

# Book Review

## Coming of Age: The Evolving Field of Adventure Therapy

Scott Bandoroff & Sandra Newes. Association for Experiential Education, 2004. 259 pages.  
\$32.00 paperback.

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The field of adventure therapy (AT) is on the cusp of establishing itself as a profession. What is its current status and where is it heading? *Coming of Age*, edited by Bandoroff and Newes (2004), addresses these questions. It covers the field's scope, describes a variety of AT approaches and applications, explores AT research to date, and provides the groundwork for future research and development. The book is a compilation of papers from the Third International Adventure Therapy Conference, held in Victoria, British Columbia in 2003. As the title suggests, *Coming of Age* is a call for practitioners and scholars to join in the international movement to help AT become an established mental health profession.

Adventure therapy combines the therapeutic benefits of adventure-based experiences with more traditional therapy modalities. The particular combination will vary within and across programs depending on the clients' needs and the therapist's therapeutic orientation. Adventure-based activities can range from short-term initiatives and games (e.g., trust-building activities) to wilderness and high adventure experiences, such as backpacking, canoeing, and rock climbing. The challenges inherent in these activities are viewed as opportunities for inter- and intrapersonal development (Itin, 2001). Clinical teams for AT programs usually consist of one or two therapists and one support staff member for every two to four clients. Groups typically range in size from 6 to 12 clients. The overall therapeutic process is established through reciprocal relationships among the adventure experience, group therapy, and individual therapy.

For example, during and after the challenging experience of climbing a mountain, a client may gain initial insight into the coping mechanisms she uses in high-stress situations. Individual and group therapy can then help the client address what she experienced, reflected upon, and learned from climbing the mountain. While working with the client, whether individually or in a group, the therapist and staff can help the client make connections between behaviors and emotions she exhibited during the adventure-based activity with those exhibited in the client's family and community environments. On a less structured level, the client can reflect on her behavior and emotions through informal peer feedback, independent reflection time, and response to therapeutic writing assignments. In sum, the therapist(s) and positive peer culture can help clients better understand their problematic behaviors and emotions, and provide an emotionally and physically safe environment in which to practice healthy decision-making.

The small-group setting characteristic of AT programs creates a social microcosm that allows increased social interaction between clients (Hoyer as cited in Bandoroff & Newes). When social interaction is coupled with the challenges of the adventure activity, there is an increased likelihood that a client's problematic behaviors will surface. During this time, clients and therapists are both enmeshed in the adventure context. As a result, the therapist and staff are afforded increased observation time (Hoyer, as cited in Bandoroff & Newes) and have more opportunities for spontaneous therapeutic intervention.

Bandoroff and Newes identify three primary types of AT programs: activity-based psychotherapy, wilderness therapy, and long-term residential camping. *Activity-based psychotherapy* takes place in inpatient or outpatient settings. It is short term, usually lasting a few hours to one day. Activities are developed for specific interventions; for example, the use of a ropes course to promote team building, trust, or problem solving. *Wilderness therapy* programs are independent of institutional settings, take place in the wilderness context, and last a week to several months. Activities range from backpacking to canoeing to rock climbing. *Long-term residential camping* can last for several months to two years. It commonly uses a stationary base camp and surrounding land for the adventure-based activity, and often provides schooling as well.

The wilderness therapy and long-term residential camping programs work primarily with at-risk and adjudicated adolescents, whereas activity-based psychotherapy programs take a wider variety of clients. Client diagnoses can range from developmental disorders to mood disorders. Examples include ADHD, depression, oppositional defiant disorder, substance abuse/dependence, and issues arising from sexual and physical abuse.

*Coming of Age* targets three audiences. The first is people interested in learning the basic elements of AT—its scope and applicability. The second is practitioners interested in potential ways to incorporate AT into their current practices. Finally, it aims at individuals interested in ways to advance the field through research and development of best practices. Because it includes papers ranging from research reports to theoretical discussions on specific practices, both practitioners and the research community can benefit from this book. Further, it is a useful resource that cites an abundance of AT references and gives each author's contact information.

The book is organized into three sections: "Theoretical Considerations,"

"Application and Evaluation," and "Continuing Evolution." The first section, "Theoretical Considerations," defines the scope of adventure therapy and explores a diverse range of modalities that can be incorporated into the adventure-based context. The section begins with Bandoroff & Newes's (2004) paper, "What Is Adventure Therapy?" That paper provides a long-awaited comprehensive definition of AT and clearly illustrates the unique characteristics that differentiate it from other types of therapy. In other papers throughout the section, several case examples and diagrams are used to illustrate the application of AT approaches. For example, "Effective Wilderness Therapy: Theory Informed Practice" presents a diagram outlining the integrated generalist model and how it can be applied, and a second diagram illustrating stages of change for a client. Moreover, the paper provides specific methods a therapist can use to increase the efficacy of an AT program.

The versatility of adventure therapy comes to light as the reader begins to understand the wide variety of therapy approaches that can be incorporated into the adventure-based context. Some papers suggest incorporating more traditional modes of therapy, such as gestalt, psychodynamic, narrative-therapy, and Jungian models. Other papers discuss less common therapeutic modalities, such as Buddhist psychology, ecopsychology, the "Wild Way," or the integrated generalist model.

The second section, entitled "Application and Evaluation," presents qualitative and quantitative studies that serve two primary functions: (1) allowing the reader an opportunity to consider the efficacy of AT, and (2) providing different types of AT research design examples. "Research Directions in Wilderness Therapy" reviews a variety of AT research studies and reveals the current trends to date. That paper presents four commonly researched outcome variables: the effects on self-concept, social skills, substance abuse, and recidivism. By addressing these topics, the paper is able to

show which outcome variables have received the most attention and which might be considered for future studies. In addition, it draws attention to the work of the Outdoor Behavioral Healthcare Research Cooperative and its findings. Results indicated that adolescents reduced their behavioral and emotional symptoms immediately after AT treatment, and that they maintained their therapeutic progress 12 months later.

“Adventure Development Counseling Research Study: Some ‘Hows’ and ‘Whys’ of Doing Research,” which presents another youth study, reports on successful components of research designs. It found that increased program completion positively correlated with client participation in fewer previous interventions compared to other subjects. Program completion was also associated with parental reporting of less total problem behavior at post-program evaluation. Youth with the greatest improvements had: (1) higher levels of severity in preprogram total problem behavior, (2) parents who were involved in post-program assessment, and (3) involvement with fewer agencies. In general, the study found that overall client internalizing and externalizing of problem behaviors were reduced.

The third section, entitled “Continuing Evolution,” focuses on considerations for future research and development. Several papers in this section provide clear guidelines for future research and practice. With a mix of criticism and suggestions, this section invites researchers, social workers, and psychologists to consider different ways in which they can support development of the field through research and application, and in so doing help to firmly establish it.

So, how can the field fully establish itself? The paper, “Envisioning the Birth of a Profession,” points out the need to establish evidence-based and ethics-based practices that will in turn help to create best practices.

The paper by Williams, entitled “Adventure Therapy or Therapeutic Adventure?,” emphasizes the importance of clearly defining and establishing terminology in this evolving field. Specifically, Williams points out the frequent conflation of the terms *therapy* and *therapeutic* as applied to adventure-based programs. He posits that many programs say they provide therapy, when in actuality they only provide therapeutic treatment. *Therapy*, as Williams’s paper defines it, requires problem identification, program design, and decision-making based on a body of theoretical knowledge, in which treatment is provided by trained therapists. In contrast, the term describes a situation in which no diagnosis is required, there is no guiding framework, and therapy training is not needed. Thus, there can be a drastic difference between a program that titles itself “adventure therapy” and one that touts itself as “therapeutic adventure.”

Because these terms are often misused and misunderstood, some clients may feel that they have been misled. Moreover, there is no standard definition of AT. The majority of papers in the third section send one common message: Without clearly defined and agreed-upon practices and terminology, AT will continue to struggle to ground itself as an independent, clinically acknowledged field.

Although AT has not yet established itself as a specific mental health profession, the foundation has been laid to develop AT into a mature and respected field. Coming of Age acknowledges adventure therapy’s many accomplishments and provides a framework for further research and development. In this sense, the book is a call to establish a comprehensive research effort and to continue the application and mastering of efficacious AT practices throughout the world. With additional resources and support, there is great promise for AT to “come of age.”

## References

Itin, C. M. (2001). Adventure therapy—Critical questions. *The Journal of Experiential Education*, 24(2), 80-84.

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