DOCUMENT RESUME

ED 409 129 RC 020 500

AUTHOR Berman, Dene S.; Davis-Berman, Jennifer
TITLE Training Adventure Therapists: A Mental Health Perspective.
PUB DATE 93
NOTE 17p.; Paper presented at the Bradford Institute on Americans Outdoors (Martinsville, IN, November 1993).
PUB TYPE Information Analyses (070) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adventure Education; *At Risk Persons; Educational Needs; Higher Education; Mental Health; Models; Outdoor Education; *Qualifications; *Risk; Standards; *Therapists
IDENTIFIERS *Adventure Therapy; *Training Needs

ABSTRACT

This paper presents a model for determining appropriate provider qualifications in a variety of adventure settings, in which adventure-based activities are used, but particularly the qualifications and training needs of adventure therapists. The model is based on the premise that the skill and educational needs of providers increase with the physical and emotional risk associated with adventure activities, with the increased needs of participants, and with program goals. Adventure-based activities are utilized with a variety of populations ranging from emotionally healthy to emotionally unstable. Program goals can reflect recreation, education/enrichment, adjunctive, or therapeutic goals, which require different levels of skills in providers. This model suggests that many people will have the basic educational and technical background needed to provide services to low-risk populations, who are engaged in recreational or educational activities with little or no risk. Few providers will have the requisite education and skill levels to work with high-risk populations, to lead potentially dangerous activities, or to pursue the goal of providing therapy. Strategies for ensuring that providers have all the skills needed for a given situation include partnerships between mental health professionals and experiential educators, cross-training for the two groups, and hybrid training that aims at synthesis. Figures illustrating the model are included. (LP)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ERIC

ED 409 129

TRAINING ADVENTURE THERAPISTS: A MENTAL HEALTH PERSPECTIVE

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Dene S Berman
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Dene S. Berman, Ph.D.

Lifespan Counseling Associates

Jennifer Davis-Berman, Ph.D.

University of Dayton

and

Lifespan Counseling Associates

Mailing Address: 1698 Forestdale Ave

Dayton, OH 45432

(513) 426-2079, (513) 426-0211 fax

Running Title: Adventure Therapists

This paper was an invited address presented as part of a workshop on Staff Readiness at the Bradford Institute on Americans Outdoors, Martinsville, IN, in November of 1993.

020500

BEST COPY AVAILABLE

TRAINING ADVENTURE THERAPISTS: A MENTAL HEALTH PERSPECTIVE

Adventure therapy is an emerging field. As such, there are extant issues concerning the qualifications and training of adventure therapists. We will be addressing training issues in the adventure education field by presenting a model that can be utilized to conceptualize the needs of professionals practicing in this field. We do so as mental health professionals who have entered the field from a direction that is probably very different than that of most adventure therapists. Jennifer is a social worker and Associate Professor of Sociology at the University of Dayton. Dene Is a psychologist and Clinical Professor of Professional Psychology at Wright State University. Together, we have a private counseling practice, a component of which is the Wilderness Therapy Program, an adventure-based, intensive counseling program for troubled adolescents.

Two major events led us to begin thinking and writing about training issues in adventure therapy. The first was after we published our first article on wilderness therapy (Berman & Anton, 1988). Shortly after it was published, we received a call from a man from a western state who told us that he was offering a wilderness program as an alternative to hospitalization for troubled youth. He wanted to use our article as an insert to his program brochure in order to help convince parents that wilderness therapy is credible treatment. When we asked

ERIC

him about his credentials, he told us that he is an ex-marine drill sergeant who learned in the military how to work with young men. He then proceeded to tell us about how he took adolescents (some of whom had to be physically restrained and taken forcibly in order to go on his trips), and taught them survival skills. Needless to say, we had serious reservations about this so-called "therapy."

The second event that led us to think about training issues was when we were invited by the Council on Accreditation of Services for Families and Children to participate on a national task force to write standards for residential wilderness therapy programs. When we went to a task force meeting in early 1992, we were able to talk about the kind of credentials wilderness therapists need from the perspective of representatives from some of the largest residential programs in the country. The general consensus was that wilderness counselors do not have to have credentials, except that they have to be at least 21 years of age, in good health, and with demonstrated technical skills (COA, 1993). We were a dissenting voice when we advocated for more rigorous standards for staff credentials. Essentially, our position was that programs dealing with troubled youth, especially those advertising as an alternative to psychiatric hospitalization, need to be held to a higher standard. Thes credentials should be no different than those of professionals providing mental health services in more traditional

settings. Since then, we have written extensively about our views (Berman & Davis-Berman, 1991, 1992, 1993; Davis-Berman and Berman, 1993, 1994).

The evolution of our thinking has led us to now suggest that the issue of staff credentials is complex and must be considered within the context of the specific program and its participants. There are some situations in which staff should be licensed mental health professionals, but many others, in which these credentials are not necessary. Similarly, there are situations in which professionals should have highly technical outdoor recreation skills.

While we might all agree, in principle, that psychiatric patients who are recipients of wilderness programming as a form of psychotherapy should be treated by individuals with high levels of skill and training, there would be less consensus about standards of professional competence when other scenarios are considered. For example, our expectations about professional credentials might be very different if we considered playing "couple's tag" with a group of third graders in order to sensitize them about the need for people to work together as part of a team. It is our goal to present a model for determining provider qualifications in a variety of different settings in which adventure-based activities are used to enhance participants' growth and development.

ERIC

Let us begin by considering the skill and educational needs of providers by looking at them as a function of different conditions. Some activities that might be used offer little or no risk to participants, while others present high levels of risk. This dimension of "riskiness" can be represented as a continuum from low risk to high risk. At the low end might be games in which there is no bodily contact and little self-disclosure where the participants are having fun. The "name game" could be representative of low risk activities.

On the other hand, some adventure-based activities contain high elements of risk in that they are potentially dangerous physically or emotionally. A physically potentially dangerous activity, for example, might involve white-water rafting. Our model suggests that as the riskiness of the activity increases, the leaders need increasing skills and professional education. This notion of "riskiness" is depicted in Figure 1.

Insert Figure 1 about here

Adventure-based activities are utilized with a variety of populations. Some of those populations are emotionally very healthy, like the individuals who participate in leadership programs for highly achieving students. At the other extreme are individuals who are very

ERIC

unstable emotionally, such as might be found in a psychiatric hospital wilderness program for patients. Again, we suggest that this dimension be looked at as a continuum, in this case of the needs of the population with low needs (i.e., stability) at one end and high needs (instability) at the other. As the needs of the population increase, the skill and educational needs of the leaders should also increase, as may be seen in Figure 2.

Insert Figure 2 about here

Another dimension that deserves attention relates to the goals of the program. We have utilized the categories generated by Gillis et al. (1991) for programs that focus primarily on recreation, education/enrichment, adjunctive, or therapeutic goals. Recreational programs might be those that offer fun and challenge; enrichment and educational programs aim to help increase people's awareness or learn new skills; adjunctive programs may be seen as augmenting other services, as a ropes course can be used in a substance abuse program; and adventure is used as therapy when the goals are to alleviate psychiatric problems. This continuum of program goals is represented in Figure 3 and suggests increasing needs of providers as being linked to increases in program goals.

Insert Figure 3 about here

These dimensions can be put together in such a way that the needs of the providers can be seen as a function of the activity, the population and the program goals. These dimensions can be visualized as the three ascending sides of a pyramid, with provider needs increasing in a corresponding fashion, as may be seen in Figure 4.

Insert Figure 4 about here

A further aspect of this pyramid that can be seen is that the base is much larger that the peak. This can be taken to suggest that there will be many more people who have the basic educational and technical background needed to provide services to low risk populations, who are engaged in activities with little potential for harm, in programs whose goals are recreational or educational. There will be few providers with the requisite education and skill levels to work with high risk populations, who are engaged in potentially dangerous activities, with the goal of providing therapy.

Let us again consider the drill sergeant who puts troubled adolescents in wilderness settings (in which they have to use survival

ERIC

skills) as an alternative to traditional psychiatric hospitalization. It should be clear, from our model, that "Sarge" is in over his head, and his clients are unlikely to reap the benefits that are proffered. Thus far, it may be easier to determine when one's leadership needs are inadequate that to determine what they should be. That is, the model may be more proscriptive than prescriptive.

Determining provider qualifications is a difficult task, at best. Turf battles are likely to ensue with lines drawn in the sand in an attempt to dictate who should do what, when, and where. We believe that there is a more rational approach to making these determinations, and that is by considering the aforementioned three dimensions of risk, population and goals and then considering provider qualifications for each of these permutations. This approach is outlined in Table 1.

Insert Table 1 about here

Filling in the empty spaces in the column labeled "provider qualifications" is beyond the scope of this presentation. It is our hope, however, that the model we have proposed will serve as a heuristic in making those determinations.

The goals may eventually be for each provider to have all the skills needed for a given situation. In the interim, there may be

ERIC

alternate ways of reaching this goal. One possibility, now achievable, is to seek partnerships between mental health professionals and experiential educators. A second option is to pursue cross-training in which experiential educators would obtain training in counseling and counselors would gain experiential education training. These possibilities may not be as desirable as hybrid training. Different than cross-training in that synthesis is the goal, hybrid training opportunities are on the horizon. Two types of hybrid training programs currently exist. A number of Recreation Therapy programs are trying to offer training in mental health and outdoor education. From the mental health direction, there is a new program at Georgia College offering a master's degree in psychology with an emphasis in adventure therapy.

This presentation has been aimed at providing a framework for determining the needs of adventure therapists. We join you in the collaborative effort of further refining this model and the training opportunities that will meet the needs of an emerging field.

References

Berman, D. & Anton, M. (1988). Wilderness therapy as an alternative to adolescent psychiatric hospitalization. Residential Treatment for Children and Youth, 5, 39-52.

Berman, D. & Davis-Berman, J. (1990 summer). Wilderness therapy: Conceptual and training issues. WEA Legend: Newsletter of the Wilderness Education Association, 4-5.

Berman, D. & Davis-Berman, J. (1992 fall). Professionalization of Wilderness Therapy. WEA Legend: Newsletter of the Wilderness Education Association, 3,7.

Berman, D. & Davis-Berman, J. (1993). Professionalizing wilderness therapy. Insight., 1, 1-2,6.

Council on Accreditation of Services for Families and Children. (1993). Final version of standards for Therapeutic residential wilderness camping programs/adventure-based therapeutic outdoor programs. NY: Council on Accreditation of Services for Families and Children. (Available from COA, 520 Eighth Avenue, Suite 2202B, New York, NY 10018-6507.)Davis-Berman, J. & Berman, D. (1991). Wilderness therapy and adolescent mental health: Administrative and clinical issues. Administration and Policy in Mental Health, 18, 373-379.

Davis-Berman, J. & Berman, D. (1993). Therapeutic wilderness programs: Issues of professionalization in an emerging field. Journal of contemporary psychotherapy, 23, 129-136.

Davis-Berman, J. & Berman, D. (1994). Wilderness therapy: Foundations, theory and research. Dubuque, IA:Kendall/Hunt.

Gillis, L., et al. (1991). Family Adventure survey: Results and discussion. In C. Birmingham (Ed.), Proceedings of the 19th Annual AEE Conference. Boulder, CO: Association for Experiential Education, 29-39.

DIFFERING CONDITIONS WILL DICTATE DIFFERENT PROVIDER QUALIFICATIONS

RISK	POPULATION	GOALS	PROVIDER QUALIFICATIONS
-	-	REC	
+	-	REC	
-	+	REC	
+	+	REC	
-	-	ED	
+	-	ED	
-	+	ED	
+	+	ED	
-	-	ADJUNCTIVE	
+	-	ADJUNCTIVE	
-	+	ADJUNCTIVE	
+	+	ADJUNCTIVE	
-	-	THERAPY	
+	-	THERAPY	
-	+	THERAPY	
+	+	THERAPY	

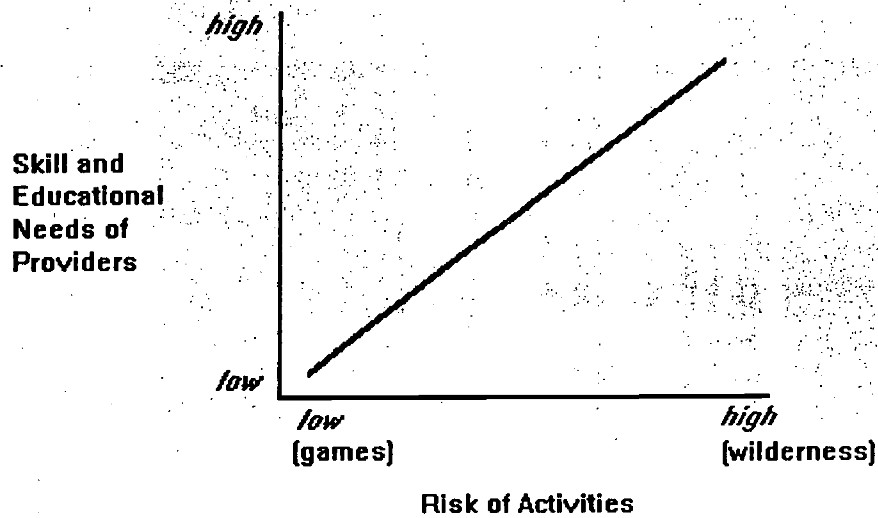


Figure 1. The skill level and educational needs of providers increases with the riskiness of activities.

ERIC

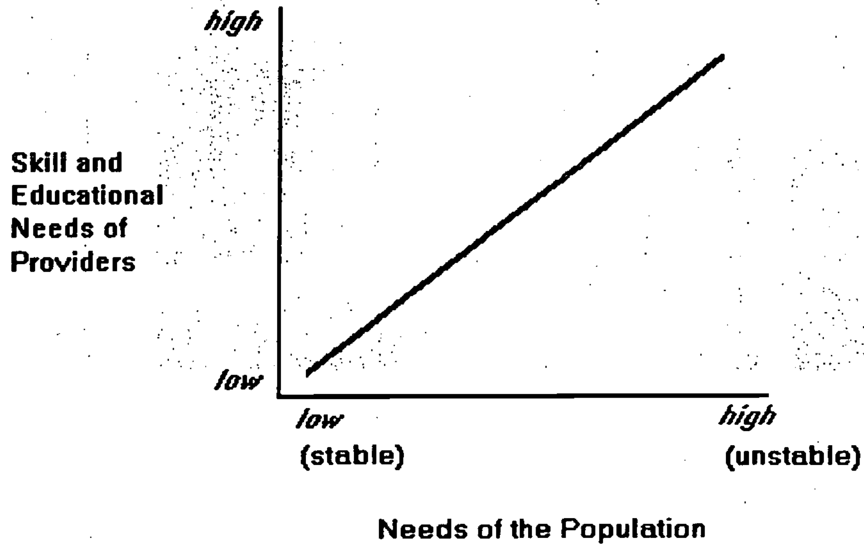


Figure 2. The skill level and educational needs of providers increases with the needs of the population.

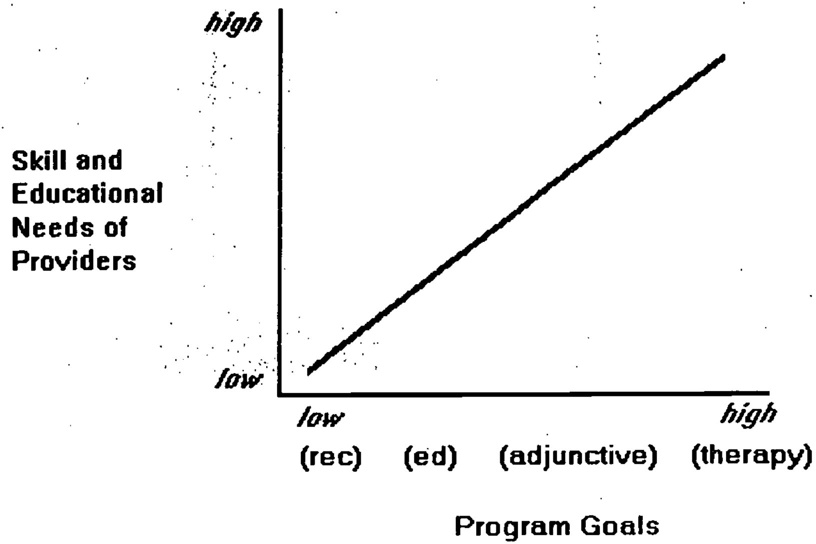
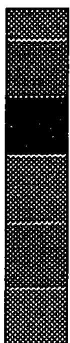


Figure 3. The skill level and educational needs of providers increases with the program goals.

Needs of Providers

(high)



(low)

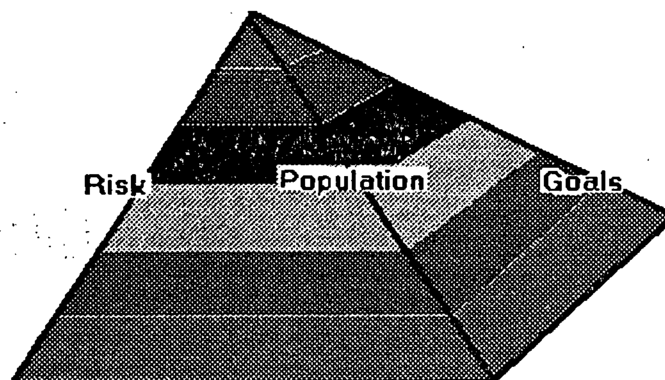


Figure 4. Conceptual model for determining the skill level and educational needs of providers.

ERIC

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
Educational Resources Information Center (ERIC)

REPRODUCTION RELEASE

(Specific Document)

I. DOCUMENT IDENTIFICATION:

Title: Training Adventure Therapists: A Mental Health Perspective

Author(s): Dene S Berman, Jennifer Davis-Berman

Corporate Source:

Publication Date: 1995

II. REPRODUCTION RELEASE:

In order to disseminate as widely as possible timely and significant materials of interest to the educational community, documents announced in the monthly abstract journal of the ERIC system, *Resources in Education* (RIE), are usually made available to users in microfiche, reproduced paper copy, and electronic/optical media, and sold through the ERIC Document Reproduction Service (EDRS) or other ERIC vendors. Credit is given to the source of each document, and, if reproduction release is granted, one of the following notices is affixed to the document.

If permission is granted to reproduce and disseminate the identified document, please CHECK ONE of the following two options and sign at the bottom of the page.

[X] **Check here For Level 1 Release:** Permitting reproduction in microfiche (4" x 6" film) or other ERIC archival media (e.g., electronic or optical) *and* paper copy.

The sample sticker shown below will be affixed to all **Level 1** documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

Sample

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Level 1

The sample sticker shown below will be affixed to all **Level 2** documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN OTHER THAN PAPER COPY HAS BEEN GRANTED BY

Sample

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Level 2

[X] **Check here For Level 2 Release:** Permitting reproduction in microfiche (4" x 6" film) or other ERIC archival media (e.g., electronic or optical), but *not* in paper copy.

Documents will be processed as indicated provided reproduction quality permits. If permission to reproduce is granted, but neither box is checked, documents will be processed at **Level 1.**

"I hereby grant to the Educational Resources Information Center (ERIC) nonexclusive permission to reproduce and disseminate this document as indicated above. Reproduction from the ERIC microfiche or electronic/optical media by persons other than ERIC employees and its system contractors requires permission from the copyright holder. Exception is made for non-profit reproduction by libraries and other service agencies to satisfy information needs of educators in response to discrete inquiries."

Sign here→ please

Signature: Dene Berman, Jennifer Davis-Berman

Printed Name/Position/Title: Dene S Berman, Jennifer Davis-Berman

Organization/Address: Lifespan Counseling Associates, PO Box 340398, Dayton OH 45434-0398

Telephone: 937 426-2079

FAX: 937 426-0211

E-Mail Address: Berman@udayton.edu

Date: 7/6/97

III. DOCUMENT AVAILABILITY INFORMATION (FROM NON-ERIC SOURCE):

If permission to reproduce is not granted to ERIC, *or*, if you wish ERIC to cite the availability of the document from another source, please provide the following information regarding the availability of the document. (ERIC will not announce a document unless it is publicly available, and a dependable source can be specified. Contributors should also be aware that ERIC selection criteria are significantly more stringent for documents that cannot be made available through EDRS.)

Publisher/Distributor:

Address:

Price:

IV. REFERRAL OF ERIC TO COPYRIGHT/REPRODUCTION RIGHTS HOLDER:

If the right to grant reproduction release is held by someone other than the addressee, please provide the appropriate name and address:

Name:

Address:

V. WHERE TO SEND THIS FORM:

Send this form to the following ERIC Clearinghouse:

ERIC/CRESS AT AEL
1031 QUARRIER STREET - 8TH FLOOR
P O BOX 1348
CHARLESTON WV 25325

phone: 800/624-9120

However, if solicited by the ERIC Facility, or if making an unsolicited contribution to ERIC, return this form (and the document being contributed) to:

ERIC Processing and Reference Facility
1100 West Street, 2d Floor
Laurel, Maryland 20707-3598

Telephone: 301-497-4080
Toll Free: 800-799-3742
FAX: 301-953-0263
e-mail: ericfac@inet.ed.gov
WWW: http://ericfac.piccard.csc.com

ERIC