

Clinical Supervision in Adventure Therapy: Enhancing the Field Through an Active Experiential Model

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Supervision of therapeutic practice is one of the central professional elements of mental health practitioners. Supervision provides growth for therapists in their respective professional fields, more effective therapy for clients, and some measure of ethical protection for the welfare of clients and the public at large. However, therapists who utilize adventure therapy are often at a loss for experiential supervision models that value the active approach they use with their clients. The ENHANCES supervision model was developed to provide experiential adventure therapists with a contemporary model of supervision that removes the limitations of more traditional supervisory practices. Two case presentations illustrating the ENHANCES model are included in this article.

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Supervision of therapeutic practice is one of the central professional elements of mental health practitioners (Brown & Lent, 2000; Falender & Shafranske, 2004). Supervision provides growth for therapists in their respective professional fields, more effective therapy for clients, and some measure of ethical protection for the welfare of clients and the public at large (Freitas, 2002). However, therapists who utilize adventure therapy are often at a loss for experiential supervision models that value the active approach they use with their clients. The purpose of this article is to offer such a model.

Overview of Clinical Supervision

The manner in which supervision assists therapists is often dependent on the particular needs of therapists as well as clients. One example of their differing needs can be seen in the model advanced by Hawkins and Shohet (1991). Here the foci of supervision extend across six connected phases of a continuum ranging from: (a) reflection of the content of the therapy session, (b) exploration of the strategies and interventions attempted with clients, (c) exploration of the therapy process and client-therapist relationship, (d) focus on the therapist's counter-transference, (e) examination of the mirror or parallel processes of the supervisor-therapist reality to the therapist-client reality, and (f) focus on the supervisor counter-transference.

Although supervision models for traditional therapeutic approaches have existed since the 1920s (Leddick & Bernard, 1980; Stoltenberg & Delworth, 1987), most of these approaches have relied on one of two distinct models: (a) psychotherapy models and (b) developmental models (Bernard & Goodyear, 1992). In psychotherapy models, supervisors rely on a personal theory of counseling or psychotherapy as the basis for conducting clinical supervision. For instance, a specific psychotherapy model might be used by supervisors who incorporate their world view as cognitive behaviorists into their supervision style. These supervisors would probably focus on how the supervisee's thoughts about the client are related to his or her behaviors when in session.

In developmental models, the focus centers on having the therapist grow with the supervisor through various stages of cognitive maturity. The development of the supervisor-supervisee relationship over time would probably focus on the supervisee's gains in knowledge of psychotherapy. Developmental models focus more on the process of growth as a therapist

and are generally atheoretical with regard to content. As growth occurs in these models, supervision changes through different levels to accommodate this growth. Examples of growth might include movement from dependency to autonomy, unawareness to awareness, or simple to more complex levels of interventions.

Traditional models of supervision experienced during graduate training or in postgraduate training may prove ineffective for adventure therapists, particularly when examining areas of supervision pertaining to therapist-supervisor interactions. The need for specific and conscious “direction” regarding client-therapist interaction may be met by traditional psychotherapy and developmental model structures, but information regarding more resistant and unconscious patterns may not be acquired because of the venues where adventure therapy is experienced. Supervision using more traditional “talk only” methods also may not address the more active, experiential needs of adventure therapists.

Given its experiential basis, adventure therapy supervision would benefit from a model of supervision augmented by active, experiential methods. In this type of supervision experience, the supervisor and therapist literally “leave their chairs” to experientially enhance the supervisory process toward beneficial ends. By utilizing active experiences to parallel and highlight the supervision process, the supervisory experience is “walked” and not just “talked.” This process reaches the same six foci of supervision of the Hawkins and Shohet (1991) model, but seeks to do this in a more informative and beneficial manner.

The purpose of this article is to present a model of experiential supervision that combines the objectives of traditional supervision experiences with the critical information obtained through an experiential parallel process. Toward this end, we have adapted the similar structure of the CHANGES model of assessment (Gass & Gillis, 1995a) into a model of supervision using the acronym ENHANCES. The CHANGES model is a field-tested, theoretical framework meant to guide therapists in their ability to:

- (1) capitalize on the strengths of adventure experiences as assessment,
- (2) enhance existing intuitive processes, (3) enable professionals to proactively analyze, predict, and generalize assessment concepts to assist with client interventions, (4) assess one specific client or a client group comprised of multiple members, and (5) create congruence between a theoretical framework and actual field conditions with clients. (pp. 34–35)

To illustrate the ENHANCES structural model’s use in the field, two supervision case examples are included in this article. Both of these case studies, as well as additional ones using the ENHANCES model, can be found online at: <http://kinestheticmetaphors.com/ENHANCES.html>.

Parallel Process: What Is It?

Key to Hawkins and Shohet's (1991) six-phase model are the concepts of parallel process and isomorphism. The concept of parallel process has some basis in psychodynamic therapeutic approaches (e.g., transference and counter-transference), but it also extends theoretically with the systemic notion of isomorphism (Gass, 1993). The way isomorphism is viewed in supervision literature concerns the parallels co-existing in both (a) the client-therapist relationship and (b) the therapist-supervisor relationship.

For example, there may be times when therapists can be very confused as to how to proceed with their clients. Perhaps the issues being presented by a client are new to the therapist, or previous successful methods of working with similar clients are not proving to be successful. In such situations, therapists may not be conscious about bringing this confusion into the supervision session. The therapist may then confuse the supervisor, playing out the same "process pattern" the client presents in therapy. Thus the client-therapist relationship finds itself isomorphic with the therapist-supervisor relationship.

Parallel process or isomorphism can also operate in reverse. Following the same circular pattern yet in the opposite direction, therapists can become very clear through supervision on how to proceed in the therapy session and then be able to model that clarity with their clients who, in turn, become clear on what action they should take in their practice.

Experience: The Primary Vehicle for Change

Experiential therapists actively design and frame activities around critical issues for clients. The activities are typically focused on the development of specific treatment outcomes. Experiential therapists generally do not serve as the central vehicle of functional change; instead they see the therapeutic experience as being the central medium for orchestrating change. This dynamic often enables therapists to take on a more "mobile" role for supporting, joining, or confronting clients in the co-construction of change processes. Combined with the informal setting of adventure experiences, the dynamics of experiential approaches can remove many barriers limiting interaction. While still maintaining clear and appropriate boundaries, experiential therapists can often become more approachable and achieve greater interaction with clients (Gass, 1993; Russell & Phillips-Miller, 2002). How might this same stance play out in experiential therapy supervision using adventure experiences as the medium? One way to conceptualize this is through the enhancement of the CHANGES model.

The CHANGES model (Gass & Gillis, 1995a) is organized into interactive steps designed to acquire information for developing functional

client change. There are seven steps that comprise the acronym CHANGES: Context, Hypotheses, Action, Novelty, Generating, Evaluation, and Solutions.

Context. In preparing for the group experience, the therapist gathers all the information he or she can about the clients. Why has the client group entered into this experience? How long will they be involved? What are their stated goals as a group and as individuals?

Hypotheses. After gathering this assessment information, the adventure therapist establishes hypotheses about what behavior(s) might be expected from the group. These hypotheses are “tested” through engagement in carefully designed adventure experiences.

Action. Much of the material used for constructing change is obtained from the actions of group members as they involve themselves in adventure experiences. Kimball (1983) and Creal and Florio (1986) relate this process to the psychological concept of “projection.” Based on this premise, group members project a clear representation of their behavior patterns, personalities, structure, and interpretation onto the adventure activities because they are usually unfamiliar with what is being asked of them in the experience.

Novelty. As previously noted, actions that are unfamiliar or new to the group cause group members to struggle with the spontaneity of an adventure experience. As a result, group members do not always know how they are expected to act, and this prevents them from hiding behind a false or “social” self, leading them to show their true behaviors, which in turn provides additional information to the group therapist.

Generating. By careful observation of the group members’ responses to a multitude of “actions,” the skilled adventure therapist identifies life-long behavior patterns, dysfunctional ways of coping with stress, intellectual processes, conflicts, needs, and emotional responsiveness. When properly observed, recorded, and articulated, this data can be the basis for therapeutic goals (Kimball, 1983).

Evaluation. When information has been generated from observations of the group’s behaviors, it can be compared with working hypotheses once again. Do group actions fit the working hypotheses? Are these hypotheses supported or refuted? What new knowledge now exists to revisit action, novelty, and generating in the next experience?

Solutions. Finally, and most importantly, when the evaluation provides a clear picture of the group’s issues, it leads toward solutions of those issues. Action steps at this time generally evolve by clients identifying: (a) “exceptions” to problems (i.e., times when the problem behavior does not occur); (b) doing “more” of what is working for the client; and

(c) doing something “different” when things aren’t working for the client (Gass & Gillis, 1995b). Integrating and interpreting information gathered in previous steps helps in decision-making about how to construct potential solutions to the groups’ concerns.

The CHANGES model provides one useful way to acquire and organize information to systemically structure a change experience. One powerful technique for accessing the strength of adventure experiences is when group members are using metacommunication patterns in their dialogue.

Key to the model’s process is the concept of metacommunication, which has been eloquently outlined by such therapeutic pioneers as Bateson (1972), de Shazer (1982), Watzlawick, Beavin, and Jackson (1967), and Watzlawick, Weakland, and Fisch (1974). Metacommunication processes can provide a clear understanding of how adventure experiences heighten therapeutic effectiveness through parallel processing. For example, in the group members’ reality, there are really two meanings to words and their interpretations when used in the adventure experience: one for the reality of the adventure experience paralleled with the one for the group members’ real-world reality. The joining of these two realities can often be heard and seen in client expression and behavior. Such metacommunication provides an important link for group members reaching deep and valuable meaning in adventure experiences (e.g., Gass, 1993; Gass & Gillis, 1998).

ENHANCES: The Model

ENHANCES is presented as a supervision model that parallels the CHANGES model of assessment based on the six elements proposed by Hawkins and Shohet (1991). As with the CHANGES assessment model, the ENHANCES supervision model possesses connected elements that are sequential in nature. The ENHANCES acronym stands for Engage, New Hypotheses, Action that is Novel, Co-create, and Evaluate for Solutions.

Engage. In the Engagement phase, the supervisor joins with the therapist and focuses on three distinct areas: technical skills, personal growth, and an atmosphere promoting the courage to be imperfect. Among the technical skills are: (a) perceptual skills, (b) conceptual skills, (c) intervention skills, and (d) relationship skills. Perceptual skills allow the therapist to see specific patterns and external interactions occurring in therapy. Conceptual skills allow the therapist to access various therapeutic models to benefit the client. Intervention skills include the capability of the therapist to actually design and deliver a therapeutic process for assisting clients to change. Relationship skills involve the establishment and maintenance of a connection to the client so beneficial information or techniques can be received in an atmosphere where they can be utilized

effectively. The second area of engagement where the supervisor guides the therapist is through personal growth. Supervisors accomplish this by supporting therapists in their knowledge of themselves and in their confidence to operate as therapists, as well as in the building of relationships and rapport with their clients. Finally, the third area of engagement fosters the attitude of “failing forward”—creating an environment where therapists have the courage to be imperfect and are encouraged to try new and novel approaches with their clients.

New Hypotheses. The supervisor listens to the hypotheses the therapist has developed about his or her conceptualization of the client. These hypotheses were built through the joining stage of engagement. The supervisor explores with the therapist new hypotheses or alternate ways of viewing a client’s words, interpretations, and behaviors. The manner in which the supervisor helps generate these new hypotheses is the crux of the ENHANCES model. It is where the supervisor and the therapist experience and reflect on the possibilities for enhancing the therapeutic process.

Action that is Novel. The supervisor uses action or activities in the session that may not be new to the therapist, but in the context of supervision, they are novel in that they help the therapist see the client’s issues or his or her own issues in new ways. For example, in the co-constructing dialogue between therapist and supervisor about the confusion and overwhelming reality of juggling multiple issues facing a client, the supervisor may explore this issue with the therapist through a parallel process of juggling a confusing and overwhelming number of Nerf balls that need to be kept up in the air and to be passed between them. The shared action of passing these balls provides informing sources of directed experience and informed reflection for invaluable insight into the supervision process.

Co-create. From the shared action comes a co-created plan to be carried out in the therapy session. This plan may or may not involve the actions used in the previous stage. The actions used in supervision will often spark creative juices to co-create a novel way of presenting an activity so that the experience can “speak” to the client.

Evaluate for Solutions. The co-created action is reviewed and evaluated for its potential effectiveness with the client. Part of the evaluation is the level to which the co-created action will embrace a solution focus and utilize skills the therapist and client possess (Knight, 2006; Lowe & Guy, 1996).

Logistics of the ENHANCES Model

The ENHANCES model can work in a variety of supervision structures (e.g., a 1:1 therapist-and-supervisor-only model), but it can be further

enhanced by a group supervision process aided by a reflecting team. The reflecting team is not a new concept in supervision. Cox, Banez, and Hawley (2003), Merl (1995), and Paré (1999) all spoke to the value of a reflecting team in training and supervision of clinicians. Schön (1983, 1987) wrote extensively on the value of being a reflective practitioner in educational settings. In the ENHANCES model, the reflecting team process seeks multiple perspectives from other therapists as well as from the supervisor to inform the therapist/supervisee. The following steps are used to implement the ENHANCES model in this reflecting-team-enhanced process:

1. The supervisor interviews one therapist in the center of a circle, with four reflecting team members observing from an encircling distance of 5–10 feet.
2. After three-fourths of the interview, the supervisor and therapist move out of the circle and *only listen* to the conversation of the reflecting team. The reflecting team moves into the center of the circle to discuss: (a) what additional information they desire from the supervisee (e.g., more context for creating activities) and (b) what activities come to mind that have isomorphic connections to what is being discussed.
3. The supervisor and therapist again change places with the reflecting team and discuss what they have heard from the reflecting team.
4. A novel action generated by the supervisor, therapist, or reflecting team may surface in which the supervisee and supervisor engage.
5. The supervisor, the therapist, and the reflecting team evaluate the action for solutions.

Two case presentations following this implementation of the ENHANCES model are presented to illustrate this process. Both of these case presentations are available online, as well as additional video case studies not included in this article. To view the videos, go to <http://kinestheticmetaphors.com/ENHANCES.html>. In keeping with current therapeutic ethical guidelines, participants gave written permission to be included in these videos to benefit the profession. Care was also taken to preserve the anonymity and confidentiality of the clients discussed in the case presentations.

Case Example 1: Who's in Control? (2006)

Background information. Supervisee (Joanne) is a child and adolescent clinician who conducts therapy in an office setting. She sees individuals and families for therapy.

Case presentation. Joanne is seeing a 16-year-old female (“Sara”) and her family for issues associated with anorexia. Sara was recently discharged from an eating disorder hospital to address what was seen as more pressing family issues. Sara is uncommunicative in therapy.

One of the most pressing issues in therapy is that of control with Sara’s mother (“Mary”). This control issue is especially evident in Mary’s monitoring of Sara’s caloric intake. In order to achieve proper nutritional needs, Sara drinks 10 cans of Boost Plus daily. (Boost Plus is a nutrient-rich weight-gain supplement.) Mary needs to remind Sara to drink the Boost, and she stands over her when she drinks it. Mary feels very overwhelmed at these times, becoming emotional and breaking down into tears.

As the therapist, Joanne finds herself becoming very impatient with Mary and wanting to “rush in and address control issues.” This dynamic further overwhelms Mary in therapy. Joanne sees Mary and Sara more successfully on an individual basis than together; when seen jointly Sara rarely speaks, and when she does speak, Mary becomes easily overwhelmed. Joanne has seen the family for four sessions so far.

Joanne wants to further explore control issues and increase her ability to meet Mary where “she is at.” Mary has become resistant to receiving input or feedback on how to control Sara. It is hard for Mary to talk with Joanne about anorexia; Mary often becomes overwhelmed and tearful in these discussions. The supervisor (“Steve”) presented the metaphor of Mary having a full “emotional bucket,” and Joanne joined in, agreed with, and confirmed this assessment. She stated that Mary’s “bucket” is already full when she arrives for therapy, and entering Joanne’s office adds the two or three drops necessary to overflow her bucket (i.e., overwhelm her into tears).

Reflecting team’s comments. The four reflecting team members said they’d like to hear more about other family members and their roles in the family, family dynamics, why the daughter was released out of the hospital to address critical family issues, family strengths, the family’s ideas for what would lead to a better transition, and why Sara and Mary were so often seen separately during therapy. Potential experiential activities that were suggested included ones involving increased communication between Sara and Mary, metaphors involving a small stream running next to the clinic, control issues, and mirroring/connection activities between Mary and Sara.

Reactions to reflecting team’s comments. In thinking about the reflecting team’s comments, Joanne responded that no father was present but there was an older brother who possessed a very conflicted and dysfunctional relationship with his mother. The current treatment was seen as inappropriate, as Sarah needed to work on family issues. Family

engagement activities were seen by Joanne as a possible way to restructure the dyadic relationship in a healthier manner.

Moving out of the chair. Steve then asked Joanne to take a blank piece of 8.5 x 11 inch paper and write down an inventory of all the ideas presented—her own, ones co-constructed from her dialogue with the supervisor, and ones offered from the reflecting team. While doing this, Steve collected a water bottle, a pitcher full of water, and an 8-ounce plastic cup from the room.

Joanne wrote down a long (overwhelming) list of eight or more ideas. Steve stated that with all the things they have “to do,” and for every idea that she could handle, she needed to pour an appropriate amount of water from the water pitcher or bottle into the cup to represent each idea. Steve offered that Joanne had to determine how much emphasis she wanted to place on an idea by pouring a corresponding amount of water into the cup (i.e., how important each strategy is for this family at this particular time should match the amount of water Joanne poured into the cup).

Steve then informed Joanne that after she accomplished this task, they would place the cup on top of the paper, jointly carry it by holding the four corners of the paper, and then deposit the water into a large bucket in the corner of the seminar room that could hold the water (see Gass, 1997, for another activity description related to family systems). The supervisor and supervisee needed to handle and control this task without spilling any water (“becoming overwhelmed”), or they would have to begin the process again. Steve reminded/punctuated to Joanne that it was her judgment as to how much water/ideas they could handle and how they would successfully implement a plan to make it to the intended bucket. Joanne asked who would do the pouring, and Steve told her she would do everything and he was there to facilitate her efforts.

Filling the cup more than halfway full, Joanne then verbally identified the need to “maintain a safe and equitable space” as her most important task to implement with this family (“the only thing I really need to do”). She then added “drops of focusing on control dynamics.” She mentioned that although the other ideas were great ones, they might compromise these current primary needs because adding anything more into the existing treatment plan might make things too overwhelming.

Joanne then guided Steve in assisting her to take the cup of water placed in the center of the paper to the large bucket. Steve asked Joanne how she thought she was doing, and she said, “Very well.” They successfully completed the task without spilling any water.

Wrap up. Steve stopped the scenario, stating that if he had more time, he would complete the process of using multiple trips from the water

pitcher to the large bucket until all the issues were addressed. Inclusion of the discussion of isomorphic areas would be addressed, along with the application of context to Joanne's office (e.g., instead of using a bucket for a depository container, deposit the water/issues into the stream running next to Joanne's office).

Case Example 2: Restructuring the Family's Supportive Structure (2007)

Background information. Supervisee (Tiffany) is a clinician for a secondary intervention unit supporting a primary-care treatment organization that provides wraparound/step-down services for adolescents and their families. She runs three to four groups a week and also works with families. She has seen this particular family for 10 sessions, with each session running two hours in length. Results have been mixed.

Case presentation. The identified client ("Mike") is a 16-year-old adolescent who has been suspended from school due to acts of unrestrained/acting-out behavior, violence, and some drug use. As part of his treatment plan, Tiffany has been seeing the family as adjunctive support to address these behaviors and to assist the mother in her parenting efforts. The family consists of a single mom and four children—two boys (ages 16 and 17) and two girls (ages 10 and 11). The older son is academically and athletically successful, and when problems occur, he is embarrassed not only by his brother's behavior but also by his family. In incidents where the mother ("Wendy") focuses her attention on Mike and is somewhat successful, his siblings become reactionary and often sabotage Wendy's efforts to support and guide Mike. Wendy is much more caretaking and supportive in her parenting style with the two girls in the family than she is with the two older boys.

In the course of these 10 sessions, the family has done several experiential activities and has had mixed results. During a trust activity (the Mohawk/Tomahawk walk), the family as a whole did quite well by helping and supporting one another. Other positive behaviors included honesty, authentic communication, and sensitivity to what everyone in the family needed (especially Mike). Negative issues included some challenging of Wendy's directions and struggling—and subsequent sabotaging—by Mike's older brother.

Reflecting team's comments. The four reflecting team members said they'd like to hear more about Mike's problems and why Tiffany was having such a difficult time in her role as the therapist. They also wished to explore issues surrounding what Mike does outside of the home to be successful, the struggles between Mike and his brother, and the potential symbolic meaning of Mike's language with Wendy (e.g., "chillin") that activates her in a negative manner. The team saw Mike as often "running"

the family with his behavior and Wendy as being stuck in a sort of “survivalist mode” when having to parent. They wondered if Wendy could change Mike’s behavior from wanting to “run the family” to supporting the family. They also wondered if Mike’s sensitivity could be used in a more positive manner.

As far as potential future experiential activities Tiffany might wish to offer to the family, they provided the following possibilities: (a) an activity that has the brothers doing something together where they both need each other in order to be successful; (b) a family “whale watch”/balance beam challenge, where family members would need to clearly communicate and work together to achieve the activity’s common objective; (c) the “all aboard” activity that would bring everyone together in a cooperative manner; and (d) “win-win” activities.

Reactions to reflecting team’s comments. In responding to the reflecting team, Tiffany said a number of the suggested collaborative activities had already been done. As far as impulsivity, Mike chooses when to be compulsive and when not to be; he’s very intelligent. Tiffany enjoys working with Mike and the family, and she has been quite solution-focused with their work. She has run into difficulties when problems become “saturated.” For now, Wendy has quit her job to help Mike during these difficult times. Wendy described the existing situation as “hopeless” and “I don’t know where to go, what to do, or how to make things better.”

Wendy was asked if Mike had any dreams or thoughts for the future. Wendy replied that Mike wanted to be away from home and spend time with his girlfriend. Wendy was asked to clarify Mike’s ability to be supportive. Wendy said that her son struggles when he is asked to be supportive, and when he seeks guidance, he uses a demanding tone.

Moving out of the chair. The supervisor (“Ron”) asked Tiffany if she had done some previous trust activities with the family. Tiffany replied yes but that there could be more room to work with the family on these issues. They did some blindfold activities that went well, but Wendy struggled in this role, primarily with issues of communication and with being blindfolded in the context of the family. The supervisor asked Tiffany about situations where Wendy was asked to work directly with Mike. Tiffany said that during this time the rest of the family members became “shut off” in their interactions with Wendy.

As Tiffany provided an example of this, the supervisor asked one of the training group members to serve as a daughter having a conversation with Wendy. Tiffany described how, when Wendy and Mike are interacting, the daughter becomes reactive. Based on this information, Ron sculpted the group into a trust lean formation, where he served as Mike, leaning back and being directed by Tiffany, who was serving as the mom.

The “daughter” was then directed to grab a side belt loop and tug on Tiffany/mom when the daughter felt as if she was not receiving appropriate attention from Tiffany/mom. Ron informed Tiffany that he would be working hard to “trip her up” and make things difficult for her, using a manner similar to Mike’s when he makes things difficult for Wendy. Ron also asked Tiffany to describe what language Wendy uses with Mike that is successful when directing him, and he further asked Tiffany to use this type of language (e.g., language that ties into the positive use of his sensitivity) when directing/guiding him through the successful resolution of the activity.

After this language pattern was established, Ron not only directed the team member serving as the daughter to pull on one belt loop for attention but also enlisted the aid of two more team members to serve as Mike’s other brother and sister and to act in a similar manner (i.e., pull on another belt loop when mom/Tiffany was interacting with Mike but not giving them the attention they needed).

Acknowledging Tiffany’s past successes with the trust lean, Ron increased the intensity of the activity by moving farther away from Tiffany before beginning the trust lean process. In a critical moment of insight, Tiffany asked to restructure the family, particularly redirecting the siblings to move from a confrontational position (i.e., tugging at her to receive attention) to a more collaborative one (i.e., restructuring and redirecting the other children to “get in line” with her to make the family more functional). Tiffany also asked Mike/the supervisor to change his language to recognize the fact that family members will be adjusting their behavior to be more functional. The family successfully negotiated this process in the new structure and with new language (e.g., a trust circle structure).

Wrap up. For the sake of time, Ron stopped the scenario. To wrap up, he asked for Tiffany’s opinion of the training experience. She said it was really good, and she highlighted a time when as mom she could be in charge of the family in such a structure and could find her voice in a constructive manner.

Conclusion

Therapeutic supervision continues to be a primary method of insuring the delivery of high-quality mental health practices. As previously stated, supervision provides growth for therapists in their practice, more effective therapy for clients, and some measure of ethical protection for the welfare of clients and the public at large (Freitas, 2002). Adventure therapy is an experiential therapeutic process enriched by both direct client experience and informing reflective processes. In an effort to provide effective supervision of adventure therapy processes, “talk only” supervision models may be limited. ENHANCES was developed to solve

this problem. It provides adventure therapists with an experiential model of supervision that matches their methods and removes the limitations of traditional methods while still addressing the elements of supervision identified by Hawkins and Shohet (1991). As therapeutic agency personnel and mental health practitioners have incorporated the ENHANCES supervision model into actual practice over the past decade, four recommendations and guidelines have emerged.

Get Out of the Chair

One of the most commonly reported failures of implementing the ENHANCES model has come when the supervisor and therapist remain in their chairs and talk about activities that might work for the therapist and her or his client. Dialoguing about discrete elements and client problems to excessive ends has proven to be less productive and influential than engaging in an activity that tends to lead to a solution. Although there is a need to be informed about the “problem,” it has been reported repeatedly by a variety of professionals that the strength and informing elements of the ENHANCES supervision model come from the associated activities.

Possibly the easiest path for a supervisor to take in accomplishing this task is to listen to the supervisee’s language and turn the verbs into gerunds (e.g., “control” to “controlling,” “support” to “supporting”). Use these transformed gerunds as clues for possible isomorphs that might “play out” into novel actions.

Go Slowly, Don’t Worry About Being Perfect, and Trust the Process

Supervisors can experience performance anxiety around the expectation to understand and remember every discrete element from the therapist, client, and reflecting team and around the expectation to discover the “perfect activity” that will produce incredible benefit for all those involved. Although it clearly is important for the supervisor to possess necessary experience and appropriate qualifications, the supervisor is encouraged to “let go” of such concerns, to seek a state where worrying about being “perfect” is reduced, and to trust the processes incorporated by the ENHANCES model.

Center Attention and Feedback of Supervision Process on Therapist

Although it may seem obvious, supervisors are reminded to pay close attention to the verbal and nonverbal cues of the therapist. Supervisors are encouraged to maintain such a focus because the answers being sought in supervision generally reside within the therapist. Professional guidance and supervisor experience provide important sources of information for the therapist, but all the information in the “therapeutic world” will be of little value to a therapist who lacks the confidence or ability to implement positive change with a client.

Seek to Use Metacommunication Structures for Guidance in Developing Supervision Activities

As mentioned previously, one of the key ways to make action-oriented hypotheses and resulting supervision activities is through the use of metacommunication processes. Two examples of such processes are the use of gerunds and of nominalizations. English gerunds are the action form of a verb and always end with *ing*. Nominalizations are the actual use of a verb or an adjective as a noun. Table 1 provides a descriptive comparison of these terms.

Table 1
Sample Verbs, Gerunds, and Nominalizations

Verb	Gerund	Nominalization
Destroy	Destroying	Destruction
Arrive	Arriving	Arrival
Establish	Establishing	Establishment
Refer	Referring	Reference

Note. From *Grammar: A Student's Guide*, by J. R. Hurford, 1994, p. 86.

In both cases, the “verbing” (i.e., the gerund process) or the “nouning” (i.e., the nominalization process) of verbs transforms words and concepts into potential sources rich for the creation of supervisory activities. For example, in the first case study the supervisor considered the use of several therapist verbs as rich sources for these processes (e.g., control, press, stand over, drink, overwhelm, become emotional, break down, be resistant, communicate, speak, fill). As seen in the written case study in this article and the online visual presentation of Case Example 1, the therapist context (i.e., the verbal and nonverbal context surrounding the therapist’s verbs) led the therapist and supervisor to select an experiential activity based on the verb composite and subsequent verbing and nouning of “being in control,” “overwhelmed list,” “filling,” and “communicating.” Other isomorphic connections (e.g., the use of water in a cup as a metaphor for the Boost supplement, the “standing over” posture of the activity) also provided a greater congruence to the metacommunication process and a richness to the subsequent supervision experience.

Examples of this process also exist in the second case study. As seen in the written case study and the online presentation of Case Example 2, the therapeutic context led the therapist and the supervisor to co-create an experiential activity based on the verb composite and subsequent verbing

and nouning of “focusing,” “supporting,” “helping,” “connecting,” “distraction,” “clear communication,” and “restructuring.” What is important to note is that the client context—the client value system and “story line”—and the subsequent restructured elements (e.g., moving child farther away, tugging at the belt loops for attention) all directed the “meaning” of an experiential activity traditionally used as a trust activity toward an experience with much greater meaning around the client concepts of redirecting and restructuring. Whenever possible, having the client guide the construction and interpretation of the experiential activity process (i.e., co-creation) has long been and remains a concept critical to the success of isomorphic connections with any adventure and other experiential programming (Gass, 1997; O’Hanlon, 2008).

Two additional concepts need mentioning regarding the use of the ENHANCES model. First, the model has also been used quite effectively with the supervision of therapists conducting more traditional “standard therapies.” One therapeutic program successfully implementing the ENHANCES model for traditional therapy supervision is OMNI Youth Services, located in Buffalo Grove, Illinois. The model’s utility in these settings needs further exploration.

Second, as with all emerging practices, more research needs to be conducted to examine the various components and utility of the model. This study possesses clear connections to research that validates the use of co-created isomorphic/metaphoric framing (Gass & Priest, 2006), but replication by different researchers in different settings needs to be conducted. This is particularly true with the call for the validation of professional practices through evidenced-based research (Gass, 2005, 2006).

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