

**CAMPUS ALBERTA APPLIED PSYCHOLOGY:
COUNSELLING INITIATIVE**

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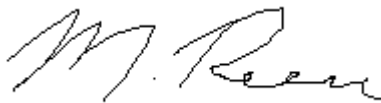
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ATHABASCA UNIVERSITY
UNIVERSITY OF CALGARY
UNIVERSITY OF LETHBRIDGE

ADVENTURE THERAPY: A THEORETICAL CONVERGENCE

BY

MICHAEL REECE

A Final Project submitted to the
Campus Alberta Applied Psychology: Counselling Initiative
In partial fulfillment of the requirements for the degree of
MASTER OF COUNSELLING

Alberta

February 2006

**CAMPUS ALBERTA APPLIED PSYCHOLOGY:
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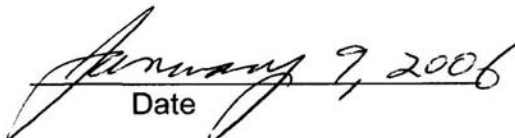
Adventure Therapy: A Theoretical Convergence

submitted by **Michael Reece**

in partial fulfillment of the requirements for the degree of **Master of Counselling**.

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Tom Strong, PhD
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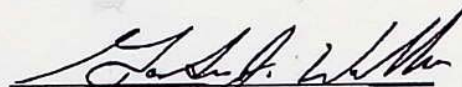
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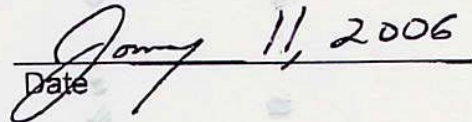
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Second Reader


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ABSTRACT

In examining the literature one finds a lack of convergence of theory in Adventure Therapy (AT) that can make it difficult to teach, research and supervise as a unified body of ideas and practices. To address this lack of common theory, this final project used the Delphi method to poll the opinions of AT experts. The study identified four propositions that are essential parts of AT experience and include: “perceived risk”, “experiential learning”, “processing”, and “presence of a genuine community”. The results of this project provide a glimpse into some of the common ideas about AT practice, especially for those therapists attempting to adapt AT principles to their own practice.

ACKNOWLEDGEMENTS

At the end of a very long process, I am thankful for the people that supported and encouraged me along the way. To my wife Lisa and my children Hannah and Ella who have endured their Dad disappearing to the computer for the last 3 years to “do his homework,” I am eternally grateful for your support and love. To all the students of the first cohort of this program who have supported each other emotionally and academically through the rigors of a new program. To The John Abbott College Outdoor Education Department (Montreal, Quebec), Doug Anakin, Bill MacDonald, Peter Cruchet, Jim Ongena, for their inspiration, encouragement and dedication to making the outdoors a very special place for many students over the years. To my final project supervisor: Dr. Tom Strong, for his wisdom, support, guidance, patience and encouragement to see this project to its fruition. To all the professors in the CAAP program who have been supportive and approachable along the way, I am very grateful.

TABLE OF CONTENTS

Title Page	i
Supervisor Signature Page	ii
Second Reader Signature Page	iii
Abstract	iv
Acknowledgements	v
Table of Contents	vi
List of Tables	ix
Figure Captions	x
CHAPTER I	1
Introduction	1
The Need for Current Research	1
Background	2
Adventure Therapy vs. Outdoor/Adventure Education	3
Research into AT and Its Antecedents	4
Literary References to AT	6
Assessment and Training in Adventure Therapy	6
Divergent Ideas and Practices in Adventure Therapy	9
Searching for a Theoretical Model	11
CHAPTER II	12
Review of the literature	12
Introduction	12
Adventure Therapy Overview	12

AT and Its Use with At-Risk Youth	15
Teamwork and Pro-Social Interactions	17
Outcome Studies	18
Do the Positive Changes from AT Programs Last?	23
How Can One Assess Change through AT Programs?	24
Literature Review Conclusions	26
CHAPTER III	29
Methods and Procedures	29
Situating the Researcher	29
Data Collection	30
Data Analysis	32
First Round of Questions	32
Initial Open Coding of the Data	33
Second Round of Questions	41
Axial Coding	44
Selective or Conceptual Coding	46
The Process of Selectively Coding the Theme “Processing”	50
Processing	51
Risk-taking	52
Experiential learning	54
Socialization	55
Environment	57
Further Thoughts on Selective Coding	59

Common Practices and Convergence Theory in AT	62
Summary	66
CHAPTER IV	68
Synthesis and Implications	68
Overall Project Impact	68
Applications in Other Settings	69
Assessment in AT	70
Limitations of the Project	70
Suggestions for Future Research	72
Conclusion	73
REFERENCES	75
Appendix A	81
Appendix B	82
Appendix C	83
Appendix D	85
Appendix E	87

LIST OF TABLES

Table 1. The Initial Categories with Open Codes from the First Round of Question	34
Table 2. Category of Socialization from the First Round of Questions	36
Table 3. Open Coding Categories Assigned to Selectively Coded Themes	47
Table 4. Revised Open Coding Categories Assigned to Selective Coding Elements	61

LIST OF FIGURES

Figure 1. Conditional matrix of Delphi data analysis.	40
Figure 2. The initial open coded themes in AT from the first round of questions.	42
Figure 3. Axial coding of first round answers.	45
Figure 4. Analytic funnel.	49

CHAPTER I

INTRODUCTION

Adventure Therapy has become a recognizable approach to personal and social development. Adventure Therapy (AT) has been chosen as “a term used to describe therapeutic programs that are usually based in the outdoors or wilderness and that create therapeutic change through the use of creative activities” (Burg, 2000, p. 18). Russell (2001b), in describing the related field of Wilderness Therapy (WT), wrote that the terms AT and WT may be used synonymously in the literature. The author stated that, “Rehabilitative outdoor-based approaches such as ‘challenge courses’, ‘adventure based therapy’, or ‘wilderness experience programs (WEPs)’ are often used interchangeably to describe ‘wilderness therapy’” (p. 70). In this project I will be generally referring to these three approaches (AT, WT, and WEP) by the umbrella term ‘Adventure Therapy’, save for a review of the field’s historical roots and its related terms.

The Need for Current Research

A convergence of AT theory may enhance the conceptual foundation from which any AT program may be built. The ambiguity in AT theory has been a concern in many circles and is the main reason for the present research into finding commonalities in AT practice. McKenzie (2000), for example, identified that research needs to look at program characteristics that make AT work, and that AT is based on incomplete understandings of why its programs are effective. The theoretical ambiguity associated with AT can create problems related to credibility within mental health and with replicating AT experiences.

Consolidating AT’s theoretical base will enable AT programs to be more easily designed, taught, evaluated and understood by a wide variety of therapists, educators and

clients. In this project I will provide an overview of research pertaining to AT, especially in its use with at-risk youth. Following this review, I will relate the method I used to consult experts in the field of AT regarding their views on theoretical convergence for this growing field of practice. The research data were examined using qualitative analysis to find emerging themes from solicited opinions of 11 experts in the field of AT. Finally, I will relate my findings as they relate to AT theoretical convergence.

Background

Historically, the origins of Wilderness Therapy have been attributed to Kurt Hahn, a German educator in the 1920's who believed in "learning by doing" and that certain experiences could elicit pro-social behaviour. The broader field of Adventure Therapy grew out of a recognition that WT-like experience need not be in isolated areas of the wilderness, but could also happen in climbing in gyms, municipal parks, schools and other urban settings. Outward Bound (www.outwardbound.ca), a Wilderness Experience Program renowned globally, emerged from the ideals of Kurt Hahn. Collectively, these AT approaches challenge clients in mostly natural settings to pursue similar goals through activities involving problem solving, risk, trust and emotional release. For Sheldon and Arthur (2001), "the essence of adventure therapy is learning by doing" (p. 2). Ringer and Gillis (1995) have identified four major areas where AT is employed: recreation, education training, development and psychotherapy.

The literature also shows AT in many applications that see it focusing on: improving self-concept, socialization and use of the outdoors as a learning environment. Research of AT examines the use of adventure education for personal growth, therapy, education and leadership development. For Itin (2001) AT involves,

Both the use of specific activities (i.e., games, initiatives, trust activities), high adventure (e.g. rock climbing, white water), and wilderness (e.g. backpacking, canoeing, etc.), in conjunction with a philosophy that embraces an active exploration of the unknown, in which the challenges encountered are seen as opportunities, and the group is seen as an essential element of individual success and opportunities or genuine community are promoted. (p. 80)

As with most approaches to counselling, the AT practitioner must have intent and some planfulness to help the person facilitate a change in behaviour, affect, or cognition that is negatively influencing a person's ability to live life in the manner he/she wishes. AT must also be based on an explicit agreement between the participant and the practitioner that participant change is desired.

Adventure Therapy vs. Outdoor/Adventure Education

The practice of outdoor/adventure education also can be seen as related to AT. Outdoor education may use similar team-building or self-esteem boosting activities, but its outcomes are not pursued as therapy, even though there can be therapeutic benefits to participants' well-being arising from outdoor education accomplishments. AT, instead, usually employs trained professionals to pursue therapeutic outcomes for a specific clientele by using prescribed interventions. Gillis (1995) stated: "Just conducting activities with clinical populations does not an adventure therapist make!" (p. 1). He further emphasized that one cannot just conduct activities in the woods and call them therapy. Even so, one cannot discount the implicit merits of a wilderness trip or recreation programs with at-risk youth or any other clientele. As one AT researcher put it, "Recreation can provide alternative choices to gang involvement and play a major role in

helping to prevent or redirect inappropriate behaviours. Effective recreation activities can help at-risk youth become a positive, valuable resource for the community and the future” (McCready, 1997, p. 3).

Outdoor education (OE) has distinct educational goals and involves “appropriate structuring and processing of outdoor pursuit programs in order to achieve desired educational objectives in students” (Hanna, 1988, p. 22). For me, what differentiates AT from outdoor education is the purposeful nature of its *therapeutic process*. Many OE experiences can be therapeutic through the inspiration of nature and overcoming challenges. OE is more often than not, integrated into AT as an important and challenging activity based component of the therapy.

Research into AT and Its Antecedents

“AT” has been used in therapeutic settings since the late 1800’s. Berman and Berman (1994) identified Thomas Hiram Holding as the father of modern camping as he identified the role of camp as recreation for youth in 1853. The authors also wrote about an early rest camp for women in 1874 that was called “Sea Rest” for its tired patrons. Rosol (2000) wrote about the early 1900’s “tent therapy” for tuberculosis patients where the therapeutic benefits of the outdoors were noted, and later considered in programming for at-risk youth. The “tent camps” were one of the first therapeutic venues according to Berman and Berman, citing the example of ‘Camp Ahmek’, which was created in 1929 to provide recreation for children and to increase their socialization skills.

“Outward Bound” was established in 1942 on the principles of Kurt Hahn and is the most widely recognized AT program of its kind according to Sheldon and Arthur (2001). Since it’s inception, “Outward Bound” started with adolescents and has branched out into

a multitude of clinical populations according to the authors. The authors also add that AT has been used successfully for juvenile delinquents and that it is more engaging and cost effective than incarceration.

Looking broadly, research into group dynamics and the outdoors has been examined in psychology since the early 1950's when Sherif, Harvey, White, Hood and Sherif (1961) conducted the "Robbers Cave Experiment", a comprehensive study on inter-group conflict and cooperation. Fine (2004) wrote about the experiment:

In 1954 Sherif and his colleagues at the University of Oklahoma selected a group of 20 boys, divided them in two groups (the Eagles and the Rattlers), bussed them to a state park, and watched for 3 weeks as group structures developed, as group idiocultures were created. Eventually the Eagles and the Rattlers entered into conflict, and then, through a set of nifty experimental interventions overcame their hostility through solving tasks together. (p. 664)

The concept of group cohesion, developed through interventions in outdoor settings, was tested in the Robbers Cave study (also see Sherif, 1961), demonstrating the power of the group working to overcome a common challenge in adverse wilderness conditions.

Hattie, Marsh, Neill and Richards (1997) noted that in the 1970's there was growing awareness that AT helped enhance self-perceptions, thus making one of AT's primary goals that of increasing self-esteem. Crompton and Sellar (1981) scrutinized the therapeutic benefits of outdoor programs in a comprehensive literature review, looking at empirical studies of outdoor education programs on grade 4-12 students in a non-clinical population. Their review looked at the effects of outdoor education experiences on the affective domain. They did find positive results but also cautioned that, " limiting the

strength of these conclusions is the inferior quality of many of the research studies reviewed" (p. 28). They concluded by mentioning that many of the tests or assessment tools used in these studies were untested and invalid, a comment on the field in its early stages of development.

Literary References to AT

Keats borrowed the expression, "noble savage" (from Rousseau), to suggest that we are nobler when primitive (i.e., a part of nature) and that civilization may corrupt us. Several Romantic era poets including Keats, Blake, Wordsworth, Coleridge, Byron and Shelly wrote of the therapeutic, simple and soul-enriching attributes of nature. Their works inspired Henry David Thoreau to write *Walden* (1854), a classic volume on going back to nature, a book exemplified in words like these: "I went to the woods because I wished to live deliberately, to front only the essential facts of life, and see if I could not learn what it had to teach, and not, when I came to die, discover that I had not lived" (1950, p. 32). Many of these Romantic era naturalistic works fuel public interest to the present day, suggesting we escape our complex existence in search of answers in nature.

Assessment and Training in Adventure Therapy

The lack of a theoretical framework can lead to a disconnection between ideas and practice. For example, if an AT therapist has no solid theoretical base underlying her or his practice it becomes very difficult to assess the desired outcomes of the therapy. Theory in counselling provides a conceptual map indicating what problems or goals need to be addressed, how these can be addressed, and what will indicate that they have been addressed. Thus, theory-informed assessment helps counsellors understand how the helpfulness of their assistance can be measured in terms of program components. Neill

(2003) chided AT practitioners to evaluate their practice, suggesting, “To do anything less borders on professional malpractice” (p. 320).

I have suggested that a lack of theory creates a problem for developing theoretically informed AT interventions, and it is a distinct problem for improving the measurement of AT outcomes, an overall problem for the field’s credibility. Leaders in AT, Gass and Gillis (1995a), put the problem my research aims to address straightforwardly:

As early as 1983, professionals advanced the notion that adventure experiences provide assessment information difficult to obtain or represent in standard assessment procedures. One of the difficulties in advancing this possibility, as well as the actual use of adventure experiences as assessment, has been the lack of a theoretical model. (p. 39)

I have witnessed this in AT programs in schools or camps where common practice typically involves the unevaluated use and debrief of different AT activities by well-intentioned camp counsellors or teachers who have no formal training in AT. Weston, Tinsley and O’Dell (1999) recommended that future programs in AT be based on better theory and practice, “A complete and clear explication of our methods, variables, analyses, limitations, and findings will allow investigators to build upon previous works systematically, practitioners to use the research findings to improve their interventions, and consumers to make informed choices” (p. 40). Understanding the key components of AT as this project endeavours to do, will help to clarify how core elements of AT can be assessed.

Enhanced clarity about AT theory could help the field become more recognizable and credible. If the practice of AT could be defined in commonly recognizable categories,

it will be understood by a larger audience, including “communicating in language that is understandable” to mental health practitioners (Gillis & Thomsen, 1996, p. 11). If the language used by AT therapists finds a common ground, it can not only be reproduced and used for training purposes, but it will also be better understood by the mental health field, promoting AT’s greater credibility as part of that field.

Training is an emerging and contentious issue in AT as some claim there is a need to have staff with “hard skills” (climbing and technical skills, wilderness first aid and leadership training) on the one side; while on the other side, it is argued that staff need to have general counselling skills, and professional understandings and education in psychosocial issues. Berman and Berman (1994) summarized this, as a debate between what is deemed therapy and what is deemed therapeutic. A trained mental health professional may offer psychotherapy (or counselling) while; conversely, a trained outdoor leader may lead an experience that is therapeutic. This debate has raised questions like: If a client has a diagnosis, should a trained mental health professional be present? The field of AT has experienced difficulty when it comes to training as such divisions point to a divergences within AT over its theoretical base. In my view, these divergences have hampered the training of new counsellors. Rosol (2000) stressed that AT practitioners need to be cross-trained in both outdoor skills and counselling skills. Training needs to match the clientele involved in AT because specific clinical populations require different types of therapeutic experiences. Counsellors solidly grounded in theory often have an easier time than those practicing from vague theoretical bases. When in doubt about specifics in practicing any form of therapy, theory can be something to fall back on, to assist in guiding the process along.

Gillis (1995) proposed that good AT practice is indeed a purposeful endeavour, “an action-orientation that can augment traditional ‘talking’ therapies by focusing on a concrete, physical activity that becomes part of the shared history of group members” (p. 5). Any therapeutic or educational undertaking should be purposefully guided by ideas and practices in which practitioners have confidence, ideas and practices which can be recognized and assessed in terms of their application and benefits. Training will be much easier to deliver once some commonalities in practice and theory are identified in AT.

Divergent Ideas and Practices in Adventure Therapy

There are many seemingly divergent practices in AT that may be using similar elements to achieve desired changes in clients. McKenzie (2000) identified the need to bring together the divergent practices of the instructors in the field: “To inform practice, it seems that more specific data are needed on how various instructor styles, behaviours, and attitudes affect program effectiveness” (p. 24). The many practices of AT make it difficult to generally understand this type of therapy and to reach a broader audience. “Processing,” offers a good example of differences of approach within AT. It is often depicted as the cornerstone of what makes AT different from just walking in the woods; it is what we mentally process from the experience. Processing is the experience of talking about what clients have done in their AT experience, putting these experiences into personal perspective and making them meaningful. Gass (1993) cited differences in models of processing developed by Bacon as follows: (a) ‘the mountains speak for themselves’ model (MST) where the environment is seen as the facilitator, not the therapist, (b) the Outward Bound Plus (OBP) where the processing becomes very reflective and cognitive and is guided by a trained facilitator. Gass wrote that this second

model steered the client too far from the true experience into confusion using a reflective technique too difficult for new therapists. The final processing technique identified by Gass was (c) the Framing or Metaphoric model where the positive attributes of the MST model and the complicated reflections of the OBP model are integrated into a way for clients to draw parallels from the AT experience to their everyday lives. These three ways to process the AT experience reflect differences of principal beliefs and practices in AT. Still other schools of thought hold that the AT experience needs to be very risky for clients, while others see things to the contrary. Some schools of AT use Rogerian reflection, others use cognitive behavioural therapy (CBT), still others use Freudian concepts and practices – proof that AT practitioners can use very divergent ideas and practices. Such diversity on processing alone makes replication of AT difficult, especially in training new therapists. Processing is the talk portion of the AT program that can bring the AT experience therapeutically together for clients.

AT has had success but it has been a success that is hard to define by traditional psychotherapy professionals (Cason & Gillis, 1993). Usually, accounting for what is essential to AT's success seems hidden in a divergent approach and theory. Gillis (1995) wrote about the mixed theoretical base in AT:

No one theory from the field of psychotherapy appears to be adequate to explain the cognitive, affective, and behavioural changes that can take place in adventure experiences. ... each offers pieces of the puzzle as to how adventure therapy integrates into the larger psychotherapy profession. (p. 5)

Given the divergent practices in, and ideas about, AT, and the confusion this can lead to in areas such as training or examining its causal factors, the field could benefit from an examination of what experts articulate as the essence of AT.

Searching for a Theoretical Model

The identified lack of an integrated theoretical foundation runs as a common concern through many research studies and literature reviews in AT. Berman and Berman (1994, p. 133) wrote, “It should still be recognized that no theory adequately explains the range and depth of events, making it crucial for there to be attempts to apply theories to wilderness therapy.” There are many different theories of practice in AT, some more conventional in psychology’s traditional sense than others. There is also some concern that AT will not emerge as a readily available intervention for mental health practitioners until it draws from a recognizable idea base, as is the case for other approaches in the mental health field. Neill (2003) wrote that: “there needs to be an integration of theory and practice to bring AT from a fringe practice to a bona fide therapeutic modality available for mental health practitioners” (p. 320).

The purpose of this project is to examine the underlying ideas and practices that guide experts who practice AT. A better understanding of such ideas and practices may enable AT to be understood and taught, while furthering efforts to evaluate AT experiences in ways consistent with ideas that inform its practice. Adventure Therapy could benefit from a better understanding of what informs its underlying structure.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The following literature review will examine research related to the use of Adventure Therapy as a therapeutic intervention to promote positive change. The reviewed literature – primarily of at-risk adolescents’ participation in AT - examines AT in many applications: for personal growth, therapy, education, and leadership development. The effectiveness of AT group interventions will be evaluated followed by a closer look at the issues that specifically relate to assessing needs and developing AT programs for a diverse clientele. In addition, relevant topics will be explored in order to find out if the literature can answer the question as to what makes AT work as reported in some of the outcome studies.

Adventure Therapy Overview

Adventure therapy has historically been associated with helping individuals lacking pro-social interaction skills and self-esteem. Adolescent populations are most common participants in AT programs, and programs of a similar nature. However, there are as many AT practices as there are ways of measuring its effectiveness. According to Itin, “Adventure therapy is a productive way to address issues of trust, control, feelings, destructive thinking patterns, low self-esteem, and spirituality” (2001, p. 3). This review of the literature will look at the diverse practices in AT, to see if there is evidence for the underlying structures that make AT work. Rosol (2000), writing from within the WT wing of AT, suggested,

Wilderness therapy approaches adolescents as individuals who have not had the opportunity to develop, to be challenged, and to develop pro-social values.

Wilderness programs are designed to attack helplessness, passivity, and feelings of low worth. Their purpose is to leave the student with feelings of empowerment, perseverance, and confidence. (p. 2)

Much of the literature describing AT programs refers to how it facilitates pro-social values and behavioural changes. Carpenter (1995) makes a common point about the factors of nature having a positive influence on kids engaged in an AT experience. One can see the positive effects of nature as far back as the “tent camps” at the turn of the century for TB patients. A question guiding my research is: what is the basis for such positive claims about such AT-related experiences? Here is Carpenter’s answer,

Advocates say wilderness therapy works because, when it comes to parenting, Mother Nature has few peers. She's inspiring; she makes slackers miserable; coping with her many dangers can boost a child's self-confidence, and – paradoxically, despite these natural threats – she makes kids feel safe. There's no one around telling them they're failures, threatening to beat them up or pressuring them into doing drugs or having sex. (p. 2)

Unfortunately, in AT the counselling context is often a remote forest, which is not the perfect setting for gathering clear evidence to support these claims under controlled conditions. Carpenter (1995) asserts that nature can create an element of risk or danger, and that risk is a recurrent theme in the literature; risk motivates, inspires, helps participants find their inner resources, and changes their self-regard. While some see AT as an outdoor experience, others see the risk element as central to AT. Taking clients

outside of their level of comfort is often seen as instrumental, a “cornerstone” of the AT experience, as it is seen to promote the attainment of fundamental therapeutic goals. Gass (1993), a key figure in the AT field, also wrote about the effects of taking clients outside of their comfort zone: “This environment immediately impels them to become concerned with the basic needs of water, food, and shelter, as well as safety needs” (p. 191). He also suggested that the experience of being in a new wilderness environment enables the client to focus on Maslow’s basic need for survival. Gass used the term “disequilibrium” to describe the effect of being outside of one’s comfort zone, where individuals may try new behaviours, change attitudes or beliefs. For him, this is where breakthroughs often occur as clients respond with new resources and patterns of behaviour. The therapeutic outcomes are derived from the experience; an experience that sets the stage for introspection and renewal, while the positive affect of the experiential piece is still fresh in the minds of the participants. Having described these various takes on “risks” importance in AT, this piques my interest about asking the experts how valuable they see “risk” is in AT.

The benefits in the short term from simple recreational programs may be enhanced through the application of a more therapeutic and theoretically grounded practice. For Itin (1995), the benefits of using AT with clients struggling with addiction, lies with how AT helps build on strengths of clients. Some experts believe that outdoor adventure is beneficial, and others believe that AT goes deeper into improving a myriad of client issues. While general claims about fundamental elements of AT are identified in the literature, there is no clear definition of what purportedly makes AT work.

There has been a lot of overlap in the OE/WT/AT practices in varied ways that conceivably contribute to the foundation of AT, but it has yet to be determined what crucial elements are common to all AT programs.

AT and Its Use with At-Risk Youth

The use of AT with troubled teens goes back to the founder of Outward Bound, Kurt Hahn who was one of the first to employ AT to promote personal development and self-awareness in nature for a primarily adolescent clientele. Hahn (online, 2005,) once wrote, “Regard it as the foremost task of education to insure the survival of these qualities: an enterprising curiosity; an undefeatable spirit; tenacity in pursuit; readiness for sensible self-denial and above all, compassion” (original comments, 1966, <http://www.projecthahn.tas.gov.au/pdf/files/01cando.pdf>).

Studies of youth-at-risk will be revisited in this chapter on several occasions. The term “at-risk” is most commonly associated with juvenile delinquency but Weston et al. (1999) indicated that:

Virtually all adolescents could be considered at-risk in one fashion or another. At-risk youth includes adolescents who are judged delinquent by the courts or commit status offences, adolescents who abuse substances, youth with emotional or behavioural disorders, academic underachievers, adolescents who are economically or socially disadvantaged, and youth who are deemed incorrigible by school officials, parents, or social service agencies. (p. 1)

Weston et al. (1999) pointed out AT’s potential benefits for a broad range of adolescents who are defined “at-risk”. This research suggests that young people are well suited to the rigours of participating in AT in a wilderness setting.

An example of the kinds of “at-risk-youth” studies reviewed was undertaken by Sveen and Denholm (1993) who developed a questionnaire pertaining to self-esteem, program commitment, and negative self-concept to study volunteer at-risk youth participating in a wilderness challenge program (a program similar to AT). They found that participants claimed to have a clearer picture of themselves as a consequence of the program and that 48% saw the program as the most important event in their lives. Earlier, Sveen (1991) identified that a young person having problems at home should not simply be shipped off to the forest for 10 days, as too often the client will resist the program, - the client may respond better if a volunteer participant in AT.

Russell (2000) used case studies to examine the experiences of four at-risk-youths in WT programs. His qualitative analysis looked specifically at how WT’s therapeutic approaches relate to target outcomes. This study identified common elements of the wilderness therapy process that helped the four at-risk youths in the case study. The elements were: a) alone, reflection time, b) a non-confrontational, caring staff, c) the role of wilderness for exercise. The youths all had common outcomes, which include: a) better relationship with parents, b) no drugs and alcohol, c) the desire to try harder in school. Russell reported that all four youth reported gains but three of the four later relapsed to varying degrees. From the standpoint of the present research, the most beneficial aspect of this study was its revelation of common elements in WT practice. Russell was critical of previous research in this area, as it had not looked at how therapeutic programs relate to target outcomes. However, one must regard this study’s outcomes as preliminary given its conclusions derived from only four youths’ experiences. At-risk adolescents seem to

benefit to some degree from the challenges and activities of AT. It would be useful to further identify elements of AT that work best for at-risk adolescents.

Teamwork and Pro-Social Interactions

Teamwork and group process is often a focus of AT programs as the group process can be a catalyst in promoting trust, empowerment, risk-taking and pro-social integration therapeutic exercises. Henson (2003) cited Russian psychologist, Lev Vygotsky's (1896-1934) views on the merits of social learning where learners interacted and collectively solved problems; in effect, "negotiating meaning" when learning. Henson discussed Vygotsky's views in the context of learner-centred education and the group problem-solving theory upon which he sees many AT and Outward Bound programs based. Vygotsky's approach is mirrored in the importance of group process in AT.

The recurring theme of group work and group learning activities in the AT literature suggests that this may point to one factor in the success of AT programming. Social responsibility and peer influences have been identified by Russell (2001b) as important factors in the therapeutic process in AT while Sveen (1993) speculated that AT programs help youths replace negative social relationships with positive ones. The concept of discovery and learning through group involvement in AT seems important in programming and facilitating AT. Team building for those with out social challenges is perhaps within the realm of OE, whereas the challenges in promoting prosocial behaviour for at-risk clients seems a job for AT. The following section will look at whether AT can be justifiably considered helpful by reviewing outcome studies and meta-analyses of results pertaining to AT's purported benefits.

Outcome Studies

This section will review several representative outcome studies, starting with one clinical behavioural study leading up to the most comprehensive meta-analysis of AT. Studies of AT programs have used different outcome measures. Some measure recidivism by young offenders while others use psychological outcome measures to assess self-esteem, self-perceptions, target behaviours and locus of control. Outcomes typically have been measured as self-reports, while accompanied by therapist/ parent/ teacher based observations. This diversity of outcome measures speaks to a lack of theoretical integration in AT.

Russell (2001a) studied behavioural change outcomes in a predominantly male population aged 16-18 who had been diagnosed with substance, mood or behavioural disorders and had taken part in outdoor behavioural programs (OBP). He studied 481 youths who participated in eight similar programs and involved 338 parents. Russell's three research questions looked at: (a) how Youth Outcome Questionnaire (Y-OQ) composite scores compared between admission and discharge, (b) how treatment outcomes varied according to client attributes, including age, gender, presenting concerns and finally, (c) how outcomes varied with program length and treatment model. The YOQ included youth self-report and parent report components. In Russell's study, both parents and youths reported behavioural improvements, namely, the parents noted a 51.64% reduction in negative behaviour and the youths recorded at 20.07% reduction in negative behaviour after the 38 days of treatment. Russell indicated that the parents reported more severe symptoms at the onset of the program compared to the youths' reports. There were higher scores on the parent Y-OQ questionnaire, bringing to light that parents perceived

that the youths were worse off upon admission to the program than the youths reported themselves. One of the limitations identified by Russell was that no control group was used for this study. While this study helped to identify what type of program and duration worked best for the clients, the 8-week CFE (continuous flow expeditions) wilderness program had the greatest reduction according to parents, and the 7- week BE (base camp) wilderness model showed the greatest reduction in symptoms according to the youths. One of the most important discoveries in this study was that patients did much better in outpatient follow up treatments, than in residential settings. An asset of this study was in its use of the Y-OQ, a reliable and valid assessment tool. This study did not delineate what the core values associated with AT are, but looked more at how clients improved with a variety of non-descript interventions. It would be beneficial to examine the qualities of programs that report positive changes such as this one but that was not the focus in this study.

Russell (2002) conducted a further study to see what positive effects remained in place, post-discharge, from the OBH programs. The author reported that, at 3 and 6 months post-discharge from the program, youth clients reported roughly the same on their Y-OQ, whereas the parents noted continued improvement of 4 points at 3 months and 8 points at 6 months. 489 youths and 338 parents completed admission and discharge Y-OQ's in seven different programs were surveyed to generate the data for this study. The parents noted pre-study that the clients had greater symptoms than those reported by the youths and thus noted greater improvements. Improvement was shown by a random sample of the clients and parents 12 months after discharge showing that improvement continued. Russell's two outcome studies showcased that AT can be effective through

evaluations of psychotherapeutic outcomes. These two studies (2001a, 2002) offered not only evidence that AT can work for behavioural/addiction treatment, but show serious attempts to bring research and programming rigour to this emerging field of practice.

Long (2001) studied girls (12-18 years of age) with emotional and behavioural disorders who participated in a long-term camp with mixed OE challenges. She chose a group of 9 girls to look at their perceptions in relation to experiential activities used as AT interventions. Examined were the girls' anecdotal accounts about the process of experiential education and its impact on pro-social behaviour. Using grounded theory constant comparative analyses, Long derived themes from the girls' self-reports about their empowering experiences: trust, meaning, concept of success, and attitude.

An Israeli study by Romi and Kohan (2004) examined the effects of wilderness programs on high school drop out rates for participants in a volunteer based AT program. They studied 94 participants divided into three groups, 36 in a wilderness group, 25 in an alternative group where youth care workers focused on personal excellence in a 6-day program, and a third contrast group of 33 adolescents who worked with youth workers with no specific treatment plan. They measured locus of control and self-esteem, using both the Piers and Harris self-esteem questionnaire and the locus of control questionnaire (Hebrew version based on Rotter's scale). The wilderness program (WP) was a 5-night 6-day backpacking trip for which the youths volunteered. Romi and Kahn found increased scores on self-esteem for students participating in the WP and the alternative program, but a decrease in the scores for the contrast group that had no intervention. Despite these improvements, the authors noted that such quantitative measures were inadequate for assessing the WP experience.

Neill and Dias (2001) found participants completing a mixed activity 22-day Outward Bound program were more resilient than those participating in a control group. They defined resilience as “a psychological quality that allows a person to cope with, and respond effectively to, life stressors” (p. 5). The Resilience Scale (“RS”), was administered to 22 young adult males and 19 females prior to and upon completing a 22 day, multi-activity Outward Bound program. A control group of 31 undergraduate university students in Australia merely attended classes during this time. Members of the experimental group showed positive changes in resiliency and a correlation between their scores on resilience and perceived social support, suggesting that as AT participants perceived greater social support, their resiliency increased. Neill and Dias concluded that, “This study highlights the importance of considering the relationship between group process and individual growth” (p. 5).

Cason and Gillis (1993) conducted a meta-analysis of 43 AT studies involving adolescents. Their meta-analysis identified seven broad outcome measures for the 43 studies: self-concept, behaviour assessment by others, attitude surveys, locus of control, clinical scales, grades and school attendance. These measures seem congruent with what AT has looked at in other studies. Their findings suggested that adolescents showed a 12.2% improvement from their participation in adventure programming. Many AT studies examined in this meta-analysis also measured recidivism rates for participants involved in the juvenile correctional system. Cason and Gillis concluded their meta-analysis with, “Adolescents who participate in adventure programming are better off than 62% who do not participate” (p. 46).

Weston et al. (1999) later critically reviewed this meta-analysis concluding that there was too much variability in Cason and Gillis' results to draw any firm conclusions. They were particularly critical about the lack of information about the types of activities, facilitation and processing that occurred in the 43 AT studies used in the meta-analysis. Cason and Gillis may have offered preliminary proof that AT can be beneficial but Weston et al importantly identified many unanswered questions about AT's methods and outcomes. I would like to know specifically what elements of AT worked to provide positive results in the meta-analysis.

In another meta-analysis of 24 studies between 1972 and 1995, Hans (2000) concluded that clients benefited from an increased internalized locus of control and diminished recidivism resulting from their participation AT programs. She suggested AT programs offer "learnable moments" upon which to build positive participant outcomes and recommended programs intermittently reinforce participant gains through subsequent visits to extend the learning resulting from participation in AT. I found the term "learnable moments" a cue to look deeper into the meaning at this potential aspect at the core of AT.

The largest meta-analysis to date in AT was conducted by Hattie, Marsh, Neill and Richards (1997). Using 96 studies they evaluated different AT programs that varied in terms of participants and duration, discerning that the greatest observable benefits occurred in longer duration programs, or in programs for older (i.e., adult) clients. Outward Bound programs in Australia and America were the focus of a majority of the studies used in this meta-analysis. The researchers identified 40 outcome measures, which they assigned to six major change-oriented headings: academic, leadership, and self-

concept, interpersonal and adventuresome. Their findings supported the Cason and Gillis (1993) meta-analysis identifying a .34 average positive effect size resulting from participating in adventure programs. A finding particularly worth noting was that the “feedback is the most powerful single moderator that improves affective and achievement outcomes” (p. 75). The results of this and the earlier meta-analyses provide evidence to support AT as a valid intervention but generally leaves unanswered what specifically makes AT work.

Do the Positive Changes from AT Programs Last?

The positive effects reported in the last section prompted me to further investigate whether there are long-lasting effects from participating in AT. As one example, Kelly and Baer’s study on recidivism with juvenile delinquents from Outward Bound programs (as cited in Mason and Wilson, 1988) found that one year after parole that only 20% were recidivists as opposed to 42% in a comparison group that did not participate in AT. A study in Tasmania examined recidivism rates for 73 risk-taking young offenders after their participation in AT, prompting Sveen (1991) to conclude: “half of the sample has encompassed non-delinquent behaviour after the course” (p. 4).

Wilson and Lipsey (2000) conducted a more specific meta-analysis on AT’s effects on recidivism in juvenile delinquents using 28 studies in their analysis. Their study showed a recidivism rate of 29% compared to 39% for comparison/ control groups of juvenile delinquents in institutions, on probation or not in treatment. They discerned that the presence of rigorous physical challenges and /or a psychotherapeutic component contributed to the most influential program characteristics related to change for the clients. Their analyses demonstrated that AT did work and that the most effective

programs include high intensity physical challenges while concurrently offering regular group or individual counselling sessions. There was some evidence of long-term effects after one year as discovered by Kelly and Baer (as cited in Mason and Wilson, 1988), but the authors stated that that does not mean that AT's effects lasted years down the road. Most outcome measures from these studies were related to getting at risk youth on their feet in the short term and keeping them out of incarceration.

How Can One Assess Change through AT Programs?

Through my work experience, I became more and more interested in how to assess change in participants in AT programs. What good theory in AT can provide is not so much about change in participants' symptoms or other psychological constructs; that information is there for any psychological intervention, one can use a self-esteem scale, a Beck Depression inventory etc., but these have nothing to do with AT and the ideas that inform it. Instead, what one needs to be considering is how good theory informs the design components of AT, and how from there one can then evaluate these components. The assessment can look at how such components of AT can be assessed more closely for their effectiveness. There has been a lot of criticism about the lack of outcome measurement tools as described by Neill (2003) who wrote, "To date, the adventure therapy profession is yet to develop or incorporate into its work an appropriate suite of clinical outcome measurement tools" (p. 320).

Fischer and Attah's (2001) study made me interested in finding bona fide ways to enhance AT assessment procedures. Their study looked at documenting the perspectives of 23 inner city foster care youth, their foster families and workers after a seven day Outward Bound experience. Their findings on the positive effects of this experience were

statistically inconclusive, but what is interesting is looking at the qualitative responses of the participants, their families and the workers. This study looked at open-ended question two weeks post-program to see what kind of feedback the participants would offer. The feedback was mostly positive and what relates to this project is that they looked at programming elements best received by the participants: activities like rock climbing, the ropes course, and learning to work as a team. The worst parts were described as the hiking, outdoor bathrooms, outdoor eating and sleeping. Three months later the boys reported more positive impressions than the girls. This study was important for asking for client feedback on elements of AT that work for the client.

Much assessment may be occurring intuitively because there is little universal understanding of the core elements or common practices associated with AT by some therapists. Once a deeper understanding of the core elements comes to light, then therapists may have a model to guide understanding and assessment of AT practice. Gass and Gillis (1995a) highlighted the need for more formal assessments, noting,

... the methods behind using adventure experiences for assessment seem only to exist at informal or intuitive levels. While the intuitive aspects of assessment are vital, the lack of a formal model to guide professionals in acquiring, organizing, and applying assessment knowledge from adventure experiences may limit the efficacy of such procedures. (p. 34)

There are no particular assessment tools designed specifically for AT, but tools used in clinical settings are infrequently employed and may be suitable for many AT therapy settings. One of the purposes of this study is to find core elements related to AT that may help to inform the design of appropriate assessment tools unique to AT. A sound

understanding of AT's core elements may assist not only in assessment, but also in course design, training and counsellor education.

Literature Review Conclusions

By conducting this literature review I discovered the lack of a common theoretical framework guiding the AT process. Many of the programs discussed in the literature failed to explicitly mention any specific or coherent theory base informing these programs' interventions. The literature hints at why AT works and at what elements may be beneficial to groups in different contexts. My review suggests that there would be benefits to AT by demystifying what is at its essence, the concern I have identified as a lack of theoretical convergence.

An explanation of why a sound theory is important to research and practice is essential before moving into the data analysis section. Jackson (2005) delineates the importance of theory in research, "Without theory, empirical research – in which statistical significance is frequently mistaken for substantive importance – merely produces *information*, and that information is often faulty or tainted; *with* theory, we stand a good chance of translating that information into *knowledge*" (p. 9). In the case of the research undertaken for this project, my sense of the field of AT was that its theoretical base was ambiguous and fragmented. In keeping with Jackson's critique, AT knowledge – the kind of knowledge useful to good practice and empirical research – has been on shaky foundations. I aim to return to those foundations by inquiring about the key ideas and practices adopted by AT experts.

Citing the research of grounded theorists, Taylor and Bogdan (1998) wrote that theory evolves from the data and inquisition, not from previous assumptions or existing

theoretical frameworks. Creswell (1998) also states that in grounded theory, the theory is generated through the data collection. Thus, this project's aim is to bring coherence and integration through such an inductive process – by consulting experts in the field.

Returning to a more practice-oriented perspective, Magnusson (2005) suggests two reasons for the importance of theories: 1) to make sense of the world around us as the data and observations are condensed into explanations and 2) to predict future observations.

Theory needs to offer clear and simple propositions to the practitioner and researcher that enable understanding of certain phenomena as they are researched or practiced.

Important to the research undertaken here is the notion that comments from experts in the AT field can yield such clear and simple propositions useful to counsellors involved in learning, practicing, or evaluating AT.

Some key conclusions from this literature review relate to the evident enthusiasm about AT programs, a lack of consensus in the field on what AT might be, what it is that AT does that promotes participant benefits, or how to evaluate AT. Sibthorp (2003) wrote about the importance of identifying what works in AT, “There is a clear need for more research to identify which specific program factors are the best predictors of targeted program outcomes and which inhibit or promote the effectiveness of other program factors” (p. 80). Building on Sibthorp's research, it is important for such factors to also be identified by experts in the field, in the common themes that they identify.

While AT programs may have started from ideas from pioneers in the field such as Kurt Hahn (founder of Outward Bound), theoretically consistent evaluations of these and later ideas AT have been lacking. For AT to advance as a field I submit that an important

next step is for it to be informed by a recognizable and coherent theoretical framework consistent with what key figures in AT see common to that theoretical framework.

CHAPTER III

METHODS AND PROCEDURES

The purpose of this Delphi study was to see if theoretical integration could be brought to AT, to assist in providing a conceptual base that could inform better outcome measures, better AT program design, and better teaching and supervising of AT with new practitioners. According to Dawson and Brucker (2001), the Delphi Method, generally, makes use of the opinions of a panel of experts on any given topic; in the present study's case, in the field of AT. The literature review for this final project directed me to global experts in the field (Appendix C). Consensus or differences on their answers to the two rounds of Delphi questions were obtained using constant comparative analysis to identify themes in the answers provided. From responses to these two rounds of questions, and from my subsequent qualitative analyses, I derived common themes or propositions, a "theoretical convergence" on experts' ideas core to the practice and evaluation of AT. I shall relate the specific manner I did this in the section that follows.

Situating the Researcher

I am a counsellor and outdoor educator who predominantly adheres to a Cognitive Behavioural Therapeutic (CBT) model in practice and theory. I am also an experienced outdoor educator with experience leading groups from elementary-aged up to the university level students. I have engaged students in outdoor, self-reflective experiences for team building and introspection, and have worked with adolescents in a residential secondary school promoting environmental awareness and outdoor education. The terms "debrief" or "processing" hold the most mystery for me in AT and I really am not sure if they have value to experts in the field, or when they are used and how. My belief is that

they are somehow used after the experience to discuss the experience. I have OE experience where we debrief with the students, but not with a therapeutic intent.

My understanding of AT was that youth would overcome AT-facilitated challenges and develop leadership skills in the process. My understanding of the process was only basic before starting this research. My impetus for pursuing this research project on AT was to find out what experts in the field saw as common themes informing practice in varied AT contexts.

Data Collection

I chose the Delphi method to ask some of AT's most prominent practitioners and researchers for their views on core ideas informing their practice of AT. According to Dawson and Brucker (2001), the Delphi Method, generally, makes use of the opinions of a panel of experts on any given topic; in the present study's case, in the field of AT. I sought experts in the field of AT to whom I could pose my initial Delphi questions (see Appendix A). My literature review directed me to internationally recognized experts in the field whom I contacted by e-mail (see Appendix D) for their participation in the study. I also looked for the experts in the listing for participants of the International Adventure Therapy Conference of 2000: <http://www.erlebnispaedagogik.de/iatc/index.html> and from the Australian and New Zealand Outdoor Education Researcher's Collective: (<http://www.education.monash.edu.au/old/centres/aoe/researchers.html>). I also looked for professionals who may have affiliations with an emerging professional practice group in AT: The Therapeutic Adventure Professional Group (TAPG:http://www.geocities.com/dr_adventure/tapg.html). These experts may have held lecturer positions at universities, had an established history of publications, or may have

presented at one of the three Adventure Therapy conferences to date. These experts were also asked to identify a further five experts I might contact, a recruitment process sometimes referred to as “snowball sampling” (Hanafin, 2004). Once eleven participants (see Appendix C for description of participants) meeting the above criteria volunteered in response to my recruitment e-mails (see letter of recruitment, Appendix D and letter of consent, Appendix E), I began the online survey. The experts’ responses to the initial survey questions (see Appendix A) were individually solicited and submitted, and then aggregated in ways to ensure their anonymous contributions. This was to minimize the likelihood that respondents could engage in side discussions related to the study.

Dawson and Brucker (2001) suggested that experts’ responses to these initial survey questions (see Appendix A) be reviewed and thematized using constant comparative analyses to inform second and possible further rounds of questions to which these experts could later respond. Preliminary analysis of answers to these initial questions involved using content and constant comparative analyses to identify themes in the answers provided. This initial analysis helped to inform a second set of questions. To help familiarize readers with the analysis process, I have outlined in detail the process of going from the first round of questions to the second round.

The second round of Delphi questions (Appendix B) asked the AT experts more specific questions derived from emerging themes and commonalities in their first round of responses. According to Dawson and Brucker, “one of the biggest advantages of Delphi studies lies in the allowance of a diverse group of experts from differing geographic locations to work ‘side-by-side’ on a particular problem in an attempt to gain consensus” (2001, p. 129). Thus, I was looking for similarities in their views on what ideas work best

in practice. From their responses to both rounds of questions, and my initial content analysis and constant comparative analyses, I derived some common themes, “theoretical convergence” on ideas core to the practice and evaluation of AT.

Data Analysis

First Round of Questions

The following section is a walkthrough the process of going from the first to the second round of questions. The data analysis process began with answers to the first round of questions, (see Appendix A). As the results to the first round of questions came in, I coded the responses into categories. That process can be equated to sifting through varying fineness of sand where the initial content analysis examined the large grains and the latter constant comparison discerned themes more carefully. I used the qualitative research method of constant comparative analysis where I rooted through the respondents’ answers, looking for common themes and convergences of ideas where these could be found. Creswell (1998) suggests that the process of data collection and analysis in grounded theory (what I am describing here as constant comparison or constant comparative analysis) is a “zigzag” process where data is collected in the field, analyzed, then more information is gathered in the field” (p. 57). Each of the Delphi questions had responses that needed to be coded into thematic groupings to help identify common trends in AT practice. In terms of content analysis, I used a systematic word search (literally, using the “Find” feature of Microsoft Word) to make initial sense of the data, but later used the “constant comparison” method to code the data into pertinent categories. Taylor and Bogdan (1998) explained this latter qualitative method as follows: “...the constant comparison method, in which the researcher simultaneously codes and

analyzes data in order to develop concepts” (p. 137). They recommend identifying themes and developing concepts based on language, quotes, practices or behaviours and relationships between concepts. I will now show how I used this method to inform a second round of Delphi questions.

Initial Open Coding of the Data

In the early stages of constant comparative analysis, key terms and concepts were put into categories and assigned memos. I assigned four categories to the initial data generated from the first round of questions. The categories were: therapist, client, environment and process (see Table 1).

Table 1

The Initial Categories with Open Codes from the First Round of Questions

Categories	Themes
Therapist	Trust, Shared experience, Alliance, Guide in processing experience, Create positive memories, Ability to connect, Group process, Environment.
Environment	Perceived Risk, Out of comfort zone, Non-judgmental, Pro-social, Natural, Sense of belonging, Community, Climate of success Ritual, Action-based, Challenges, Novel environment.
Client	Active participant, Interdependent, Invested in the experience, Responsible for actions, All populations, Interaction, Socialization.
Process	Experiential, Problem solving, Self reflection, Processing the experience, Challenging, Metaphors, Reality, Transformative Natural and logical consequences, Debriefing, Breakthroughs, Transfer of skills, Drawing parallels.

I highlighted repeated or conceptually related words in the first round of answers using the reviewing feature in Microsoft Word, adding memoed comments (as demonstrated here) when there was repeated word use or repeated use of a concept. For example, in the case of socialization I have included a table demonstrating what my memos looked like related to early emerging themes (Table 2 below). In this case, from the rough categories of Table 1, I found a common theme of socialization under “client”, environment, therapist and process. All three categories had underlying themes of socialization. “Therapist”, for instance, had memos “shared experience and group process”, environment had, “pro-social, community”, client had, “interactions and socialization.” I created Table 2 in response to the concepts related to the category of socialization.

Table 2

Category of Socialization from the First Round of Questions

Socialization	Key Words and Phrases (Memos)
Community conditions	<p>Primitive living minimizes escape and avoidance behaviour.</p> <p>Works within the tools of community: communication, cooperation and respect.</p> <p>The opportunity for genuine community is also important.</p> <p>To create a sense of group belonging.</p>
Transformation process	<p>The ability to work creatively and courageously with conflict and community.</p>
Community outcome	<p>“The opportunity for genuine community is also important”.</p> <p>“My research and clinical observation confirm that inter-personal interactions and social processes are equally if not more important to therapeutic change”.</p>

I created memos in response to the answers of the first round of questions by the Delphi experts. Corbin and Strauss (1990) saw memos as imperative to constant comparison analysis, for keeping track of categories, hypotheses, and questions that evolve from the process. In their words, “Memos are not simply about ‘ideas’. They are involved in the formulation and revision of theory during the research process” (p. 11). So, I used memos in developing what was reported in Table 2, to help in explaining and delineating the major themes. Memoing was also important in next steps involving open coding and axial coding. Open coding according to Corbin and Strauss (1990) is when all the raw data is *compared* to the rest, looking for differences and similarities while assigning conceptual labels to the data groupings. The next step after open coding is axial coding and is described by Creswell (1998) as, “In axial coding, the investigator assembles the data in new ways after open coding...in which the researcher identifies a central phenomenon, explores causal conditions, specifies strategies, identifies the context and intervening conditions and delineates consequences for this phenomenon” (p. 57). Table 2 depicts the axial coded category of “Socialization” linking memos derived from the experts’ responses.

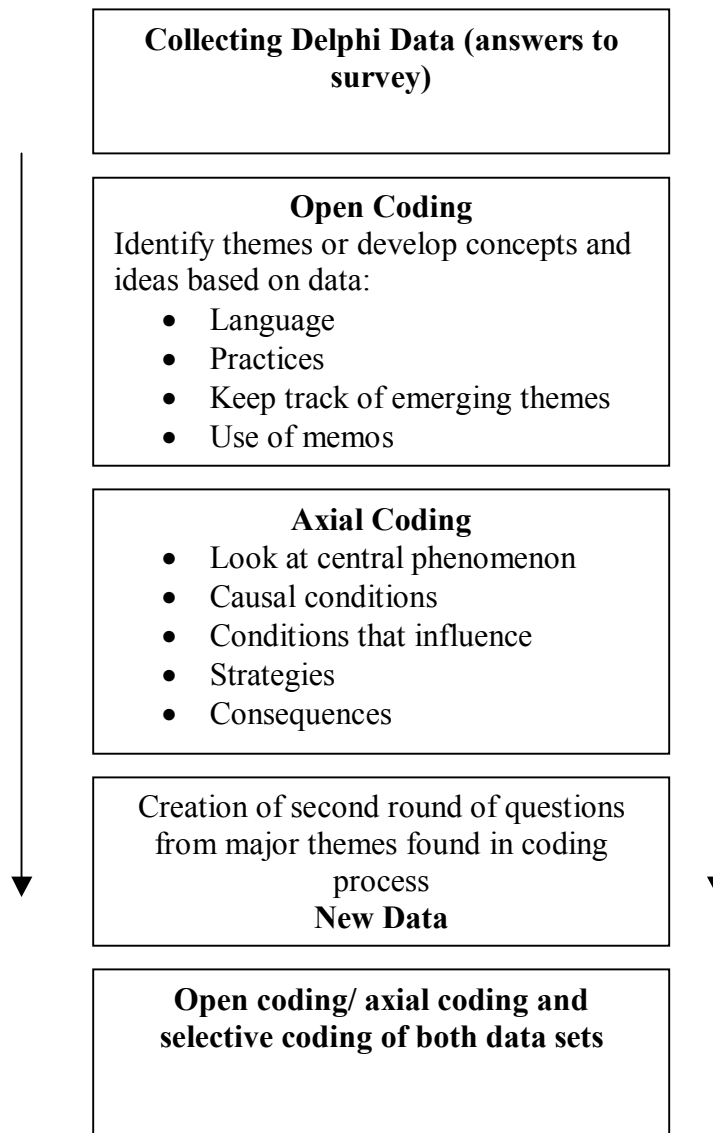
The constant comparative model of qualitative analysis requires the researcher to ‘saturate’ categories by looking for instances that represent each category, “until the new information obtained does not further provide insight into the category” (Creswell, 1998, p. 151). I categorized initial data from experts’ answers to the questions and cross-referenced these with my memos of emerging hypotheses that I would compare to incoming data to see if my hypotheses were valid or not. Corbin and Strauss (1990) wrote, “As an incident is noted, it should be compared against other incidents for

similarities and differences. Resulting concepts are labelled as such, and over time, they are compared and grouped as previously described” (p. 8). This process guards against bias because the researcher is constantly challenging concepts developed using constant comparison. Important also in the process was to compare the open coding I discerned with the conceptual bracketing I indicated earlier in situating myself as a researcher. Bracketing reflects my preconceived concept of what AT represented to me. I would continually check to see if I was using my preconceived notions in the coding process. Taylor and Bogdan (1998), however, also highlight the importance of not bracketing the *data*, “You should be careful not to force your data into someone else’s framework. If concepts fit your data, do not be afraid to borrow them” (p. 147). This statement speaks to the importance of letting the data be the expert, not preconceived notions or existing theories. I treated my prior readings on AT as part of the bracketing process, and later as a discernable theme emerged, I consulted the literature as a further source of data. In the final section of this chapter I show how I brought together my final themes together with the literature to generate propositions core to AT.

I discerned then categorized themes from the first round of responses to my Delphi questions into four main headings: “risk”, “experience”, “socialization” and “environment.” In the open coding phase of grounded theory, the common themes are identified with coding and highlighting important threads in the discussion. Creswell (1998) described the open phase as an exploration of themes or categories. This phase is followed by a more important phase of axial coding which brings together a “story” that connects the categories identified in the open coding phase. A good visual aid to link my four main categories (Table 1) was a flow chart or diagram to visually delineate the data,

showing where the open coded categories come together in axial codes (see Figure 1). Creswell (1998) calls the flow chart a “conditional matrix” that serves as an analytical aid for creating a set of theoretical propositions, which in this case, for the second set of questions. Figure 1 shows the process involved in sorting data, leading up to the second set of questions, a process that parallels those undertaken for analysing all data later on.

Figure 1. Conditional matrix of Delphi data analysis*



(*Adapted from Taylor & Bogdan, 1998, p. 139).

The second round of questions (see Appendix B) were informed by major themes discerned from responses to the first round of questions, as my way of digging deeper into the issues raised. I also used the process outlined above in the flow chart to help me derive the major themes from the first round of answers, and to examine the influences that each theme had on another one.

Second Round of Questions

I found the major themes of “risk”, “socialization”, “experiential learning” and “the environment” as the most important factors in answers to the first round of questions. Why were such themes identified as major factors in the AT change process? In retrospect, in my first round of questions I should have not have asked about the influence of nature in AT, as AT (as my respondents indicated) is not limited to wilderness settings but to new and unfamiliar venues where challenge is present. Recognizing this, however, I wanted more insight and clarification. The second round of questions would help build new categories by answering questions fundamental to AT about what makes it tick.

In response to the first nine questions (see Appendix A) posed, ten experts answered all nine. Figure 2 shows the major headings of: risk, experiential learning, environment and socialization. Only through a bracketing check did I realise that I was gravitating too closely to my preconceived notions: that AT was solely based on experience and risk with some group dynamics. This overlooked some fundamentals of AT programming intimated in my initial literature review that became clearer through constantly comparing the first set of responses. Figure 2 shows the four major themes I felt warranted further investigation through a second round of questions. Figure 2 is closely related to Appendix “B” as the questions in Appendix “B” were derived from themes found in the Figure 2.

Figure 2. The initial open coded themes in AT from the first round of questions.

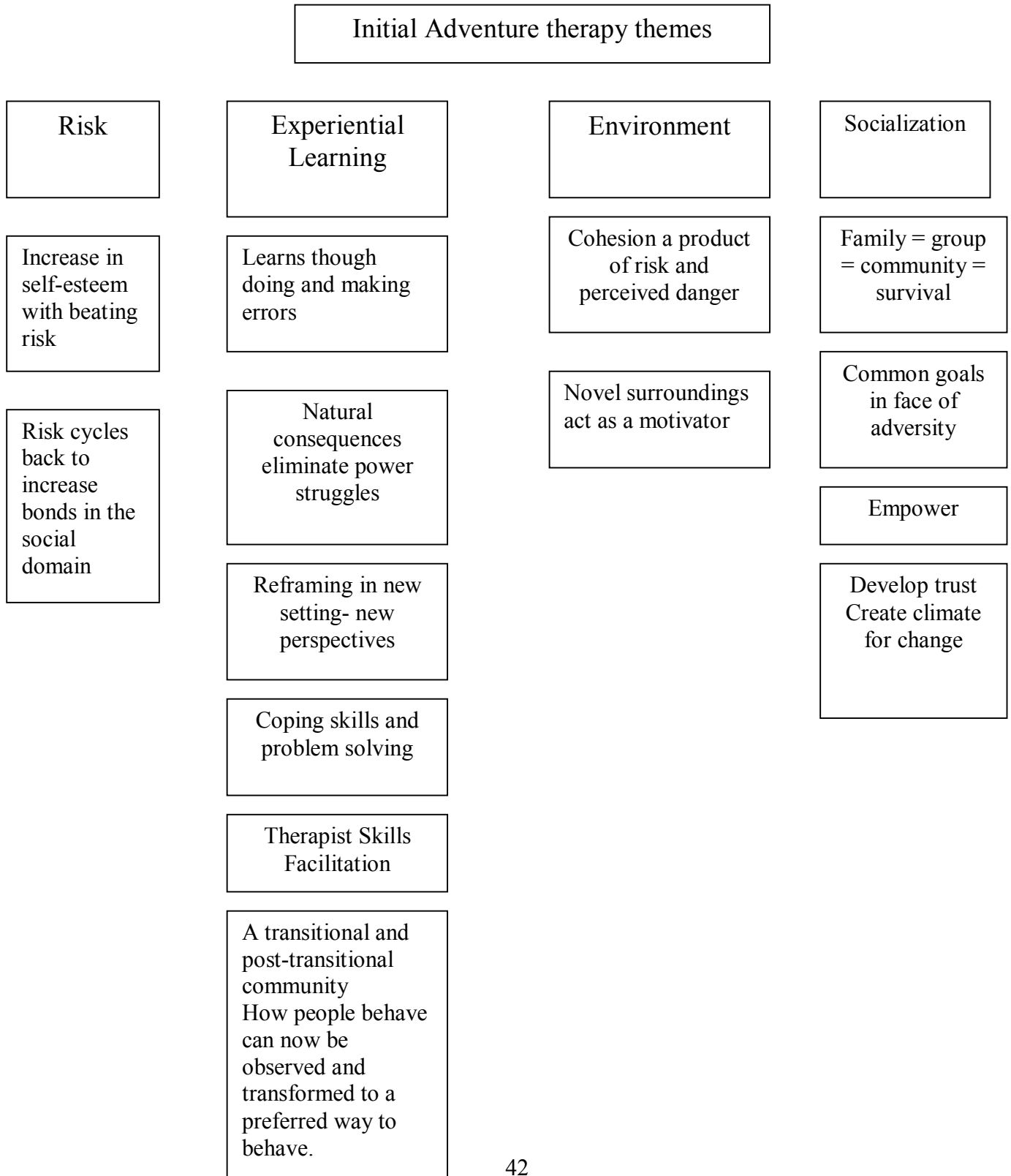


Figure 2 depicts the open coding phase of the first round of answers where I formed initial categories about the core ideas informing AT. These categories came out of using memos and checking constantly against incoming data. For example, the category of “experiential learning” emerged from memos responding to the data related to “learning from experience”, natural consequences and learning through mistakes. These concepts fit nicely under the umbrella category of “experiential learning.”

The theme of “experiential learning” in Figure 2 reflected the responses of several if not all the Delphi experts. This demonstrates the way that I constructed a sample theme, one to be tested against the data. Expert “B” also responded with, “Reality and natural experiences that is reinforcing or punishing (natural consequences) over time are more persuasive than verbal psychotherapy.” This category was easy to build with the kinds of consistent responses I received. Expert “C” wrote about social learning theory and stress adaptation, while expert “D” wrote about John Dewey and his experiential theory applied to education. Expert “G” wrote further on the experiential model, “To anchor, somatically and emotionally, important lessons, associations, teachings and responses.” The memos on “experiential” were taken from most of the first round of replies to the first questions (Appendix A). Themes that appeared throughout many responses were flagged and melded into a heading like “experiential learning.” It was not just the frequency of this element in AT that was important, but the integrated impact that it had on other emerging themes. Some themes seemed so integrated that they became one of them in the end, as did environment and risk. The initial themes in Figure 2 helped inform the second round of questions by piquing my interest in investigating further into the initial categories.

Axial Coding

As hypotheses and relationships among categories emerge, Corbin and Strauss (1990) caution that it is important to go back to the data, including incoming new data, to verify if the emerging hypotheses will stand up to the data. It is also key to look at the relationships between phenomena as these inform axial coding. In axial coding, the researcher must assemble the data in ways that explain the central phenomenon and identify causal conditions as is important to the next step: selective coding. Figure 3 shows some of the “outcomes” of AT or central phenomenon, and the factors that influence the “products.” The data in this figure continue to be from responses to the first round of questions (Appendix A). Corbin and Strauss (1990) note that one must relate sub-categories to categories in the axial coding phase. The authors also caution that all hypothetical relationships that are identified when axial coding must be considered provisional until they are checked against new data. Figure 3, a summary of the analyses of the first round of survey responses, hypothesized the cause and effect relationships of some emerging categories (axial codes) that warranted further answers from a second round of questions.

Figure 3 helped answer: what else did I need to know about what made AT work?

Figure 3. Axial coding of first round answers (Based on Creswell, 1998, p. 57).

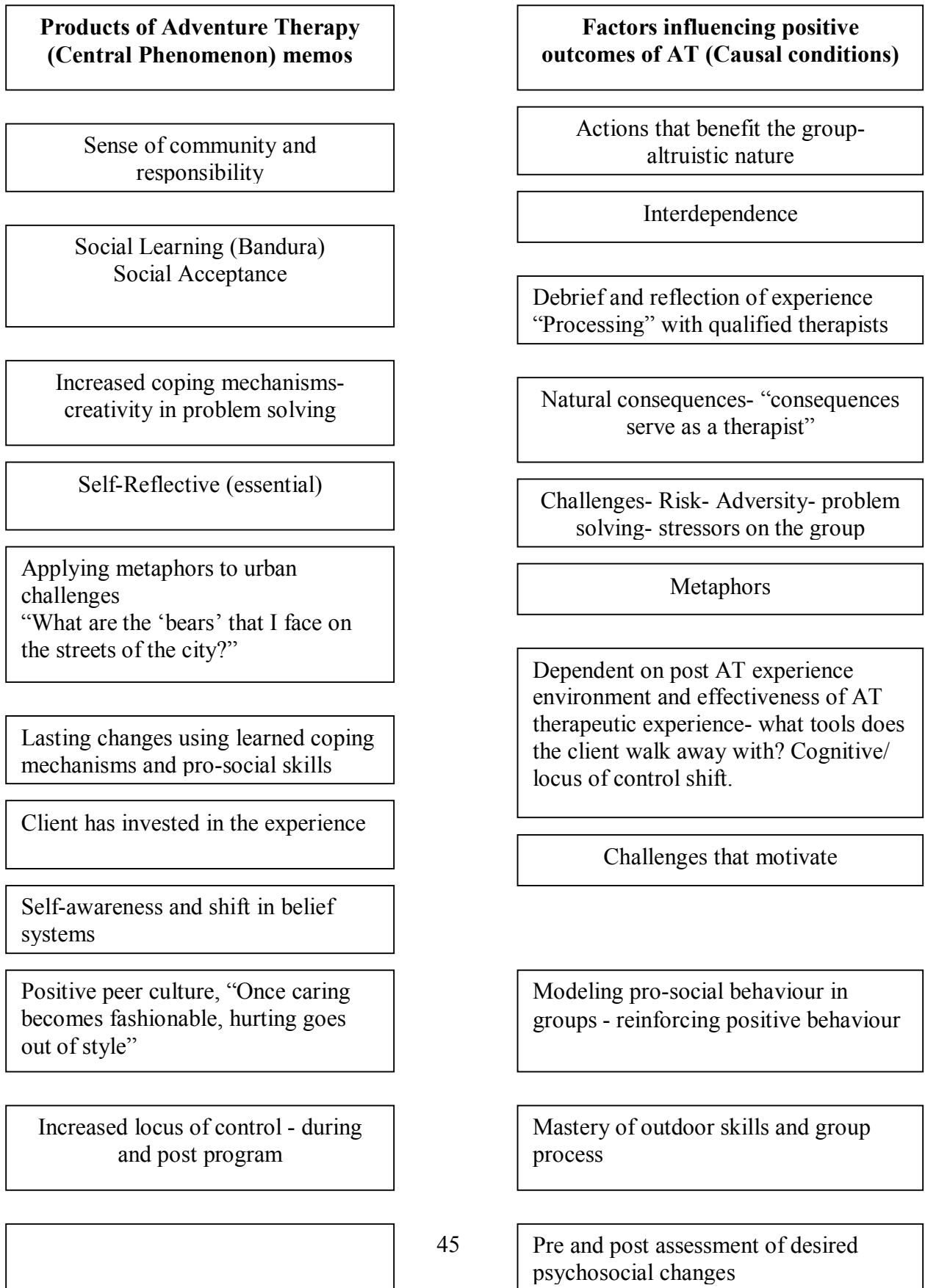


Figure 3 represents the axial coding where central phenomena or outcomes of AT are shown in the left column, while in the right column are some properties related to causal conditions or factors influencing positive change in AT. When a researcher has little explanatory power in a category, Corbin and Strauss (1990) recommend going back to the field to fill the gaps or question, which arise from early analysis of the data. Figure 3 suggested further explanation from the experts was needed on the workings of AT from their responses to the second round of questions (Appendix B). I wanted to recruit further input on what the importance of risk was in AT as well as the effect of wilderness, self-reflection, and the transferability of AT. The analytic processes used in arriving at this second round of questions illustrate those used to later discern selective codes from both rounds of answers, a level of coding I will now describe.

Selective or Conceptual Coding

The next step in my qualitative analysis involved the selective coding phase of all the responses to both rounds of questions. For Corbin and Strauss (1990), “Selective coding is the process by which all categories are unified around a ‘core’ category...this type of coding is likely to occur in the later phases of the study” (p. 15). From responses to both rounds of questions; the essence of the experts’ comments was condensed into a few major themes. For Creswell (1998), “In selective coding, the researcher identifies a ‘story line’ and writes a story that integrates the categories in the axial coding model” (p. 57). It is also during selective coding that broader hypotheses, in this case about AT, can be discerned. My selective codes and hypotheses are described in the next section.

Table 3 shows the open categories derived from the first and second rounds of responses used to build the specific selective codes shown on the left side of Table 3.

Table 3

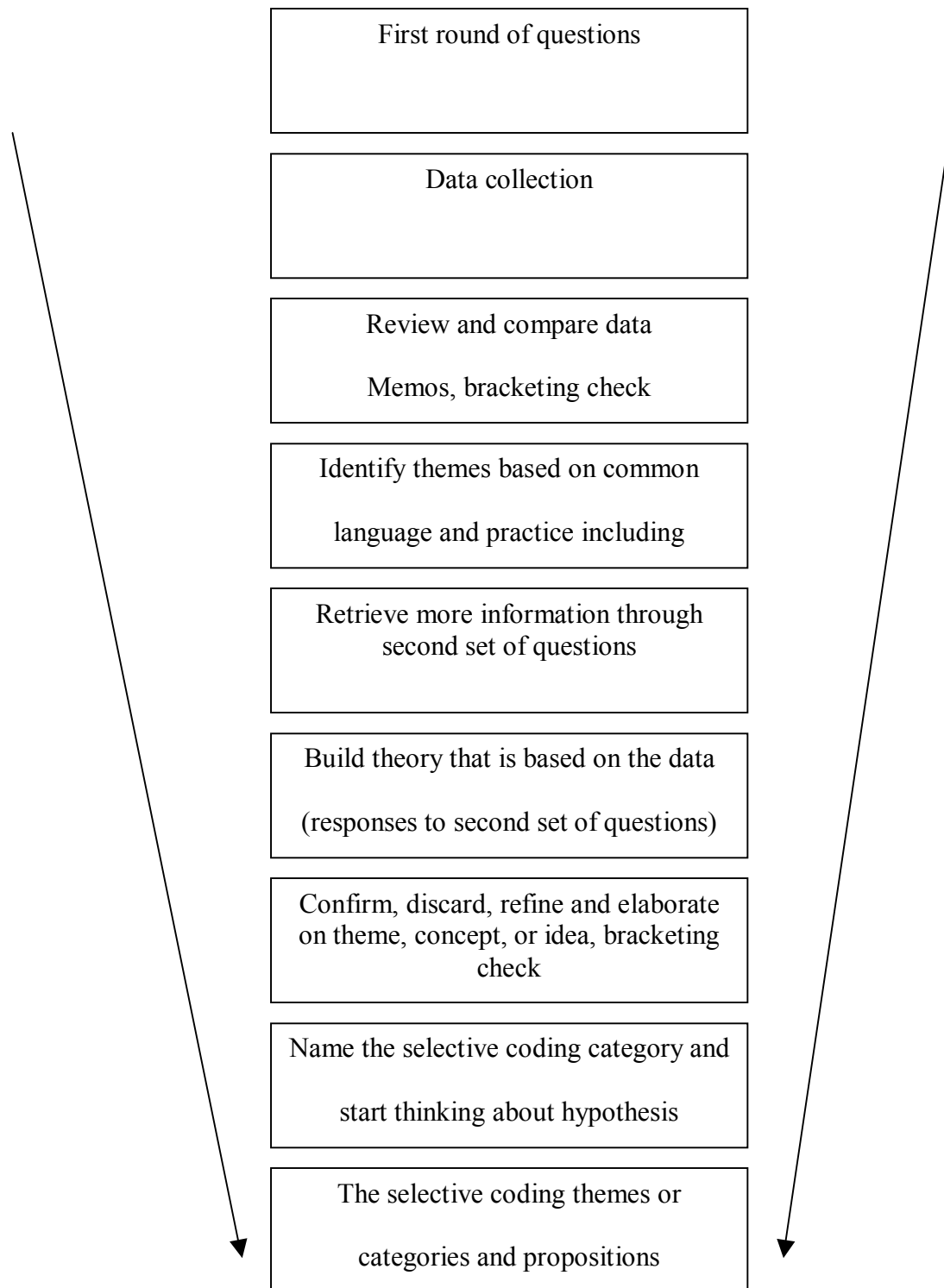
Open Coding Categories Assigned to Selectively Coded Themes

Selectively	Open Coding Categories
Coded Themes	
Processing	Alliance, Guide in processing experience, Create positive memories, Ability to connect, Climate of success, Ritual, Problem solving, Self reflection, Metaphors, Non-judgemental, Transformative, Debriefing, Transfer of skills, Drawing parallels.
Risk-Taking	Perceived Risk, Out of comfort zone, Challenges.
Experiential	Action based, Active participant, Invested in the experience,
Learning	Responsible for actions, Experiential, Reality, Natural and logical consequences, Breakthroughs.
Socialization	Trust, Shared experience, Group process, Sense of belonging, Community, Interdependent, Interaction, Pro-social.
Environment	Natural and logical consequences, Challenging, Novel environment.

In the left column are the selectively coded themes with the open codes on the right. The right column categories help justify or support the assigned selective codes in the left column. I came to feel that there were too many selective coded categories so I looked to further condense the selective codes down to only four. I looked for the most similar and related selective codes, which are described below in figure 4.

Figure 4, “the analytical funnel” below, shows the narrowing process of naming and identifying a selective coding category. I built the category of “processing” by narrowing the categories of open codes down to a select few. Figure 4 helps highlights the activities used in discerning final selective coding themes that will be reported later.

Figure 4. Analytic funnel (adapted from Taylor & Bogdan, 1998).



A selective code is a code that represents a large number of open codes and builds a “story” that connects these codes to map on to a set of propositions or hypotheses (Creswell, 1998). For the story arising from these propositions or hypotheses to be of value, each of its subcategories must have properties that explain or justify the main selective code headings (Corbin & Strauss, 1990). The following section shows the four selectively coded themes ultimately derived from answers to both rounds of questions.

The Process of Selectively Coding the Theme “Processing”

The intent of this section is to take the reader through the process by which I generated the selective coding categories for AT. By combining first and second rounds of answers I found many of my memos related to processing or reflecting on the AT experience. I memoed the term “process” by initially borrowing the words of one of my respondents: “AT allows us (and participants) to capitalize on teachable and learnable moments due to the residential and the activity component” (Expert I). My actual memo was much shorter: “AT uses teachable moments, experiential, activity.” While examining the relationships among open coding categories I got a sense of why particular open codes were linked, a sense I will now share.

By using the “analytic funnel” (see Figure 4) through which I sifted many initial survey responses, and developed related memos, I found parallels and significant relationships between terms. To get to the selective coding theme of “processing”, I memoed open codes such as “self-reflection”, “problem solving”, “metaphors”, “reframing”, “reflection”, “making sense”, “locus of control”, “transfer of learning”, and the often used term “processing”. The fact that “processing” was repeated and linked to so

many of the open coding terms, relates to how I ‘funnelled’ to a more specific heading that defined the mental processes involved in making sense of AT.

Taylor and Bogdan (1998) identified the need to look at underlying similarities between open coding themes and to find words that describe how they are similar. In the case of “processing”, this code defined a broad scope of similar activities reported by my respondents.

Processing. I looked to the properties in the open coding and my related memos and found that the data suggested a strong relationship that warranted “processing” as a major category or element in AT. Specifically, my memo for the open coding category “processing” linked to the open coding categories: (e.g., “self-reflection”, “metaphors”, “transformative”, “debriefing, and drawing parallels”). I found a key theme in my survey responses emerging, one defined by not the “process” but in “processing” or learning from the experience. The memoing process helped me to narrow down the categories or sometimes expand on them as my understanding of the process of AT grew through analysing responses to my questions. The many open codes (e.g., “talking about the experience”, “debriefing”, chronicling, drawing metaphors”) related to “processing” the experience validated my sense that “processing” was a key category or selective code. One could define “processing” from the open codes as the manner in which the client consolidates the experiential learning and begins to draw parallels with the world around them, often coming to realisations about themselves and their place in their peer group. They often made connections between their social being and their personal needs beyond the AT experience. Expert C best describes one upshot of processing as, “Successes in the AT arena create new opportunities for interacting in the home environment.”

According to Expert I, AT participants are taught to process their own experience. Expert B validates this by writing that AT experiences, “simultaneously engage cognition, affect, and behaviour.” Expert G also reinforces that the therapy is ongoing in stressing “on-going reflection and reinforcement. The degree to which it is transformational depends on the way in which you recall, reflect upon and engage with the dream material subsequently.” This expert uses processing as an ongoing process, not just as a debriefing session at the end.

The different experts all viewed processing as valuable but they used it in different ways. Expert F believes more in the activity as an element for change in AT, as he wrote, “At the core of the AT process is that the change occurs through the activity. It is not the talking about the activity that produces the change, but rather the activity itself.” This expert does not refute the merit of processing as he describes it (e.g., frontloading, framing, debriefing, etc.); but he looks for a more purposeful activity, rather than for the weight of the experience being in the processing. The processing elements for change in effective programming appear in all phases of the program according to many experts, not just activities pasted to traditional psychotherapy. “Processing” is thus a facilitated way that the AT experience is related to the client’s own world and how parallels may be drawn to their lives outside of the AT program.

Risk-taking. “Risk” was the next of the selectively coded themes identified for appearing in many responses and for seeming contextually important to AT. “Risk” was the main heading; but, as Creswell (1998) identified, there are “central phenomena” which are the main categories and “causal conditions” which influence these categories (p. 151). Risk is central phenomenon and some of the causal conditions are: natural

consequences, out of comfort zone, unfamiliar environment, and challenges. I believe that the “risk” category has similar contributing conditions such as: “challenge”. Expert (F) stated, “I think that the aspect of working with challenge is critical.” Challenge is another sub-theme that contributes to “risk”, as Expert B suggested about the therapeutic process: “Any activity that requires persistence and determination to face and overcome challenges and ordeals”. Table 3 (see page 53) showed risk as a key open code in the first round, an element further investigated in the second round of questions where I asked, “How does the element of risk create a climate for the change process in AT experiences?” Expert C responded echoed other experts in stating that, “The presence of physical, mental, and emotional risk (unfamiliarity with setting or situation) prompts the individual to access personal coping skills to achieve balance and a sense of safety (physical, mental, and emotional). Another expert described, “risk” as, “The novel or unfamiliar environment that allows for issues to be reframed or put into a new perspective” (Expert G). AT is usually practiced in novel environments for the client, which includes climbing gyms, challenge ropes courses, or the wilderness. Expert F stated that, “Risk is a part of the opportunity to change.” This expert also stated that the learning/ therapeutic environment must be able to support risk taking. This expert advises caution when using the element of risk, that there must be a working alliance and learning environment in place before perceived risk could be factored into the learning.

The emergent theme of “risk” seemed to be related to other categories, suggesting interdependency between themes. For example, “risk” affects the experiential, the social and the outdoor experience. “Risk”, in this sense, acts not only as an organizing construct but, operationally, as a catalyst for social change in the process, “Challenges and ordeals

create emotional bonds between members of a group” (Expert B). The perceived risk of an AT experience produces mild stressors in its participants, so any learning might be punctuated with the emotionally arousing event. AT experiences can be very emotionally provocative, especially on a high ropes course or in white water. “Risk” can be defined as an element of perceived or real danger that works to effectuate understanding of self and others in a social context.

Experiential learning. “Experiential learning” is not only a central phenomenon in AT but I found it strongly linked to the other selective codes I identified. The learning by doing notion, “experiential”, is closely linked to working in social groups. “Experiential learning” is based on learning from one’s own mistakes, often in challenging environments with perceived risk. “Experiential learning” is linked to “risk” as we must take risks to understand natural consequences. Many open coding categories related to the key concept of active “experiential learning”. Table 4 (page 60) delineates this element of AT as grounded in experts’ comments pertaining to “active” and “experiential”, including these open codes or terms: “Action based, Active participant, Invested in the experience, Responsible for actions, Experiential, Reality, Natural and logical consequences, Breakthroughs.” These open codes suggested a roadmap leading to the term ‘experiential learning.’ It is also linked to “processing” as part of the debriefing in AT is often the talk around the experience. Expert (B) explained the importance of learning from experience, “Reality and natural experiences that are reinforcing or punishing (natural consequences) over time are more persuasive than verbal psychotherapy.” The process of learning through doing emerged as a very important theme. Expert B in the first round of responses stated, “A process through which a learner

constructs knowledge, skill and value from direct experiences that are reliably created and can be articulated, discussed and measured.” Direct experience, not vicarious or anecdotal experience, was a recurrent notion across many responses, as for Expert G who wrote, “The core idea shared by all approaches is using ‘adventurous’ or experiential activities with therapeutic or healing intent.” The learner was to learn through failure or trial and error, learning the natural consequences of her or his own actions. For Expert C this translated to, “This process is positively reinforced through natural and logical consequences”. “Experiential learning” can be defined as an element that is an active process of self-discovery through trial and error while working alone or in-group process.

Socialization. Many experts’ responses made reference to the word social or socialization, including expert H who stated that AT, “creates impetus to take interpersonal action to bring about an improved or changed relationship or group dynamic or new insight/learning about social processes.” Respondents indicated that the “experiential learning” and the “risk” categories in AT assist in the consolidating group dynamics, while the social aspect impacts other aspects of the experience. Once social bonds are strong in the group, this assist in diminishing participants’ sense of risk, as there may seem to be less risk where there is greater cooperation. Risk appears to be managed with good group dynamics, thus strengthening the group and the importance of the social element for each group member. Perceived risk increases the need to metaphorically circle together to ‘fight off the bears’, and the by-product may be group cohesion, in turn reducing perceived risk. The experts explained that community, as a part of “socialization”, is very important in AT, “The opportunity for genuine community is also important” (Expert G). One of the Delphi experts also noted that social interactions are

instrumental to therapeutic change, “My research and clinical observation confirm that inter-personal interactions and social processes are equally if not more important to therapeutic change” (expert H). A product of AT according to Expert I is, “Increased sense of responsibility and interconnectedness.” This, according to many experts, is what arises from working through leadership activities and group process in AT. For Expert I this expounds the common belief that adversity fosters dependence, and through this, pro-social interactions occur.

One of the elements of socialization that I have personally noticed was that participants in AT would often be engaged in a social activity, without being cognizant that the process may be labelled “therapy” by the leaders. It was noted in the literature review, and by the Delphi experts, that this “covert” aspect of AT was advantageous over more overt forms of therapy. Perhaps AT’s implicit value is found in a positive, non-stigmatized approach to outdoor adventure and trust, as therapeutic gains made are generally not regarded as such by participants. Expert “B” describes why there are strong social ties in AT, “Program activities and the demand characteristics of nature require functional family communication, behaviour and interactions patterns.” Another expert suggests social ties involve, “The formation of a therapeutic group that is not labelled as such” (Expert J). AT’s therapeutic benefits often happen while engaged in pro-social or leadership activities that feel less like therapy, than they do group play and exercise. In Expert I’s view, “the special relationships with others in the group set the stage for some positive peer culture.” Expert H places high value on the social process in AT suggesting that, “My research and clinical observation confirm that inter-personal interactions and social processes are equally if not more important to therapeutic change.”

Social relations and facilitated pro-social interactions are not only essential in AT they also enable the participants to feel part of a group in pursuit of a common goal, a goal more oriented to outdoor pursuits than self-improvement. The most therapeutic moments in AT come during the processing of the experience within the group, when issues may be collectively talked about and useful metaphors created. A metaphor as described by Gass (1993) is way that the client in an AT experience may draw parallels between the AT experience and apply the learning in an alternative setting. Expert I best describes the use of metaphor in processing, “The more we engage participants in internalizing and proceeding through the What, So What, Now What and Then What, the more generalized their transfer of learning will be.” “Socialization” can be defined as an element that works to build awareness around the impact of how we interact with others, often in pursuit of a common goal.

Environment. The influence of nature on the practice and experience of AT informed one of the second round Delphi questions (see Appendix B) and there were a number of related responses to this question. The question asked, “How do the factors of nature/wilderness affect the therapeutic relationship and process?” In retrospect, I really should have been asking what venue is most effective for AT programming instead of being preoccupied with the outdoors. This reflected preconceived notions in regard to where AT should be held when experts were not reliant on having AT practiced uniquely in the outdoors.

Given that the experts were in favour of “nature” being more a place of mind, or an unfamiliar challenging environment, I needed to change my notion that it was the “environment” that had an influence on the AT experience, independent of the geography.

One Delphi expert described the value of nature in AT as an experience, “less interference in the relationship building process, plus the potential for nature to provide a different kind of sensory stimuli” (Expert J). Other experts defined nature more in terms of the conditions that AT may create, “AT provides opportunity to incorporate ceremony, tradition and ritual tied closely to the environment (and practiced experientially)” (Expert I). Some delineated that they identified “nature” as a shared experience between the client and the therapist. For Expert C, “The most straightforward answer is that it is a shared experience that the individual and the clinician undergo”. The importance of nature reflected in the experts’ comments was focused more on the challenges and the tasks in the AT program and less on the location. Expert F stated that, “It can be used simply as an unfamiliar environment.” If nature, or the outdoor environment (nature or natural setting), were the key element, AT would therefore have to be called WT (wilderness therapy), as it would only be available in wilderness settings.

The experts changed my focus away from using the outdoors and focused more on the working alliance with the client in varied contexts. Some respondents answered my question offering more venues to perform AT: the back woods, a challenge course, a community forest, a lake or a river. Expert “C” summed up this premise in stating the importance of the relationship; “The most straight forward answer is that it is a shared experience that the individual and the clinician undergo. This provides for instant credibility since the youth knows that the counsellor has shared the identical experience.” This expert brings to light the importance of the shared experience in a new setting, not necessarily a wilderness one, in strengthening the bond with the client. This concept is different from socialization in that this selective code looks at the context and relationship

with the counsellor, not just group activities that foster pro-social interactions. The importance is that the AT environment is a new and challenging one with perceived risks according to one expert, “The novel or unfamiliar environment that allows for issues to be reframed or put into a new perspective” (Expert G). Another AT expert described the environment needed to produce change: “The presence of physical, mental, and emotional risk (unfamiliarity with setting or situation) prompts the individual to access personal coping skills to achieve balance and a sense of safety (physical, mental, and emotional)” (Expert C). “Risk” works as a motivator and a common hurdle that all participants in the AT program experience, to later reflect on and recognize their inner strengths in face of challenge. Environment can be defined as a novel environment that presents the client with challenges and risk.

Further Thoughts on Selective Coding

Corbin and Strauss (1990) state that badly developed categories come to light in the selective coding phase as they may insufficiently articulate properties of what is reported in the data. I found that “perceived risk” was a product of the “environment” and that the memos and the open codes could be further condensed into one selective coding structure, “Environment of perceived risk.” I examined the relationships among the open coding properties and found there to be great similarities between the “risk” and “environment” categories. The melding of “risk and environment” allowed for a different definition of the place where AT could take place, a more encompassing selective code. The new code “environment of perceived risk” (see Table 4) implies that the Delphi experts saw AT as occurring in both wilderness and urban settings in ways inclusive of “perceived risk, out of comfort zone, natural and logical consequence and challenges.” One of my

preconceived notions about AT was that the activities needed to be very risky; that was dispelled in the responses and through the review of the literature. A moderate level of perceived risk seems adequate to bring the inexperienced adventurer to participate beneficially in an AT program.

Table 4 illustrates the next step in the research process, where propositions were created. Each selective code in Table 4 is supported by open coded categories derived from my respondents' comments that support the four main selective codes. The overarching category in this study is AT and the four identified propositions appear to inform the main concept of AT. This table graphically represents the four identified elements I have identified from the Delphi experts' comments as key to AT. It was not possible to quantify how much each selective code was valued by the experts, but this preliminary study discovered that these elements are evident in many AT practices.

Table 4

Revised Open Coding Categories Assigned to Selective Coding Elements

Selective Codes (Key Elements)	Open Coding Categories
Environment of Perceived Risk	Perceived Risk, Out of comfort zone, Challenges, Natural, Natural and logical consequences.
Active, Experiential Learning	Action based, Active participant, Invested in the experience, Responsible for actions, Experiential, Reality, Natural and logical consequences, Breakthroughs.
Processing	Alliance, Guide in processing experience, Create positive memories, Ability to connect, Climate of success, Ritual, Problem solving, Self reflection, Metaphors, Non-judgemental, Transformative, Debriefing, Transfer of skills, Drawing parallels.
Socialization	Trust, Shared experience, Group process, Sense of belonging, Community, Interdependent, Interaction, Pro-social.

Common Practices and Convergence Theory in AT

Gillis and Thomsen (1996) explained that AT would benefit from communicating in terms that are understandable to the mental health field so that the conventional psychotherapy community may better recognize and endorse AT's merits. The following four propositions, arising from my analyses, may assist in establishing a common language in articulating the underlying core of AT.

From the experts' comments summarized in Table 4, I discerned a first, general proposition: there must be an "environment of perceived risk" in AT. There was substantial feedback from all experts supporting this proposition as one of the key elements identified through the constant comparative process used in my analyses. Gillis and Thomsen (1996) wrote about the importance of risk and stress in AT, "employing real and/or perceived (physical and psychological) risk distress/eustress as a significant clinically significant agent to bring about desired change" (p. 3). Given the centrality of risk in the experience and the experts' comments about why perceived risk is so important, I put the responses to both rounds of questions into a table to better understand the process and purpose of risk. Expert A, for example, wrote, "Perceived risk appears to account for some of the variance in change" while Sheldon and Arthur (2001) saw risk as, "The conditions set up in an adventuring experience are intended to increase emotional arousal, a state that heightens the ability to learn" (p. 68).

Priest (1990) created his "Adventure Experience Paradigm" (AEP) which stipulated that a combination of low competence in outdoor skills and high risk equates with disaster, but conversely he underlined that the optimal combination for "peak adventure" involves a medium level of competence and a medium level of risk. The AEP is based on

two dimensions - personal skill level related to the situation and situational challenge – to assist AT practitioners in optimally matching AT participants with compatible AT activities (see Neill, 2005, online,

<http://www.wilderdom.com/philosophy/PriestAdventureExperienceParadigm.html>)

Reflecting an AEP perspective, Expert “F” wrote that the learning environment must support the level of risk, meaning that the training and trust must be sufficient to support risk taking without inducing injury. This kind of convergence between Priest’s AEP and the comments of experts in my research underscores a key sensitivity in designing AT experiences appropriate to the growth and personal capacities of participants.

“Risk” is a proposition that appears in the core of most AT programs for either the experts in this study or experts in the literature. The common practice of ‘setting the stage’ in AT involves risk, whether in an outdoor-based program or an urban course.

A second proposition, evident in the experts’ commentary, is that AT needs to be “active and experiential”. As Itin (2001) wrote, AT needs to be an “active exploration of the unknown” (p. 80). This type of learning is involved, active and quite common in AT practices. Crompton and Sellar (1981, p. 25) wrote,

One element lacking in many curricula today is the sheer joy of discovery. The classroom when extended into the outdoors provides the setting in which students may enjoy the pure thrill of discovery along with the plain, down to earth fun of learning.

Outward Bound, as an example, is based on learner-centred group problem-solving activities (Henson, 2003). Expert B endorses the “active and experiential” nature of AT as, “A process through which a learner constructs knowledge, skill and value from direct

experiences.” Thus, it appears that AT depends on an active component where its clients problem-solve through experiential activities. This proposition helps consolidate an understanding of a theory or belief consistently practiced since Kurt Hahn challenged youth in the 1940’s. In my own words, learning through action would best describe this proposition.

The third proposition, “processing”, is an essential part of the AT experience so that clients can relate their AT experiences to other spheres of life. For Gass (1993), “the processing of the adventure experiences is generally recognized as one of the most valuable skills of an adventure therapist” (p. 219). One of my preconceived notions surrounding AT was that it consisted of a rugged wilderness experience followed up by some reflection and wisdom, I had not realised that the therapeutic activities are designed into every activity and setting in the program. One of the few textbooks on AT, by Gass (1993), identified three established ways to process AT experiences with clients. Processing has become one of the generic tools in AT for debriefing the experience, a tool that is often paired with the divergent approaches discussed in this project. There is a caution in over-relying on processing from Expert H who recognized the need for processing but warned that some clients may need behavioural/action-based methods as these clients may not have the adequate cognitive development to understand process metaphors or the complexities of debriefing.

An important note from the selective coding category of “processing” is that metaphors are heavily integrated into the process of consolidating the learning and change in AT. Expert K wrote, “They see the bigger picture by expanding their horizons. They often now will make the connection between their social being and their personal needs.”

He also writes that in processing metaphoric experiences the client may find coherence in the “real world” after being in an AT program. A leader in AT research, Gillis (1995), wrote that AT could augment traditional talk therapies through the use of activities that become a shared history for participants in the same experience. The “history” that Gillis mentions can be discussed in the processing phase of the AT experience (p. 5). The key element in using a metaphor is how it is discussed or facilitated by the therapist.

“Processing” is what comes close to traditional talk therapies in psychotherapy. A debrief and discussion after a day in the mountains or on a river can be therapeutic when ties are made to one’s strengths and abilities in overcoming the perceived risks and challenges. Russell (2002) wrote that challenging youth in physically and emotionally demanding environments may benefit the clinical goals of AT as it demonstrates to the youths that life at home is not such a challenge. This relates to what Gass (1993) wrote about how Outward Bound experiences could serve as a metaphor by clarifying real life situations in the wilderness setting. Expert K demonstrates how comparisons/metaphors are made, “They see the bigger picture by expanding their horizons”. Metaphors work to demonstrate to the client that if success may be achieved in AT settings, that perhaps the same may be possible in the “real world.”

A fourth proposition is that there needs to be opportunities to be a part of a “genuine community,” a community that is a facilitated team relationship. This proposition came to me during the axial coding phase where connections between categories are made. This proposition is close to some of the findings in the literature review and research, as described by Itin (2001), who wrote that group and social processes - genuine community - are essential to AT experiences. What I have deduced from the selective codes is that

the community is a “facilitated” one, but a genuine one, none the less. AT’s therapeutic benefits often happen while engaged in pro-social or leadership activities that feel less like therapy, than they do group play and exercise. It appears that the sense of community does not just occur by osmosis, but is constructed through pro-social activities and building awareness through “processing.”

Russell (2002) wrote that AT is an “intense interpersonal experience” that often transfers the importance of relationship cohesion to the non-wilderness, everyday life setting (p. 37). I believe that group process is the backbone of AT as it is the medium through which so much of therapy is delivered. I found out that socialization was not merely a by-product of AT but an element woven into the fabric of AT design. Many following Kurt Hahn’s footsteps, such as Rosol (2000), used AT with at-risk youth in promoting pro-social behaviours. Neill and Dias (2001) found that, as the social supports grew during an AT course, so did participants’ resiliency. “Social” was also one of the most prevalent words found in my initial word search of the answers to my questions.

Summary

To summarize, a number of propositions emerged in the process of analysing the data collected in this research. These propositions are essential parts of AT experience and include: “perceived risk”, “experiential learning”, “processing”, and “presence of a genuine community”. These four propositions were informed by the data from AT experts and by the research literature. The two rounds of answers, once analysed, suggested some consistency between what was reported by the experts who took part in the present research and disparate themes found in the AT literature about cornerstones of the AT experience. Unique to the present research, however, is the way its experts’ comments

facilitated convergence where before there had been fragmentariness to the ideas considered core to the AT experience.

The following, concluding, chapter will look at the significance of the findings of the study and how these propositions may be applicable to various aspects of AT. The next section will also look at the connections between the existing research and the findings of the present study. Some limitations of the project in question, as well as potential directions for future research into the realm of AT will be offered.

CHAPTER IV

SYNTHESIS AND IMPLICATIONS

Overall Project Impact

The goal of this project was to see if there were any common practices or common ideas held by experts about AT. Identified common practices and ideas in AT would make it easier to practice, teach and evaluate AT which is still an emerging field of study and practice. Several key propositions were identified and discussed in detail in the previous chapter. Some are supported by existing research and some contribute to better understanding the common elements in AT's very divergent approaches to practice, a divergence identified in my literature review. The expert adventure therapists participating in this study came from very different theoretical approaches, but spoke to similar AT ideas and practices. While, arguably, a strength of AT is the different ways in which it can be practiced, this project looked beyond these differences for the essence of what experts think makes AT work.

There is value in discovering and discussing common practices and ideas in AT to better understand what experts think works well, and to consider what needs to be looked at in future studies. As identified in the initial chapter of this project, AT is more purposeful in design than outdoor education. Outdoor education should be seen as an integral process related to AT as many of its activities can be delivered in an OE setting - whether in an urban climbing gym, an inner-city cross county ski centre or in a National Park. Because of this, OE may be therapeutically beneficial if its activities include the propositions identified in this study. It is important to look at how the common propositions identified in this project combine to constitute a core structure to AT.

Four propositions were discerned from AT experts' answers to both rounds of survey questions. The survey evidence shows that there are very divergent practices and theories, but some root elements were discovered in the Delphi research process. These expertly identified elements could be considered core propositions which are trans-theoretical and widely used in the field of AT, especially as supported by the AT literature reported in this project. What this project has done is gain a simplified window into the very complex processes involved in AT by boiling down many concepts into core elements of AT; namely, "perceived risk", "experiential learning", "processing", and "presence of a genuine community". While the literature review suggested many directions taken in AT, I let the experts speak to the topic and then used constant comparative analyses to summarize commonalities in what they said.

Applications in Other Settings

The four propositions discerned by this Delphi study help identify common areas of practice in AT. The results of this project provide a glimpse into some of the common areas of practice, especially for those therapists attempting to adapt the AT propositions identified to their own practice. This may help validate the work that others are doing in the field, in seeing that they share practices in common with the expert participants of this study. I also see the results of this project as offering a starting point for therapists, counsellors, outdoor educators and teachers in mapping out program or curriculum design elements recognized here as central to, and therapeutic in, all AT interventions.

In addition to the potential AT applications just mentioned, the common AT propositions identified (and demystified) may prompt curious potential clients to further their self-exploration and personal development through facilitation provided by a trained

AT practitioner. When the essence of any therapeutic technique has been boiled down to a few straightforward and simply worded propositions, it demystifies what is involved in any particular healing, counselling or change process. In this respect, the results of this research may have possibly made the AT process more “consumer/client-accessible”.

AT may be easier to teach now that some common elements have been identified. Experts who are teaching AT in universities and colleges may be able to better explain the elements of AT as described in the four propositions. It is far easier to explain the workings of AT when they are grouped into major headings that are supported by selective codes that have been derived from comments by experts in the field.

Assessment in AT

As mentioned in Chapter I, theory in counselling provides a conceptual map indicating what problems or goals need to be addressed, how these can be addressed, and what will indicate that they have been addressed. The results of this project are important to assessment as they relate to identifying core elements of AT and how one might assess them in terms of program delivery and outcomes. Identifying the four propositions may serve useful in developing measures or assessments rating program effectiveness by looking at these four propositions as measurable components of AT program delivery. For example, a measure of the “processing” element of AT may help to explain more about this activity’s benefits and centrality to the AT experience.

Limitations of the Project

This research project was limited in scope given that 10 experts’ responses were analyzed for the first round of questions, and 7 for the second. I initially sent out an invitation to 20 experts. While an original 10 experts responded to the first round of

questions, only 6 of the original 10 replied to the second round, with one new respondent originally invited to the study joining 'late' in responding to the second round of questions. Thus, the four propositions that have been identified through this research should be considered a preliminary but expertly informed list of key components of AT. My search for a "common theory" was perhaps not the best initial choice of words as many responding AT experts expressed concern about established psychological theory they saw as unrelated to the practices of AT. I would use the terms "ideas and practices" in future studies in AT. Many of the experts were confounded by the use of the word theory and replied with broader psychological theories, not theories unique to the practice of AT. As identified by Jackson (2005), theory is paramount in turning large quantities of raw data into knowledge. This project inductively derived propositions from a range of experts' comments. However, these propositions are tentative steps toward a better theory of AT, however further research is need to supports theory development in AT. The four propositions derived from the experts' comments can be seen as an advance for AT in that they clearly delineate a good starting point for counsellors developing AT activities, or researchers wanting to more closely evaluate such activities. These propositions were derived from the procedures laid out in Creswell's summary of grounded theory (1998) and heeded his caution that a theory must be generated from the data, to evolve at the end of a study. These four propositions also followed Taylor and Bogdan's (1998) recommendations to eschew prior assumptions and to let the data create the theory or propositions in this case. The four propositions derived therefore offer a set of theoretical propositions useful to further theory building in AT.

Experts in the field reading this report may question why some elements they consider necessary may be missing, but it must be kept in mind that only two rounds of questions and eleven experts were involved in generating the data from which the elements reported were derived. A member check was not used as the data was used in its verbatim form, with no alterations or modifications. Such check-ins, or even a third round of questions or member check would have been beyond the scope of this project.

Suggestions for Further Research

Further research could be used to validate and/or build on the findings of this study. It would also be beneficial in future research to look at AT as it is experienced by clients of different genders, ages and ethnic groups. I believe that it would be helpful to learn more from clients' diverse experiences about the challenges and environments that AT uses in its practice. The data may assist in further exploring alternative convergences of theory and common practice in AT through qualitative and/or quantitative analyses – in effect, bringing together the voices of practitioners and clients about AT. Such further analyses might confirm or add to the four propositions identified and reported here: that AT provides challenging environments that are active and experiential, and that engage participants in processing through self-reflection, problem solving, metaphor and pro-social group process.

Given that assessment is an essential part of any therapy, it may also be of value to evaluate if presently used formal or informal assessment tools are useful in the context of AT described as it has been in this study. Evaluating AT on terms consistent with how its experts regard it might offer information useful to further program development, and could be helpful in developing AT-specific assessment tools.

Despite the small scale of this study, four categories deemed essential to AT have been identified warranting further study to discover if more common AT ideas and practices can be identified. From results of larger-scale qualitative AT research, identifying more core areas that work, future quantitative studies could be developed, helping to measure an expanded number of elements identified as “core” to AT.

Conclusion

This project has deconstructed some of the key elements of AT practice which may help AT to be understood by a larger audience, including professional counsellors, therapists, educators, and curious consumers. Gillis and Thomsen (1996) identified that if AT communicates in a common language understandable by conventional mental health professionals, it may also be better understood by a larger audience. More common knowledge about AT may help AT be taught to a larger audience of counsellors and outdoor educators. Having a common terminology and practices will help in facilitating common understanding and practice of this therapeutic approach.

Personally, as a counsellor and as an outdoor educator, I gained helpful insights into effective, purposeful practice in AT. By sifting through the comments by the experts in the field, I built on my limited perspective of this type of therapy. Moreover, I am more convinced that these core elements in AT that may help inform future developments to AT. This project has unveiled some of the core elements of AT and provided a good starting point to further explore the unique elements that make AT work.

Despite the limited scope of the present research, its outcomes are helpful to the field. First, this study helped to identify common core elements in the practice of AT that can be used by the professionals in the field. Second, its Delphi method pointed out a way

to identify further commonalities in the practice of AT. Third, it identifies core propositions useful to developing assessment tools consistent with the ideas and practices of AT. Fourth, it started to demystify the process of AT to professionals and consumers. Finally, the conclusions of this study were derived from comments by recognized experts in the AT field. Notwithstanding the obvious need for further, larger-scale and more detailed explorations into the realm of AT, the present pilot project serves as a beginning endeavour into better understanding this relatively new therapeutic approach.

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Appendix A

First Round of Delphi Questions

1. What theoretical ideas most guide your approach to using AT?
2. What are your views on AT as an educational and/or therapeutic experience?
3. What are the core ideas associated with AT?
4. What are the changes that you see participants in AT most commonly making (behavioural, cognitive, affective)?
5. Which populations most benefit from AT?
6. What aspects of participating in AT do you think are most transformative?
7. What does it take to be a good practitioner of AT?
8. What are your views on AT developing a common theoretical base, and if you are for developing such a base what would you propose?
9. What are the best ways for assessing change in AT?

Appendix B

Second Round of Delphi Questions

1. How does the element of risk create a climate for the change process in AT experiences?
2. How do the factors of nature/ wilderness affect the therapeutic relationship and process?
3. Comment on the importance of pro-social interactions, the sense of community, and the therapeutic relationship with the counsellor in AT.
4. Comment on the importance of learning and self-reflection from clients' experiences, both positive and negative.
5. How do the gains (social and personal) made in the wilderness setting translate to the client's urban lives?

Appendix C

Delphi Expert Respondents

(A) (PhD) Licensed psychologist, university professor, adventure therapist and author.

Adventure therapy programming since 1977.

B) Licensed psychologist (PsyD) Clinical, Medical & Family Psychology, family psychology, clinical and wilderness therapist.

(C) Clinical social worker (BSW, MA, LCSW, CADC). Adolescent outpatient community-based wilderness therapy addressing, Delinquency, Addictions, Emotional conflict, Theory-informed practice.

(D) (PhD) student, Adventure therapist, Psychodrama group psychotherapy theory, Personality psychodiagnostic, Psychoanalytic theories, Addictive disorders, Attachment theories, Teaching and learning process.

(E) Social Worker (MSW) Family Adventure Therapy.

(F) Social worker (MSW, PhD), Experiential education, Social work education, Adventure therapy, Adventure-Based Practice, Addiction, Family, Adolescents, Change Process, Ericksonian Psychotherapy and Hypnotherapy.

(G) Background in Wilderness Therapy and Experiential Education for youth at risk. 16 years work experience with indigenous peoples in the UK, Canada, USA, South Africa and Indonesia. Skilled outdoor leader, youth trainer, and experiential educator. (PhD student).

(H) Clinical psychologist (PhD) Systemic Wilderness Adventure Therapy: Research & Development. Training, supervision and courses in wilderness adventure therapy and adolescent therapies.

(I) MS/Psychology program in Adventure Therapy, Outcomes, Benchmarking, Program evaluation, and Residential therapy programs (Clinical coordinator).

(J) (M.Ed.) Outdoor education. Outdoor educator/ university lecturer, interested in community based outdoor leadership, working with youth, working towards sustainable lifestyles and developing outdoor education in regional areas.

(K) (M.Ed.), Outdoor educator, facilitator, leadership consultant, over 30 years working with youth in Canada and USA.

Appendix D

Recruitment letter (sent by e-mail)

(E-mail Subject heading): Adventure Therapy Convergence of Theory? - Your invitation
to a Delphi Study

I am currently completing my Masters degree in counselling psychology with Campus Alberta - a partnership program of the University of Calgary, Athabasca University and the University of Lethbridge - and I am conducting my final research project on Adventure Therapy (AT). The focus of this final project will examine theoretical aspects of AT as they relate to therapeutic outcomes for counsellors, mental health practitioners and educators working with adolescents. The project seeks a convergent theoretical framework relevant to the AT experience, based on the opinions of experts in the field. The purpose of this Delphi study is to see if further theoretical integration can be brought to AT. Further theoretical integration would assist in better measuring AT's outcomes, and in teaching/supervising it with new practitioners.

What your participation would entail and how it could benefit AT

My final project uses the Delphi method to poll the opinions of the experts in the field in responding to a common questionnaire and interviewing process. In the present study, your anonymous participation in the Delphi Study would involve responding to an initial nine questions related to your views on the ideas central to AT. From your answers, and those of other contributors to the AT research literature, I will analyse the responses, thematically, for similarities on what ideas you and other respondents as see working best in AT practice. I will then summarize the initial responses for you and other respondents and request further input from you collectively. This may require a third, but final

iteration before your contribution is complete. The process will involve feedback to these experts until the group hopefully reaches a consensus on those ideas. I will share the results of the study with all respondents and your contributions will be kept anonymous. Should you have any questions regarding this study and what your participation in it would entail, please contact me, or my supervisor, at the e-mail addresses below.

reecem@telus.net

strongt@ucalgary.ca

Appendix E

Adventure Therapy: A Delphi Study on Theoretical Convergence Electronic Informed Consent Form

Principal Researcher:
Mike Reece
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Telephone: (403) 851-0037
E-mail: reecem@telus.net
Supervisor: Dr. Tom Strong
Assistant Professor
Campus Alberta Applied Psychology
University of Calgary
Telephone: (403) 220-7770
E-mail: strongt@ucalgary.ca

I hereby give my consent to participate in a research project titled
/Adventure Therapy: A Delphi Study on Theoretical Convergence/

I understand that such consent means that I will complete this emailed survey on Adventure Therapy (AT) theory. I also understand that in proceeding to complete this emailed survey I will be giving informed consent for my participation in the Delphi Study on AT.

I understand that participation in this research project is voluntary and that I am free to choose not to answer certain questions or I may withdraw entirely by simply not submitting the survey by email. I understand that withdrawal will not adversely affect me in any way. (1) If you would like to participate in this study, please submit the email survey to reecem@telus.net before (DATE to be specified later) which also implies your informed consent to participate in this study, (2) If I do not receive a completed survey from you I will assume that you are not interested, however you can choose to not participate and still email me the names and email addresses of others whom you think may want to participate, (3) Each round of questions (to a maximum of three) should take no more than a half hour to complete in seeking the degree of theoretical convergence possible, (4) in second and third email requests for continued participation, your electronic consent will still be required (5) The time frame for your involvement in this study would occur over a maximum of 3 months, involving a maximum of 3 rounds of questions.

I understand that as a contributor to a relatively small field, the researcher will aim to ensure your anonymity by placing your comments within an aggregated group of comments for each question. That said, however, the researcher cannot guarantee your anonymity should others make inferences about your contributions given their familiarity with your earlier writing. All information will be kept confidential, except when legislation or a professional code of conduct requires that it be reported. All reporting of data and use of data will maintain participant anonymity. Theories or postulations specific to individual respondents will be formulated so as to minimize the likelihood of revealing a participant's identity.

I understand that the results of the survey will be analyzed with the purpose of finding converging theories and common threads in AT. Findings may be disseminated at professional conferences and peer reviewed publications, and will be primarily used for a Graduate research project that will be discussed in a 2-week online student forum. The final project will be posted in Athabasca University's Digital Thesis and Project Room.

I have kept a copy of this consent form for my personal records. I understand that if I have any questions in regards to this project I can contact Mike Reece through e-mail, reecem@telus.net or at home, (403) 851-0037. If I have any concerns in regards to how the project is being conducted, I can also contact Dr. Tom Strong at the University of Calgary, Division of Applied Psychology, (403) 220-7770, or e-mail him at: strongt@ucalgary.ca

I have read (or have been read) and fully understand the consent form.

I agree to participate in this research as described, to the best of my ability.

I understand that I have the option to print this screen using my computer's "Print Screen" function in order to have a 'written' copy of this consent for my records. By proceeding to answer the following questions and email them back to Mike Reece; I understand that I am agreeing to participate in this study as if I have signed a paper document with my signature.