

An Environmental Scan of Adventure Therapy in Canada

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Abstract

We report on an environmental scan (ES) of adventure therapy (AT) literature, organizations, and activities in Canada. The ES methodology involved (a) an examination of final reports related to a series of national symposiums on AT in Canada, (b) a review of academic literature related to AT in Canada, and (c) a summary of AT programs and courses offered at post-secondary institutions across Canada. Analysis of the reports from five AT symposiums revealed broad variability in terms of delegates and organizations represented and suggested that AT is practiced or endorsed by a diverse array of individuals and organizations across Canada. The literature review uncovered 113 relevant articles, book chapters, and papers with a substantial Canadian contribution. Canadian academic literature on the topic is sparse, and AT training and education opportunities at Canadian institutions are very limited. Implications for the future development of AT in Canada are shared.

Keywords

adventure therapy, environmental scan, outdoor education, experiential education, Canada

Interest in adventure therapy (AT) has increased dramatically in the past two decades as reflected by the number of dedicated organizations and the volume of research (Gass, Gillis, & Russell, 2012; Tucker & Norton, 2013). The reach of this change is

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global, with substantial developments in the United States, and significant growth in Australasia, the United Kingdom, and across Europe (Norton, Carpenter, & Pryor, 2015). Development in Canada has been slower. Although there have been six triennial International Adventure Therapy Conferences (IATC), and Canada hosted the Third IATC (2003) in Victoria, British Columbia, it was not until the Fourth IATC (2006) in Rotorua, Aotearoa, New Zealand that a group of Canadians (including author N.H.) met specifically to discuss the development and articulation of AT in the Canadian context. Their meeting resulted in a publication profiling six Canadian AT programs and the socio-political context in which they operate (Harper et al., 2009). The authors also made commitments to organize a national adventure therapy symposium and continue the dialogue to understand and differentiate Canadian AT from the dominant depiction in the literature, primarily from American authors.

The first Canadian Adventure Therapy Symposium (CATS) occurred in 2009. It was hosted by the Metchosin Wilderness Camp and the School of Child and Youth Care at the University of Victoria. This first symposium was intended to “set the course for adventure therapy development in Canada” (Harper, 2009, p. 7). There have been four subsequent CATS, each hosted by organizations located in different provinces (Quebec, Ontario, Alberta, and Nova Scotia). Each CATS attracted a wide variety of therapists, practitioners, educators, students, and researchers. These events functioned as an effective knowledge exchange for the delegates and demonstrated a sustained interest in continuing a national dialogue on AT; they also revealed the need to better understand the current state of AT practice, research, and training opportunities across the country. Thus, the purpose of this study was to take a first step at addressing this need by using an environmental scan to illuminate AT in Canada with respect to (a) the people and organizations that are involved, (b) the extent of the scholarly literature, and (c) the post-secondary training opportunities offered.

Review of Background Literature

To best capture the state of AT in Canada, it was decided to use as broad an approach as possible because it was not even known to what extent the term *AT* is used by relevant organizations. Accordingly, the definitions and perspectives of AT would need to emerge through an investigation of how AT and related terms are currently used in Canada.

AT is an umbrella term that seems to have become accepted internationally as a proxy for many diverse approaches and practices. The word *adventure* refers to a host of experiential programming approaches involving individuals and groups in diverse settings and contexts that are characterized by exploring the unknown and embracing challenges (Itin, 2001). These approaches are intended to bring about positive change (*therapeutic*) or address underlying issues, illnesses, or disorders (*therapy*) in clients or program participants (Alvarez & Stauffer, 2001; Berman & Davis-Berman, 2015; Pryor, Carpenter, & Townsend, 2005). *AT* was a frequently used term in the abstracts and papers at six international AT conferences (Bandoroff & Newes, 2004; Itin, 1998; Mitten & Itin, 2009; Norton et al., 2015; Pryor, Carpenter, Norton, & Kirchner, 2012;

Richards & Smith, 2003). However, the literature also contains many other related terms such as *therapeutic outfitting* (Harper & Scott, 2006), *therapeutic adventure* (Berman & Davis-Berman, 2001; Burg, 2001), and *adventure-based counseling* (Fletcher & Hinkle, 2002; Kyriakopoulos, 2010). Authors from some countries seem to prefer certain terms given their context (i.e., location, client type, and cultural influence). For instance, the terms *outdoor behavioral health care* (Marchand & Russell, 2013; Russell, 2007), *wilderness therapy* (Davis-Berman & Berman, 2008; Russell, 2001), and *adventure therapy* (Gass, 1993; Gass et al., 2012) are frequently used in the United States, whereas *wilderness adventure therapy* (Carpenter & Pryor, 2004; Crisp, 2002) and *bush adventure therapy* (Pryor et al., 2005) are more commonly used in Australia.

The general comfort with the term *AT* should not be regarded as any consensus about its meaning. There have been several attempts to define AT over the years; however, there is variability in definitions because the organizations, individuals, and programs that self-identify with AT practice and research remain diverse. Alvarez and Stauffer (2001) offered a relatively broad definition: “adventure therapy is any intentional, facilitated use of adventure tools and techniques to guide personal change toward desired therapeutic goals” (p. 87). More recently, Gass et al. (2012) defined AT as “the prescriptive use of adventure experiences provided by mental health professionals, often conducted in natural settings that kinesthetically engage clients on cognitive, affective, and behavioral levels” (p. 1). Both definitions are proposed by American authors and are influenced by a cultural context that values the medical “treatment” model, “therapy,” and the certification of providers.

A recent chapter on AT in an adventure programming text (Harper, Peeters, & Carpenter, 2015) provided some context for inclusiveness in defining AT practice by offering international perspectives (from outside America). These perspectives included a focus on health, wellness, and well-being as relevant aspects of AT practice. Earlier, Carpenter and Pryor argued that wilderness adventure therapy practice in Australia and New Zealand “rests on foundations broader than the terms wilderness, adventure, and therapy, and must include terms such as healing, journeys, and relationships in attempting to articulate the means, methods and aims of practice” (Carpenter & Pryor, 2004, p. 237). Pryor et al. (2005) compared and contrasted the terms *therapy* and *therapeutic*, and then suggested that many professionals practicing adventure therapy in Australia choose to use terms such as *interventions*, *support*, *improving*, *focusing*, *assisting*, and *strengthening* to describe their work. They presented a case for differentiating between outdoor education and adventure therapy approaches based on the needs of the client (Pryor et al., 2005).

The ways in which *adventure therapy* and related terms are used in the Canadian context have not yet been reported in the literature, although due to differences in practice across other nations, it is needed. For example, American-based outdoor behavioral health care, adventure therapy, or wilderness therapy programs serving youth at risk, in which youth may be in treatment without consent, are often funded privately or through third-party insurance (Russell, 2003). These practices are less common in Canada due to differing legal and socio-political influences (Harper et al.,

2009), such as publicly funded health care. A recent state of knowledge paper on AT for adolescents in North America did not reference any differences in AT in Mexico and Canada (see Norton et al., 2014). Thus, the current study was a focused assessment of the Canadian literature, programs, training, and people related to AT to determine whether there was any consistency in approach and terms used nationally. An environmental scan was used so as to be broad and inclusive of the organizations, individuals, literature, and educational institutions identifying with AT and related fields. There was no presumption, as would be needed for a literature review, that the academic literature alone represents this diversity.

The Canadian Context

There are several characteristics of Canada that are important in terms of understanding the context as it relates to the growth and development of AT. Canada's coastline is the longest in the world (243,042 km/125,567 mi), and it is the second largest country in the world by area covering 10 million km²/3.9 million mi² (Statistics Canada, 2012b). Nearly 10% of that area is fresh water, and 27% is north of the tree line. The population of Canada in 2015 was estimated to be 35.9 million (Statistics Canada, 2015), and the vast majority live very close to the southern border with the United States. Thus, there are large tracts of wilderness, especially in the north. It is not surprising that many outdoor adventure organizations in Canada are located in rural and wilderness locations, and they often use expeditionary travel as the primary mode of programming (Harper et al., 2009; Henderson & Potter, 2001; Potter & Henderson, 2004).

Politically, the country is divided into 10 provinces and three northern territories. It is also an officially bilingual country with 30% of the population able to speak French (Statistics Canada, 2012a). Health care and social services are primarily publicly funded, reflecting the principle of universality. Each province or territory has jurisdiction over health, social services, education, and management of natural resources; the lack of national jurisdiction tends to lead to diversity in approaches to regulation, funding, and client recruitment across provinces and territories. The geographical diversity means that not only are the types of outdoor and adventure experiences offered quite variable, but that the practitioners are, sometimes, quite isolated from one another and likely under very little pressure to agree about an approach to outdoor education, adventure experiences, and AT. Accordingly, it was necessary to use a broad inclusive method to investigate the extent and diversity of AT approaches across the country.

Environmental Scanning

Environmental scanning (ES) originated as a business analysis tool, but it is increasingly becoming popular as a method in other academic fields such as social services (Burns & Richter, 2011), education (Hodges et al., 2011; Rodger & Hoffman, 2010), and health (Côté, Lauzon, & Kyd-Strickland, 2008; Gibb, 2013; Kalula, Scott, Dowd, & Brodrick, 2011; Sibbald, McPherson, & Kothari, 2013). Although there are no

generally accepted definitions and approaches, there is some emerging consensus for good practices (Choo, 2001; Marton, 2001; Rowel, Moore, Nowrojee, Memiah, & Bronner, 2005). Rowel and colleagues (2005) concluded that “the environmental scan has considerable potential to be a creative, responsive, cost-effective and mobilizing tool for public health practice” (p. 533). In general, an ES should incorporate an appropriate combination of literature reviews, systematic reviews, scoping reviews, web searches, questionnaires, focus groups, and interviews with key informants to uncover the range of perspectives related to a research question, topic, or key term. The recent literature suggests that ES can be a comprehensive approach to understanding both internal and external environments within a geography, organization, sector, or discipline (Gibb, 2013; Hodges et al., 2011; Kalula et al., 2011; Wijeysondera et al., 2012).

The ES utilized in this study adhered to a mode of ES described by Choo (2001) as *conditioned viewing* because the method involved a *passive approach* (Graham, Evitts, & Thomas-MacLean, 2008) to an examination of information from existing data sources such as reports, databases, academic literature, and the Internet. Active approaches to ES involve data collection through surveys, focus groups, and key informant interviews (Choo, 2001; Graham et al., 2008). The ES in this study involved three consecutive steps that provided insight into AT in Canada in terms of who is involved, what academic literature has been written, and post-secondary training programs that exist. These steps also correspond to three research questions that guided the ES:

Research Question 1: What do the CATS final reports reveal about the state of AT in Canada?

Research Question 2: What does the academic literature reveal about the state of scholarship related to AT in Canada?

Research Question 3: What types of post-secondary college and university courses and programs offer training in AT in Canada?

Each of the subsequent sections below describes the methods and results obtained from the three steps to address each research question.

Step 1: Canadian Adventure Therapy Symposiums

CATS reports were specifically targeted as a source of information because they contain the data related to the most inclusive grouping of people interested in AT in Canada in the past 5 years. They reflect some of the very few collective conversations and debates that Canadians have had about this topic, and these data are accessible through the reports that were published after each symposium.

Method

The first step of the ES began with a detailed review and analysis of the reports produced following the five CATS. They document the workshops, presentations,

Table 1. Canadian Adventure Therapy Symposium Dates, Locations, and Attendance Information.

CATS	Date	Location	Number of	
			Individual delegates	Organizations represented
1	March, 2009	Victoria, British Columbia	80	59
2	October, 2010	Chicoutimi, Quebec	62	40
3	October, 2011	Sundridge, Ontario	60	45
4	May, 2013	Kananaskis, Alberta	76	58
5	October, 2014	Brigadoon, Nova Scotia	92	80

Note. CATS = Canadian Adventure Therapy Symposium.

discussion, recommendations, key learnings, and lists of delegates and organizations involved. Each CATS report was authored by symposium champions in the host organization; thus, the recommendations and key learnings primarily reflected the perspective of the host organizers. These reports are available online at <http://adventuretherapy.squarespace.com/finalreport/>

The analysis of the reports was completed collaboratively by three members of the research team and focused mainly on (a) understanding the characteristics of the delegates and organizations represented and (b) synthesizing the list of recommendations and key learnings in each report. Google and social media searches were completed to find more publicly available information about the organizations and individuals who attended CATS, so that each organizational affiliation was confirmed. Organizations with affiliated websites were then searched manually to find relevant information such as contact information, location, and the terminology used to describe what they do. There were a total of 29 recommendations from the first four CATS reports. These recommendations were selected for analysis to reduce researcher bias, because they represented the synthesized reflections and opinions of report authors (rather than the research team), who were the conveners of each CATS. The recommendations were analyzed and grouped thematically initially by one member of the research team (as per Patton, 2002) and then refined consensually by the remaining members of the team (co-authors).

Results

There were a total of 317 individuals who attended at least one CATS; they were affiliated with 210 different organizations. Only 10% ($n = 33$) of the individuals attended more than one CATS, and no organizational affiliations were found for 27 (9%) individuals. Mean attendance at each CATS was 74, and this ranged from 60 to 92. Table 1 summarizes date, location, and attendance information for each CATS.

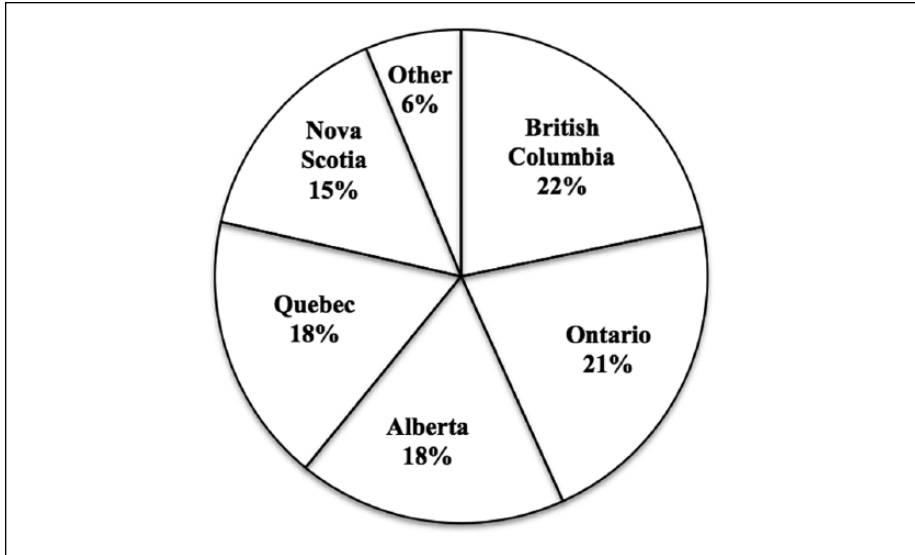


Figure 1. Geographic representation of home location of delegates from all five Canadian Adventure Therapy Symposium ($N = 317$).

Note. Delegates in the “Other” category came from other Canadian provinces and territories, the United States, and Australia.

The majority of individuals and organizations attending each CATS traveled from locations within the host province. Figure 1 portrays the provinces represented by delegates from all five CATS.

There were 199 (95%) confirmed websites analyzed from organizations that individual delegates were affiliated with while attending CATS. Only 50 (25%) of the organizations with confirmed websites used the words *therapy* ($n = 27$; 14%) and/or *therapeutic* ($n = 29$, 15%) to describe what they do on their websites. Overall, the word *adventure* ($n = 80$, 40%) was most commonly cited, followed by *outdoor* ($n = 60$; 30%) and *recreation* ($n = 32$, 16%). There was too much diversity in the sample to identify prevalent word-linked terms. For example, the most common terms used were *outdoor adventure* ($n = 22$, 11%), *adventure therapy* ($n = 19$; 10%), and *outdoor education* ($n = 17$, 9%) to describe what organizations do. Other noteworthy words used to describe what organizations do were *education* ($n = 27$, 14%), *leadership* ($n = 21$, 11%), *wilderness* ($n = 19$, 10%), *experiential* ($n = 12$, 6%), and *eco* ($n = 8$, 4%). It is important to note that 61 (31%) websites did not provide clear indication of what the organization did as it related to our search criteria and the adventure therapy context.

Each of the first four CATS final reports contained a list of between five and nine recommendations, and several common yet consistent themes emerged. These included the following: (a) continue to host CATS in different regions and provinces across Canada approximately every 18 months, (b) continue to offer unique AT-related

professional development and training opportunities at subsequent CATS, (c) promote CATS to a wide variety of organizations and individuals, including those that may be in peripheral disciplines, (d) share the CATS experiences and knowledge more broadly using the Internet and at other relevant national and international gatherings.

The CATS reports also included several recommendations that were not repeated or changed over time. For example, one of the recommendations in the first CATS Report was “To investigate liability and insurance issues . . .” (p. 18). Nothing similar to this was repeated as a recommendation in any other report, and thus, this was taken as evidence that it did not reflect the consistency required to be summarized as a common theme. Recommendations from the final reports of the first three CATS supported the development of a formalized national body or network related to AT in Canada; however, one of the recommendations from CATS 4 stated that there was “no intention to move towards a formalized body in the fore[-]seeable future” (p. 17). There were no recommendations in the CATS 5 final report, but it did include seven key learnings particularly aimed at hosting effective symposiums in the future.

Step 2: Canadian Literature Related to Adventure Therapy

The academic literature was targeted as being of interest because it provides an accessible reflection of the way in which AT is being approached by scholars in Canada, the extent of research, and the differing perspectives related to the types of terms used.

Method

This step of the ES involved a comprehensive search of academic literature on AT in Canada. It was completed at the end of April 2014. Key search terms used initially were *wilderness* or *outdoor* or *adventure*, and *Canadian* or *Canada* or *Quebec* or *Quebécois*. The branching terms used to specify the search were **therap** or *intervention* or *rehabilitation* or “*well being*” or *well*being* or “*quality of life*” or *psychotherap** or “*youth development*” or **health** or *counsel** or *wellness*. Four database search engines were utilized to maximize the number of candidate publications: Web of Science, Ovid, ProQuest, and EBSCO. There were 5,247 books and articles that met the initial search criteria. The titles, key terms, and abstracts were reviewed; duplicates discarded; and a final reference list of 292 candidate sources identified. These publications were retrieved primarily from online journals, and those that were unavailable online were requested through interlibrary loan and if unavailable, requested directly from the authors themselves wherever possible. Altogether, 251 articles were located and considered for analysis.

Data analysis. Each of the 251 publications were analyzed and evaluated for inclusion based on three main criteria: (a) Canadian context or authorship, (b) outdoor related, and (c) therapeutic or health-related outcomes. Canadian context was defined such that there was substantive Canadian content included in the manuscript. For instance,

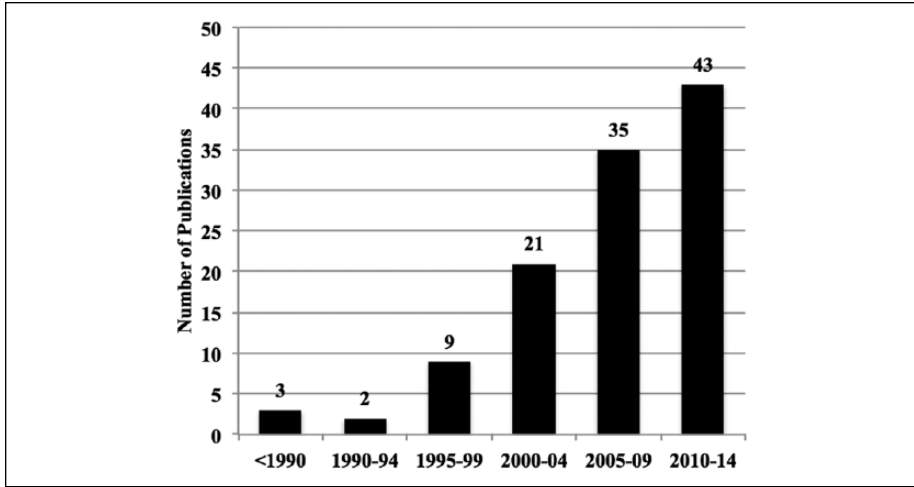


Figure 2. Distribution of literature ($n = 113$) by publication date.

the publication shared results from a study with a Canadian sample or population, or non-study publications contained at least one relevant sub-section describing a Canadian context or perspective. Canadian authorship was defined such that the first author was a resident of Canada at the time of publication, or a graduate student from a Canadian university (for theses). Theses by Canadians enrolled in a non-Canadian university were excluded unless the study met the Canadian context definition. The criteria of being outdoor-related referred to an outdoor setting, natural environment, or where contact with nature was the primary context for the intervention/program. Therapeutic or health-related outcomes were defined such that the primary outcomes of a study were therapeutic or holistic health-related (physical, mental, emotional, spiritual, social), or at least one sub-section related to these outcomes. Publications were excluded if the focus was on other constructs such as outdoor leadership, outdoor education, or experiential education with no direct reference to health, therapy, or therapeutic.

Results

There were 113 publications that met the inclusion criteria representing the Canadian academic literature related to AT. There were 65 (58%) publications appearing in peer-reviewed journals and 1980 was the earliest publication date. Figure 2 portrays the distribution of publications by date.

There were a total of 77 (68%) studies, and 32 of them were unpublished theses. The rest of the publications were either literature reviews ($n = 6$; 5%) or viewpoint, editorial, and commentary type papers ($n = 30$; 27%). The studies ($n = 77$) were categorized by method used, and most used qualitative approaches ($n = 40$; 60%). There

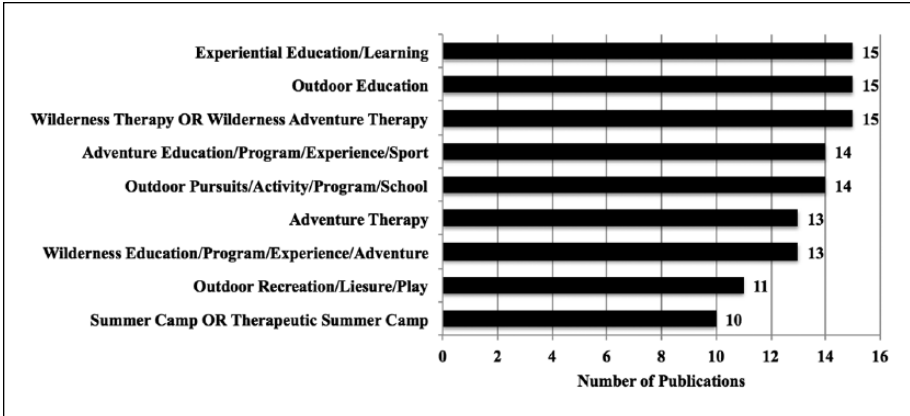


Figure 3. Frequency of key terms used in the literature ($n = 113$).

Note. Other key terms used less frequently included (<10 publications for each term): health promotion, nature engagement/relatedness OR contact with nature, adventure-based therapy/counseling, restorative garden/park/school yard OR outdoor context, environmental education, therapeutic intervention/setting/landscape/context, outdoor/adventure leadership, outdoor adventure, nature-based health promotion, wilderness correction OR wilderness-based correction program, therapeutic recreation, therapeutic adventure/wilderness/outfitting, outdoor therapy OR outdoor experiential therapy, nature-based recreation/education, ecopsychology practice, wilderness treatment, ropes course, outdoor behavioral health care, inclusive outdoor recreation, adventure-based/recreation-based intervention, adaptive recreation.

were 21 (27%) studies that used a quantitative approach and 13 ($n = 17\%$) used mixed methods. The remaining studies included a meta-analysis and two epidemiological studies using secondary data. There were a wide variety of AT-related terms across all literature sources ($n = 113$). Figure 3 depicts the frequency of some of the most common key terms used.

Given the wide variety of AT-related terms used in the literature, no particular term or group of terms could be selected, defined, and examined as best representing AT in Canada. For instance, of the 13 papers that used the term *adventure therapy*, only two involved a peer-reviewed research study, and two were unpublished master's theses; the remaining papers ($n = 9$) were viewpoint papers (commentary, essay, or editorial). The overall diversity of research studies ($n = 77$) was so extreme that no further analysis was warranted or relevant in terms of common intervention/program characteristics, study findings, or target population served.

Step 3: Canadian University and College Programs Related to Adventure Therapy

The diversity of the individuals, organizations, and relevant literature generates the question, what training is actually available in Canada? The purpose of this final step of the ES was to identify all of the AT-related post-secondary education and training courses and programs offered in Canada.

Table 2. Canadian University and College Programs Meeting Search Criteria Related to Adventure Therapy.

	University graduate degree (master's/PhD)	University undergraduate degree (bachelor's)	Community college diploma	University or college certificate
Primarily outdoor program or courses	1	26	15	8
Primarily therapeutic program or courses	3	2	1	0
Contains adventure therapy course(s)	0	7	1	2
Adventure therapy programs^a	0	3	0	0

Note. More information about the universities and programs included in this table is available from the corresponding author.

^aThe three adventure therapy programs listed here are also included in the count of programs with adventure therapy courses. Thus, the sum of the programs in this table is 69 rather than 66.

Method

The last step of the ES involved a detailed review of university and college programs in Canada that included AT in their curriculum. The search protocol primarily used Google Power Searching (Google, n.d.) strategies to identify the college and university courses and programs in Canada that met pre-determined inclusion criteria. This search was supplemented by prior researcher knowledge, information from CATS final reports, and an unpublished report on the Second Canadian University and Colleges Colloquium on Outdoor and Experiential Education at the 37th Annual Conference of the Association of Experiential Education (Maher, 2009). The search was designed to identify any college- or university-related programs at the undergraduate and graduate levels that offered any courses or programs related to AT. The inclusion criteria were similar to those used in the literature review in Step 2. Only college and university programs that offered courses related to outdoor/adventure and therapy/therapeutic context with outdoor-oriented content were included.

Results

There were 66 Canadian university or college programs that met the initial search criteria. These programs all contained course curriculum related to either outdoor or therapeutic programming. Most of the programs were associated with undergraduate degrees (bachelor's) offered by universities ($n = 35$; 53%). Only 10 (15%) programs contained at least one course with specific curriculum related to AT. Table 2 summarizes all the Canadian and University Programs in Canada in terms of how they met particular search criteria.

Only three undergraduate programs had a collection of courses that led to a degree in AT. Thomson Rivers University in Kamloops, British Columbia, offers a 4-year bachelor of interdisciplinary studies with a concentration in adventure therapy (see description at http://www.tru.ca/act/adventure/programs/adventurestudies_bis.html). Burman University in Lacombe, Alberta, uses the term *adventure-based counseling* to describe both a 3- and 4-year bachelor of arts degree (see descriptions at <http://www.burmanu.ca/outwardpursuits/programs>). The Université du Quebec in Chicoutimi, Quebec, offers a 4-year *Baccalauréat en intervention plein air* in French, translated as bachelor's in outdoor intervention (see description at <http://programmes.uqac.ca/7309>). There are currently no graduate programs specializing in AT in Canada.

Discussion

The review of CATS reports reveals several insights into the state of AT in Canada. Attendance at the five CATS gatherings was modest but consistent, and more than 50% of the delegates at each symposium were from the host province. This may reflect the financial and time constraints related to travel from distant provinces, but it may also suggest that the regional dialogue related to AT was more valued than a national dialogue. This latter interpretation is supported by the CATS final reports, which reflected a diminishing interest in formalizing a national body or network related to AT in Canada. Moreover, several comments in the reports offered reflections on the socio-political context in Canada, and the preference for provincial over national affiliations for supportive or governing organizations involved in AT. At the first three CATS, there was a declared interest in developing a formal national AT network or governing body, but this interest waned and shifted toward a focus on continuing the dialogue and knowledge exchange at symposiums. There was also large diversity in terms of how delegates' organizational websites described what they do, and 90% of the delegates were unique (only attending one CATS). This may suggest that the broader outdoor adventure and education community in Canada is interested in meeting together irrespective of the symposium focus on AT.

The delegates and organizations attending were diverse. For those organizations with websites, it was clear that there was a wide variety with respect to organizational size, target population, location of practice, and years of establishment. Less than a quarter of these organizations included the terms *therapy* or *therapeutic* on their websites to describe what they do. This implies that the organizations involved in AT-related programming in Canada are not broadly identifying with the medical treatment model often portrayed in American AT literature. The diversity of terms used indicates that the Canadian field is more eclectic in its approach. There were likely other organizations across Canada involved in AT not represented at CATS; however, this limitation was somewhat mitigated by the regional hosting of symposiums in different provinces and the significant marketing and promotion effort that was focused within the known AT community.

The analysis of the recommendations of CATS reports can be summarized in two observations of generalized trends over the course of 5 years of symposiums: (a) There

is a diminishing interest in developing a formalized national organization or infrastructure supporting AT in Canada, and (b) there is a continued interest in convening CATS to share practices, network, and create a forum for professional development. Without interest in developing a national organization, it is unknown how long the CATS will continue; however, it is known that there are currently plans underway to host a sixth CATS in the fall of 2017.

The literature review was broad and inclusive with no publication date restriction and all types of publications considered for inclusion. Despite this, only 113 articles met any reasonable criteria for Canadian content. This sample included a broad range in terms of the type and quality of studies, theses, commentaries, and letters to the editor. Only 13 (12%) of the publications used the term *AT* to describe the approach used. It was not appropriate to focus in on profiling the detailed information in these publications because the vast majority of the publications referred to other terms. The publications appeared in a wide variety of journals, and most were written by a variety of authors affiliated with different post-secondary institutions across the country. Thus, there was little evidence of dedicated AT scholarship in Canada; there were no publications that demonstrated a particular Canadian author who was maintaining an ongoing program of research in AT. There were a small number of high-quality studies; however, most of the studies were unpublished theses or lacked rigorous methods and comprehensive study designs. The eclectic nature of the final sample with respect to the terms used and type of paper or study precluded further sub-grouping and analysis. Despite this critique of the literature, the dramatic increase in AT-related publications (see Figure 2) in the last 15 years ($n = 99$; 88%) suggests that scholarly interest in the field is increasing.

There were a couple methodological limitations to the literature review. First, relevant manuscripts may not have met the search criteria or were in journals not indexed in the databases. Second, Canada is officially a bilingual country (English/French), and although there were several French manuscripts included in this study, the search strategies were conducted using mostly English terms by English research assistants. It is likely that some Francophone manuscripts may have been missed. Nevertheless, the literature review was comprehensively designed using four different databases, and it likely does represent the vast majority of the English academic literature on AT in Canada.

At the time of this study and analysis, there seemed to be a reasonable array of outdoor and health- or therapy-related post-secondary programs ($N = 66$) offered at universities and colleges across the country. However, only 10 undergraduate programs offered at least one course related to AT, and only three programs contained an array of courses leading to a specialization in AT (see Table 2). Currently, there are no graduate-level programs related to AT in Canada, and no programs lead to credentialing or certification. Although this may seem surprising at first, training and development in AT are a contentious issue in the United States (Norton et al., 2014), and according to a study by Tucker and Norton (2013), only 9.2% of American clinical social workers utilizing AT techniques received formal training related to those techniques.

It is important to note that AT training programs not offered by universities or colleges were not included in this scan. There is also the possibility that some relevant college or university programs were not included as they either did not meet the initial search screening criteria, or they did not have a website documenting their courses and curriculum. However, it can be assumed that most university and college programs do have a website to attract prospective students. It was also presumed that at least some delegates (students, professors, and instructors) from AT-related programs would have attended at least one of the CATS, and this would have led to inclusion of their program in the analysis.

Conclusion

It is clear that AT in Canada is a relatively new and emerging field, despite the existence of some longstanding organizations that have existed for decades. The field has not yet defined itself with respect to what terms best describe the practice. Neither has the field developed or organized to the point where it is determined which individuals are permitted to practice AT and what types of organizations are included or excluded from the family of AT practice. There is currently no national governing body related to AT in Canada, and no plans to develop one. Similarly, the scholarship related to AT in Canada is in its relative infancy with few credible studies focused on the efficacy or process of AT. Despite these perceived shortcomings, there seems to be grassroots support and interest. It appears that AT in Canada is a broad inclusive field of practice, extending well beyond the words *adventure* and *therapy* to describe the people, organizations, literature, and institutional programs involved.

It is clear that AT, as practiced and described in the Canadian context, does not correspond to current U.S. definitions in the literature (e.g., Gass et al., 2012). It appears that the “prescriptive use” by “mental health professionals” of the U.S. definition (Gass et al., 2012, p. 1) falls within a medical model of treatment, while current AT practice in Canada generally subscribes to a holistic approach to well-being as supported by the WHO’s (1948) definition of health: “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

There are several important implications for the development of AT in Canada that arose from this ES. First, there is an opportunity for one or more AT-type graduate or professional training program(s). This will aid in the process of legitimizing and defining the field and help align with the existing credentialing and certifying bodies. Second, *AT* may not be the best term to describe the field in Canada because it is not: (a) descriptive of the many different terms CATS organizations and delegates use who self-identify with this field of practice, (b) reflective of the broad variety of terms used in the Canadian literature, and (c) used to describe two of the three universities programs offering AT-type programs. Thus, the ongoing CATS movement should continue to foster an inclusive and inviting atmosphere while a cohesive identity emerges. Finally, there seems to be substantive political, jurisdictional, and geographical barriers to the organizational development of a national network or governing body related to AT in Canada.

There is ongoing momentum to continue a national dialogue on AT in Canada at symposiums in a wide variety of regions across the country. The Canadian academic literature on AT is sparse, and more rigorous methods and studies are required to understand whether there is evidence to support the process and efficacy of AT in Canada. AT-related training and education are very limited in Canada, although AT practice is alive and flourishing across the country. The future of AT nationally is likely to continue developing; interest remains high, and motivation for meeting at national symposiums continues.

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