



Kinesthetic Metaphors in Adventure Therapy

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Define: "Kinesthetic" + "Metaphor"

▣ ***kin·es·thet·ic = adjective***

- ▣ *Etymology: from Greek kinein + aisthēsis perception Date: 1880:*
- ▣ *Our sense of reality mediated by bodily receptors and stimulated by movements and tensions*

▣ ***met·a·phor = noun***

- ▣ *Etymology: from Greek, from metapherein to transfer, Date: 15th century*
- ▣ *a figure of speech literally denoting one kind of object or idea is figuratively used to create a likeness or analogy with another object or idea - often providing new insight/interpretation or understanding*

Kinesthetic Metaphors are...

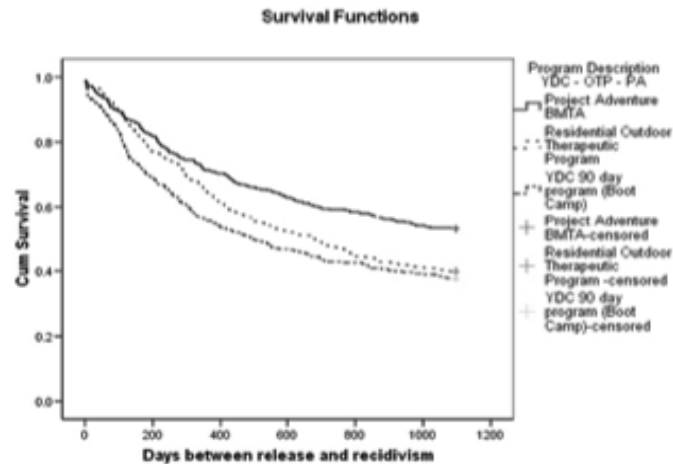
- ❑ ...intentional actions with isomorphic links to clients' affect, behavior or cognitions that aid in transfer of learning through the clients' perception of their similarity.
- ❑ Therapeutic kinesthetic metaphors mirror client's previous actions up to a point where the client's choice in the current action will lead to new learning and/or a break in dysfunctional behavior patterns.
- ❑ Successful resolution of the kinesthetic experience provides insight/pathways/clue to successful resolution of the client issue

“Golden Questions” on whether a Therapeutic approach works...

- ❑ It depends...
- ❑ Which client?
- ❑ With whom?
- ❑ Doing what?
- ❑ For how long?
- ❑ With what assistance?
- ❑ How it is done?
- ❑ In what manner?

3 Year comparison of BMtA, OTP, and YDC
Residential Treatment of Children & Youth
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FIGURE 1. Survival functions over 3 years for BMtA, OTP, and YDC.



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Unfamiliarity of Experience

Gathering of perspective through contrast

- On old behaviors in new unique settings
- On new behaviors in a supportive setting
- Physical and Social contrast
- “Stand up and take notice” that resonates deeply

Intentional Use of “Eustress”

- (1) Proper use of Stress – more and less
- (2) Proper “dosage”

Change Process that is “Action-Oriented”

- (1) Walk the Talk,” not just “talk the talk”
- (2) Getting out of the chair

Change in Therapeutic Stance

“Stance” with kinesthetic metaphors

- a. Circular (positive escalations)
- b. Curious (multiple hypotheses)
- c. Mobile (ethical positions of alignment)

“I am responsible *to*, not *for* you”

“Can you work yourself out of the job?”

“Can you change lives but be forgotten?”

Solution-oriented perspective

- In both words and action
- Water bottle

Problem-focused approach 問題焦點引導法

- centers on reducing the “problem”
著重在減少「問題」
- looks at what the clients are doing “wrong”
檢視學員做「錯」了什麼
- emphasizes what clients don’t want
強調什麼是學員不想要的
- highlights what could be done better
特別指出有哪一部分是可以做的更好的
- seeks to eliminate negative client weaknesses
試圖除去學員缺點
- interested in “why” the problem happens (e.g., what causes and maintains the problem)
關心的是「為甚麼」會發生這樣的問題

Solution-focused approach 決辦法焦點引導法

- centers on enhancing the “solution”
著重在加強「解決辦法」
- looks at what the clients are doing “right”
檢視學員做「對」了什麼
- emphasizes what clients do want
強調什麼是學員想要的
- highlights what is already being done well
特別指出已經做得很好的部份
- seeks to accentuate positive client strengths
試著彰顯學員的優點
- interested in when the problem doesn’t happen (e.g., exceptions to the problem)
關心的是在什麼情況下問題不會發生(問題發生的例外情況)

Structured Group Size

Therapeutic group size of 8-15

- Reciprocity
- Resolvable Conflict
- Modeling
- Couples/Individuals/Families
- 235 Corporate Managers



ATTENTION DEFICIT HYPERACTIVITY DISORDER

□ Behaviors

- difficulty paying attention to details and tendency to make careless mistakes in school or other activities; producing work that is often messy and careless
- easily distracted by irrelevant stimuli and frequently interrupting ongoing tasks to attend to trivial noises or events that are usually ignored by others
- inability to sustain attention on tasks or activities

ATTENTION DEFICIT HYPERACTIVITY DISORDER

- difficulty finishing schoolwork or paperwork or performing tasks that require concentration
- frequent shifts from one uncompleted activity to another
- forgetfulness in daily activities (for example, missing appointments, forgetting to bring lunch)
- frequent shifts in conversation, not listening to others, not keeping one's mind on conversations, and not following details or rules of activities in social situations

TREATMENT RECOMMENDATIONS

- Behavioral treatments, drug treatments, and a combination of the two all have solid evidence for efficacy.
- Behavioral treatments have the most favorable risk:benefit ratio, suggesting they be first line interventions.

EXPERIENTIAL OPTIONS

- Focus on activities that promote:
 - Focused attention
 - Remembering
 - Listening

OPPOSITIONAL DEFIANT DISORDER (ODD)

- Behaviors associated with ODD: A pattern of negativistic, hostile, and defiant behavior: Often...
 - loses temper
 - argues with adults
 - actively defies or refuses to comply with adults' requests or rules
 - deliberately annoys people
 - blames others for his or her mistakes or misbehavior
 - Is touchy or easily annoyed by others
 - Is angry and resentful
 - Is spiteful or vindictive

CONDUCT DISORDER (CD)

- Behaviors associated with CD: A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated
 - Aggression to people and animals
 - often bullies, threatens, or intimidates others
 - often initiates physical fights
 - has been physically cruel to people or animals
 - has stolen while confronting a victim
 - has forced someone into sexual activity

TREATMENT RECOMMENDATIONS

- Treatment of Oppositional Defiant Disorder
 - primarily contingency management (consequences for actions) at home and school
- Conduct Disorder
 - contingency management, Cognitive Behavioral Therapy, and *possibly*, residential treatment

EXPERIENTIAL OPTIONS

- Focus on activities that promote
 - Managing anger
 - Taking responsibility
 - Empathizing
 - Respecting other's rights

SUBSTANCE USE DISORDERS

- A maladaptive pattern of substance use leading to clinically significant impairment or distress:
 - recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
 - recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)

SUBSTANCE USE DISORDERS

- continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance

TREATMENT RECOMMENDATIONS

- Treatment of Substance Use
 - In treatment, adolescents must be approached differently than adults because of
 - their unique developmental issues,
 - differences in their values and belief systems, and
 - environmental considerations (e.g., strong peer influences);
 - Using adult programs for treating youth is ill-advised.

TREATMENT RECOMMENDATIONS

- Treatment of Substance Use
 - Persons with substance use disorders are individuals who share a common problem; they have unique and separate needs.
 - When substance-using adolescents are educated about addiction in an understandable way, they are able to help others, with some guidance.
 - Use of group therapy is well suited to adolescents, due to peer examples and approval.

EXPERIENTIAL OPTIONS

- Focus on activities that promote
 - Success
 - Decision Making
 - Interpersonal communication skills

REFERENCES

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