

1997


## Combining adventure therapy and reality therapy as a treatment approach with adolescents

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### Recommended Citation

Becker, Shawn C., "Combining adventure therapy and reality therapy as a treatment approach with adolescents" (1997). *Graduate Research Papers*. 349.  
<https://scholarworks.uni.edu/grp/349>

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## Combining adventure therapy and reality therapy as a treatment approach with adolescents

### Abstract

Adolescence is often considered a time filled with emotional conflict and stress. That stress often gives rise to psychological and behavioral problems for a large number of adolescents (Zigler & Stevenson, 1993). Teens experience poor self-concepts, decreases in self-esteem, depression, and a general inability to cope with the stress experienced during this time period. It is reported that many youth also lack support and guidance from their peers, families, and schools which would normally provide security in the development of successful personal identities (Clagett, 1992).

Current therapeutic approaches need to address these adolescent issues and needs in order to help individuals develop successful self-identities.

COMBINING ADVENTURE THERAPY AND REALITY THERAPY AS A  
TREATMENT APPROACH WITH ADOLESCENTS

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A Research Paper

Presented to

The Department of Educational Leadership,  
Counseling, and Postsecondary Education

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In Partial Fulfillment  
of the Requirements for the Degree  
Masters of Arts

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by

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May 1997

This Research Paper by: Shawn C. Becker

Entitled: COMBINING ADVENTURE THERAPY AND REALITY  
THERAPY AS A TREATMENT APPROCH WITH ADOLESCENTS

has been approved as meeting the research paper requirements for  
the Degree of Master of Arts.

3/13/97  
Date Approved

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3/13/97  
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Adolescence is often considered a time filled with emotional conflict and stress. That stress often gives rise to psychological and behavioral problems for a large number of adolescents (Zigler & Stevenson, 1993). Zigler and Stevenson wrote that teens experience poor self-concepts, decreases in self-esteem, depression, and a general inability to cope with the stress experienced during this time period. It is reported that many youth also lack support and guidance from their peers, families, and schools which would normally provide security in the development of successful personal identities (Clagett, 1992).

Youth search for roles which foster their social and self-identity development. According to Clagett, (1992) individuals must achieve some sense of self and social identity before they can work towards any other goals. The problem is that many adolescents today do not have a secure environment, such as in the family, where they can try on different roles as they develop their identities (Clagett, 1992).

Clagett (1992) suggested that since teenagers do not experience appropriate role models or secure environments in their families, they will often turn to the wrong people or experiences in attempting to develop their social and self-identities. Glasser (1975) wrote that successful self-identities are important for youth to attain before they can complete other goals such as securing a career.

He went on to write that those who do not develop successful self-identities often suffer from psychological pain such as anxiety, depression, and anger.

Glasser (1984; 1975) contended that love and feelings of worth are two human needs that are necessary for an individual to experience successful development of self-identity. These needs are for an individual to love and be loved by someone he or she cares for and respects, in addition to being involved in worthwhile tasks that increase self-worth (Glasser, 1984; 1975). Current therapeutic approaches need to address these adolescent issues and needs in order to help individuals develop successful self-identities.

Glasser's Reality Therapy has been one therapeutic approach used successfully in addressing and resolving the issues that adolescents face. Berman & Davis-Berman (1991) report that despite increased needs for mental health service, there still exists a gap between needs and service utilization with adolescents. Tuma (cited in Berman & Davis-Berman, 1991) reported that a recent National Institute of Mental Health study indicated that only 3.2% of children under the age of 18 are treated in outpatient settings, and Taube & Barrett (cited in Berman & Davis-Berman, 1991) wrote that less than 1% are treated in psychiatric facilities. According to Tuma (cited in Berman & Davis-Berman, 1991), this data suggested that a majority (70-80%) of adolescents in

need of mental health treatment are not receiving it.

Berman & Davis-Berman (1991) suggest that more creativity is needed when dealing with adolescents. They posited that using traditional interventions (i.e. behavioral, psychodynamic, and family) in treatment programs for adolescents severely restricts the range and character of therapeutic activity which impacts the overall effectiveness and result of therapy. They go on to write that the low rates of utilization by adolescents can be increased by more innovative interactive approaches. One such approach appears to be Adventure Therapy because it engages youth on many levels.

The purpose of this paper is to introduce a rationale for combining Reality Therapy and Adventure Therapy as an effective therapeutic model when working with adolescents. This paper will first provide a historical background for both Reality Therapy and Adventure Therapy. Secondly, it will outline why Reality Therapy and Adventure Therapy appear to work with adolescents. Finally, this paper will provide a rationale for combining Reality Therapy and Adventure Therapy as an effective approach to use with adolescents.

### Reality Therapy

One traditional approach used with adolescents successfully is Glasser's Reality Therapy. According to Coats (1991), Glasser first used Reality Therapy

in the 1960's in a mental hospital and corrections program and received very good results. In 1968, Glasser took his new theory and applied it to large groups in schools. Coats (1991) contended that Glasser developed his theory in response to the need for more effective strategies to decrease student discipline problems and to promote social development (Coats, 1991). By the year 1979, Reality Therapy had become the basis for the educational programs in many schools (Glasser, 1981).

Since its inception, Glasser's theory has been one of the most widely used and successful approaches in helping youth evaluate their lives and develop more effective behaviors to meet their basic psychological needs. Reality Therapy stresses a supportive therapeutic environment and decision-making process that promotes adolescents' movement in a positive direction (Coats, 1991).

Reality Therapy moves adolescents in a positive direction by: (a) providing a present tense focus that stresses that the behaviors are problematic not the individuals, (b) teaching individuals responsibility for their actions while promoting acceptance of natural logical consequences, and (c) showing the individuals that they are genuinely cared for and accepted. Many adolescents feel that their lives are out of their control and Reality Therapy teaches them that they have control of their lives (Coats, 1991).



## Adventure Therapy

Adventure Therapy is a relatively new approach that is becoming more popular, though it is somewhat controversial because of the dramatic nature of the techniques it implements (Priest, 1991; Gass, 1993). Gass (1991) wrote that the most rapidly growing area of experiential education is in therapeutic adventure programs. This may be because adventure programs are designed to create empowering experiences where participants can achieve therapeutic levels of change such as: an increase in self-efficacy, positive relationships with others, enhanced self-esteem, and generalization of appropriate behaviors to their lives after the therapy experience.

Adventure Therapy started out as recreation and now falls on a continuum that includes recreation, enrichment, adjunctive therapy, and primary therapy (Gass, 1993). There really is no consensus on what Adventure Therapy is nor is there a unifying theoretical approach for it (Wichman, 1991). It is an atheoretical technique driven mode of therapeutic intervention characterized by active experiences, group and individual processing, debriefing, and generalization of new skills and behaviors to future situations. Some examples of the experiences include: rock climbing, canoeing, ropes courses, and group initiatives.

Adventure Therapy provides an opportunity for positive involvement in challenge activities which motivates individuals as they experience performance accomplishments. Priest (1991) explained that a challenge is the interaction between risk and competence. The perceived risk in participating in rock climbing, canoeing, or ropes courses interacts with the individual's personal competence as he or she completes the adventure activities. As they deal with the uncertainty of the challenges, individuals learn coping strategies which they can apply to similar future challenges. They also will learn about their personal limitations self-concept, and individual resources as they overcome the challenges (Priest, 1991).

According to Gass (1993), there are seven areas that provide the basis for most Adventure Therapy programs. The first area is that it is action-centered. The experience, being action-centered turns the passive therapeutic analysis and interaction into active, multidimensional experiences. Therapeutic interactions become observed and holistic as they encompass affective, cognitive, and physical domains. Client's behaviors are more real as they are asked to "walk" and not "talk" their behaviors (Gass, 1993).

The second area that Adventure therapy programs utilize is an unfamiliar environment. As individuals enter therapy, there is often resistance to treatment

and change. One of the goals of adventure-based counseling is to remove individuals from familiar environments and immerse them into new unique situations. This unique environment enhances therapy because clients possess few expectations about their success and feel free to explore their problems. In this unfamiliar environment, the problems clients face are very simplified and concrete. The setting is also very different from the ones that clients operate in, which makes it easier for participants to reorganize and give meaning to the experience (Gass, 1993).

Providing a climate of change is the third element proposed by Gass (1993) for Adventure Therapy programs. When implemented correctly, adventure experiences introduce eustress into the client's system in a healthy, manageable, yet challenging way. The consequences of the inappropriate behaviors are motivators for engaging in healthy functional behaviors. Clients also receive feedback in this climate which encourages them to evaluate and change their dysfunctional behaviors (Gass, 1993).

The fourth aspect, assessment capabilities, allows the therapist to use material obtained from the adventure experiences in planning treatment interventions. The assessment is particularly useful in the construction of metaphors and the design of future adventure experiences to produce therapeutic

change, because the experiences are framed to meet individual and group needs (Gass, 1993).

The use of small group development in adventure activities is an important factor for behavioral change, which is the fifth element Adventure Therapy posited by Gass (1993). The goals of the individuals are met, but in the confines of the group. The activities are often structured so that members will experience conflict as they encounter the stressful situations. This stress is often resolved within the groups through positive group interaction (Gass, 1993).

The sixth aspect of Adventure Therapy is its focus on successful rather than dysfunctional behaviors (Gass, 1993). Clients are able to focus on their abilities, instead of their dysfunction, because of the unfamiliar environment. This focus on ability rather than dysfunction reduces initial defenses and leads to healthy change when combined with successful completion of challenges which are progressive and rewarding (Gass, 1993).

The final component of Adventure Therapy according to Gass (1993), is the changes in the role of the therapist. In Adventure Therapy, the therapist takes a more active role. Therapists also develop specific treatment outcomes for the clients as they design and frame the adventure activities to meet their clients' needs. The therapist is often much more approachable in Adventure Therapy as

he or she participates along with the clients.

Gillett, Thomas, Skok, and McLaughlin (1994) wrote that the intent of adventure programs is to bring the individual to a better understanding of him/herself in addition to providing an opportunity for growth in knowledge, ability, and self-concept. This is often accomplished because adventure based experiences are designed to provide opportunities for individuals to successfully engage in activities they perceive to be beyond their limitations. Individuals may not feel they can complete a ropes course until after they have finished it successfully.

According to O'Brien (1990) the degree of success with a challenge has a direct affect on an individual's self-esteem leading to a new appraisal of oneself and more functional behaviors. Sachs and Miller (1992) wrote that the individual's beliefs about his or her abilities are challenged, during the adventure activities, which often positively influences his/her beliefs and future performances in other situations.

Generalization to future situations is enhanced in Adventure Therapy because the experiences are integrated with real life situations and solutions. The adventure experiences are tailored to effect therapeutic growth and change and the transfer of learning is usually enhanced through the use of metaphors (Gass,

1991). Gillis and McLeod (1994) wrote that adventure based therapeutic programs foster personal growth when participants recognize, articulate, and reflect on the feelings that arise from their experiences.

Bandura's (1977) social learning theory, when it is applied to Adventure Therapy might explain some of its effectiveness. Bandura (1977) wrote that the most powerful tool for facilitating change is a person's self-efficacy. An individual's self-efficacy will be enhanced as he/she successfully participates in and masters activities that are perceived to be threatening. An individual's cognitions, behaviors, and environment interact with and affect each other (Bandura, 1978). An individual's self-efficacy increases as he or she successfully completes the adventure challenges leading him or her to engage in similar activities in the future.

Bandura (1977) also states that an individual's newly enhanced self-efficacy will be generalized to situations where he/she also feels inadequate. Through adventure based activities, a person's self-efficacy can be enhanced since it provides the very elements that Bandura believes are necessary to increase self-efficacy: performance accomplishments, vicarious learning, emotional arousal, and verbal persuasion (Bandura, 1977).

## Reality Therapy with Adolescents

Adolescents need an environment that meets their basic psychological needs. Greene and Uroff (1991) wrote that Reality Therapy provides an effective framework for working with the affective needs of adolescents. Glasser (1984; 1975) wrote that if individuals do not develop successful self-identities, they will be more prone to serious difficulties of a psychological nature later in life.

Reality Therapy is one system which can help adolescents develop successful self-identities by providing and framing their experiences.

The goals of Reality Therapy are to help individuals develop confidence to handle the stresses and problems of everyday life (Drummond, 1981).

Drummond wrote that students who have applied Reality Therapy concepts report having more positive social behaviors. They are better able to control their anger and view themselves as acting more responsibly.

According to Coats (1991) adolescents' need for belonging is crucial in their development. They have to feel valued as individuals who are an integral part of society. Banmen (1985) wrote that an unsuccessful person has not had enough success in satisfying his or her needs to balance their painful experiences. Reality Therapy concepts not only fit the dynamics of youth, but also provide intervention strategies to address issues youth face.

Comiskey (1993) wrote that the success of these concepts and principles with youth is mostly due to the fact that the focus is on the problematic attitudes and behaviors of the adolescents. Chung (1994) contended that adolescents can be helped to change their maladaptive behavior and acquire a success identity if they develop an understanding of the consequences of their behaviors in addition to learning to accept responsibility for their actions. Reality Therapy is the perfect tool to use in changing adolescents' self-esteem and for instrumenting positive changes in their attitudes and behaviors because it would teach them to look at how they are acting, thinking, feeling, and responding physiologically to their challenges in life.

Glasser (1981) suggested that if the four psychological needs (love and belonging, power, freedom, and fun) of adolescents are satisfied, individuals would be able to have a success identity. Individuals with a success identity are able to give and receive love, feel that they are important to others, experience a sense of self-worth, and become involved with others in a caring and responsible way. Adolescents would be able to meet their needs without interfering with the needs of others if they are taught Reality Therapy principles.

According to Chung (1994) individuals who see themselves as unloved, unwanted, and unable to stick with commitments possess a negative view of self



and a failure identity. These individuals have low self-esteem and cannot see much hope in their futures, which usually leads them to use irresponsible means to satisfy their needs without respecting the needs of others. Chung (1994) explained that Reality Therapy is an excellent framework for understanding and helping the adolescent population since many of them are not having their needs met.

### Adventure Therapy with Adolescents

Adventure Therapy is another approach that has been successful with youth. Outdoor treatment programs, which Adventure Therapy programs are similar to, have long been recognized as being an effective form of therapeutic intervention (Davis-Berman & Berman, 1989). According to Hazelworth and Wilson (1990), adventure based programs are becoming popular vehicles for improving an individual's self-concept and social relations. Other literature suggests that adventure based programs lead to personal growth and change in areas such as self-esteem, self-awareness, and self-assertion (Burton, 1981; Hendy, 1975; Godrey, 1977 cited in Davis-Berman & Berman, 1989).

Conrad and Hedin (1982) wrote that experiential education methods, similar to Adventure Therapy, were often used in the schools during the 1970's. Results of their study indicate that experiential programs had a positive impact on

psychological, social, and intellectual development of adolescent participants.

According to Conrad and Hedin (1982), proponents of experiential education have long argued that psychological growth is more likely to occur through their approach to learning. They argued that placing adolescents in well planned experiential activities is an effective mode for promoting growth because it requires challenge, conflict, support, and significant experiences. Adventure Therapy provides significant role-taking experiences and active reflection which are a perfect combination for promoting growth and personal development.

Young (1994) wrote that self-esteem and empathy must be instilled in youth to curb the widespread violence and apathy they are exhibiting. He proposed that adventure groups are an effective tool for increasing self-esteem through skill building, personal successes, and positive relationships with others. McNutt (1994) wrote that peer support and acceptance are critically important to adolescents because they greatly impact the values, attitudes, and behaviors of youth. Adventure Therapy groups can model functional systems where adolescents can take risks, trust, respect, communicate, and cooperate with others. Adventure group work teaches social skills and through experiences demands their practice and integration (Young, 1994).

Gass and Orr (1994) wrote that one of adolescents' greatest needs is to become a functional member of society. Some individuals are not able to accomplish this during adolescence and are never able to feel they are a part of society. Adventure Therapy can provide changes in youth's social development for several reasons. It uses an active participative learning environment. Adventure Therapy also is removed from the traditional setting where negative interactions have occurred (Gass & Orr, 1994). The novel setting in which adventure therapy takes place puts all members on equal ground because the skills they are used to using to manipulate their environments do not work in this setting. This novel setting also allows the individual's true thoughts, feelings, and behaviors to emerge (Nadler & Luckner, 1992).

Dunn (cited in Gillis & McLeod, 1994) contended that the experiential learning method of Adventure Therapy is well suited for use with adolescents because they: need more structure, act out impulsively, and perform better in informal tactile-kinesthetic settings. In Adventure Therapy adolescents are able to function as members of a group experiencing achievement and success. The adventure challenges can also be tailored to the individual needs of the adolescent members. These challenges are real and physical which allows participants to tap

their personal resources giving them a sense of accomplishment and value (Gillis & McLeod, 1994).

Often much of the therapy in Adventure Therapy will happen within the relationship that is built around the adventure activities. Adventure Therapy believes in the premise that anybody can change and it works to provide the conditions necessary to instrument that change (Gass, 1993). Adventure based activities are attractive to adolescents and if adolescents are engaged in enjoyable activities, they will be more open to alternative therapeutic interventions. McNutt (1994) contended that adventure based interventions engage youth where other approaches have failed in being effective in altering attitudes and behaviors.

#### Combining Reality Therapy and Adventure Therapy

The Adventure Therapy field suffers from the lack of a theoretical basis. In fact, it is often used in combination with other therapeutic interventions to compliment them (Gass, 1993). Adventure Therapy needs a theoretical basis and Reality Therapy is certainly a theory whose principles mesh well with Adventure Therapy, especially when used with adolescents. Adventure Therapy offers several advantages over traditional modes of therapy where youth may struggle.

Adventure Therapy features an action oriented learning environment that emphasizes concrete physical experiences and social interactions that incorporate

emotions and cognitions (Gass & Orr, 1994). Mathews (1993) stated that adventure activities are a fertile setting for counseling and education to address behavioral and emotional problems. Placing youth in well planned practical problem situations is an effective vehicle for promoting their personal growth and change. Adventure Therapy offers the ideal environment where Reality Therapy concepts can be applied to effect emotional and behavioral change in adolescents because the activities are framed and processed.

Chung (1994) wrote that using Reality Therapy in group settings, such as Adventure Therapy, has many advantages. The groups can provide psychological benefits, social support, and self-esteem which can be developed through relationships and interactions as well as problem solving in a group. Delinquent boys who completed Reality Therapy group treatment programs self-reported several positive changes: increased responsibility to self and others, increased responsibility for the consequences of their actions, and increased self-discipline. (Chung, 1994). They also experienced an increase in self-esteem as measured by the Hudson self-esteem index. Parents and staff rated the adolescents after treatment and reported an improvement in behavior and attitude, as well as an improvement in their relationships with the adolescents.

Reality Therapy blends well with and leads nicely into Adventure Therapy because of its: logical consequences and rewards, success with adolescents, focus on present positive changes, and easy group application. Group Reality Therapy fosters social identity and skill development (Clagett, 1992). It also becomes a strong reference for individuals as they feel psychologically part of it. This is enhanced even more when individuals have shared successful experiences as in Adventure Therapy groups.

The small group atmosphere of Adventure Therapy fosters the development of new social skills, character, and independence. According to Gass and Orr (1994), Adventure Therapy offers motivation for positive change because of the natural consequences of irresponsible behaviors such as a group member being injured if safety precautions are not followed by all the members. Adventure Therapy groups focus on the potential for growth in a person and not on the maladaptive behaviors of the individual which is consistent with the premise posed by Reality Therapy. This may be the first time many adolescents experience this enabling them to explore, stretch, and utilize their personal resources through the adventure challenges and activities (Gass & Orr, 1994).

According to Sullo (1990) cooperative learning groups, like Adventure Therapy, are an effective arena for introducing Reality Therapy concepts. This

type of group provides a setting to satisfy Glasser's four psychological needs. The social nature of groups enables members to satisfy their needs for love/belonging and fun with relative ease (Sullo, 1990). Facilitators in adventure programs rotate roles which provides an element of choice allowing the individual to satisfy their needs for power and freedom. Individuals can also choose to go first or decide what challenges they want to attempt, which addresses their needs for freedom and power.

The need for freedom can also be satisfied in adventure groups from a Reality Therapy perspective as the group completes challenges, goals, and activities more effectively and efficiently than the individuals could do on their own. Sullo (1990) suggested that individuals satisfy their need for power in adventure groups by attaining their goals and experiencing a sense of accomplishment. Sullo adds that these groups succeed because they provide a rich needs-satisfying experience and environment for members.

Johnson, Johnson, and Holubec (cited in Sullo, 1990) summarized several research findings which suggested that cooperative efforts are far more successful, in terms of achievement and productivity, than any individual efforts. One can infer from such findings that individuals in cooperative groups, such as Reality Therapy adventure based programs, would have the best chance for achieving

their goals and meeting their needs. Tippet (1993) supported the use of Adventure Therapy because it is reality oriented and focused on present issues. It also provides structured support and encouragement leading to the development of new skills, attitudes, and abilities to cope with future challenges.

Adventure Therapy places clients in activities that challenge inappropriate behaviors while rewarding functional changes. Adventure Therapy from a Reality Therapy perspective, would be an effective treatment model because: (a) Clients would participate in their therapy as they are taught Reality Therapy concepts, (b) the activities require motivation, energy, involvement, and responsibility which is also true of Reality Therapy, (c) the activities are real and meaningful in terms of their logical and natural consequences, (d) the reflection element of the therapeutic process would provide a perfect place to challenge members' behaviors and integrate Reality Therapy concepts to foster functional behaviors, and (e) this functional behavior change would have present and future relevance for the participants.

Another distinction of adventure based therapy is that personal ability is not a factor because individuals with low ability profit along with individuals with high ability. All adolescents who participate in Reality Therapy adventure groups could experience success. Through successful completion of adventure



challenges, adolescents would experience an increase in their self-efficacy. They would also experience more satisfaction in their performance which is enhanced through the esteem of their peers (McWhirter, McWhirter, McWhirter, & McWhirter, 1993).

Gass (1991) indicated that adventure based counselors structure activities that enable individuals to achieve therapeutic goals and foster personal growth. Adventure therapists could incorporate Reality Therapy concepts into their programs in order to meet the adolescent's needs for power, love/belonging, freedom, and fun. O'Brien (1994) suggested that cognitive restructuring, as in Reality Therapy, can take place for youth because they can step away from their discomfort long enough to show compassion after they have had successful experiences.

The bond and support that adolescents would experience in this type of group would create a safe place where they could share their thoughts and feelings with others. This connectedness with others is the main protective factor that allows adolescents to remain resilient when faced with difficult life circumstances (Davis, Wolfe, Orenstein, Bergamo, Buetens, Fraster, Hogan, Maclean, & Ryan, 1994). Davis et. al. (1994) prefer working with groups of adolescents because then the individuals can see that they are not alone with the problems they are

facing, in addition to benefiting from seeing that they are still worthwhile people even though they have problems.

### Conclusion

The combination of Adventure Therapy and Reality Therapy could be an effective treatment because: they both focus on the present and on educating individuals how to apply the new behaviors they learn to future situations, they stress the potential for growth in the individual and not his/her maladaptive behaviors, they have an emphasis on the natural and logical consequences of behaviors, the theories work to meet the four psychological needs of adolescents, and finally, they offer a supportive environment where modeling and positive social interactions are fostered.

Through an Adventure Therapy group based on Reality Therapy principles, members would experience disequilibrium because their past way of solving problems would not apply to this new experience. The experiences would be unfamiliar to all, so barriers would be quickly broken as strangers would need to quickly form a cohesive group. Members would draw on their personal emotional, physical, and cognitive resources as they attempt to solve each unique challenge. They would learn new effective thought and behavior patterns as they progress through the challenges and are taught Reality Therapy concepts.

They would feel accomplishment and ascribe meaning to the experiences as they reflect on and process each of them. Finally the clients would integrate their new knowledge, Reality Therapy principles, and functional behaviors into their future lifestyles.

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