


Adventure Therapy

Macera Terapisi

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Abstract

The purpose of this study is to introduce the adventure therapy which emerges with the thought of using heling power of nature in the therapeutic context. In the study, information was given about the historical origins, aims, benefits, features and process of adventure therapy. It is also mentioned about who might be an adventure therapist or client, the limitations of adventure therapy and the research carried out in the field. Finally, suggestions have been made to strengthen adventure therapy in theory and practice.

Keywords: Adventure therapy, therapy in nature, nature.

Öz

Bu çalışmanın amacı, doğanın insan üzerindeki iyileştirici gücünün terapötik bağlamda kullanılması düşüncesi ile ortaya çıkan macera terapisinin tanıtılmasıdır. Çalışmada, macera terapisinin tarihsel kökenleri, amaçları, faydaları, özellikleri ve süreci, hakkında bilgi verilmiştir. Ayrıca kimlerin macera terapisti ya da danışan olabileceği, macera terapisinin sınırlılıkları ve alanda yürütülen çalışmalardan da bahsedilmiştir. Son olarak macera terapisinin teorik ve uygulama noktasında güçlenmesi için önerilerde bulunulmuştur.

Anahtar sözcükler: Macera terapisi, doğada terapi, doğa.

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ADVENTURE therapy is a new type of therapy that makes it possible to go beyond the assumptions of all traditional therapies and has quite a different structure from many therapies. It started to gain recognition in the 1990s along with the idea of using the nature's healing power in therapeutic context. In literature, it is also referred to as "therapeutic adventure", "wilderness therapy", "adventure-based therapy" and "adventure-based counseling" (Newes and Bandoroff 2004). There are no studies indicating use of adventure therapy in our country whereas it is a commonly seen practice in international literature. In particular, adventure therapy has become popular in international literature with decreasing popularity of talk therapy in group therapies (White 2012).

It is still a topic of discussion in the body of literature what exactly adventure therapy is, how it is applied, to which group it will be applied and for which problems it can be applied. For this reason, the objective of this study is to introduce a clear definition to eliminate the confusion about adventure therapy, provide information on the kind of studies that are being conducted with a view to its ethical issues and discuss the healing effect of nature on humans. Even though there are different names used for this type of therapy in literature, it will be referred to as "adventure therapy" in this study.

Definition and Development of Therapy

Adventure therapy is based on the "Outward Bound" model developed by Kurt Hahn in England. The word meaning of this term is "leave the safe harbor for the unknown". In essence, this term connotes combining and developing physical and emotional abilities to cope with stressful events (Pommier 1994). Hahn is considered as the first adventure therapist for this attempt to increase soldiers' will to live in a study he conducted with soldiers in 1940s (Thomas 1980). In early 1990s, as tuberculosis patients started living in the camps arranged in the hospital yard to quarantine them and they showed physical and behavioral improvements with the outdoor therapy they received, therapeutic use of nature has come into play (Davis-Berman and Berman 1994). In San Francisco Earthquake of 1906, sudden and significant changes in conditions of many casualties as a result of living in tents have also demonstrated the healing power of nature (Williams 2000). After 1960s, application of this model for treatment purposes across various groups was widened (Kelley and Baer 1971).

Defined differently by many experts, adventure therapy is a method involving use of adventure-based activities in nature environments by psychotherapists for cognitive, emotional and behavioral treatment of clients (Gass et al. 2012). The most known difference of this therapy is that it is not conducted in a standard room but in nature environments. Therefore, it is also defined as "use of traditional therapy methods in nature environments for therapeutic purposes" (Davis-Berman and Berman 1994; Russell 2001). According to Newes and Bandoroff (2004), it is a therapeutic method based on a combination of benefits of adventure-based events and activities with benefits of more traditional types of therapy. According to Ringer (1994), adventure therapy is a group-based experimental learning with a focus on change, in which the client and the counselor enter into a professional contract and which is conducted as an empowering and empathic professional relationship. According to Pommier (1994), adventure therapy is a method combining experimental learning with therapy. According to Alvarez and Stauffer (2001), adventure therapy is purposeful and facilitated use of adventure elements and techniques to guide personal change towards intended therapeutic goals.

Gillis and Ringer (1999) provide a more comprehensive definition of adventure therapy and consider the therapy as part of experimental therapy. According to such definition, adventure therapy is an active and experimental approach that uses activities, real and perceived risks to ensure deliver change.

In the following years, adventure therapy started to be used also in education. In education, it is implemented along with planned programs to facilitate learning of students in nature environments. Students receive education that supports learning by experience and focuses on overcoming challenges in the light of certain values, such as respect for variations in off-school natural environments like sea, river, mountain, and forest, and selectness, righteousness and honesty (Gass et al. 2012).

Objectives and Benefits of the Therapy

In general, adventure therapy has three purposes (White 2012). These are; to evaluate the needs of the clients and help them meet such needs; select activities of the clients taking into account certain objectives and render such activities suitable for the clients, and obtain results that will allow them to be more successful in their family, school and work lives.

Psychotherapeutic bases of adventure therapy are as follows (Hanna 2012):

1. Evaluate the individual strengths of members of the group and the actual boundaries of their perceived reality;
2. Plan effective and responsive activities within a group, which are integrated with well-known psychotherapy methods;
3. Deliver activities that will ensure realization of the elements that will help the change.

In this type of therapy, clients become integrated with the natural environment, activities performed are real and information is collected about what is happening now and what will happen in the future. This way, it is believed dysfunctional behaviors of clients may change (Degges-White and Davis 2011). This process takes place as clients question themselves during the adventure therapy and get to know themselves better while doing that (Herbert 1996). In addition, adventure therapy increases self-awareness of clients, increases their responsibilities towards both themselves and the others, promote healthier coping mechanisms, help clients develop a more positive sense of self by allowing them to obtain concrete results for success and correcting negative senses of self, help with improving creative problem-solving, communication and cooperation skills of clients, help clients see their weaknesses, strengths and limitations more realistically, and finally, help them develop more realistic and healthier decision-making skills (Herbert 1996, Newes and Bandoroff 2004). Furthermore, adventure therapy help clients develop different coping skills, allowing them to control their environments (Nadler and Luckner 1992). Another benefit of adventure therapy is that the clients improve their self-confidence, and this way, clients no longer see the uncertainty in their lives as a threat but as a challenge to be overcome (Taylor 1989).

In conclusion, this model is a program that focuses on development of clients' characters in a nature environment and improving leadership skills, social responsibility duties and developing interpersonal relationships. With this model, clients both improve themselves and learn how to use their intrinsic skills of survival. The model also intends to help clients overcome their existing limitations and develop their self-respect

(Mitten 1994). This way, it also intends to improve communication skills of clients (Beringer and Martin 2003).

Characteristics of Therapy

Adventure therapy is based on experimental learning (Kraft and Sakofs 1985). At the core of experiential learning, learning is experiential. It is much more valuable for the individual to be active in experiential learning because the individuals are responsible for the process and they are directly inside the process. Because clients in adventure therapy and Outward Bound model are in the process and are actively affected to learning process, they are accepted as experimental learning (Bacon 1983, Gillis and Ringer 1999, Newes and Bandoroff 2004).

Adventure therapy uses a therapeutic focus and integrates group therapy and individual psychotherapy sessions as part of the overall therapeutic environment (Newes and Bandoroff 2004). However, it seems that most of the studies on adventure therapy are group therapy. This is also related to the healing power of the acting as a group.

Adventure therapy has more than one definition, and most of these definitions are based on combining traditional methods with adventure therapy. From these definitions, there are some basic features that are necessary for a therapy which consider as an adventure therapy (Gass et al. 2012).

1. The positive effect of nature in the therapeutic healing process,
2. Positive use of stress or eustress
3. The direct and active participation of the clients and their responsibility for the therapeutic process,
4. Participation in adventure events is particularly meaningful to the client in terms of natural outcomes,
5. Focusing on positive changes in current or future functional behaviors,
6. Ethical considerations and support for therapeutic activities, especially in individuals who are strangers to therapy's activities,

Similarly, Gass (1993) describes some other key concept of adventure therapy. These are, action-centered therapy, an unfamiliar environment, ability to assess change climate, small group development and mindful environment, focus on successful behaviors than nonfunctional behaviors, and change of therapist role. are essential components of adventure therapy, therapy will be effective. Gass also stated that the lack of these components will affect the effectiveness of adventure therapy.

According to Kimball and Bacon (1993), adventure therapy has 14 characteristics. First characteristic is multiple treatment formats. In the first programs for adventure therapy, adventure therapy was carried out using traditional therapy methods in nature. This has led to differences in practice. Gass (1993) identified three different areas. These are activity-based psychotherapy, wilderness therapy and long-term residential camps.

Activity-based psychotherapy uses adventure based activities for clients' treatment plan. This therapy can be carried out in parks or open spaces and duration might be one day to full day. Wilderness therapy, which is similar to adventure therapy, can be applied to many clients, from veteran soldiers to those who have been exposed to family violence. However, the most commonly applied group is adolescents who have many different disorders, ranging from developmental disorders to mood disorders. The

duration of therapy ranges from 7 days to 60 days. The last area is the long-term residential camps which also known as therapeutic camps. These camps are tended to be used with adolescents who are in risk group and the length of the therapy is a few months to two years. These camps differ from other camps because clients in these camps should stay in tents or wooden platforms and clients should provide all their needs by themselves (Buie 1996, Newes and Bandoroff 2004). This leads to develop positive peer culture and positive confrontation of the daily life problems (Gass, 1993).

Group focus is another characteristic. Groups generally range between 6 to 14 people and heterogeneous groups usually suggested. Group dynamics are important likewise other group therapies. In the group, it is important for group members to support each other, provide feedback, cooperate in any difficulties, creative problem solving and trust each other. For this reason, the process is another important characteristic. Individual psychotherapy, group psychotherapy, diary writing, reflection, modeling, self-disclosure and metaphorical processing can be used in the process (Gass, 1993). The use of metaphors is important in adventure therapy because with the help of metaphors, clients associate their expectations from adventure therapy with real life (Gillis et al. 2014). For this reason, adventure therapy is not just about climbing the walls or surviving in the wild, but overcoming the individuals' walls of the in real life or getting rid of the difficulties they have at home (Newes ve Bandoroff 2004). For this reason, those living in nature, are the metaphorical situations for real life.

Another characteristic of adventure therapy is that the therapy is suitable for multimodal therapy. This involves using therapy sometimes as an independent and sometimes adjuvant response (Kimball and Bacon 1993). With independent use of adventure therapy, clients receive therapy in a place set up in nature; whereas, in its adjuvant use, it is consulted as an activity-based adjuvant method in an inpatient healthcare center. Another characteristic is that how often the activities are performed. In adventure therapy, the particulars determined for the clients should be made difficult in stages. Following a difficult activity task in the beginning, the tasks are made difficult gradually; and in the end, "mastership tasks" are given. Mastership tasks are intended to prevent negative assessment of clients of themselves and learned helplessness. The sensory aspect of the activities is also thought to be that adventure therapy may cause a higher level of change in the individual (Crisp 1998). At this point, the perceived risk factors of the clients for the activities gain importance. Although the tasks determined in the activities may seem dangerous to the client, they are not inherently risky but the perceived risk is great (Gass 1993; Amesberger 1997). In addition, the term risk includes not only physical risk but also interpersonal and internal risk. For this reason, activities and tasks that do not appear to be physically difficult can be perceived as a difficult task in the client's mind, given what the client goes through in their own world. Therefore, the therapist needs to take this into account (Kimball and Bacon 1993).

Another characteristic of adventure therapy is that the consultation process is conducted in a foreign environment with which the client is unfamiliar. This feature, called the unfamiliar environment, is considered to be an environment with which the client is unfamiliar (Walsh and Golins, 1976) and is, in fact, metaphorically meaningful. This is because clients practice what they learn in this environment also in real life. In the unfamiliar environment, this means that social structure can be used at the same time as the physical structure. It is believed that the removal of the clients from the normal

context implies their severing ties with their old coping patterns. It is also thought that the client will be less resistant to the therapeutic experiment in unfamiliar environment and will struggle for behavior change more (Wesserburger 2012). Struggle with options feature of adventure therapy is that the client prefers not to participate in an event because of any reason. As with any type of therapy, volunteering is essential in adventure therapy. Participation of clients is voluntary as in any type of therapy. Clients are free to participate in the activity, because, even though adventure therapy is a positive situation in which clients are expected to cooperate with the group, in some cases, the lack of clients' willingness to participate is considered as a positive situation, which will give an idea about the individual limits of the individual. The most important thing here is to understand why the client does not want to participate in the activity and to make them face the fear that drives them not to participate in the event. In short, in adventure therapy, the client's option of not participating in activities is considered a therapeutic factor (Carlson and Cook 2007). As another important characteristic, obtaining concrete results is also related with this situation. As a matter of fact, the situation experienced by one of the individuals in the adventure therapy may have the effect of enabling all the group members to learn at the same moment and in a concrete way. However, the difference that distinguishes this from other therapies is that situations experienced are physically real. (Walsh and Golins 1976).

The goal setting feature in adventure therapy includes the individual goals for each client and what is done in the therapy process to achieve this goal. The goal setting process occurs after the general evaluation of the client and the identification of problems. The goals are determined through cooperation of the therapist and the consultant depending on the areas of problem of the individual. As for the group, another goal that is shared by all group members is determined. As in other group therapies, a group contract is signed (Wynn 2012). In case of group interaction, the most important concept is building trust. Building trust must be towards both individuals, and their group members, and the therapist. The process of building trust is not different from other group therapies; the only difference is that it is done in more natural ways. As confidence increases, the group becomes more autonomous and self-sufficient. Thus, the group is more willing to communicate openly, and the change begins. If the confidence stage is not conducted properly, resistance may develop and the client may choose not to participate in the activities of the adventure therapy. This can be confused with the intervention of adventure therapy in the options (Bandoroff and Scherer 1994). As the group members trust each other more and as the group activities start, the entertainment feature of adventure therapy also comes to the forefront. Although entertainment is not the purpose of adventure therapy, it may be a means to ensure that group members focus more and concentrate on the therapy when it involves entertainment. For this reason, "ice breaker" activities and entertainment elements are used and group integrity is increased (Walsh and Golins, 1976). As the group integrity increases, the peak experiences feature of adventure therapy comes to the forefront. Peak experiences are the application of all learning within the group (Herbert 1996). Peak experience is more difficult than any task that the group has done so far; and its performance requires individuals to use all of their learnings and cooperate at a high level with other group members. Peak climbing, sailing trips or rafting expeditions can be considered as a peak experience. This way, clients help each other, cooperate and trust each other to fulfill a

task (Bisson 1995). The important thing here is that the peak tasks are given after the clients have successfully completed the other stages. The mistakes made with the timing may lead the clients to think at the beginning that the group activities are difficult, which may cause them to avoid the activities. The mistakes with the timing of the difficult tasks cause the client to feel insufficient, which may again result in the client's not benefiting from the counseling sessions (Newes and Bandoroff 2004).

The last feature of adventure therapy is the therapeutic relationship. Therapeutic relationship is one of the most important elements of adventure therapy (Russell and Phillips-Miller 2002). The fact that the most important factor in the change process is the quality of the therapeutic relationship (Lambert and Barley 2001) emphasizes the importance of the relationship between the therapist and the client in adventure therapy. In adventure therapy, the therapist and the client are in a deep relationship. This is also expressed as that it will be difficult for the clients to feel withdrawn from the therapist, which can be considered as an advantage. This way, it is possible to develop a deeper and multi-dimensional therapeutic relationship between the client and the therapist. Furthermore, the client's confidence in knowing that he or she has an easier access to the therapist also strengthens this relationship. Importantly, the relationship between the therapist and the client becomes a part of the daily life and is a real experience. When clients in adventure therapy do not perceive the therapist as an authority but rather see the therapist as a reliable individual, this also strengthens the therapeutic relationship between the therapist and the client (Becker 2010). Not only the client but also the therapist cope with the challenges in the nature environment and perform the same tasks, which also results in improvement of the therapist's relationship of trust with the clients.

Therapy Process

The most complicated part of adventure therapy is how the therapy process will proceed because there is no standard practice for adventure therapy. This is explained by the aim of shaping adventure therapy on meeting the needs of clients (Wasserberger 2012). That is, the therapist can determine how to manage the process. Although the process is left to the therapist, the therapists' responsibility is to determine the most appropriate process for the clients. For this reason, the process begins with the recognition of the clients.

Stage for how to conduct the process in adventure therapy are determined by Gass and Gillis (1995). This model, defined as a CHANGE model, is an acronym composed of the first letters of the process steps (Changes: Context, Hypotheses, Action, Novelty, Generating, Evaluation, and Solutions). Context stage is about sharing information and process of adventure therapy with group members. This information includes why they selected for the group, how long the group process will run, and what the goals are for both group and each member individually. The hypothesis is the stage where hypotheses develop through the information obtained from context stage about what behaviors are expected from group members. These hypotheses are tested with the beginning of adventure experiences. Action is the stage where decision of what is to be used to make the change is determined by the behaviors of the clients (Gass and Gillis 1995). Group members begin to make major behavioral changes in this stage. For example, when a client is engaged in actions that reflect his or her own personality, these actions are

reflected in adventure experiences and used therapeutically as a tool. Novelty is the stage where innovative actions take place with nature of adventure therapy. Thus, the group members do not know how they are expected to behave. This allows them to show their true behavior by preventing them from hiding behind a fake or social self. In the generating stage, adventure therapist carefully defines many actions of group members such as lifelong behavior patterns, intellectual processes, conflicts, needs and emotional reactions through careful observations. When the group members correctly observed, recorded, or explicitly stated, this data may form the basis of therapeutic targets (Kimball 1983). In the evaluation stage, the information which is obtained through observation are compared with the hypothesis. It is checked whether the actions of the group conform to the hypotheses. Finally, in the solution stage, if a clear picture of the problems of the evaluation group can be established, the solution is directed. When the collected information is integrated and interpreted in other stages, it helps to make decisions at the point of producing potential solutions for the general problems of the group (Gass and Gillis 1995).

When consider the above-mentioned processes of adventure therapy, negative evaluations of the client himself/herself, learned helplessness or dependencies are the points to work on and counselor try to confute them. Thus, more focus can be placed on the principal objectives of the client. Then, client and therapist cooperate and focus more on the behavior desired to be changed (Newes and Bandoroff 2004).

It is also very important to have feedback on the activities held in the counseling process (Keiwa 1994). Indeed, four components of the adventure therapy process are shown to be (a) faced fear, (b) experienced emotion, (c) immediate feedback, and (d) results (Pommier 1994). Faced fear is the clients' first confrontation with the psychological problems he/she experienced. In this process, clients' determination for the first time in his life about move on the problems he has, brings confidence. The counselor should be able to give immediate feedback about what he experienced, how he feels, whether he wants to continue. These feedbacks suggest that client always has different options for the purpose. Feedbacks and achievements obtained through the therapy process are also considered as results.

Selected activities for adventure therapy focus on survival skills and lives in the nature. These activities are usually physical activities such as mountain climbing, rowing in a river, canoeing, or trust-based games (Norton and Hsieh 2011). However, in general, all the activities individuals do during a regular camp are also necessary in adventure therapy. Security comes first in adventure therapy. For this reason, all selected activities should not jeopardize the security of the client. The necessary equipment for these activities and, logistical support should also be provided. Possible mishaps during activities should be considered and medical materials should be available (Wells 2006). In addition, in case of crisis, it should be assessed whether the client has a risk of harming himself, what level of aggressive aggression is, and what kind of crisis is happening (hysterical, psychotic, etc.) and appropriate intervention should be provided (Amesberger 1997). The selected activities in the adventure therapy should be proper to the clients. High-risk activities (such as mountain climbing) may increase self-esteem, but may also cause emotional stress (Mitten 1994). For this reason, therapist should identify the strengths and weaknesses of the clients when preparing the activities. In addition, the therapist should have some skills (warm up, cooking, backpacking, canoeing,

etc.) to empathize with the client (Williams 2000). Adventure therapies may be different from each other. For example, some therapists may use the natural environment to support individual learning and may use physical activities. Other therapist may use both the physical and social environment, so that the client is expected to identify, solve, and repeat learned behaviors.

Adventure Therapists

Because there are discussions about what adventure therapy is and the differences between other traditional therapies, these discussions create one more discussion about how adventure therapist should be. As in other types of psychotherapy, the practice of adventure therapy also requires specialization. Even though the definition of adventure therapy creates a wrong impression that mental health professionals may practice to therapy, professional trainings are required to be adventure therapists (Gillis 1995). In this context, there is also confusion in the literature about who can conduct adventure therapy or who can get train about adventure therapy (Gass 1995). Some mental health professionals argue that therapists who get some degree of professional training about adventure therapy can be an adventure therapist while others argue that mental health professionals may be adventure therapist through experiences (Newes and Bandoroff 2004).

Despite the confusion that who can be an adventure therapist, there are key features that should be found in adventure therapists. Because adventure therapist act as a bridge between clients and experiences, they should be skilled in the activities which is chosen for adventure (Davis-Berman and Berman 1994) and should have the experiences and the abilities to manage adventure therapy (Newes and Bandoroff 2004). Adventure therapists should be competent about planning the process methodically and systematically (Norton 2012) Successful adventure therapist should aim for long-term changes, provide a new learning environment, and strengthen the bonds with home, school and society, as it is important that the therapist's effectiveness is how the process is governed (Gillis and Simpson 1991). Because adventure therapists manage counseling process, they should always be in a professional relationship with clients for positive change in clients' feeling, thoughts and behaviors (Gass et al. 2012). Adventure therapists choose the challenges activities for a specific purpose. Adventure therapists should also be component for identifying problems, the strengths, potentials and possible boundaries of the clients and determine the appropriate change process for them (Gillis et al. 2014).

Choosing Clients to Adventure Therapy and Researches

Adventure therapy is a type of therapy that can be applied to different age groups, both clinical cases and nonclinical cases (Schell et al. 2012) but the most effective group is adolescents (Williams 2000). In the literature, there are examples of adventure-based family therapies in which parents and adolescents or couples join together (Gillis and Gass 1993).

In the 1960s and 1970s, while Outward Bound Model were used as an alternative treatment for criminal adolescents (Russell 2001), there are some other researches which conducted with individuals who have received substance abuse treatment (Gass

and McPhee 1990, Davis-Berman and Berman 1994), traumatized individuals (Mitten 1994), individuals with behavioral disorders (Pommier 1994), individuals who have confidence problems or interpersonal problem solving problems, depression or anxiety (Williams 2000), weight control for overweight adolescents (Jelalian et al. 2006). A meta-analysis study of the results of the researches about adventure therapy shows that adventure therapy programs are effective at favorable levels in psychological, behavioral, emotional and interpersonal domains, and these changes persist in the long time (Bowen and Neill 2013).

Clients to be selected for adventure therapy should be adolescent who like adrenalin who is brave, and technically capable individuals (Newes and Bandoroff 2004). Since the empathic bond between clients is important, clients need to be able to communicate with each other. Also, clients who have to accustomed to outdoors life should know the basic information such as staying warm, finding food or cooking, backpacking, kayaking, or staying safe while crossing a river (Williams 2000) or they need to learn basic training before group starts (Gass et al. 2012).

Adventure therapy is conducted with inpatients or outpatients in centers, hospitals, special treatment centers, therapeutic camps which is far away to urban center in USA (Lung 2012). It is organized as programs which aims long-term change, better coping skills, and strengthening the interaction with home, school and society (Gillis and Simpson 1991). The selected activities should help clients to question about his achievements after fulfill a task (Kiewa 1994). For this reason, the tasks of the client must be meaningful in real life and the results should be clear.

Particular care must be taken at the point of choosing the clients because the choice of clients is important for the counseling process and active management. The most recommended method for selecting clients is to conduct individual interviews with the candidate counselor in advance and then to make a clinical evaluation as a result of the relevant tests and scales (Wynn 2012). A suitable therapy plan should make for each client selected and the process should be managed by establishing a goal for the group as well. The problems of all selected clients must be the same or similar.

Criticism Toward Therapy and Limitations

The first criticism of adventure therapy is the confusion about which theory the therapy will be based on. Some researchers suggest that adventure therapy can be adapted to various theoretical models (Wick et al. 1997), others argue that adventure therapy is a separate therapy (Alvarez and Stauffer 2001) and others claimed that adventure therapy integrates experiential learning, social learning theory and self-efficacy theory (Combs 2001). In this context, original point of adventure therapy is that adventure therapist can apply every theory and therapy orientation to adventure therapy. For this reason, adventure therapy can be carried out not only with psychodynamic approach but also with cognitive behavioral approach, humanistic/interpersonal approach or system approach (Gass et al. 2012). Adventure therapy can be carried out independently or carried out with multi-model approaches which combined other methods and practices (Newes and Bandoroff 2004). In the literature, there are examples of cognitive behavioral adventure therapy (Gillen 2003, Jelalian et al. 2006) and Adlerian adventure therapy (Wick et al. 1997). The important point is the necessity of the combining different approaches with adventure therapy's own assumptions.

Another question directed to adventure therapy is whether adventure therapy differs from other nature programs. In this context, the term of "adventure" is not a goal in adventure therapy, it is only a tool (Newes and Bandoroff 2004). The use of adventure as a therapeutic tool during adventure therapy differs therapy from other open-air programs which do not have therapeutic focus. Also, there is no therapeutic healing in other open-air programs, but in the adventure therapy, there is a purpose of clients' healing and change. For this reason, some researchers suggest that the word of adventure can lead conceptual failure, activity-based psychotherapy should use instead (Gillis 1995).

One of the most directed criticisms toward adventure therapy is the lack of defined standard program or research methods (Stacksteder 2012). This makes it difficult to compare research results with each other (Gillis et al. 2014). It is also difficult to measure how the change takes place within the group, which client is expected to change, and time of the change or healing. It is also criticized for poor control, inadequate sample selection, inadequate follow-up, short treatment and poor theoretical structure (Parker 1992).

Another criticism toward the therapy is that the selected activities might be physically risky. When evaluated generally, many activities may be risky to perform in traditional therapies. Indeed, adventure therapy is a field that uses powerful techniques that can be perceived as risky and dangerous. Clients during this therapy can be injured or even die. When you think that no life is more valuable than gaining skill, adventure therapists cannot take a chance to possibility of losing anyone's life (Gillis et al. 2014). This suggests that the precondition of the therapy is "safety".

Conclusion

Adventure therapy essentially uses the healing power of nature in a therapeutic context. Even though it is a type of therapy that is being studied more with adolescents, there are researches which conducted with different age groups and genders also found in the literature. In these researches, clients receive psychological support in the nature in the context of certain programs. In these programs, knowledge which is obtain with experiences, implement metaphorically by clients to his/her life. In this way, client assured of self-confidence and not perceive the problems in his life as a threat.

Although there is no adventure therapy practices in Turkey, there are numerous researches which focus adventure therapy accompanied with other well-known therapy or therapy itself in foreign literature. When the natural beauties of our country are considered, there are many natural centers where this type of therapy can be applied. However, the biggest problem to be experienced at this point is the lack of recognition of adventure therapy in the mental health community and lack of specialists or adventure therapist in our country.

For adventure therapists, conducting more research is recommended. In particular, more researches about models of the program, researches which focus on the deeper conception of the changes in the therapy process, researches which use methodologically advanced methods in adventure therapy and the clinical support of the research are recommended (Norton et al. 2014). Training of professional adventure therapists are also recommended.

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