# Canada and the State of Adventure Therapy: Wilderness Expeditions, Integrated Service Delivery Models and Democratic Socialism

Citation:

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**Abstract**

*As adventure therapy (AT) evolves internationally, more explicit definitions and standards of practice are presented. Considerations for cultural, socio-political and economic factors influencing and guiding the development of adventure therapy within any particular nation need to be recognized. Canada has a strong history of adventure and wilderness travel through its diverse and expansive terrain, although no formalisation of AT in Canada has occurred. Six Canadian programme models presented at the 4th International Adventure Therapy Conference are reviewed and discussed in consideration of influences and realities which have determined the current state of AT in Canada. Themes taken from these programme models indicate AT programming in Canada is generally (a) connected to governmental or government-funded non-profit organisations, (b) facilitated with developmental and psycho-educational foci, (c) delivered through collaborative relationships between therapeutic and adventure professionals, and (d) involves meaningful wilderness expeditions steeped in historical and epic lore, often integrating First Nation's people and early explorer travel practices, history and ritual. Current initiatives, research and infrastructure needs and implications for the future of AT in the Canadian context are also discussed.*

## Introduction

Therapeutic wilderness programmes have provided meaningful experiences for adolescents within youth justice and social service fields in Canada for more than 30 years. Increases in adolescent mental health issues nationwide have heightened the demand for innovative and effective interventions (Health Canada, 1995; Statistics Canada, 2004); the most notable interventions being those utilizing community-based partnerships with government (i.e., integrated) which more readily satisfy political and socio-economic influences and issues of licensure and accreditation. The British Columbia Ministry of Children and Family Development (2004) provide the following provincial example of national trends in Canada by suggesting integrated approaches and early intervention and treatment of adolescent mental health concerns:

> By working in collaboration with organisations and institutions in the community that routinely interact with and influence children, the mental health system's capacity to intervene early and help children overcome or avoid a serious mental illness is significantly strengthened (p.14).

The majority of therapeutic wilderness and adventure programming in Canada are delivered within judicial, mental health, social service, and medical service fields through integrated service delivery models, most often funded directly or indirectly by governmental sources. This collaborative approach reflects Canada's social-democratic tendencies in that social programmes and services are seen by the general public as the responsibility of government and made accessible to all Canadians in need.

Programmes and services using wilderness for therapeutic ends tend to provide developmental, whole-person, and harm-reduction approaches to a wide variety of clientele; conventional psychotherapeutic practices are more often utilized within communities or institutional phases of these integrated programmes. It is the aim of this paper to articulate key elements of Canadian AT programmes and their relationship to other international expressions of AT; contending the need to recognise the *plurality of adventure therapies* internationally.

A brief historical and cultural overview provides context for understanding current therapeutic adventure and wilderness programming in Canada. A Canadian adventure philosophy and six Canadian AT programme models are presented to demonstrate diversity in clientele served, integrated service delivery systems, and to highlight commonality and key programme features. A discussion of the current state of AT in Canada, conclusions and speculation for the development of the field, and current needs and recommendations is also offered.

## Canadian context and therapeutic wilderness and adventure programmes

Canada is the second largest and northern most country in the world (including magnetic north!). With almost 10 million square kilometres of land, 200,000 kilometres of coastline, and geography ranging from deserts to mountains and prairies to Arctic

tundra, Canadians have always had access to wilderness areas. Notably, more than two-thirds of the country's population live within 160 kilometres of its southern border adjacent to the United States, leaving the majority of Canada's landmass uninhabited.

Such vast uninhabited tracts of land stretch northward from most communities, creating an inexplicable draw to venture northward out onto the land (Potter & Henderson, 2004). This mythical presence, the allure to travel north, pervades most Canadian educational and therapeutic wilderness and adventure-based programmes. There is a long and colourful history of wilderness explorers, fur traders, geographers, and entrepreneurs that young Canadians grow up studying, including the stories of travel and trade between First Nation's peoples and the Voyageurs'; groups of hired men who shuttled trade goods and animal pelts from the heart of the country by canoe to supply the demand for the fur trade in Europe. Summer camps, outdoor educators and therapeutic wilderness programmes often blend elements of grand voyages, First Nation practices and lore into their programmes (e.g., the iconic role of the canoe to wilderness travel).

A second prominent feature in Canadian wilderness programmes is the focus on connection to wild places and the opportunity to re-connect with the land (Drengson, 2004; Potter & Henderson, 2004). Generally, Canadian outdoor adventure therapists search for as wild a nature as possible for their clients, an area of few human constructs, within which they can provide meaningful experiences and expose participants to the ways of Canada's well-storied landscapes—landscapes from which tales of Canadian exploration and settlement begin. It is here, in relatively wild spaces, that Canadian therapists strive to help the land echo with personal experience. They challenge clients to find a personal and collective adventure; a real and metaphoric journey in pursuit of intra-personal and inter-personal growth and a reconnection with 'wild nature' (Potter & O'Connell, 2006). This approach places the connection "to" and "with" the land and wilderness travel as key programming elements in Canadian AT practice.

**Socio-political influences on adventure therapy in Canada**

Canada has strong social-democratic underpinnings and a reputation, at least in North America, for its social programmes, including universal healthcare, and liberal-leaning values as observed on issues of same-sex marriage and the decriminalization of marijuana. Trends described here may be similar to other socialist "welfare state" nations but assist in understanding national influences. Each of Canada's ten provinces and three territories is responsible for its social programmes and, quite unique internationally, has a provincial collective tax-base larger than the federal government. While federal initiatives are often adopted by provinces and territories, opting-out of federal initiatives is possible, and not uncommon. As such, it is often the case that an attempt to develop a national programme or network is thwarted by bureaucracies at the inter-provincial level.

One societal nuance of the current socio-political scene in Canada is that the concept of user-pay health or mental health service is not readily accepted by the majority of the general public. The notion of two-tiered systems of care have repeatedly been discussed but most often discarded in a society that places high value on equal access and quality of care regardless of one's ability to pay. Socialist principles within a democratic

state maintains a view close to anti-capitalist and anti-authoritarian platforms creating strong and consistent expectations for government provision of services in education, healthcare and most other sectors (Canadian Democratic Movement, 2006). Relative to the significant development of the wilderness therapy industry of the United States (see Russell, 2003), it is reasoned that for a similar service-delivery system to develop in Canada, a significant shift in societal values would need to take place, and a corresponding shift in political climate to occur. This is not to say that the approach is not feasible, rather that it would not have the resounding support that is afforded government-sponsored programmes, nor general public acceptance as a user-pay programme.

Developmental, psycho-educational and harm-reduction approaches are present in many Canadian health and mental health programmes and services. These approaches are often driven by early intervention philosophy with preference for strengths-based and whole-person approaches favoured over deficit- and diagnosis-based approaches to therapy. In relationship to therapeutic wilderness and adventure programming, therapy or conventional treatment practices are more often undertaken in community or institutional settings rather than during wilderness expeditions.

For example, Canadian youth have been participating in court-ordered residential and expedition-based wilderness programmes for over 30 years (Church Council on Justice and Corrections, 1996; Harper & Scott, 2006). These programmes integrate psycho-educational programming and positive youth development principles (e.g., Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002) in addressing risk factors and increasing protective factors rather than adopting conventional psychotherapeutic approaches (see Russell, 2006b). Here young are provided with social, psychological, medical and psychiatric (if necessary) assessment and treatment during their time in the justice system. However, wilderness camps and programmes do not tend to offer these services. In this regard, youth are involved in a system of care in which wilderness programmes focus on building strengths and restructuring anti-social or pro-criminal thinking through psycho-educational and developmental approaches while psychoanalytical and conventional therapeutic services are provided by therapists, doctors, and other mental health professionals of the correctional and probationary systems.

Canadian wilderness programmes, in general, have provided many opportunities for educational, developmental and therapeutic opportunities for a diverse range of people, including those with emotional, behavioural, psychological and physical disabilities (Potter & Cuthbertson, 2002). Current developments in collaborative treatment models include an increase in clinical team approaches to therapeutic adventure and wilderness programme services, but more often through the integration of distinct professions and organisations—mental health and adventure—rather than within stand alone organisations. Wilderness and adventure programmes not providing a clinical approach (i.e., assessment, treatment, outcomes) would be described by current AT literature as therapeutic adventure, and not adventure therapy (see Williams, 2004). Other depictions of integrated approaches include adjunctive (Gillis et al., 1992) and

multi-modal (Crisp, 1997). While acknowledging distinctions, this paper will not attend to the details of these semantics. While Canadian health, judicial and mental health programmes utilize clinical treatment teams and practices, this approach is less often observed during the wilderness and adventure programming phases in integrated programme models.

Strong criticism was launched against the 3rd International Adventure Therapy Conference (IATC) held in Victoria, Canada by Crisp (2004). The author referred to the conference as "amateurish" (p. 212) and having a "predominance of non-therapy language and conceptualization of the field" (p. 217). His evaluation of the conference presenters and papers suggested a lack of demonstration of AT as an "integrated profession" (p. 213). Canadian practitioners and academics presenting at the 4th IATC may expect a similar response if a such a review was contrived; Canadian presenters were primarily adventure experts (only 4 of 14 Canadian delegates were therapists) who work in collaborative programme models with conventional therapeutic professionals. Most "therapeutic" partners were not in attendance, they tend to attend their own professional gatherings (i.e., social work, counseling, psychiatry, addictions, corrections). This reality merely reflects integrated AT practice in Canada, and is not, in the authors' opinion, a question of value, imbalance or lack of professionalism as suggested by Crisp. Further, the suggestion of dual-trained AT practitioners may be ideal in theory, but as the Canadian programmes presented here demonstrate, wilderness expeditions demand high levels of professional credentials for adventure professionals, while therapeutic treatment planning is guided by mental health partners. Expeditions commonly involve ocean, river and lake paddling, extended mountain and backcountry travel demanding proficiency in wilderness guiding and safety management. Maintaining significant industry standards for wilderness leadership is a contributing factor to the professional collaborative relationships described in this paper. It is our contention that well-trained teams of adventure professionals and therapists offers an equally valid, and often more pragmatic alternative to Crisp's assertion of the need for dual-trained practitioners. As AT develops in Canada, adventure-programming will need to gain further recognition with professionals in health, mental health, judicial and medical professions, and acceptance in the eyes of the general public for its *value-added* and *inherent* therapeutic contributions.

Six Canadian AT programme models presented at the 4th IATC are shared to explore AT practice in Canada, highlight themes and increase understanding of AT in this nation's context.

## Six Canadian models of practice

### *Power to Be: Discovery Programme*

Founded in 1998 in British Columbia, Power to Be has been following its primary goal to enhance the health and quality of life for youth and families living with special needs. The Discovery Programme is designed to deliver wilderness experience programmes in collaboration with conventional adolescent mental health services. The

primary aim of the intervention is to enhance therapeutic outcomes of partnering community agencies in their work with adolescent clients. Unique community relationships were established to enhance the continuum of care between agencies to address growing needs of adolescents with mental health disorders: (a) A First Nation's child and family service agency, (b) a First Nation's alcohol and substance abuse programme, (c) a children's hospital eating disorders programme, (d) a child and family counselling association, (e) a community outreach programme, (f) a residential programme for at-risk deaf adolescents, and (g) an at-risk girls' programme from a local school district. These governmental and community mental health agencies provide clientele, guide therapeutic case planning and work collectively with Discovery Programme staff to adapt and deliver specific programme elements to meet the unique needs of each client group. Specifically, the depth of psycho-educational and psycho-analytical intervention is determined and facilitated in collaboration between professional mental health staff and industry-qualified wilderness programme leaders. Discovery Programme staff clearly articulate and maintain their role in the therapeutic process—that of a catalyst for change, creating and supporting an environment for mental health professionals to increase the therapeutic potential of their work with clients through intensive communal living, and participating in experiential and physically challenging wilderness activities. Approximately two-thirds of the adolescent participants have been First Nation's youth, and although presenting a range of mental health issues, over half were identified as having substance abuse issues (Harper & Hine, 2006).

The Discovery Programme consists of 15 days of programming over six-months, including two days of team building and outdoor skill training, a five-day sea kayak expedition, with a six-month aftercare programme reuniting groups twice each month for one-day adventure or experiential education programmes. Youth are taught basic wilderness travel and survival skills, problem solving, decision-making, positive risk-taking, conflict resolution, group work, and emotional competence through individual and group counselling processes relative to treatment planning for each group. Additionally, each youth maintains pre-existing therapeutic relationships with mental health professionals throughout and beyond the Discovery Programme intervention. In this regard, the Discovery Programme supports the continuity of care for adolescents and their primary mental health service provider's therapeutic and educational objectives. The improvement of client-therapist relationship, or therapeutic alliance, was found to be highly valued by mental health professionals and youth who participated in the Discovery Programme (Harper & Scott, 2006).

*Enviros Wilderness School Association / Alberta Alcohol and Drug Abuse Commission*

Alberta Alcohol and Drug Abuse Commission (AADAC), founded in 1951 to assist Albertans in achieving freedom from the harmful effects of alcohol, other drugs, and gambling, expanded its youth services to offer a residential wilderness treatment programme in 2005. Enviros Wilderness School Association (Enviros) is a non-profit organisation committed to enhancing the quality of family life through engaging children, youth and families in experientially based opportunities to learn and develop skills that foster independence. Missions, visions and experiences of both agencies facilitated the

initiation of a collaborative relationship to provide wilderness-based residential treatment for Alberta youth. This venture was undertaken to support teens requiring intensive treatment for difficulties with impulsivity, lack of community support, or other challenges that day-treatment environments cannot address. Enviros' isolated wilderness base camp and staff, utilized in this collaborative effort, have provided youth justice and social service clients with isolated residential facilities and expertise in delivering one- to fourteen-day adventure-based and wilderness experiences including canoeing, skiing, climbing, hiking, solo and challenge course programming since 1976. Enviro's wilderness programming aims are to complement therapeutic goals of clients while providing intense physical challenges in support of increasing positive perceptions of self, improving health, and learning alternative leisure lifestyles to using alcohol and drugs. Programme content, training and support are developed collaboratively between the two organisations with over 50 years of collective experiential learning and adventure programming history.

The programme utilizes a family-centered approach with AADAC and Enviros Counsellors providing residential, family and community components. The programme consists of twelve-weeks, divided into three stages: (a) Introduction stage, (b) Treatment component, and (c) Transition stage. During the introduction stage, clients begin to engage in treatment, develop skills to self-manage in group settings and understand the value of treatment. As clients demonstrate readiness, they move into the treatment component to explore factors making substance abuse difficult to manage. Clients develop and work toward treatment goals. The final stage of the programme focuses on transition; clients receive aftercare from other AADAC programme areas based on individual needs. The main process factors of the residential treatment programme are individual and group counselling, psycho-educational group work, wilderness and adventure experiences, experiential learning, school, and integrated family and community components.

*University of Quebec / Community of Chicoutimi, QC*

The University of Quebec in Chicoutimi has provided therapeutic adventures to the local community for more than 25 years. The University provides wilderness and adventure experiences as unique educational and/or therapeutic approach to special needs population such as youth-at-risk, physically or mentally disabled, high schools dropouts, drug and alcohol abuse, and youth welfare services.

This unique approach was developed with the intent to give a wide variety of people opportunities for wilderness expeditions and to experience the educational and therapeutic potential of nature. As part of an outdoor leadership and adventure education course, students and faculty work collaboratively with social and human service organisations in the community. Wilderness camping and adventure experiences vary between three to ten days utilizing activities such as hiking, canoeing, climbing, snowshoeing, skiing, and dog sledding, dependent on season and specific participant needs.

Now after much involvement and close collaboration with the community, a new initiative has been undertaken by the University of Quebec's Social Service department and the Outdoor and Adventure Baccalaureate programme, the creation of a youth-at-risk intervention certificate programme of which adventure therapy is a significant component. Educational and therapeutic interventions in outdoor and adventure settings teach community partners experiential and therapeutic adventure approaches. Half of the students are from the social work department and half are from the Outdoor and Adventure programme. Students are under the supervision of the course professor, graduate students in the adventure field working on master's degrees in social work, education or psychology, as well as collaborating social and health service professionals.

Approximately 10 therapeutic wilderness and adventure projects are designed and delivered each year within the community. This collaboration has led to the creation of an interdisciplinary research team in adventure therapy at the University of Quebec in Chicoutimi, including the fields of social work, psychology, education, ritual and symbolic anthropology, and outdoor and adventure leadership. Additionally, this momentum has led to graduate students being actively involved in adventure therapy developments, the research team, On the Tips of the Toes Foundation and the INAQ co-operative.

*On Tips of the Toes Foundation*

The mission of Quebec's On Tips of the Toes Foundation is to help adolescents living with cancer regain self-esteem and a sense of pride through participation in therapeutic wilderness expeditions. Wilderness expedition experiences aim to change the image of cancer for both participating youth and the general public. Expeditions take place in remote wilderness locations in Canada and may include hiking, sea kayaking, dog-sledding, snowshoeing, canoeing and snowmobile travel.

Born out of a passion for teenagers, healing, and outdoor adventure, the Foundation was established in 1996 to serve adolescent girls and boys living with various types of cancer. The physical aspect of the cancers is, of course, treated in hospital; however, the psychological aspects of this disease, which is as equally devastating as the cancer itself is often forgotten, particularly at the age and developmental stages of children and adolescents.

Each expedition strives to meet the following five objectives: (a) Therapeutic objective: To change the perception and image of cancer for teenagers living with the disease, their families, and the general public, (b) Physical objective: To overcome physical limits to generate self-esteem and regain hope for the future, (c) Cultural objective: To meet new people and discover other cultures for mutual growth and new ways to perceive life and disease, (d) Geographical objective: To explore new destinations that challenge the physical self (e.g., reach a summit, cross a lake), and (e) Educational objective: To take advantage of each expedition to teach history, geography,

flora and fauna, climate and geomorphology, and to raise awareness of the importance of interactions between humans and nature.

Parent and youth testimonials provided anecdotal evidence and increased interest in empirically understanding the success and long-term benefits for participants. Stevens et al. (2004) identified positive physical and psychological outcomes in teenagers with cancer who participated in a Foundation wilderness expedition. The authors described the changes experienced by youth as improving their health-related quality of life, which is a key factor in the fight against cancer.

A medical team is on hand for all expeditions: a doctor (oncologist or emergency specialist), a nursing specialist, and a special education teacher / counsellor. A medical committee establishes the criteria for the selection of participants according to the difficulty of each wilderness expedition. The committee sends recommendations to representatives at oncology centres across the country, which then initiates the selection process. Wilderness expeditions are led by qualified guides to maintain the highest levels of safety and leadership to participants. Particular conditions and client needs are attended to collaboratively between referring doctors and Foundation staff, maximizing the potential benefits of this therapeutic adventure.

*INAQ: Quebec Adventure and Outdoor Programme Co-operative*

Founded in 2005, the Quebec Adventure and Outdoor Programme Co-operative's (INAQ) mission is to provide high quality outdoor and adventure programmes for a diverse range of at-risk and disabled youth. INAQ collaborates with a growing number of public institutions, schools and community organisations to serve these populations. Working as a non-profit social co-operative, INAQ strives to provide service to collaborating organisations regardless of their ability to pay. Flexible subsidizations, diverse populations served and an entrepreneurial spirit maintain INAQ as a viable, 100% member-owned entity. Co-op members are (a) Users: psychologists, social workers, and institutions and organisations, (b) Workers: facilitators, adventure guides, and youth workers, or (c) Supporters: private organisations, sponsors and professional associations. All members are united in their efforts to bring together organisations and adventure programme professionals to develop effective adventure programming in a local, secure and sustainable way. Profits subsidize staff training and programmes, and maintain the co-operative infrastructure.

INAQ primarily designs developmental and 'adjunctive' therapeutic adventure programmes to serve adolescents with the following issues: Substance abuse, hyperactivity, learning disabilities, low self esteem or involvement with the youth justice system. Positive youth development principles and the wilderness experience are primary focuses guiding the development of most INAQ programmes along with user-members' needs to best reach desired benefits of each population served.

Programmes are one to four months long and include assessment, a sequence of indoor and outdoor experiential activities, expedition preparation, wilderness expedition, debriefing sessions and follow-up activities. For example, INAQ works with a public youth-at-risk rehabilitation centre for adjudicated youth. In the past the centre had difficulty actively involving parents in their children's rehabilitation and in re-establishing positive relationships between them. In response, INAQ facilitators and therapists of the Centre developed a unique programme taking intact families on structured wilderness expeditions, providing them with rewarding and challenging experiences while advancing family cohesiveness. INAQ's facilitators worked with the University of Québec, Chicoutimi to make this intervention programme as efficient as possible and to adapt tools to measure programme outcomes based on family relationships. Following positive evaluation results, this programme is now integrated into the Centre's regular therapeutic continuum of services.

*Boundless Adventures: Young Families Programme*

The mission of Boundless Adventures is to improve the lives of disadvantaged children and youth-at-risk through a unique combination of counselling, community supports and outdoor adventure/education. Working in partnership with community agencies in Ontario, the programme strives to deconstruct pro-criminal beliefs, promote alternatives to substance abuse and strengthen community and family bonds ravaged by poverty, violence and mental illness.

The Young Families at Risk programme for parents and young children aims to (a) strengthen family bonds, (b) improve parenting skills and identify and develop resources to support families, (c) facilitate seamless, ongoing long-term community support and linkages, and (d) reduce crime and other socioeconomic problems. The Young Families at Risk programme strives to provide parents with greater parenting confidence and satisfaction, and increased emotional support. Children and youth are encouraged to develop and practice social skills, increase emotional competence, decrease aggressive and maladaptive behaviour and increase positive beliefs and expectations. Family functioning is improved through increased family recreation time and positive child-parent interactions in a supportive therapeutic environment.

Family participant profiles may include impoverished living conditions, single parents, mental illness, victims of violence, refugees and immigrants, substance abuse, severe cognitive and behavioural problems. The programme is delivered in partnership with children's aid societies, shelters for victims of violence, children's mental health centres and local community service agencies.

The programme is delivered in two phases: Phase one is a five-day recreation retreat at a wilderness base camp where initial assessments of family needs take place and where the process for building peer group support among parents begins utilizing adventure-based activities and group counselling. Phase two is delivered over a 12 to 24 month period in the families' home communities. During this community phase Boundless Adventures offers psycho-educational parenting workshops. Family therapy

and counselling, undertaken by the Boundless family therapist, maintains a regular caseload of approximately 10-15 families. Educational supports for children underachieving in school are provided (i.e., in-class assistance and in-home tutoring) along with educational assessments to identify learning disabilities and convey this information to school officials and develop appropriate linkages and supports. Last, weekly outdoor recreational activities are provided where parents continue to practice positive parenting with their children while engaging in constructive and healthy family endeavours.

## Discussion

*Key elements of Canadian programme models*

Key elements present within the six Canadian programme models include (a) collaborative endeavours between therapeutic professionals and adventure professionals, (b) the use of wilderness expeditions or wilderness areas to achieve significant programming goals, and (c) developmental and psycho-educational approaches primarily utilized during wilderness or adventure phases of programming. While not uniform in practice, these elements may help define Canadian AT and assist in establishing guiding philosophies, recognizing traditions and understanding social, political, and cultural influences. It is yet to be determined how Canadian practitioners and academics move AT into the awareness of the general public and increase its understanding as a viable and effective therapeutic approach for such broad-spectrum clientele.

Common to Canadian AT practice is the integrated nature of its services, offering clients a diverse range of educational and therapeutic opportunities to address health and mental health concerns. Focusing on developmental approaches (i.e., strengths rather than deficits), therapeutic wilderness and adventure programmes in Canada are described as using whole-person approaches rather than a diagnoses-driven treatment model. This approach may prove effective in the long run for clients receiving additional clinical intervention in institutional, home and community settings.

Larson, Hanson and Moneta (2006) found specific developmental gains varied across organized youth activities. The authors identified differing developmental benefits from a multiple activities focus suggesting that diverse developmental programming by design has greater likelihood to address a broader spectrum of developmental factors. Growth in positive psychology and positive youth development movements (see Larson, 2000; Seligman & Csikszentmihalyi, 2000) have been relatively unexplored in the AT realm and warrant further investigation (e.g., Berman & Davis-Berman, 2005). In the interests of making significant gains in client psychosocial growth (Catalano et al., 2002), developmental and positive psychology approaches rely on building protective factors (e.g., social skills, initiative) and reducing risk factors (e.g., life stress, negative attitudes), while not directly addressing underlying issues that cause dysfunction. The need for psychotherapeutic intervention is thereby reduced.

*Potential issues in AT development in Canada*

Licensure and accreditation of programmes have been prominent factors in attempting to differentiate between legitimate effective and ethical wilderness and adventure therapy programmes, and seemingly similar programming models such as Boot Camps, with which they are sometimes classified (ASTART, 2005; Russell, 2006a). While predominately an issue in the United States, Canadian programmes are being developed and operated independently of governmental funding and standards which require elements of licensure and accreditation. Current government-funded wilderness programmes follow stringent regulations and most provinces require accreditation from recognized Health or Mental Health bodies (e.g., Council on Accreditation) to ensure quality service. As collaborative programme models develop, operators of therapeutic wilderness and/or adventure programmes in Canada need to understand and carefully build relationships with licensed and accredited mental health organisations. Ensuring that programming and interventions remain within standards of practice set forth by the adventure industry and the professional associations of partnering therapeutic organisations is of paramount concern (Harper & Scott, 2006). If developed outside of governmental reach, Canadian programmes may face similar difficulties currently experienced by adventure and wilderness therapy programmes in the United States (e.g., third party payment by insurance companies).

As part of the managed care system in the US, parents and programmes seek reimbursement from private health insurance companies for therapeutic services. With the prevalence of universal healthcare available to Canadians, it is unlikely that Canadian insurance providers would offer reimbursement for therapeutic wilderness programmes until research provides clear indications of their efficacy. Further, the level of adventure industry qualification demanded by wilderness expedition programmes imposes time and financial limitations on practitioners desiring to therapeutic qualification. This is in part driven by the intensity, duration and objective risk undertaken during therapeutic wilderness programmes (e.g., ocean and river paddling). Although it is possible to attain dual-training qualifications, the ability of an individual to maintain a high standard of practice and competency in significantly expedition-focused models is suspect. Leadership and competency levels of each professional domain should be recognized by the corresponding industry standards, maintained, and held accountable by professional associations (Harper & Robinson, 2005).

Collaborative models of service delivery paired with community-based research and evaluation and efficacy research, though called for by governmental agencies and grant providers, are foreboding tasks (Jenson, Hoagwood, & Trickett, 1999). With collaborative models beginning to demonstrate, at least anecdotally, improved systems of care and meaningful change for clients (Anderson-Butcher & Ashton, 2004), support and creative energies are being put forward to develop effective collaborations and subsequent research agendas (Poland et al., 2004). Of concern is a significant research-policy gap in Canadian child and adolescent mental health (Waddell, Lomas, Offord, & Giacomini, 2001; Waddell, McEwan, Shepherd, Offord, & Hua, 2005). These studies of policy and practice suggest Canadian mental health strategies should strive for increased

public education and earlier intervention strategies. The majority of therapeutic wilderness service in Canada is provided to youth in correctional services or in the care of provincial ministries (i.e., late in the spectrum of intervention). AT in Canada needs a significant national public education campaign to encourage further community-based collaborations and to identify and refer clients presenting with potential mental health issues earlier. Encouragingly, more than half the clients receiving service in the six models of AT presented here are receiving early intervention strategies—a trend supported by governments and the general public.

## Conclusion

Canada has vast areas of accessible wilderness, a rich and colourful history of adventurous expeditions woven into its culture and psyche, and a demonstrated interest in using wilderness areas for therapeutic ends. While development of a user- and third party-pay wilderness therapy industry as seen in the United States may not yet have socio-political support to establish in Canada, growth in collaborative AT programme models with meaningful partnerships and creative and sound service delivery practices for a wide range of clientele has been demonstrated. Canadian programmes predominantly use meaningful wilderness expeditions and incorporate indigenous ways—such as travel practices and rituals—to aid in the development of educational and therapeutic programmes. Clinical practice is provided by recognized professionals from partner organisations and more often occurs in the non-wilderness phases of programmes.

Similar expressions of practice from a number of nations that presented at the 3rd and 4th IATC attempted to describe AT relative to their indigenous peoples' heritage, connection to the land, and their stage of development of AT as a profession. The editors of the proceedings of the 3rd IATC declared the field of AT was "Coming of Age" (Bandoroff & Newes, 2004)—a term that brings to mind psychologist Carl Jung's notion of *individuation*, the search for psychological maturity that occurs in the second half of life (Jung, 1978). Therapeutic wilderness programming in Canada has been guided for decades by societal influence and tradition, and similarly to New Zealand and Australia (Carpenter & Pryor, 2004), it now seeks its own psychological maturity—its individuation—within the international context of identifying professional AT practice while recognizing this country's cultural and ecological connections.

We are suggesting here that AT in Canada requires further inquiry into its own national uniqueness. Carpenter and Pryor (2004) expressed the critical importance of cultural understandings related to national, or in their case regional, AT practice. In Canada's case, social and political influence may be the significant determinants of practice, more so than the predominance of wilderness and adventure therapy literature and programme development in its southern neighbour. With 18 distinct nations and numerous iterations of AT practice represented at IATC, the development of "best practice" on the international stage seems daunting, and a possibly inappropriate endeavour. While international AT practitioners will benefit from "best practice" suggestions (e.g., Crisp, 1997), the unique cultural context of each nation will ultimately define that nation's AT practice.

With more Canadian adventure and therapeutic professionals becoming involved in the international development of AT, the direction and future of this nation's AT practice is unknown. Model descriptions reviewed here were presented at the 4th IATC in New Zealand in February, 2006. The authors have since, with others, been active in developing a national AT network for practitioners, academics and students to begin dialogue on the future of AT in Canada. Further understanding of the scale and diversity of Canadian AT programmes is needed. As such, a needs assessment is being developed and planned to provide a platform for a public education campaign and research agenda. It is suggested here that Canadian AT practitioners and researchers begin dialogues on the collaborative growth of a socially, culturally, and politically understood model of AT, thus contributing further to the growth, development and maturation of AT within the international community.

While acknowledging that this paper does not represent a complete understanding of all therapeutic wilderness and adventure practice in Canada, we the authors, with regional representation and over 130 years of combined field and academic experience, suggest that the current state of AT in Canada is here reasonably well articulated.

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