abilities.
❖ Determine the appropriate team Size and the member Capabilities regarding high-adventure trek or any outdoor adventure

Policy Recommendations

Adventure therapy is an intervention shown to be effective with this specific population. Implementing interventions and programs with proven efficacy can give drug addiction organizations the opportunity to provide more effective treatment as effective interventions and procedures can improve chances of their clients to improve their psychosocial outcomes, reducing relapse by requiring fewer treatment cycles.

Implementing innovative interventions involves the entire organization. Involving staff in the process can enhance motivation and encourage staff members and make them feel better about their work. In that framework, it is suggested that training opportunities on adventure therapy methodology, must be provided for staff working in the addiction field in order to enhance the capacity building and acquire the necessary skills and knowledge aiming of building confidence in the application of this method.

The training should include: (a) the theory developed in the field of adventure therapy. (b) the development of the skills to apply the principles of adventure therapy (planning, process, risk management, etc.) (c) how to linking and applying adventure therapy to addiction therapy. This training could be conducted by inviting experts in the field of adventure therapy and provision of literature in these areas.

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