

**Shrink Rap Radio #120, November 23, 2007, Adventure-Based Psychotherapy  
David Van Nuys, Ph.D., aka “Dr. Dave” interviews Jason Holder, Ed.D.  
(Transcribed from [www.ShrinkRapRadio.com](http://www.ShrinkRapRadio.com) by Ally Moll)**

**Excerpt:** *It's the ability to experience difficult challenges and persevere beyond their self perceived capabilities and we feel that that's the greatest preparation for life ahead. And so if we can get them to see and experience and step up to what they perceive as a difficult challenge, and work through it, then that's huge.*

**Introduction:** That was the voice of my guest, Dr. Jason Holder. Jason Holder, Ed.D, is author of the 1999 book *Adventurelore: Adventure-Based Counseling for Individuals and Groups* and he has over 26 years of child, adolescent and family counseling experience, most of which has been in an adventure-based environment. He received his doctorate from Boston University where he has also taught as an adjunct professor. In addition, he has 15 years of experience in teaching grades one through graduate school. During the summer, he operates a highly successful outdoor adventure wilderness program for youth. Along with his practice he regularly presents to schools, businesses and many other groups. His interactive seminars have a key focus on building self-esteem, self-confidence, effective communication skills, and positive teamwork with elements of fun. His Adventurelore program is based in Danville, New Hampshire. Now, here's the interview.

**Dr. Dave:** Dr. Jason Holder, welcome to Shrink Rap Radio.

**Jason Holder:** Thank you David. This is nice to be shrink-wrapped on a rainy day like this in New England.

**Dr. Dave:** Oh really? You're there in New Hampshire and it is rainy.

**Holder:** It is rainy but you know they could use this in Atlanta, Georgia so we'll be thankful for all we get.

**Dr. Dave:** Yeah, well you know, I'm located in California, the northern part of the state. It's a foggy morning here but no rain is predicted for today. It will probably be in the mid-sixties.

**Holder:** Well this will make the rivers run higher.

**Dr. Dave:** Yeah.

**Holder:** We can use that for our boat so that's a blessing I guess.

**Dr. Dave:** Yeah. Well it's great to have you here. I know that for quite a few years you've been running an adventure therapy or adventure counseling program there in New

Hampshire. So, let's see, and I know for a while you also taught at Boston University. Is that still going on?

**Holder:** That is not. No, but I consult with a person down at Boston University and just completed my second book with Dr. Eileen Sullivan who is head of the human movement department down there. So I am still quite connected.

**Dr. Dave:** And what's the title of that book going to be?

**Holder:** That is *50 Best Games and Challenge Activities* and I did the challenge activities. It starts out with a dialog and it says the dialog between teacher and therapist and we kind of bring both aspects into the adventure-based or activity-based classroom.

**Dr. Dave:** That's great. That's the kind of book I would have eaten up when I was still teaching. I was always looking for good activities, good ice breakers, to use in classes.

**Holder:** Right. Yeah, exactly. Well, I have some of those also in my *Adventurelore* book on adventure-based counseling. But that's predominately more technique and how adventure-based counseling works. However, it does have a list of a number of group challenge activities that bring out the meaning of the direction so to speak. It brings it into reality.

**Dr. Dave:** Okay, well let's get into that. Talking about adventure-based counseling or; is it fair to call it adventure counseling, adventure therapy...

**Holder:** I think all of them apply. I don't know that one is more appropriate than the other. I think it depends upon the user. It's ABC, adventure-based counseling. There are ABC, activity-based counseling or adventure therapy if it comes with all of them. Though, most adventure-based counseling or adventure therapy has been, in the past, involved with the group challenge activity type. Where this book is written predominately about adventure-based counseling for individuals and it also encompasses group as well.

**Dr. Dave:** Well that's interesting. And how long have you been doing this work?

**Holder:** A little over 25 years.

**Dr. Dave:** Yeah, boy, that's a good run. So...

**Holder:** Yeah it is. And it's been a joy. There's a reason why I've been doing this for 25 years and that's because, number one it's very effective but number two it's a passion that I have and I think whenever we're involved, whatever we're involved with, if we're passionate about it we're going to be effective with it and certainly it's going to keep our flame burning longer and we tend to be more effective with it.

**Dr. Dave:** Yes indeed. So, let me have you begin by describing what adventure therapy is.

**Holder:** Okay, well adventure counseling or adventure therapy really takes the client out of the four walls of the counseling office to speak. We work with the kids in adventure-based where they take on a variety of different challenges. But, the first thing that we do, and I should start with that, with a typical client. And let me preface this first of all, Dave, by saying that not all the kids that we see or not all the young adults or even adults that we work with are in the adventure-based program. We do use traditional forms of counseling and we're pretty much eclectic-based. But probably at least seventy percent of the kids that we work with are children adolescents are strongly involved in the adventure-based program. And with that, we'll typically meet a child right here in the office and in a very short period of time we'll be out and about and we will take them for a walk around the area and just start a dialog. And we'll look for some spark that's going to hit them. A lot of kids that we see have been very resistant to therapy in the past. There are some kids the first session we'll start out in the car because the kid won't get out of the car because he's been to counseling before and it was very painful. You have the typical child who struggles in the school environment and then he comes to an office and he has to sit in an office. Well, you know his therapist has certainly been trained to do more clinical work within the office and what we try to do is go to the child's comfort zone. So, in some cases we have to work to get the kid out of the car. In most cases the kids come pretty willingly and we'll take them around and we'll find something again that really sparks them. We'll often times take them down to the ropes course. And, we have about a 20 element ropes course with a 4 sided climbing wall and zip-lines and all. That's very intriguing to a lot of kid. And they may start right out with that. They may want to climb a little bit. And we tell them, even if they have a fear of heights, what a great chance to overcome that fear. And it's not that they have to go all the way up to the climbing wall. If they think they can go six feet off the ground and we can get them to go, or they can get themselves to go, seven or eight feet off the ground, well that's a lot of success. And that allows them to see that they are more capable than what they anticipated they were. And it also allows us to start to build a bond with them right off because we've helped them establish something. We believed in them. And also we're holding the rope so that they trust us. It's a very very effective, very quick and very powerful way of being able to reach them. As my buddy Dwight Webb would say, adventure-based counseling takes the best of what is known in the psychology of human behavior and makes the principles come alive. And he goes on to say that trust does not remain just a word with an abstract definition; it becomes an experience with personal meaning grounded in tested reality. And that is so much the case. We tell them, it's the ability to experience difficult challenges and persevere beyond their self perceived capabilities and we feel that that's the greatest preparation for life ahead. And so if we can get them to see and experience and step up to what they perceive as a difficult challenge and work through it then that's huge. And it's something that they've actually done, they've accomplished. They've worked through the fear. And how often these kid, with their anxiety, did they deal with that in a social sense. If their learning disabilities, attention deficit disorder, yet they learn it in a scholastic, academic sense, in that environment. Depression and overcoming that, difficult family situations. And again, all

of those, being very difficult circumstances, in finding a way to work their way through it. Now, we do the same thing but it's a physical thing; however we use as a metaphor. But it's a physiological, I mean it's an action-based metaphor where they actually can see themselves working through that and accomplishing something that they might of perceived as too difficult for them.

**Dr. Dave:** Yeah, and it's not so much based on talk, talk, talk but you're really getting them out there.

**Holder:** Yes, it's action, right. It is very action based. And a lot of times we're not so involved in the talk therapy right off initially unless a child or adolescent lends themselves to that. So our first session or couple of sessions we may not get into that at all. Yet again, there are some times within 15 to 20 minutes we're into it and that's really dependent upon the individual. Now let's say a child doesn't want to get involved in a ropes course. Then we walk along and there are some low ropes elements that are just a foot and a half off the ground. We'll kind of hop up on that and we'll play around and balance on it a little bit and that usually attracts kids to do that. Some of them we have - one particular one called the *Mohawk Walk* where we have to work together to get a certain area, to have a certain level of success. And again, what a way to evolve that trust in that therapeutic relationship. Very quick and very powerful. Then, if all else fails and we've taken, you know we might go by the bike barn or by where we shoot hoops for some. I've had at least three kids over the years who would come in here into the office almost mute and I would go out with these three in particular kids at different years, different times, and shoot, play 15 to 20 minutes of basketball and they'd come in and they would just be (laughs) motor-mouths. Where they would be able to let it go. And those were all kids with anxiety that were just so emotionally constipated with the anxiety that they just weren't able to vent, to let it out.

**Dr. Dave:** Yeah. Now is what you're describing, I know some years ago I was on your property which is on a lake in Danville, New Hampshire, is that the environment you're describing? Is that where it is?

**Holder:** This is the environment, yes. And I was going to say we go on down because some kids will hop on a kayak and we'll start them paddling across the lake, paddling around and help them learn how to do that. It's one that lends itself to success to most kids, to most people. And for them to be in that environment, that's very effective. For some they will go out and they may want to go fishing and we'll go out there. What a great avenue, a non-threatening environment, to be out there fishing with a kid and being able to talk about issues and being able to talk about life. There's one thing that always catches even the most difficult child. We have a rope swing we have that goes out over the water. You can swing out and drop into the water or you can swing around and go over the water and come back to shore. And if all else fails we kind of just get on that and we kind of swing around that and the kid sees that and you can see their eyes light up because they want to do it as well. You just have to find that one little thing. You find that one little opening to the door, so to speak, and then you can work on from there.

You've got something to build on and that's what we look for is something to open that door to the relationship and then build on from that.

**Dr. Dave:** I remember swinging on that rope swing myself. I think I got healed.  
(laughs)

**Holder:** (laughs) Well, that's a very therapeutic rope. It's a whole different mind set to being at the end of your rope, right Dave?

**Dr. Dave:** Yeah, and you actually get paid for this.

**Holder:** Yes, sometimes.

(laughing)

**Holder:** Well, you know, again, it's passion. In all honesty, I love my work, I love working with the kids, but you know there are some chilly, cold, damp days like today where after three or four sessions outside you kind of look forward to having a more quiet session inside. But, you have to go wherever the child is going to lead you. Whatever is therapeutically most beneficial for that kid. So we do have some very warm winterized jackets (laughs) that allow us to take on any environment but you do have to be really sensitive to what is going to work best with that child. After years of doing it you develop that intuition. What I require of my staff, and one of the most important things, is a good level of sensitivity and intuition. That allows them to develop that ability of being able to relate exceptionally well with young people. That is really a key. Some of those innate qualities score as high as their academic backgrounds, certainly.

**Dr. Dave:** Sure. Well how long has this approach been around?

**Holder:** You know Dave, when I wrote the book in, well, I must say, it was over a number of years. I don't know if you ever went to Dwight Webb's camp on the Kang, on the Kangananga Highway, out in the remote woods of New Hampshire in the White Mountains. It's all forest. It's a cabin in the middle of the wood. Way out in the middle of the woods, with just woods around it. And that's with my own attention deficit hyper activity disorder or as I like to call it, hyperactivity attention deficit advantage.

**Dr. Dave:** (laughs)

**Holder:** I needed that sort of environment to write to book and as I was writing the book I did quite a bit of research to try to find out more individual, adventure-based counseling. There was nothing published out there so this is indeed the first book ever published on adventure-based counseling on an individual sense. There have been other books that have talked about various aspects in the group environment. We've been doing it for, like I said, about 25 years. We've been doing the group for a little longer than that, but the individual based about 25 years. It's very difficult to find others that are doing it. It is so effective and it's been very popular and we've done very well with

it. We're in a situation where we're trying to get, you know, we like to help other people do it. I think one of the difficult things is we started out when insurance wasn't quite so bad and we've had the insurance over the years. It's pretty expensive. I mean you have the insurance and you have to have the upkeep to the facilities, you have to have the space to be able to do it at this level. I'm sure that is one reason we don't see more of it. But the other thing is that, you know, and I tell people and I also state it in the book, is that you don't have to have all that we have here to have some activity based therapy. So I've talked to other therapists and some other therapists have used some of the activities that we use on a more moderate level but still just getting the kids out and around and involved is very helpful. Whether it's maybe shooting a little hoop with them or maybe taking a walk or taking a bike ride with them, maybe getting out in a canoe with them. There are a lot of things that you can do without having the extent of resources that we have here.

**Dr. Dave:** Yeah, now how is your program different from something like Outward Bound which I think a lot of people have heard of and that's been around for a while?

**Holder:** Right, Outward Bound is a group adventure where they go off into the wilderness for a period of ten days, twenty days, twenty five days, and they might do a sailing thing in the ocean, they might do a backpacking thing. Ours is more a session; an hour session or a two hour session. I often work with a small group for a few hours or sometimes on the weekend we'll do groups for a day. Outward Bound is – there's a little less of a therapeutic counseling twist to it but it's a very good program and most of the time the staff are very good in working with these kids. It also has some very positive therapeutic benefits to it. We also run an adventure-based summer program for kids. It's somewhat of an extension of our counseling program where we go off with kids for a period of a week to ten days and we do such things as kayaking, rock climbing, mountain biking, whitewater rafting, hiking, and all these different types of activities with these groups. We tend to do more activities over a shorter period of time because working a lot with the ADHDs (laughs) we like to keep them moving. The whole idea is – and we present this to the kids – is the key is number one; we have two rules, we have three rules really. Number one, they have to be safe, they have to be responsible enough to be safe. That's what we have to make sure we have that we can continue to provide. Number two is that they have to respect each other and the environment. And number three is to have fun. We guarantee them that if they can do the first two the third one is on us and we'll make sure that they have fun. So that's how we handle it. We also let them know, particularly our adolescent groups, that by day three, if they're safe and they're respecting each other and the environment, by day four they can be running the program. They can say how many miles, for example, if we're on the mountain bike track, how many miles they want to go on the mountain bike. Where they want to camp and every day we stop at a place to swim and every night we stop at a place to swim. We're on a lake or a pond or a river. These kids, they're response to that has been incredible; their ability to get along with one another and to appreciate one another and to appreciate the differences in one another. It has been very powerful in a self-esteem sense for these kids and a self-confidence sense. However we're different in that we have a one to three ratio with our kids. Our staff has averaged about seven and a half to eight years with us.

**Dr. Dave:** Wow.

**Holder:** So I am very fortunate to have that sort of staffing and that sort of ratio. It tends to be a little bit more expensive on our end but I think in the final analysis it's no more expensive for people to be involved in our program.

**Dr. Dave:** Now unless this just sounds like pure fun I assume you have some background in training in counseling.

**Holder:** Yes, well that's how we get involved. Again I actually taught for a few years first and within the school I was doing teaching, I was coaching, and I was doing counseling as well. Then I went back to Boston University and got my doctorate. I came back into the school system for a little bit but then I decided I really wanted to get into the private sector. We had really started out with our summer programming and we had a number of parents that wanted us to see their kids in counseling throughout the year. So then I had to make that transition from the school setting to the private sector. And it was difficult for me because I really enjoyed the school setting but again, to have that independence in the private sector was special.

**Dr. Dave:** You mentioned that your staff and do they have training and counseling?

**Holder:** Yes. Most of my staff have at least a master's in counseling and they have a good degree of experience. Some may be MSWs some may be MEds some may be MS but most of them have their master's. However, probably one of my most powerful therapists has a bachelor's with many many years of experience and has worked in different schools with emotionally handicap kids. He's been on with us for a number of years. He's really involved with more the group and the summer program. Just his ability and his insight and experience has just been incredible. And that's the way it is with the staff here. We do a lot of sharing as to what's going on with different kids so we have that ability to cross reference a variety of different circumstances as they go on. So to have a staff with the experience that they have is a godsend. And it's great for me particularly in the summer program because I can go and play, David. You talked about having the fun, I can go and play on these groups and with the kids and it's always with a therapeutic twist. Whether you're doing the individual or you're doing the group you're always, it's always in your mind, "ok, what do I have to do to make this work best?" But, by the same token, having fun with them is powerful too. For them to see you, that you're truly enjoying it. You're really having fun with them. That's powerful in itself.

**Dr. Dave:** Jason, can you give us any case examples of a kid who came in with some problems and then how maybe this later translated into their life after they left camp or after they left a certain number of sessions?

**Holder:** It is – that's probably the most rewarding part about it, David, is the amount of feedback that we've gotten. It just happens over and over and over again. We were actually very surprised by the responses early on with our summer program. When we

did the post programming – every child that’s in our summer program, their parents come and pick them up on the last day – one of our staff members sits down and processes the trip with them. What we’re noticing is that people come back and say “Well that’s why we sent Johnny again this year because it had such a profound affect on him last year.” And we were amazed. We were truly amazed that kids that we had just for a week had that major affect on those kids and how they performed. Now I’m sure that’s not the case with every kid but I don’t know of a kid that hasn’t benefited in one way or another and it was amazing the number of kids that were so profoundly impacted by that. We hear it over and over and over again. I was out for a jog yesterday; I had my *Adventurelore* sweatshirt on and I was jogging along and this lady saw me and she said, “*Adventurelore*, I sent my child there”. She says it was one of the best experiences of his life and how often we hear that. We had a kid this summer that came and the parent was talking about, in the post program discussion, and I happened to have that parent and she said, “You know, the reason we sent our son is because our physician told us about it.” I said, “Oh, how great”, and she said that he was in the program eighteen years ago and he said it was the thing that changed his life more than any other single thing. This is coming from a successful physician. You know, those are things that are pretty powerful.

**Dr. Dave:** Wait; was the physician in it or the son?

**Holder:** No the physician had been in the summer program eighteen years prior.

**Dr. Dave:** Interesting. So he had gone on to have some real success in the world.

**Holder:** Yeah, to have some real success.

**Dr. Dave:** Yeah.

**Holder:** That is true with so many. Understand also that our summer program – in counseling we are always seeing kids who carry some sort of diagnosis or have some certain level of issues that need to be treated. That’s not necessarily the case in our summer program. In our summer program we have a lot of kids with a variety of issues. They can not be physically aggressive towards others. Because of our program they need to have a certain level of physical capability. For example, they have to be able to, in this case, walk and chew gum at the same time or they have to be able to – the mountain bike trip we like to have them know how to ride a bike prior to getting here.

**Dr. Dave:** Yeah, I would think so. (laughs)

**Holder:** But we’ve had some that were just at that level and again it was successful for them. However- so in our summer program we have some kids that are honest kids that are leaders in the class and very good athletes and we have other kids that might be an Asperger’s or – well we have a lot ADHDs but again they are assets to the program - kids with learning disabilities, kids with depression and anxiety, etcetera. And some of those kids you would not know, many of those kids, had any issues when they get in this environment because it’s an environment where a lot of them can succeed. They get in

with the group and all of a sudden they start to have success and it's amazing to see their growth.

**Dr. Dave:** So maybe the pathology isn't in the kid but is in the school. I mean the whole set up of what school is.

**Holder:** Well I think the pathology is probably in the kids but induced by – many times induced by inappropriate school placement or school programming for that child. As we know that probably the schools are very good for about sixty to seventy percent of the population but we have so many kids that learn in a different way – not only academics but social and emotional behaviors in a different way – and they need a different type of programming or they need adjustments in their program. Now sometimes the IEPs or 504s really help with that but sometimes that's not enough and they need more than that and we really have to recognize that, hey, this child is struggling because all those issues aren't being answered. A lot of times that can be fixed right within the school and sometimes they need a placement that's more appropriate for them. But you're absolutely right, a school setting can exacerbate – an inappropriate school program can exacerbate an already difficult circumstance for child.

**Dr. Dave:** Yeah I was struck by at one point you said that you see the ADHD kids are actually an asset in your program.

**Holder:** It's amazing because, again, they're not in an environment that is threatening to them. They find acceptance, they find success. These kids tend to have a greater level of sensitivity, some of them are very intuitive because of that...

**Dr. Dave:** Interesting.

**Holder:** ...they tend to be brave, they tend to have more energy, they tend to be more creative. So, if we look at that and we can tweak that in the right direction, then these kids can be very successful. And that's why I call it ADHA: Attention Deficit Hyperactivity Advantage. There are definitely advantages in having that and probably another bias is because I am ADHA myself (laughs) so I've got to play it right. Also having a learning disability myself, in the eighth grade I was tested and I was reading at a fourth grade level.

**Dr. Dave:** Interesting.

**Holder:** So I had to struggle. I look back at having the ADHD and the learning disabilities and I look back at that as being an advantage for me.

**Dr. Dave:** And somehow you got onto this thing that's just right for you.

**Holder:** It is just right for me because it works within my strengths. And certainly I've had to tweak some things. Organizationally I married a woman who is very organized and I have a secretary who's very organized.

**Dr. Dave:** (laughs)

**Holder:** So that certainly helps me. I have staff that have certain organizational strengths. But again, it is fine in how it works for you building those strengths and being able to surround yourself in the right environment that's going to work for you. But for me I struggled through school. I had a session just a week ago with a group of learning disability students. I do an adventure program on a regular basis for a learning disability school. I often talk about how those kids have an advantage. They have had to learn to persevere at an early age. They have had to learn to face adversity at an early age and be able to work through that and that's developing that sense of perseverance. Sure, they'll struggle now but if they handle it the right way they can be stronger for it in the future - if they have the right assistance, if they have the right support – and part of that needs to come from parents. I must mention that another part of our program includes us working with the parents and with the schools. We do that on a regular basis. It's important for us to have those contacts because otherwise those are domains of those children's lives that are untouched. If that's the case, sure they can be here for an hour a week, an hour every two weeks or two hours a week but then the rest of the world is back in chaos again and frustration. And, when that's the case, that certainly makes it difficult. So we like to try to positively impact on all aspects of their lives.

**Dr. Dave:** Yeah, I think early on you mention that you also sometimes do this work with adults. Can you say something about that?

**Holder:** Yeah I just had a group a little while back and this lady had a swing – she was up on the ropes course, she had a lot of fears in regards to it – and she had to swing down off from this rope, from this log, and it's a very scary thing the way the swing is set up. So she finally, after ten, fifteen minutes of helping her through it, finally swung down off. She got off and she was going through a very difficult circumstance in her marriage and her first words were, “Oh my God, if I can do this I can do anything. I can work my other issues out.” That's pretty powerful. We do a lot of work with schools. I do a lot of work with teachers' programs and some with corporate where we work on areas of communication skills, the whole team building aspect. They are given different challenges and without working together it's going to be very difficult for them to be successful in the challenge. And so we can talk about different things that get in the way and how they get in the way and I always like to interject some fun in it because people need to have some levity, they need to have some fun in their lives; parents or professionals as well as kids. So, when we do our staff programming, our corporate programming, we do a lot on that aspect of challenge activities and working together and being able to communicate that later on. It's amazing how other people find strength in each other whereas before they might have been thinking, “Oh, this person doesn't think like me and doesn't work like me so it's not working”. Now, through these programs they find, “Oh my God, it's a good thing that you have this strength because I wasn't going to be able to be successful with that and you really helped me out in it”. So, that's appreciation and awareness of other people's strengths.

**Dr. Dave:** Well, this sounds like so much fun, I'm sure somebody listening is probably thinking to themselves, "Boy, I'd like to do work like that." What advice would you have for people who want to enter the field of adventure therapy?

**Holder:** Well, first become independently wealthy.

**Dr. Dave:** (laughs)

**Holder:** (laughs) I would say go for it. You can start out light. Like I said, you don't have to get as involved as I am right now. You can't expect to right off. But start out slow and work into it is probably the first thing to do. Don't try to totally immerse yourself because it takes time, it takes patience. You can't just jump into these activities and think it's going to come out just right. So, again, pace yourself. And don't think that it's about just going out and having fun and playing with kids. That is such an important thing that I had one person say to me. A nice guy and he was very good but he said, "Gosh, I'd love to do that. I love to play tennis. I wonder if I can do it with tennis." Well, yeah you can go and play tennis with somebody and make it therapeutic but that can't be your daily routine because it's what you like. You have to find out what works for that person and you have to work that dialog and you have to work the trust issues. It's very – it can be very deep and very intense and you really just want to be able to have that experience and note that you're there to make things work for your client; to find out what their needs are. To be able to open up those avenues of trust, to help them grow in the areas of self-confidence and self-esteem. Because when that happens, then they become more open to further therapy. And then you can become more invasive when they're ready for that. Particularly for kids that are often time so closed to that adolescents. And some adults are and put up a little bit better front than the kids do.

**Dr. Dave:** Yeah.

**Holder:** So to be able to work through that is key. So, I would say probably give me a call. (laughs)

**Dr. Dave:** Yeah, I was going to say...

**Holder:** Give me a call, get the book and I'd be happy to help anybody talk them through it and help them with that.

**Dr. Dave:** Do you take interns at all?

**Holder:** We do. It's really hard. I do on the group. It's a little bit harder for individual because of the way we're working with the kids. Certainly not when I'm starting out with a child because it's so personal, the start of that, the whole trust aspect. We have worked with interns and once we get going, particularly, like as I said, with a group. We'll start them out with a group and then we'll work in some individual with them.

**Dr. Dave:** So it sounds like, if someone wanted to break into this, the first thing would be that they should get some training and credentials in counseling or therapy and then if they're an outdoorsy type person who is drawn to adventure and so on, maybe then they could consult with you about ways to integrate that into their work.

**Holder:** Yeah, absolutely. And it would be good for them to appreciate the outdoors themselves because if they don't, then it's harder for them to develop a passion in it.

**Dr. Dave:** Yeah.

**Holder:** And if you have a passion for the outdoors you need to have the equal passion in working with people, whatever level you're going to be working with them. Then you bring the two together and then you strike a harmony.

**Dr. Dave:** Yes. Well, Dr. Jason Holder thanks so much for being my guest today on Shrink Rap Radio.

**Holder:** Thank you, Dave. Certainly I've appreciated it and it's certainly nice talking to you. I hope you can send me some of that sixty degree weather that you're having out there.