Ordinary meaning from extra-ordinary experience: Occupational therapists’ use of experiential learning in adventure therapy.

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Abstract.

Rationale:
Adventure therapy uses experiential learning within adventurous outdoor activities to facilitate therapeutic outcomes, generally with youth in mental health settings. Forms of an experiential learning cycle are commonly employed, with a strong focus on debriefing to ensure meaning is made from the experience and to enhance transfer of learning from the experience to everyday life. Despite occupational therapists increasing profile in adventure therapy circles, there is little explanation of their work in this field in the literature, and the use of adventure therapy by occupational therapists has not been researched.

Method:
This qualitative descriptive study explored seven New Zealand mental health occupational therapists use of adventure therapy.

Results:
Participants identified similarities between adventure therapy and occupational therapy. These included a shared understanding of desired outcomes of the therapy, acknowledgement of the power of activity as a therapeutic modality and therapeutic use of environment. Occupational therapists strengths are their abilities in the analysis, use and adaptation of both activity and environment which complement the skills of other disciplines working in the field.

Participants identified key aspects of adventure therapy that are at odds with how occupational therapists usually use activities and environments therapeutically: the concepts of challenge by choice, purposeful use of eustress (positive stress), a focus on unfamiliar and challenging activities and use of a novel environment. Additionally,
talk as therapy to facilitate reflection is more intense than usual occupational therapy, and use of experiential learning more intentional.

Conclusion:

- Occupational therapists can legitimately use adventure therapy as an approach within overall occupational therapy.
- Experiential learning theory has potential to be purposefully applied in other clinical settings.
- Teams who use adventure therapy can confidently use occupational therapists to provide a complimentary approach which will meet the needs of clients who do not respond well to talk based therapies.

**Key words:** adventure therapy, occupational therapy, experiential learning, challenge, outdoors

**Background**

Adventure therapy in New Zealand is usually provided by multidisciplinary teams, and these increasingly include occupational therapists. A search of databases including the Cumulative Index to Nursing & Allied Health Literature, ProQuest, PubMed, Occupational Therapy Seeker, Education Resources Information Centre and SPORTDiscus was conducted. Keywords including occupational therapy and adventure therapy, wilderness therapy, and therapeutic adventure failed to return any published research.

**Occupational therapy**

Occupational therapy is an allied health profession that focuses on enabling engagement in everyday activities and participation in communities. The World Federation of Occupational Therapists defines occupational therapy as:

“…a client-centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this … by modifying the occupation or the environment to better support their occupational engagement.” (World Federation of Occupational Therapists Council, 2010)
Occupational therapists are interested in the relationship between the person, the occupations (or activities) they need and want to do, and their physical and social environments. Occupation is considered a determinant of health and a therapeutic agent for health (Kielhofner 2009, Molineux 2004, Wilcock 2005).

Occupational therapists generally work with people in their own environments, and focus on activities that have direct meaning for the individual. They develop a thorough understanding of what is important for the individual in the context of their lived environment. The therapeutic environment is supportive, and therapists work within clients’ comfort zones by ensuring a “just right challenge” with the client in the zone of proximal development (Vygotsky, 1978; Seaman 2006).

Activity is used as the primary therapeutic modality, with talk based therapies used as an adjunct to support engagement in activities. Group work is utilised for skills development, the focus in group work is on the individuals’ specific needs. Occupational therapists’ focus on the occupations people need to engage with in their lives is often referred to as “occupation as end” (Trombly1995) where the desired occupation is the end goal of intervention. The use of activities to help individuals maintain or enhance health and reach these occupation goals is referred to as “occupation as means” (Trombly, 1995).

**Adventure therapy**

Adventure therapy is an intervention which aims to assist individuals make changes at a psychological and behavioural level (Gass, 1993; Gass, Gillis & Russell, 2012; Nadler, 1993). It is an emerging field in New Zealand, and is most often used with youth at risk or who have mental health challenges.

This type of therapy is associated with initiative and trust activities, and higher adventurous outdoor activities. These are generally conducted in the outdoors where active exploration of the unknown is encouraged. Challenges are seen as opportunities for change and the group is an integral component of change for the individual. Experiential learning theory is utilized to facilitate learning for everyday life from the adventurous activity experience (Alvarez & Stauffer 2001; Bowen & Neil, 2013; Crisp 1996, Itin, 2001; Kolb, 1984; Newes & Bandoroff, 2004).
In New Zealand the philosophy and practice of experiential learning in adventurous outdoor activities is used in education and community settings as well as health. Typically an adventure therapist is a mental health clinician utilizing adventure therapy principles and practices. It has been described as “the prescriptive use of adventure experiences provided by mental health professionals, often conducted in natural settings that kinesthetically engage clients on cognitive, affective, and behavioral levels” (Gass, Gillis, & Russell, 2012, p. 1).

Facilitation of outdoor adventure activities requires skills not usually present in health professionals. The technical skills (or hard skills) related to the actual activities (e.g. rock climbing, kayaking, bush navigation) are crucial and take time to learn. Qualifications to enable individuals to facilitate adventurous activities in the outdoors are available in New Zealand, however these do not include therapy skills or knowledge of mental health conditions. The number of mental health practitioners with adventure activity facilitation skills are limited, and so outdoor professionals are often contracted in to work alongside the health professional.

**Experiential learning**

Learning theory based on experience was initially developed by Dewey (1964) who proposed that all genuine learning comes about through construction of knowledge from experience. It includes beliefs that people learn best from experience if there are multiple senses involved in the activity and if the experience has direct real life consequences (Kraft & Sakofs, 1985; Newes & Bandoroff, 2004). Kolb (1984) defines learning as “the process whereby knowledge is created through transformation of experience” (pg. 38), and emphasizes the learning that happens when content meets experience. He developed this theory further, and depicted the experiential learning process as a cycle which is commonly used in adventure therapy literature (see diagram 1).
Despite occupational therapists using adventure therapy, and clear similarities between the two fields, there has been no research into occupational therapy’s experience of using adventure therapy.

**Method**

Qualitative descriptive methodology (Sandelowski, 2000) was used to explore the fit between occupational therapy and adventure therapy. Participants were sourced from adventure therapy and occupational therapy networks in New Zealand, and snowballing utilized to identify other participants. The number of occupational therapists in New Zealand who use adventure therapy is unknown, the national adventure therapy database at the time of this research included only two occupational therapists. The small number of participants (3 male and 4 female) is therefore likely a reflection on the limited number of occupational therapists using adventure therapy. Participants included therapists who had been practicing occupational therapy for between 4 and 23 years, adventure therapy experience within participants’ practice varied from occasional involvement to regular weekly or multi-day involvement over a number of years.
Semi-structured interviews were conducted and recorded. Questions focused on participants’ perceptions of similarities and differences between adventure therapy and occupational therapy, their use of theory and clinical models in their practice, and their ability to facilitate adventure therapy with usual occupational therapy education and training. Transcripts of recordings were returned to participants for member checking.

Data analysis purposefully followed four cognitive processes described by Field and Morse (1996) — comprehending, synthesizing or de-contextualizing, theorizing, re-contextualizing.

Participants were viewed as non-vulnerable, and able to give informed consent. Ethics approval was sought from and granted by the Otago Polytechnic Ethics Committee. This committee reviewed participant information about the study, options for participants to withdraw from the study, data collection, use and storage processes, and confidentiality and anonymity processes. The committee also reviewed the topic and relevance of the methodology and interview questions to the research question.

Findings
The findings of this research show that as well as similarities there are clear differences between occupational therapy and adventure therapy. They are presented in relation to Kolb’s (1984) experiential learning cycle (participants quoted have been given gender neutral pseudonyms).

Concrete experience - environment
Adventure therapy purposefully uses an outdoor environment and adventurous activities in order to facilitate experiences that are novel and challenging for the individual (Gass, Gillis & Russell, 2012). As explained by the participants, the use of a novel environment is different from usual occupational therapy practice, where individuals are generally in their own homes or communities. Occupational therapists analyse and often adapt environments to facilitate optimal function for the individual. This is different from the use of environment in adventure therapy, where the individual is expected to adapt to the environment as it is presented.

Adventure therapy also purposefully utilises a novel social environment, where the therapy is conducted in groups and the group is an integral part of the process (Nadler, 1993).
Participants spoke of adventure therapy considering the whole group as the “client”, and identified that activities and debriefing sessions often focussed entirely on the group as a discrete entity, rather than individuals within the group. This is different from occupational therapy where even in group work the emphasis is on the individuals within the group, as explained by Dale:

“Yeah, so it's almost like I go through the therapeutic process, but it's not just with individuals, it's as much if not more for the whole group... so that's probably the difference, thinking more at a group level... But still having quite a good understanding of where the individual is at.”

Participants also acknowledged the value of a novel social environment in terms of clients’ gaining perspective, having a “clean slate” on which to make behavioural decisions, and understanding that there are options other than their usual environment in which to operate.

**Experience – activity**

A key difference between the participants’ practice and their adventure therapy colleagues was occupational therapists’ usual use of activity as the primary therapy modality. This orientation influenced their perception of what was valuable in the adventure therapy process, they were able to recognise the benefits of engagement and participation in the adventurous activity.

“Definitely the activity thing – rather than say counselling in a clinical room, it’s going out and doing stuff, using the activity to do the therapy, letting the adventure stuff do the teaching. The counselling just kind of sits in the background, supporting the real therapy.” Pat

Occupational therapy’s focus on life skills influenced participants input into multi-day adventure therapy activities. They considered that engagement in meal preparation, cooking and relaxation training was as important as the adventurous activities. Participants also considered that the activity element of the therapy allowed them to assist clients focus on real life activity, emphasising to clients that engagement and participation in healthful activities in their every-day life is valuable:
“...as OTs we see the benefit in the activity itself, it being inherently beneficial to be participating in that activity itself...” Morgan

Adventure therapy activities are generally prescribed, which is different from usual occupational therapy practice of using activities clients have chosen or need to engage with in everyday life. Participants felt conflicted by this, and consciously worked on identifying the meaningfulness and value of these activities for the clients. Pat justified prescription of activity by identifying that clients of adventure therapy services often have limited experience of variety in activity participation in their lives. Meaningfulness was attributed to the client’s potential for continuing with these activities in their future life. Morgan spoke of the meaningfulness becoming apparent as clients applied the leaning from activities to their everyday life. Chris attributed meaning to the enjoyment clients experienced, to the adventurous nature of the activities being relevant for the adolescent age group, and to the immediacy of the activities:

…it has more meaning because it is here and now, they are getting some kind of automatic reinforcement....and the activities are kind of quite relevant to them...I mean they talk about adolescents having a need for risk taking and adventure and fun and all that kind of stuff, so I think that the activities we do kind of fit that bill.

Adventure therapy’s purposeful use of eustress and challenge is in contrast to occupational therapy’s usual approach of working with people within their comfort zone. Participants justified the use of challenge and stress to enhance feelings of achievement and facilitate learning about managing challenge in every-day life. Kelly talked about using challenging activities to help clients demonstrate and/or identify usual coping styles when in challenging situations, and then consciously practice making changes:

…creating the challenge that was in a different setting so not their usual challenges that they faced when they were at home... and you would start to see the same patterns of behaviour that were maintaining and quite often precipitating the drug or alcohol use...or whatever it was...or mental health difficulties...and yeah so it provided a useful vehicle for reflection and yeah...creating awareness of this...
Reflective observation

Debriefing is “the facilitation of learning from experience” (Greenaway, 2007 p 60). This facilitated reflection follows the adventurous activity and is generally a talk based group session. Participants identified that the talking element of the therapy encouraged a deeper exploration of psychological and interpersonal processes than is usual occupational therapy practice, where therapists hold a fundamental belief in the power of activity as therapy in its own right.

“...sometimes I think yes that’s great we have someone engaged, that’s good, and they’re doing alright! I think sometimes I might see the value in that whereas another clinician who’s not an OT might say well we're only half way there, we've got to debrief this in a really meaningful way ...” Morgan

Participants felt under-equipped to use talk based therapy in the debriefing phase. This was due to a perceived lack of training and skill in the use of talk as therapy, heightened by the fact that their colleagues were invariably clinicians who use talk as their primary therapy modality.

Participants also identified that reflection through debriefing requires good vocabulary which adventure therapy clients do not always possess, and advocated activity based debriefing such as art, games, and interactive drawing therapy.

“I think when we are doing something with someone we get richer info than asking someone questions...” Morgan

Abstract conceptualisation.

At this stage clients identify or develop meaning of the experience and conceptualise how they might use the learning in real life (Kolb, 1984). Facilitating meaning that has ordinary life implications for clients from activities that are extraordinary is different from usual occupational therapy practice. Despite this, participants had an understanding of clients’ usual physical and social environments and so felt well equipped to assist clients make links between the experience and home.
“... the more connections about home and what’s hard at home then the better the person is when they get home.” Kelly

“...the real kind of the guts of the OT is the merging...is the transference of those lessons from the adventure and the outcomes into the everyday life.” Dale

Active experimentation
Transferring learning to the everyday environment is the goal of adventure therapy. Participants spoke of doing this pragmatically, initiating the process during the adventure therapy experience then supporting the client in follow-up sessions in their everyday environment. Some included everyday activities in the adventure experience such as cooking, this increased the direct influence of the adventure experience on the home environment. All of the participants used adventure therapy as an episode of therapy within overall occupational therapy. Their familiarity of the clients lived environment differs from many other mental health clinicians who use a clinical room as the therapy space.

“OT looks more at the real life picture and is looking at developing skills for occupations more specifically whereas adventure therapy is ‘OK we have done something now what have we learned about that?’ Jamie

Discussion
The intent of both adventure therapy and occupational therapy is for individuals to develop interpersonal and behavioural skills that enable constructive participation in communities, and result in positive mental health outcomes. The activity based nature of experiential learning fits with occupational therapy’s use of activity to facilitate change. Experiential learning theory is familiar to occupational therapists through their education (Knecht-Sabres, 2013) and is used in their professional development in reflective practice (Kinsella, 2001; McKay, 2009). Its overt use with clients in occupational therapy practice is not evident in the literature. Although the structured way experiential learning is applied in adventure therapy is different from usual occupational therapy, existing skills in activity facilitation and therapeutic communication equips therapists to use experiential learning.
Concrete Experience.
Adventure therapy utilises “challenge by choice”, which relates to the level to which clients choose to be involved in the activities presented. A group culture of respecting individuals’ choices is developed. The influence of the group in terms of support and competitiveness between members often enables or impels individuals to accept challenges and achieve beyond their personal expectations (Carlson & Evans, 2001; Gass, 1993). Challenge by choice alleviates some of the ethical concerns proponents of client centred intervention have regarding prescription of activity, but the fact remains that unfamiliar and difficult activities are selected for clients. Occupational therapists usually work alongside clients when selecting activity, the client has as much autonomy as safe and possible within the environment. Occupational therapists seek the “just right challenge” which places enough demand on the individual to promote learning, but does not create anxiety (Rebeiro & Polgar, 1999).

Eustress (positive use of stress) is promoted in adventure therapy. This produces disequilibrium as the individual moves out of their comfort zone. Through trying different behaviours and attitudes the individual eventually masters the activity and equilibrium returns, with an accompanying sense of achievement and resultant learning about self (Nadler, 1993). Occupational therapists are more familiar with stress management through arousal reduction methods such as relaxation, managing stressors so that they are not overwhelming (and disequilibrium is not encountered), and developing resilience to stress (Findlay, 2004).

Occupational therapists need to understand the theory behind adventure therapy to know why activities and environments are used in this way, and may need to work on reconciling conflict in their minds before applying the approach. Occupational therapists possess specialist knowledge and skill in stress management prevention of stress induced relapse of mental illness symptomology. There is a growing body of research advocating that challenge and eustress not be used indiscriminately in adventure therapy, that reinforcing safety and security within the challenge may enhance coping and therefore learning, and that people do not necessarily learn well when under stress (Davis-Berman & Berman, 2002; Leberman & Martin, 2002). This illustrates the evolving nature of adventure therapy, and indicates that adventure therapy used by occupational therapists as an approach can be adapted to fit both occupational therapy’s theoretical bases and clinical practice.
Occupational therapists’ core skills include consciously and quickly analysing and adapting environment and activity, and ascertaining the individuals’ capacity to meet the demands of the task (Creek, 2014). Such skills are profoundly useful in adventure therapy practice, where activities are selected, graded, modified and framed purposefully to meet individual needs and planned outcomes (Gillen & Balkin, 2006; Hill, 2007). Whilst some adventure therapy literature identifies the sequencing and grading of activities to be an integral component of practice, how to do it is not described (Association for Experiential Education, 2014; Gilbert, Gilsdorf & Ringer, 2004; Gillen & Balkin, 2006; Newes & Bandoroff, 2004). Occupational therapists have expertise in this area that enhances their adventure therapy practice and that they can share with adventure therapy colleagues.

Adventure therapy and occupational therapy are both used as a means to effect a change in everyday life. Gray (1998) proposes that occupational therapists will have best success in using “occupation-as-means” if they maintain focus on “occupation-as-end”, and work from both perspectives in unison. The data show that participants were working from both perspectives. Their use of adventure therapy is “occupation as means”, where one-off challenging activities are used to facilitate learning skills and developing insights that will support ultimate changes in occupational identity and engagement. The overall therapy focus remains as “occupation as ends” - the real life occupational roles and performance of the individual are the focus.

**Reflection/reflective observation**

Although skilled in group facilitation and psychology based interventions including solution focused therapy, cognitive behavioural therapy, and motivational interviewing; occupational therapists are more familiar with using talk within therapy than talk as therapy. This contrasts with other mental health professionals involved in adventure therapy, who tend to come from a psychotherapy or counselling background and therefore use talk as therapy, where what is said and how it is said is the therapy (Fletcher & Hinkle 2002; Hanna, 2012; Newes & Bandoroff, 2004).

There is discussion in the literature about the value of allowing the activity to speak for itself and letting the processing occur naturally over the days or weeks following the adventure experience. Woodcock (2006) questions the need for typical group debriefing process following the activity, and advocates allowing the therapeutic benefit to emerge from
engagement in the experience itself. He proposes that if action is the goal of therapy, then action can in itself be the primary therapeutic medium, and that adventure therapy has an advantage over other therapies here due to its action orientated approach. He concludes that of the professions involved in facilitating adventure therapy the most appropriate are the “…action orientated professions such as therapeutic recreation and psychosocial occupational therapy” (p. 8).

Kolb describes learning from experience as a natural process that individuals engage in throughout life, purposeful use of the experiential learning cycle is to guide and enhance specific learning (Kolb, 1984). Although youth may not respond easily to talk based therapies they tend to engage in conversation more readily if it is in conjunction with activity (Russell, Hendee & Philips-Miler, 1999, Becker, 2010). Shared experiences with therapist and the whole group provides common ground and safety for individuals to disclose more readily than in a clinical setting. Confidence and skills in interaction are developed (Eggleston, 2000). Occupational therapists are generally more familiar with sharing concrete experiences with clients than clinicians who use talk as therapy. They are skilled in maximising activity to enhance communication, and in maintaining professional boundaries when engaged in activities with clients.

Occupational therapists can also utilise their skills in activity as therapy by selecting activity based methods of reflection. Smith (1993) describes a number of alternatives to traditional facilitation of debriefing, including the use of relaxation, guided fantasy, small group work (e.g. clients working in pairs), journaling, group exercises and games. These are all techniques that occupational therapists working in mental health are familiar with and skilled in, and are within the scope of occupational therapy practice (Finlay, 2004; Schwartzberg, 2009).

Abstract conceptualisation

This stage involves deeper thinking where individuals interpret, understand and make links and comparisons between their experience and everyday life (Kolb, 1984; Lord, 2007). Here individuals theorise and find meaning for ordinary life from the extraordinary experiences. The adventure therapy process creates contrast to daily life and uses the power of learning through direct and natural consequences. The contrast enables “participants to see the generalities in their lives and gain a new perspective on the old, routine and familiar
behaviours to which they are accustomed and where their lives are situated” (Gass, Gillis & Russell, 2012, p.75). Familiar patterns of behaviour are disrupted, and alternative strategies to cope with the environment are employed.

Clients are encouraged to develop their own theories on why they react in the ways they do, and on how they can make changes in their real world. Opportunities are provided for them to practice thinking and acting differently. Occupational therapists likely engage in this part of the experiential learning cycle in their everyday practice, however it is not overtly acknowledged or discussed as such in occupational therapy literature. Despite the use of extraordinary experiences in adventure therapy, occupational therapists can have confidence that their existing skills in helping individuals learn from everyday experience will be effective.

Active experimentation
Transfer of learning from the adventure experience to the individuals’ usual life is crucial and it has been argued one of the most difficult aspects of adventure therapy (Gass, 1993, Kimball & Bacon, 1993). Whilst there are occasions when it happens automatically, dramatic differences between the adventure therapy experience and real life means the individual benefits from assistance in transferring the learning (Kimball & Bacon, 1993; Lord, 2002). How this assistance is provided differs between programmes. Some offer brief adventure experiences e.g. a few hours per week, and slot it into other therapy. Others offer the experience as a multi-day episode of care, and then use the experience for further therapy (Gass, Gillis & Russell, 2012).

By utilising adventure therapy as an approach to occupational therapy intervention, it becomes an episode of therapy within broader occupational therapy. Goals and overall occupational outcomes set at the initiation of therapy can be integrated into the adventure therapy episode, and learning from the experience integrated into future therapy. Whilst this is likely the same for every adventure therapist, occupational therapy’s focus on everyday occupations in everyday environments ensures the transfer of learning is concrete and meaningful for the individual.
Conclusion.

Occupational therapists’ unique perspective on the relationship between everyday occupation and health and wellbeing, and their understanding of the clients’ everyday environments and activity expectations is a strength in facilitating real life changes following adventure experiences.

Adventure therapy is an approach that utilises experiential learning theory. Occupational therapists have a role in facilitating client learning in most practice settings. More frequent and deliberate use of experiential learning principles would provide useful structure for this. By explicitly using experiential learning theory in everyday practice occupational therapists could expand their repertoire of practice models and justify their work in terms of education as well as therapy theory.

Experiential learning theory as it is used in adventure therapy has a strong emphasis on debriefing in the reflection and abstract conceptualisation phases of the process. Clinicians developing the field of adventure therapy come from a psychotherapy or counselling background which has influenced the extent to which talk is used as therapy. This is at odds with usual Occupational Therapy practice, however I argue that Occupational Therapists are skilled in using activity based techniques for reflection. Inclusion of occupational therapists in teams who provide adventure therapy services enhances overall service provision.

References.


