Solution-Focused Practice as a Useful Addition to the Concept of Adventure Therapy

Dr Stephan Natynczuk

Abstract

Adventure activities and wilderness expeditions are commonly used by numerous organisations because their intrinsic therapeutic qualities are useful in helping bring about positive change. In this way, instructors who are not necessarily trained as therapists may find themselves in situations where some basic training in a therapeutic model would be very helpful in meeting the challenges of such a role. In this paper I suggest that the intrinsic therapeutic qualities of adventure activities can be enhanced with a talking therapeutic modality that allows for both coaching performance and therapy by which clients can map out changes they want in their lives, and to emotionally safe-guard instructors and their clients.

Introduction

The intrinsic therapeutic qualities of adventure activities are described in a wide range of literature such as Mortlock, 1984; Miles & Priest, 1999; Schoel & Maizell, 2002; Gass, Gillis & Russell, 2012, and are routinely used in the UK to help with personal and social skills development among disaffected and vulnerable young people (Ogilvie, 2013). It can be argued that because adventure activities have their own intrinsic therapeutic qualities they do not necessarily have to be consciously managed to have a positive effect. There are commonly accepted benefits in terms of increased sense of wellbeing from just being outdoors, increased fitness, companionship and common objectives. Just being outdoors seems to help boys learn more effectively. Gustafsson et al. (2012) found that didactic teaching outdoors using natural

Address for correspondence: The Workshop Business Centre, Main Street, Pinvin, Pershore, Worcestershire, WR10 2ES, UK

materials in lessons (during afternoon lessons over 15 days spread over 6 months) led to moderate improvements in boys' mental health as measured by parents' responses to a Strengths and Difficulties Questionnaire. My own work in education since 1988 has been primarily based outdoors and since 1995 has been mostly focused on re-engaging vulnerable young people with education through outdoor adventure activities. In the early days I was most influenced by existential approaches, humanistic approaches, active and experiential learning models and biological theories about survival and adaptation. I weaved useful theories and practice into my work and began using an SF approach as soon as I learned what I had been working towards already existed as solution-focused brief therapy (SFBT).

Adventure Therapy (AT) is a term that is not always easy to define. An adventure can be defined as any undertaking with an uncertain outcome and therapy as a process by which some healing comes about. Their combination to form adventure therapy has been defined by Gillis & Ringer (1999), as "the deliberate, strategic combination of adventure activities with therapeutic change processes with the goal of making lasting changes in the lives of participants". Neill (2004) elaborated the definition of AT to "The use of adventure-based activities and/or adventure-based theory to provide people with emotional and/or behavioural problems with experiences which lead to positive change in their lives". Adventure therapy has been critiqued as experience rich and theory poor (Glass & Jackson, 2008). There is no doubt that understanding the mechanisms and influences on the effectiveness of AT would facilitate the testing of therapeutic models. In this paper I propose a therapeutic model with an existing evidence and theory basis that would appear relatively simple for outdoor instructors to use during adventure activities and wilderness journeys. I will draw on personal experiences of successful therapeutic outcomes with vulnerable adolescents exhibiting emotional, behavioural and social difficulties during adventure activities (Natynczuk, 2012).

Applying Theory to Practice

There is much literature on SFBT and I will only briefly deal with the background to this approach here. SFBT is a model that is radical in its approach (McKergow, 2009). Although SFBT continues to evolve, it is increasingly becoming more robust through evidenced- and theory-backed practice (see for example Simm et al., 2010; Shennan & Iveson, 2011; Macdonald, 2011) and seems particularly useful for children and young people (Hackett & Shennon, 2007; Simm et al., 2010). This approach began when Steve de Shazer developed the work of Erikson and in turn hugely influenced the development of SFBT (de Shazer et al., 1986, and de Shazer, 1994; O'Hanlon, 1987). Ratner (2006) reviews de Shazer's innovations and the development of SFBT. SFBT is so called because the average number of sessions to bring about change is small (Gingerich & Eisengart, 2000), the approach taking as few sessions to bring about change as is needed, and not one session more. Indeed Ockham's Razor is a guiding philosophy in this work (Iveson, C., George, E., & Ratner, H. (2012 p. 8)) who write, "What can be achieved by fewer means should not be achieved by many. This requires the constant examination of assumptions and a preparedness to abandon even the most sacred of cows if a desired outcome can be achieved without them ... [and] this has led us to some remarkable discoveries about the process of change". Such a short intervention could arguably be very helpful when considering merging a therapeutic approach with an adventure or wilderness experience at the point of practice.

In SFBT the worker and client co-construct a preferred future in which whatever brought the client to therapy is no longer present, or at the very least they are able to cope. At times the preferred future can be made a reality through careful design of the programme (personal observation where the problem was travel anxiety and a programme based on cave explorations, requiring much travel throughout the UK, moved to a preferred future when travel was not an impediment to doing something the client wanted to do and enjoyed

very much as a new activity). The worker asks future-focused questions and listens with a constructive ear while the client works to visualise his preferred future from his own and others' perspectives in small detail, as well as identifying instances when his preferred future already exists and identifying what skills and strengths he already uses to cope and could use to move forward (Ratner, George & Iveson, 2012).

It is the use of simple-to-ask future-focused questions and conversations that enables instructors to work with the client to enhance the intrinsic therapeutic qualities of adventure activities. Therapeutic conversations can be had at appropriate and natural times as the activity or expedition unfolds, and without a need to break the flow of events with a distinct stand-alone therapy session that can make the whole adventure therapy process somewhat disconnected and clunky.

SF therapeutic conversations follow the process laid out by George, Iveson & Ratner (1999) and Ratner, George & Iveson (2012). Typical techniques are scaling, third-person perspectives and questions that prompt thinking about a preferred future (BRIEFER 2009, O'Connell, 2005). Detail is encouraged through questions such as, "What difference would that make to you?" and "What might you notice instead...?" Emotions and feelings are generally left out of SF sessions, unless they are helpful to the client (Miller & de Shazer, 2000). While SFBT has been criticised for ignoring emotions (Schwartz & Johnson 2000; Piercy, Lipchik & Kiser, 2000), I would suggest that not inviting emotions into a conversation, for example, "How does that make you feel?" can help make the experience safer for instructors who may not be trained counsellors and may not have any useful way of dealing with emotional burdens additional to those that arise through dysfunctional thoughts and behaviours that routinely occur and at a time when the instructor has wider responsibilities to others in the group (personal observation). I also suggest that returning from an expedition when clients have unburdened themselves of emotions and transferred them to an instructor can lead to stresses that can contribute to burnout among staff, especially when no clinical supervision is at hand (personal

observation). Indeed the worker deliberately acts as not needing to know the background to the client's problem and unless the client can say how it would be helpful to them if the worker listened to it, the worker keeps the conversation future-focused and thus keeps the problem out of the conversation, instead concentrating on a future where the 'problem' no longer exists. In this way the worker helps the client take responsibility for his own role in finding his own solutions.

The techniques of SF therapy seem surprisingly simple, yet they can be very challenging for the client. The questions firmly put the ability to change in the hands of the client who must be trusted to know what is best for him. Anything less is considered solution-forced and can result from misunderstanding good practice or having an agenda that is not necessarily in the client's best interests (Nylund & Corsiglia, 1994)- that is, the best interests of the client are superseded by those of others (Iveson, George & Ratner, 2012). An example of being solution forced such as working not to the client's best interests but to the interests of another body is, "This boy is a nuisance in school and we want you to sort it out". Initial questions establish what the client wants to achieve for himself and what his best hopes for this conversation are. Questions about what difference something would make or what might be noticed instead keep a client future-focused and keeping the client in a position of doing the work for themselves. These questions also keep the worker away from giving advice. If asked for advice the worker could ask in turn, "What difference would having that advice make to you?" and thus respectfully handing the power for change to the client, increasing the client's autonomy and responsibility for change (Iveson, George & Ratner, 2012).

Scales, where zero is the worst things could get and ten the best, help a client explore where he is now, what strengths and resources he has that he can use or build on to bring about change, and what he would notice when things are better. The worker always asks for signs of things being better and avoids to-do lists and avoids talk of steps in order to keep the conversation future-focused and client-centred. Asking 'the

tomorrow question', which is another way of framing the Miracle Question (Ratner, George & Iveson, 2012 p. 93) and which is about a time when the problem he struggles with is absent, can be useful to avoid getting stuck. The client is asked to imagine that he wakes up tomorrow and his problem has gone. What would the very first sign be that it had gone? What would he notice? Asking "What else?" respectfully, a number of times, takes a client to the smallest of details of this change. These small details are examples of the preferred future that are more easily realisable and are more likely to help the desired change come about (Ratner, George & Iveson, 2012).

A user-friendly model for outdoor adventure instructors

To aid outdoor instructors' understanding of SF therapy there are a few good metaphors that present themselves from aspects of good practice in delivering adventure activities. For example, low visibility navigation, duty of care, and leave no trace. Co-construction of a preferred future is similar in many ways to night navigation or low visibility navigation. On a mountain at night or in bad visibility we should have a good idea of where we are, certainly of where we have been, and should be able to point to our position on a map. We also know where we want to get to and we can plan a route to get there – so many paces, so many minutes on a given compass bearing. Next we need to visualise from the map what it will look like when we arrive so that we can be sure we have arrived at the right place – slope aspect, interpretation of contours, proximity to certain landscape features etc. Not being able to do this can be potentially lethal, for example putting us over a cliff or on to an avalanche-prone slope or might just mean we descend the wrong side of the mountain, causing great inconvenience. The concept of an adventurous journey as a metaphor for change is also obvious (Allin & Humberstone, 2010).

Creating a climate of competence

On first meeting a new client the ensuing conversation is problem-free and explores existing competencies and strengths. These illustrate that there are times when things go well and helps build a climate of competence. We have these problem-free conversations whilst walking in the countryside, usually to a high place with a good view, subtly suggesting a process of new perspectives. We are also evaluating a client's fitness and general outdoors capability as part of a risk assessment. Ratner, George & Iveson (2012), write of problem-free talk as something developed from ordinary conversational skills, a simple process with three purposes:

1) Within the first few minutes to meet the person rather than the problem.
2) To allow the therapist to 'choose' the client with whom they are going to work.
3) To begin a process of 'resource-gathering', which will equip the therapist with the necessary means to solve whatever problems have brought them together.

Low Visibility Navigation

This metaphor resonates with working towards a client's preferred future – we know what it looks like because we explore in our conversation the signs of arriving there both from the client's perspective and from the perspective of others. With full knowledge of the signs of arriving at his or her preferred future the client identifies a time when therapy is no longer needed. Just as the outdoor instructor draws on strengths built on experience, our client draws on strengths identified as those that have helped him cope with and survive difficult and challenging times. Alternatively, a client has survived thus far so he must have been doing something right. Questions such as "Things seem pretty bad for you at the moment. How have you coped?" acknowledges the client's difficulties and focuses instead on strengths and resources that can be built on to get the client to his preferred future.

Leave No Trace

Talking about the signs of having made changes towards a preferred future and not the steps that might be needed to be made (giving advice) keeps the therapist neutral and minimises any impact on the client's decision making. The SF model is underpinned by the principle of 'letting the client do the work with their own interest uppermost'. This is regarded as good practice (Macdonald, 2011; Ratner, George & Iveson, 2012). Therapy is not something that is done to a client; rather it is a process or a journey (both real and metaphorically) undertaken by the client. The principle of minimal impact on the environment is familiar to many outdoor adventure and wilderness instructors and the idea of leave no trace is a well known and generally respected aspect of outdoor and wilderness leadership.

Talking about signs, and asking questions such as "What would you notice when . . ." rather than discussing steps or things that could be done to bring about a change helps keep the worker distant from the client's problem by prompting the client to actually do the work and keeping the worker away from offering advice. According to the SF model advice leaves a trace of the worker's intervention that can backfire, being solution-forced (Nylund & Corsiglia, 1994) and can damage the therapeutic alliance between the worker and the client as well as challenge some of the ethical issues specific to SFBT (Macdonald, 2011).

Duty of Care

Duty of care in the UK is a responsibility that instructors and coaches have to uphold to ensure that their clients come to no harm during adventure activities and coaching sessions and is particularly explicit in training courses offered by UK national governing bodies for outdoor adventure activities such as caving, paddle sports and mountaineering. Duty of care includes all aspects of safe practice including compiling risk assessments, providing appropriate safety equipment and clothing, supervision of activities and child protection procedures.

Working with vulnerable children and adults demands an enhanced duty of care that will be familiar to instructors following UK national governing body (NGB) awards.

Protecting ourselves and making sure it is safe to approach a casualty, then making sure we do no harm, are among the first rules of immediate and temporary care, as First Aid is now known. Incorporating a therapeutic duty of care, or maintaining therapeutic core conditions should not then be a difficult transition for outdoor activity instructors. Common to talking therapeutic models is maintaining the client's confidentiality (unless there is good reason to believe the client will harm himself or someone else), respecting the client's narrative and trusting him as the expert on his story, and doing no harm through poor therapeutic practice should be easily understood by NGB award holders. An SF approach would give credibility first and foremost to the client's own perspective and interpretation of goals, barriers and solutions and would work towards giving the client control and ownership of any preferred future, focusing on strengths rather than deficits. This positive and affirmative approach parallels much work that an outdoor practitioner would seek to achieve with any client in the outdoor activity setting and again, should not be a difficult transition.

Being Useful

Outdoor instructors as used to the idea of being useful as a component of customer care, taking time to help a stuck participant, being reassuring, having a tool to hand to make simple repairs, encouraging participation, effort and endurance, making sure everyone enjoys a suitably challenging, educational, fun and safe experience, and being mindful of changing weather and other physical conditions such as ice under foot and water levels. Being able to ask questions useful to a client as he works towards a preferred future should not be an alien concept to outdoor instructors used to coaching as part of their leadership toolbox.

Wider parallels

Evolutionary theory tells us that organisms survive by continually doing what they are good at in a given environment (Clutton-Brock & Harvey, 1984). Any animal that starts to concentrate on what it is not good at is likely to not survive very long, being killed by a rival, starving or being eaten. I see this premise underpinning the SF model where the worker asks questions to identify the client's strengths, personal qualities and ways of coping. These abilities are what have helped the client survive in difficult times and challenging circumstances. Drawing on this interpretation, the qualities and strengths that have enabled survival thus far can be used to bring about change towards the client's preferred future.

A technique that helps us examine those survival strengths is scaling, whereby zero might be the worst something could be and ten the best. Somewhere in between is "good enough". The scale might be confidence, competence, or a measure of distance travelled towards a preferred future and therefore a time when therapy is no longer needed. A client is asked where they are now on the scale and asked to give a personally significant number between zero and ten. The follow up question is key to the worker as it explores what motivated the client to give that particular number. Strengths are identified in some detail before the client is asked what they would notice about themselves when they move up the scale and perhaps what others would notice about them too. This brings the conversation back once more to a future focus and to a time when the problem that brought them to therapy is less of a problem or subject to improved coping skills. This is a significant step towards a time when the problem no longer exists.

It is often part of an instructor's role to coach skills and improve technique in things from ice-axe arrests to J-strokes to rigging ropes, and so on. Increasingly UK instructor training incorporates coaching methods. SF techniques can easily be used for coaching hard skills required to, for example, safely navigate a rapid. "What would you notice

when you make that turn, just behind that boulder?" This is a question demanding visualisation of a technique, the components of which are in broad terms body, boat and blade, and would be familiar to any canoe or kayak coach. The language is important. Asking questions that demand an answer with reference to future performance helps the instructor frame things so that the client's best interests are kept in mind: "At the end of today what will tell you it's been a good day?", "How will you know this expedition has been useful?", "What will you notice about yourself when...?" and "What would your social worker notice that told her this had been a useful experience for you?"

Debriefing with clients and also between staff once the clients have left can easily focus on the things that went well, looking for positives in term of successes and improvements – things that we were pleased to notice. If things did not go so well we can ask what stopped them getting worse and in that way pay attention to strengths, skills, experience and judgement that helped prevent events becoming worse and remind instructors of their own competence in keeping everyone safe.

Conclusion

SFBT is noted for the simplicity of its questions and is often used for coaching as well as therapy. Its language is based on everyday conversation and its techniques translate well in to coaching improvement in outdoor skills. The SF approach, while taking years to hone, can easily be initially taught in a short course and it is not a difficult transition for outdoor instructors to undertake. Indeed, My Big Adventure CIC is a social enterprise that works with school age young people who for various reasons do not attend school or are at risk of exclusion from school and are at risk of social exclusion. Practitioners here are routinely trained in SFBT and incorporate the model in their day-to-day work. Because SF conversational skills translate easily to coaching they can be seamlessly used in therapeutic conversations in the course of adventure

activities or wilderness expeditions without stopping or pausing the adventure experience for therapy.

An earlier version of this paper was presented at the 6th International Adventure Therapy Conference (September 26-29, 2012) and is included in the 6IATC Proceedings.

References

Allin, L., & Humberstone, B. (2010). Introducing 'Journey(s)' in adventure & outdoor learning research. *Journal of Adventure Education & Outdoor Learning*, *10*(2), 71–75.

BRIEFER, (2009). *A solution focused practice manual*. BRIEF: London.

Clutton-Brock, T. H., & Harvey, P. H. (1984). *Comparative Approaches to Investigating Adaptation* In Behavioural Ecology: An Evolutionary Approach, Eds.

de Shazer, S., Berg, I. K., Lipchick, E., Nunnally, E., Molnar, A., Gingerich, W., & Weiner-Davis, M. (1986). Brief Therapy: Focused Solution Development. *Family Process, 25*, 207–221.

de Shazer, S. (1994). *Words were originally magic*. New York: W. W. Norton & Co. Inc.

George, E., Iveson, C., & Ratner, H. (1999). *Problem to solution*. London: BT Press.

Gingerich, W., & Eisengart, S. (2000). Solution focused brief therapy: A review of the outcome research. *Family Process*, *39*(4), 477–498.

Gass, M. A, Gillis, H. L., & Russell, K. C. (2012). *Adventure Therapy*. New York, USA: Routledge.

Gillis, H. L., & Ringer, T. M. (1999). Therapeutic adventure programs adventure programming. In S. Priest, & J. Miles (Eds.), *Adventure Education*. State College, PA: Venture Publications.

Glass, J. S., & Jackson, J. (2008). Connecting theory to programming: Using existentialism & adventure based counselling with adolescents. *Int. J. Existential Psychology and Psychotherapy*, *2*(1), 1–11.

Hackett, P. & Shennan, G. (2007). *Solution focused work with children and young people*. *Handbook of Solution Focused*

Brief Therapy: Clinical Applications. Philadelphia, PA: Hawthorne Press Inc.

Iveson, C., George, E., & Ratner, H. (2012). *Brief Coaching: A Solution Focused Approach*. London & New York: Routledge.

Gustafsson. P. E., Szczepanski. A., & Nelson, N. (2012). Effects of an outdoor education intervention on the mental health of school children. *Journal of Adventure Education & Outdoor Learning, 12* (1), 63–80.

Macdonald, A. (2011). *Solution-focused Therapy: Theory, Research & Practice*. (2nd ed.). London: SAGE publications.

McKergow, M., & Korman, H. (2009). Inbetween – Neither Inside nor Outside: The Radical Simplicity of Solution Focused Brief Therapy. *J. Systematic Therapies, (28)*2, 34–49.

Miles, J. C., & Priest, S. (1999). *Adventure Programming*. State College, PA, USA: Venture Publishing Inc.

Miller, G. & de Shazer, S. (2000). Emotion in Solution-Focused Therapy: A Re-examination *Family Process*, (39)1, 5–23.

Mortlock, C. (1984). *The Adventure Alternative*. Milnthorpe, Cumbria, UK: Cicerone Press.

Natynczuk, S., (2012). "Solution focused practice outdoors or if it works well let's have some more!" *Horizons, Institute for Outdoor Learning Magazine*, (58), 56–58.

Neill, J. T., (2004). *Adventure therapy definitions [Weblog post]*. Retrieved from http://wilderdom.com/adventuretherapy/ adventuretherapydefinitions.html

Nylund, D., & Corsiglia, V. (1994). Becoming solution-focused forced in brief therapy: Remembering something important we already knew. *Journal of Systemic Therapies, 13* (1), 5–12.

O'Connell, B. (2005). *Solution-focussed FOCUSED Therapy*. London: Sage Publications.

O'Hanlon, W. H. (1987). *Taproots: Underlying Principles of Milton Erikson's Therapy and Hypnosis*. Norton Books.

Ogilvie, K. (2013). *Roots and Wings: A History of Outdoor Education and Outdoor Learning in the UK*. Institute for Outdoor Learning.

Piercy, F. P., Lipchik, E., & Kiser, D. (2000). Miller and de Shazer's Article on "Emotions in Solution-Focussed Therapy". *Family Process, (39)*1, 25–28.

Ratner, H. (2006). 'The therapist doesn't have the magic, the client has the magic'! The legacy of Steve de Shazer. *Context*, 84, 39-41.

Ratner. H., George, E. & Iveson, C. (2012). *Solution Focused Brief Therapy: 100 Key Points and Techniques*. London and New York: Routledge.

Schoel, J., & Maizell, R. S. (2002). Exploring Islands of Healing: New Perspectives on Adventure Based Counseling. Project Adventure Inc, Beverly MA, USA.

Schwenk, E. & Natynczuk, S. (2013). "Supervision and Adventure Therapy: Fighting Burnout – Emotional First Aid for Practitioners" Proceedings of the 6th International Adventure Therapy Conference.

Shennan, G. & Iveson, C. (2011). From solution to description. In C. Franklin, T. S. Trepper, E. E. McCollum & W. J. Grinperich, solution-focused brief therapy: A handful of evidence-based practice. Oxford: Oxford University Press.

Simm, R., Andrew. R., Brogan, S., & Slinger, R. (2010). Auditing the effectiveness of solution-focussed brief therapy in a child and family psychology service. Clinical Psychology Forum, 210 pp 11-15

Dr Stephan Natynczuk is Principal of My Big Adventure CIC, based in the United Kingdom. mybigadventure@me.com