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Hills and Gullies of International Adventure Therapy: Exploring common practice elements towards an International Position Statement

Abstract

Of all the features of a given landscape, perhaps it is those that everyone can see – the ‘rising hill country’ - that enable discussions from wide-ranging perspectives.

Five researcher-practitioners explored the landscape of International Adventure Therapy to identify common features and address the question: ‘Can we co-develop a shared position statement on international adventure therapy that will hold up across diverse cultural contexts?’. Given that adventure therapy has been used as an umbrella term to reflect a range of intentional therapeutic experiences facilitated outdoors (e.g., wilderness therapy, bush adventure therapy, friluftsliv, outdoor therapy, outdoor adventure interventions, nature therapy, etc.) this paper encompasses diverse perspectives. An exploration of common ground led the authors to identify five sets of common practice elements (‘hilltops’) that the authors felt may be relevant across diverse international adventure therapy contexts: 1. Biological, 2. Psychological, 3. Social 4. Ecological, and 5. Ethical. Between each author’s ‘homeland’ and the shared ‘hilltops’, many gullies, rivers, and chasms were identified - features which both halted, and enriched, the group’s shared aspiration of co-developing an inclusive position statement. With persistence, a preliminary set of definitions, mechanisms of change, and intended outcomes were co-developed for each of the five sets of common practice elements. Rather than arriving at a definitive ‘position statement’, the collaboration led to a set of preliminary ‘positioning statements’, in need of further critical reflection and wider discussion within the International Adventure Therapy community. This paper invites readers to consider if an international adventure therapy position statement is desirable or not, and possible or not, and worth the effort or not. If seen as worthwhile, readers are invited to suggest how this aspiration may be progressed in inclusive and collaborative ways.

Keywords

Adventure therapy, outdoor therapy, nature therapy, common elements, position statement

1 Introduction: Can we find a shared position?

“Country... is a nourishing terrain. Country is a place that gives and receives life ... a living entity”. (Deborah Bird Rose, Australian Aboriginal elder, 1996)

This paper shares the tale of a collaborative journey to co-develop a shared ‘Position statement’ for international adventure therapy theory and practice. Given adventure therapy has been an umbrella term to reflect a range of intentional therapeutic experiences facilitated outdoors (e.g., wilderness therapy, bush adventure therapy, friluftsliv, outdoor therapy, outdoor adventure interventions and nature therapy, to name a few) this paper encompasses diverse perspectives.

At the invitation of Simon Priest, the author group embarked on a journey to explore if it was possible to develop a position statement for International Adventure Therapy (IAT) - or at least some shared ways of describing IAT that could hold up across diverse cultural contexts, socio-economic settings, intended target groups, and practice approaches. This was not a new journey, it was an attempt to progress previous iterations of collective international coherence begun numerous times over recent decades. The author group were not certain if development of a shared statement would be possible or desirable, but we were keen to explore the possibility.

In the early stages of the collaboration, we acknowledged that our common western cultural and English language heritages were a limiting factor in the exploration. From the beginning, we recognised the biases of our small, relatively homogeneous group. While a wider call was made by Priest, he decided that a concerted effort made by a few would help to establish an initial direction for the work, to be followed-up with wider participation in future work.

At the outset, we made a conscious decision to try to avoid ‘colonising’ or ‘marking territory’ within the field of IAT through the naming of languages and ideas. We also attempted to ‘decolonise’ our own approaches as we travelled. This approach led us through forests of self-analysis, and fields of robust and reflective conversations. Like many nature-based adventure therapy practitioners, we also sought to draw on metaphors from nature to discern wisdom and guidance along the way.

As the exploration unfolded, we learnt about some of the gullies, cliffs and chasms that exist between our homelands and the ‘the rising and connected hill country’. Some of the long-standing debates of the field arose, along with new ones encountered by the individual and collective aspirations of this group. The authors’ challenges mirrored the global challenge of attempting to position IAT in wide-ranging countries that have their own context-specific health paradigms, care structures, and funding systems.

The author group looks forward to consulting and collaborating with the IAT community in future iterations. Readers are encouraged to join the journey, and stay alert with us, to the risks and downfalls of attempting to establish shared language across different cultural contexts.

2 Background: What is the Lay of the Land?

When scanning a landscape with a plan to explore it with others, a group may look for landmarks and features that draw out shared enthusiasm. When choosing a route, a group may note areas of easier passage, or features that will demand extra preparation and effort to move through. Not all features will be visible; deep chasms and gullies may be hidden from view. Of all the features, perhaps it is those everyone can see – the ‘rising hill country’ that provides a destination all can envisage.

The origins of contemporary IAT can arguably be traced back thousands of years to rites of passage and healing processes within place-based cultures, and traditional cultural interventions to support health, wellbeing and healing out-of-doors (Sveiby & Skuthorpe, 2006; Van Gennepe, 1960). In recent times, contemporary forms of IAT have been influenced by local, national and international networks, along with research, literature and cross-disciplinary studies (eg. Fernée et al., 2021; Pryor, 2009).

Across the breadth of IAT practices currently used around the world, the words ‘adventure’ and ‘therapy’ are not always the preferred terminology, nor do they identify the essential active ingredients within all geographical contexts. Internationally, adventure therapy resists a singular definition. Over time, no single nation’s definition has held true across different cultures; professional networks in different nations have developed useful terms for their cultural settings, such as: friluftsliv, bush adventure therapy, outdoor therapy, adventure-based counselling, wilderness therapy, outdoor behavioural healthcare, and nature therapy, to name a few (Bowen et al., 2016; Carpenter et al., 2015; Gabrielsen et al., 2019; Gass et al., 2020; Jordan, 2014; Pryor et al., 2005; Richards et al., 2020).

Given the breadth of terminologies used, IAT practitioners have arrived at different understandings and practical applications. For cultural reasons, IAT varies considerably around the world, and the questions of ‘what, why, when, where, who or how?’ have been answered in different ways. Amongst this diversity however, there is a strong foundation of shared values which join international perspectives together.

We use the term ‘International Adventure Therapy’ (IAT) throughout this paper to reflect the cross-cultural nature of our professional community. We chose to be optimistic that through robust discussion and wide consultation, there may be a way to mutually describe IAT in ways that are ‘accurate enough’ across varied cultural contexts. We chose to believe that the decades-long endeavour of trying to articulate shared values and purposes is possible. We agreed that a unified position statement would support a robust and valued global AT profession, assist advocacy for the role and value of AT internationally, and inform those less familiar with AT of its applications within the wider helping professions. Along the way, we found that ‘Occam’s Razor’ principle held up: simplicity supported coherence (e.g. Bargagli Stoffi et al., 2022), with awareness that oversimplifying anything runs the risk of losing importance nuance, detail, and subtlety.

This paper summarises our efforts to bring into focus the ‘rising hill country’ of IAT – the core common features or ‘hilltops’ of IAT that may be seen from each of our homelands. By self-reflecting on our own cultural approaches, and examining the cultural practices of others, we looked for common active ingredients and practice elements. It was

from this starting point that we hoped an IAT position statement could be mapped out. In efforts to identify why this might be useful, we agreed that our efforts might benefit the IAT field in the following ways:

1. Provide an accessible summary of the common core elements of IAT.
2. Identify how different active ingredients of IAT can facilitate change and growth,
3. Provide a useful model to strengthen collaborative dialogue and exchange of IAT ideas.
4. Provide a coherent framework within which to describe common processes, outcomes, benefits and impacts of IAT across diverse settings.
5. Help to differentiate IAT from other forms of adventurous outdoor learning and therapeutic modalities.
6. Continue to build recognition of the benefits of IAT within mainstream psychological, psychotherapeutic and health paradigms.
7. Provide a shared coherent language for describing IAT, and ultimately increase access so that more people may benefit from IAT around the world.

3 Rationale and Approach: Why explore hills and gullies?

Not all features of a landscape may be visible from the place one calls home, high ridges may obscure deep chasms, and gullies may be hidden from view. When embarking on a journey with others to a place everyone can see something of, yet no one knows everything of, it is only through the journey that a shared landscape becomes collectively known. It is only after beginning the journey that the commonalities and differences amongst group members show up in full intensity, and it is along the way, that each one learns more about both the destination and the homelands that have influenced us.

The ways that AT has evolved internationally is reflected in the collective story of International Adventure Therapy Conferences (IATC) spanning 25 years. These triennial gatherings have facilitated development of a strong international community with shared values, both supportive of and supported by individual and regional developments. An archaeological dig into this international context uncovers a range of artefacts that speak of previous lives and work, and the formation of practices among hill tops and valleys alike.

Since the First IATC in 1997, the field has traversed many hills and gullies. A glance at conference themes from previous proceedings demonstrates that as a professional community we have ‘explored the boundaries’ (Itin, 1998), ‘looked within’ (Richards & Smith, 2003), ‘continued to evolve’ (Bandoroff & Newes, 2004), ‘looked to the essence’ (Miiten & Itin, 2009), ‘explored emerging insights’ (Norton, et al., 2012), made visible ‘global perspectives and diversity’ (Norton et al., 2015), ‘expanded the circles’ (8IATC website, 2018) and most recently, ‘journeyed together’ (9IATC website, 2022). Across this history of gatherings are written works that tell of the progression of theory, program logic, research evidence and strengthened networks, and help lead us to the purpose and possibilities of an international AT position statement (for example, Pryor, 2012).

Just as any ingredient can change the experience of an IAT program design or experience, recognising the places these are located and the ways they interact across the element helps with appreciation of the breadth of approaches included within IAT. This reality also underscores the knowledges and competencies required to enable these ingredients to be combined in purposeful and meaningful ways, that are both responsive to presenting needs of clients, and to the demands and relevance of the cultural context. For example, the qualification frameworks and legal requirements for practitioners, both outdoor practice and psychological practice, carry different expectations and competencies (Richards, et al., 2020; Gass et al., 2020; pp. 216-235). Different health frameworks and government policies across different international, national, regional, and local jurisdictions also influences professional and client pathways into AT, including underpinning health care systems, funding drivers, and points of access (Pryor, 2012).

While this paper does not provide a thorough analysis of these debates and perspectives, looking backwards and acknowledging the landscapes already travelled, helps to clarify the ground in which IAT is firmly rooted. Through this exploratory and discursive process, we hoped to understand more about the commonalities across diverse IAT. Along the way, we necessarily uncovered differences and unique characteristics - the “I can’t see that from where I am”, lead to further exploration and discussion.

4 History and Literature: What is some of our shared bedrock?

When carefully exploring a shared destination, conversations about time and history come up naturally along the way. As we move over common ground, and we notice changing terrain, the bedrock on which we move influences the pace and directions of our journey.

For millennia, humans of all cultures have sought to understand the health benefits and ‘medicine’ of outdoor and adventure interventions through wide ranging cultural lenses. For first nations peoples, the cultural practices that enhance health and ameliorate illness are place-based knowledges, inextricably linked with local natural environments, and embedded within cultural practices and roles (Atkinson, 2002; Simpson, 2004; Sveiby & Skuthorpe, 2006). Different cultures offer different explanations for ill health, and different hypotheses for the various health-enhancing benefits and ‘treatments’ available through nature-based experiences and outdoor adventures (Li et al., 2022; Tillmann et al., 2018). For colonised cultures and industrialised urban-based people, understandings about the health benefits and treatment pathways of outdoor practices are not so place-based, therefore, tend to be examined as ‘working parts’ or mechanisms. Below are some brief illustrations of the evolving way adventure therapy has been described in IAT literature. These examples are not the only ones, they are provided to illustrate some of the influences on the development of IAT practices. Table One also summarises some of these associated ‘bedrock theories and research artefacts’, and collectively sheds some light on what the author group came to see as aspects of the ‘rising hill country’ of IAT. This also considers how aspects of common practice elements of IAT (as will be discussed later), can be tracked across associated bedrock literature.

Table 1:*A Summary of Common Practice Elements Identified within International Adventure Therapy Literature*

Key References	Common Practice Elements				
	Biological	Psychological	Social	Ecological	Ethical
Walsh & Golins (1976)	physical problem-solving tasks	creative adaptive dissonance	small group social setting	unique environment	
Schoel, Prouty, & Radcliffe (1988)	experiential activities/challenge course	perceived risk	group setting with healthy modelling	novel environment	
Nadler (1993)	physical challenge	disequilibrium & problem solving	cooperative	novel setting	
Priest & Gass (1997)	physical exercise & experiential activities	perceived risk due to danger & uncertainty	group conflict due to social tension	novel & natural environment	professional ethics
Russell & Farnum (2004)	the physical self		the social self	the wilderness	
Carpenter (2008)	challenging problem focused tasks		group social context	unfamiliar environment	
Pryor (2009)	experiential adventures	therapy and counselling	group experiences	contact with nature	
Norton (2010)	physical challenge	experiences of contemplation	the group environment	nature	
Jansen & Pawson (2012)	individuals (including clients and practitioners)		interpersonal relationships	the intervention setting, including environmental, cultural & social conditions	
Bowen & Neill (2013)	learning through meaningful engagement in adventure experiences	use of perceived risk to heighten arousal and to create eustress/solution-based focus on positive change	group-based/ psychosocial and group processes are often integral	the presence of and interactions with nature	an ethic of care and support
Deane and Harré (2014)	challenging yet attainable activities with authentic & clear consequences	a psychological change process	an intense and supportive small group social setting	a novel physical environment	
Ferne, Gabrielsen, Andersen, & Mesel (2017)	physical self	the psychosocial self		wilderness environment	
Bowen (2016)	adventure activities	therapeutic processes	small groups	nature-contact	
Russell & Gillis (2017)	challenge experiences	mindful reflection	group adventure	nature	
Pryor, Pryor & Carpenter (2018)	experiential adventure	therapeutic frame	social relationships	contact with nature	ethical principles
McClean (2020)	physical and physiological dimensions	mental and emotional dimensions	social, relational, behavioural, family, community & economic dimensions	cultural, spiritual & ecological dimensions	

1960-1980's: As early as the 1960s and 1970s, authors were dissecting the theoretical and practical 'working parts' of outdoor adventure programs to understand what caused changes, and what could be improved. For example, Walsh and Golins (1976) described the importance of a unique environment and small group social setting within which to facilitate physical problem-solving tasks, leading to creative adaptive dissonance, growth and learning. Schoel, Prouty, & Radcliffe (1988) described Adventure-Based Counselling (ABC) as a dynamic, adaptive process that used a variety of facilitated activities to support the development of healthy self-concept. The ABC approach used high and low challenge course activities with the intentional use of trust building, goal setting, challenge/stress, peak experiences, humour and fun, and problem solving to support healthy development.

1990's: Nadler (1993) proposed a therapeutic process of change that included a novel experience and setting for the client, which creates disequilibrium, that involves cooperative and unique problem-solving situations that lead to a feeling of accomplishment and, through processing, the generalization of the experience to their lives. In 1997, Priest and Gass described the importance of a novel and natural environment, the use of physical exercise and experiential activities, sense of perceived danger and uncertainty, and social tensions to support growth and learning in personal development, educational, and therapeutic settings.

2000-2010: In 2003 Pryor posited it was the combination of self, others and healthy adventure within natural environments that created change within participants experiencing mental ill health and drug and alcohol misuse. Russell and Farnum (2004) explored the physical self, the social self and the wilderness context as key elements of the change experience within adventure therapy. In 2008, Carpenter explored the importance of the unfamiliar environment, use of challenging problem focused tasks, and group social context within experiential learning and adventure therapy contexts, and described the dynamic transitional or changing spaces, highlighting that what will largely determine the outcomes for a set of individuals within a group includes: complex interactions over time within each unique group, their internal relationships, and the particular challenges they face (Carpenter, 2008).

Pryor's (2009) study of Australian outdoor adventure interventions found that place and time in a natural environment, careful use of physical adventure, social relationships and intentional conversations, and participant-directed 'opportunities for change' were key ingredients from the perspectives of Australian practitioners. A USA study by Norton (2010) on adolescents experiencing levels of depression found that key mechanisms included time in nature, the group environment, physical challenge, experiences of contemplation, and positive communication with their parents. In New Zealand in 2012, Jansen & Pawson described the complex and layered contextual factors within adventure therapy as involving individuals (clients and practitioners), interpersonal relationships (i.e., the group), the intervention setting (including the environmental, cultural, and social conditions), and the infrastructure, which includes the wider social, economic, and cultural context of the program.

2010-2020: In a meta-analysis of adventure therapy studies, Bowen and Neill (2013) identified key elements that differentiate AT from other psychotherapeutic treatment modalities include an emphasis on: learning through experience (active and direct use of client participation and responsibility), the presence of and interactions with nature, use of perceived risk to heighten arousal and to create eustress (positive response to stress), meaningful engagement in adventure experiences, solution-based focus on positive change (present and future functional behaviour), an ethic of care and support, a holistic process and effect on participants, and a group-based intervention such that psychosocial and group processes are often integral to the experience and treatment methodology (Bowen & Neill, 2013).

To determine the ultimate ‘youth adventure program’ Deane and Harré (2014) analysed program descriptions and outcomes from a broad range of literature. Their model incorporated key stages of the experiential learning cycle, having instructors with multifaceted skills, and having a socially diverse group. For these authors, the four critical components included the importance of: a novel physical environment, challenging yet attainable activities with authentic and clear consequences, an intense and supportive small-group social setting and a psychological change process (Deane and Harré, 2014). Research by Fernee et al. (2017) deepened Russell and Farnum’s earlier components to include ‘the psychosocial self’ (in place of the social self), acknowledging the interconnectivity of all factors and the existence of emergent processes and outcomes (Fernee et al., 2017).

In his thesis examining IAT outcomes in 2016, Bowen identified key mechanisms involving: a) small groups, b) nature-contact, c) adventure activities, and d) therapeutic processes. In 2017, in an attempt to ascertain what therapeutic factors are evident in AT, Russell & Gills developed the Adventure Therapy Experience Scale (ATES). These authors identified four key aspects that were “theoretically reasoned to be inherent in an AT experience”, that of group adventure, reflection, nature, and challenge (*Ibid.*, p 10). Russell et al., (2017) used multi-level modelling to test the influence these factors had on treatment outcome and found that the degree to which clients were mindful of their treatment goals, coupled with the group adventure factor, were significant predictors of incremental improvement in treatment outcome.

In 2018, in a literature review of key ingredients within AT programs for young people who have experienced childhood adversities, Pryor and Carpenter organised literature across four mechanisms of change: Adventure, Therapeutic frame, Group and Nature, proposing that outdoor adventure therapy services use bio-psycho-socio-ecological pathways to support bio-psycho-socio-ecological benefits for participants (Pryor et al., 2018). These four mechanisms were described in the following way: 1. Bio - Adventure involves active participation in adventures involving physical activity and challenge to access the benefits of experiential adventure, 2. Psycho - *Therapeutic frame* encompasses the intentional use of therapeutic strategies, practices and interventions by staff and the organisation, including the therapeutic alliance between practitioner and participant, and intentional conversations such as counselling, 3. Socio - Group includes experiences of being a

member of a small supportive group to access the benefits of social connection and support, and 4. Eco - Nature is time spent in nature / natural environments to access benefits of passive and active nature contact. These authors stated the mechanisms remain theoretical and are evidenced by association rather than by identified causal links: 'while not necessarily entirely explanatory, most of the philosophies, theories, structures, components and practices evident within the research can be accommodated within one of these four areas' (Pryor, et al., 2018, p.48).

2020-ongoing: In a more recent literature review led by the Australian Association for Bush Adventure Therapy, a 'common elements approach' (Mitchell, 2014; Barth et al., 2013) was used to identify common practices across a set of 30 different nature-based health practices, including bush adventure therapy, equine assisted therapy and therapeutic horticulture, to name three (McClean et al., 2021). The literature review tested the hypothesis that the bio-psycho-socio-ecological model is inclusive of diverse 'outdoor health practices', and a new model illustrated the interconnecting parts of the dynamic whole (McClean et al., 2021). McClean's work highlights the relevance of 'the rising hill country' described in this paper, and the potential depth of work to come. A strength of McClean's 2021 work is its portrayal of the complex and inextricable relationships within and between all dimensions of outdoor practices.

These examples, highlight the important reality that ideas germinated in different regional and cultural settings can contribute to common understandings of IAT, but not 'lay claim', 'own' or 'brand' this diverse international field of practice.

5 Challenges and Dilemmas: What are some shared gullies and obstacles on our path?

*Not all features are visible; deep chasms and gullies may be hidden from view.
Of all the features that create challenge and adversity, it is likely the dark and dank places - the unseen and uncomfortable spaces - that become the unplanned crux of an adventure, and the heart of a story told and retold.
An exploration of bedrock led us to a river that needed to be crossed together.*

During this exploration of bedrock and 'rising hill country', the author group came upon several 'gullies' - some of which were crossable, others which were impassable chasms that needed to be bypassed. The first gully we came across was the proposal by one member that we try to agree on a single definition of AT. As found before, a singular definition was not possible unless some or most parties relented and took on the definition of another, reiterating the reality that cultural context is implicit in how we define AT (Pryor & Carpenter, 2002). Thankfully we all crossed this gully with speed, and moved on to discussions about common elements instead.

Likewise, the age-old debate of 'therapeutic versus therapy', and who is qualified to practice AT, came up and was dismissed in no time. These kinds of territorial debates were raised 25 years ago at the First IATC in 1997 and have been well-trodden in IATC pro-

ceedings and community dialogue since then. Thankfully, we understood the risk of getting stuck in familiar bogs if we didn't move on from these kinds of territorial debates. The metaphor of 'gullies' arose as a way to represent these and other challenging features as we navigated descriptions of IAT across cultures.

Another gully was our attempt to summarise what we might agree was bedrock IAT literature. We considered summarising foundational research 'artefacts' that have informed and influenced IAT practice across cultures over time. We discussed key papers and developed a key for sorting key papers/literature: **Foundational Literature** (influential historic literature from which contemporary IAT emerged, or intersected), **Peer Classical Literature** (influential literature from outdoor and adventure practitioners and researchers that has provided a platform upon which contemporary IAT theory and practices have developed), **Theoretical Literature** (explorations and explanations for how and why outdoor adventures can have therapeutic value, impact, and consequence) and **Contemporary Literature** (influential cross-cultural and cross-disciplinary literature that articulates various forms of safe and effective practice, and stretches IAT in new directions).

In our initial examination of literature, we asked the question: '*What are the key foundational pieces of research and literature that have informed IAT practice?*' A preliminary list of influential research was identified and shared in a workshop at the 9IATC. During the workshop and in discussions after the 9IATC, we discovered that trying to find agreement on a shortlist of key papers for each category got us stuck. We agreed that to honour the task of building a useful list of bedrock literature, and to achieve it with any level of adequacy, would require a more rigorous, methodical, and consultative process. We called this a 'chasm', and decided to bypass the investigation until the question could be asked of the whole community in a more robust and methodical way. Developing a summary of bedrock literature across these areas may be valuable for newcomers, and for the field going forward, however this would need to be done in an inclusive way and apply an appropriate cross-cultural methodology to have usefulness across cultures.

Another gully that was overcome after some discussion was terminology for the physical and experiential dimension within IAT practice: should it be called kinaesthetic or biological? When investigated from cross-disciplinary perspectives, and in light of recent research innovations, 'biological' seemed a more accurate term. Calling this element biological still centres physical and experiential features, yet also implicitly adds neural pathways and other physiological features that have such an important role in physical activity, somatic experiencing, and movement. Furthermore, changing this dimension to 'biological' enables the five-element framework to join up with the extensive bodies of biopsychosocial research and practice informing psychotherapeutic perspectives (Gilbert, 2019; Lehman et al., 2017). In this way, the five elements extend previous biopsychosocial models to include ecological dimensions, which enable 'nature', more-than-human, spirit, and existential matters to be explicitly included, along with ethical matters.

Another significant gully and hot topic of discussion was the role of Ethics within IAT practices across cultures, nations, regions and jurisdictions. Given the diverse legal, policy and funding contexts that IAT services operate within around the world, the Ethics element was seen to have a role to play in holding AT practitioners to common standards of care. While national bodies hold practitioners to account in their national professional context, IAT ethics are as yet peer-driven and informal.

Given the complexities and points of cultural divergence, it is possible that Ethics is the highest hill, or the deepest gully within the evolving IAT landscape. Attention to this gully

has been a focal point for some AT researchers and practitioners for decades and is an area that ATIC may be able to support in the future, for example, via development of a shared IAT ethical code of practice or set of ethical principles.

When we come across a gully, and notice it as such, we can collectively pause and give careful critical attention to what is being discussed. By labelling an issue or debate as a 'gully', and acknowledging it as an obstacle, we can take the time to understand the contextual influences and cultural drivers of our various viewpoints. If we each tap into our personal and professional awareness and try to understand the perspective of others from their socio-cultural perspectives, we can better understand the characteristics that define the obstacle, and sit with it, or move through it or around it, as necessary. This approach feels important for continuing to ethical IAT practice, and community coherence, which in time will strengthen the reputation of IAT approaches.

6 Common Practice Elements: What is the 'rising hill country'?

When arriving at a long-awaited shared destination, to a place everyone has seen something of, but none have seen the whole of, previously held perceptions and unknown projections become illuminated. The broad high land becomes nuanced and fine detailed, and the conversations focus on minutiae rather than distant hopes.

'Hills and Gullies' depicts a kind of topography encountered in a wild landscape, and reflects the co-creative exploration undertaken by the author group, who reside in Australia, Canada, the United Kingdom, and the USA. When the authors leaned into a metaphoric landscape, the imagery offered us a way to reflect on our own practices and terminologies, and clarify our cultural priorities and sensitivities. Landscape metaphors helped the author group maintain an appreciation for converging and diverging perspectives. Along the way, we experienced the highs and lows, and the tensions and ease that a wild landscape often invokes - the lofty hills, and hindering gullies of cross-cultural collaboration, and the challenges of trying to find common ways to describe culturally-informed IAT practices in inclusive ways.

The 'rising hill country' helps us better understand what others might see from their various positions, locations and settings. For the author group, it became a set of common features that we felt may be viewable from diverse cultural perspectives. Literature evidence and practice wisdom told us that these features are commonly centred and emphasised within the therapeutic milieu of IAT, although not always in the same ways. In settling on five common elements, we then discussed the imperfect nature of settling on any name or number. Further discussion about language had us argue for different terms to describe the function of the common practice elements: should we call them features, components, domains, dimensions, factors, or ingredients? This question remains only tentatively resolved. In an attempt to decolonise our shared language and hint at the complex and ethereal interactions between each key element, we settled on 'common practice elements' as an appropriate way to describe the 'rising hill country' at this point in time. 'Common practice elements' reflects the importance of practice-informed evidence

and evidence-informed practices, and offers a way to avoid colonisation or 'territorialism' within IAT:

- *Dimension*: "A measurable extent of a particular kind, such as length, breadth, depth, or height; an aspect or feature of a situation" (Oxford Languages, 2022).
- *Domain*: "An area of territory owned or controlled by a particular ruler or government; a specified sphere of activity or knowledge" (Oxford Languages, 2022).
- *Common practice elements*: "Evidence-informed common practice elements (common elements) are discrete techniques or sets of strategies used to engage clients (e.g., seeking feedback, being culturally responsive) and to facilitate changes in attitudes or behaviours (e.g., goal-setting, motivational interviewing)" (Outcomes, Practice, and Evidence Network, 2022; see also, Barth et al., 2014; Mitchell, 2014).

7 The Interweaving Dimensions: Appreciating our shared terrain

When the 'rising hill country' is reached, each journeyer realises that the shape and features of the high ground they have perceived from afar is different to the high ground others have perceived from their distant lands. The long-awaited high ground is different up close than seen from afar, yet the exertion to arrive raises a common will to rest together around a shared campfire.

The five common practice elements we are calling the 'rising hill country' are connected and interweaving: bio-psycho-sociocultural-eco-ethical. Although they can be separated out, and reduced into separate terms, the elements are not discrete, independent or alone, and don't stand easily in tables or boxes. We recognise the five elements as fluid, moving, interacting, responding, and whole. Early in our collaboration a Torus twist illustrated the dynamic interconnections and interplay between common practice elements. Together, these elements represent a holistic framework through which to discuss common and different features. These common practice elements may be described as mechanisms of change, active design features, key ingredients, change pathways, and even promising causal links. Through discussion, the inexplicable links and relationships became clearer, and the impossibility of separating out the various elements was obvious. We saw both limitations and possibilities in trying to separate out complex parts. Ultimately, we found the temporary artificial separation of elements as a useful and constructive process for better understanding each other's perspectives.

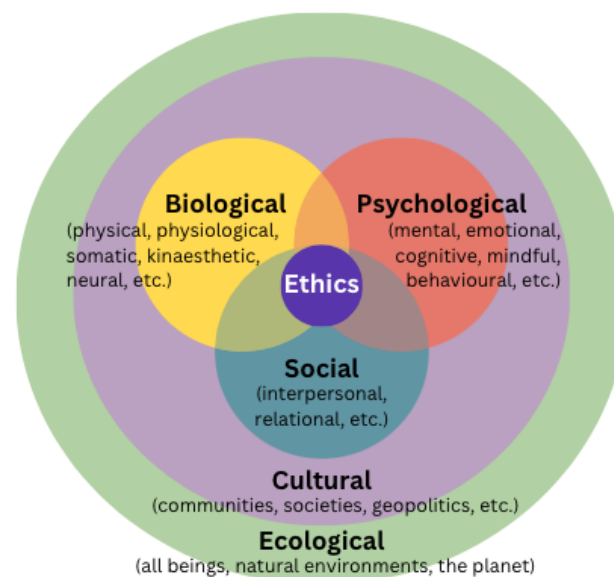
The five elements provided us with a framework within which to safely discuss our commonalities and differences on equal footing, while still holding firm to the distinctive features and foundations of practices unique to our settings and homelands. Through mutual exploratory conversations, the author group came to understand each of the five elements a little more clearly. Through deeper conversations in our homelands, including with Aboriginal cultural mentors, and peers from cross-disciplinary backgrounds, we came to understand more about the specific relationships and functions of each. These realisations led to some preliminary definitions for each element (see Table 2), and a new

visual representation of how the five elements interrelate (see Figure 1): the Ecological element now ‘surrounds’ IAT practice; the inclusion of the ‘cultural’ element came about through communication with international and Aboriginal colleagues as a way to bridge the ecological with the bio-psycho-social elements; and the importance of the Ethics element came to be seen as central to our connections and our practices.

Table 2:

Definitions, Features, and Intended Outcomes of International Adventure Therapy

	Definition	Features - ‘Mechanisms of Change’ <i>Promising causal and process pathways</i>	Intended Therapeutic Outcomes <i>Potential benefits for participating individuals</i>
Biological	Intentional involvement of physical experiential activities, which may include somatic and sensory processing.	Physical embodiment and proprioceptor awareness within the body.	Increased physical fitness, self-awareness and kinaesthetic health and wellbeing benefits.
Psychological	Intentional involvement of psychological care, which may include psychotherapeutic strategies, intentional conversations, and micro interventions.	Intrapersonal awareness (cognitive, behavioural, psychological, and emotional processes), personal processing, and reflective self-awareness.	Increased cognitive, behavioural, psychological, and emotional health and wellbeing benefits.
Social	The intentional facilitation of safe social relationships (whether one to one, dyads or group-based), which may include prosocial relationships and moderated relational dynamics.	Interpersonal awareness (relational dynamics, social behaviours, communication, and negotiation of power relations), and social self-awareness.	Improved relationships, social self-awareness, social health, and wellbeing benefits.
Cultural	The intentional (and accidental) awareness of cultural belief systems, which may involve intentional inclusion of socio-cultural traditions and practices.	Socio-cultural awareness (relational dynamics, social behaviours, communication, and negotiation of power relations), and socio-cultural self-awareness.	Improved cultural traits, cultural self-awareness, cultural health, and wellbeing benefits.
Ecological	The intentional involvement of time in and with nature, which may involve human-nature relationships, connection with natural environments, and awareness of ecological processes and systems.	Ecological awareness, relationship with nature, human-nature kinship, and ecological awareness of the web of life.	Intentional involvement of Improved human-nature (spiritual) relationships, environmental awareness and ecological health and wellbeing benefits. Improved pro-environmental behaviours and environmental stewardship.
Ethical	The intentional involvement of ethical values and principles, which may involve adherence to quality practice standards (from Indigenous, outdoor activity, psychotherapeutic, cultural, and trauma-informed perspectives).	Involvement of awareness, enactment of ethical principles, responsible enactment of duty of (both psychologically and in an outdoor setting) and upholding of therapeutic responsibilities.	The provision of safe and effective adventure therapy practices.

Figure 1*Common Practice Elements within International Adventure Therapy*

In this figure of Common Practice Elements, each named element provides a focal point for further discussion, while leaving space for overlap and intersection.

Within the biological element, physical movement and risk-taking clearly include psychological processes (e.g., embodied cognition), which purposefully facilitate intra-personal awareness (e.g., cognitive dissonance) (Corazon et al., 2011; Reese & Gosling, 2020). While the use of physical activity and movement in an outdoor and adventure context defines this element, Bio- intersects and interacts with all other elements, and is never separate from the whole.

Within the psychological element, attention is given to the way in which mental health is defined, supported, treated, or ameliorated, and how centred psychological processes are applied within the adventure and outdoor context. For example, a mindfulness intervention in forest environments may be used to promote reflection and build therapeutic benefit from nature connectedness (Mantler & Logan, 2015) or a psychotherapeutic approach could offer an intervention to purposefully target an individual's maladaptive self-reflection processes (e.g., rumination) (Russell et al., 2016).

These considerations raise questions about the role of the therapist / facilitator, and the question of whether their role is represented within one or more of the five elements. A mental health practitioner's role may be seen as sitting within the psychological element, yet their relationships with participants are necessarily social and relational, and their role interplays strongly with physical, ecological, and ethical elements. Again, Psycho- intersects and interacts with all other elements, and can never in reality be separated out.

Whilst challenges arose in dialogue and debate across the inter-relationships between the five elements, we continued the process, and added aspirational definitions, key features (mechanisms of change or effect pathways), potential benefits and possible outcomes for each of the elements (see Table Two).

We hope this picture provides a way for practitioners in different contexts to explain the emphasis of their approach and their rationale for practice decisions, based on participant need, program aims and intended outcomes. Differing presenting health concerns and differing participant hopes will call for different approaches, just as different socio-political circumstances, natural environments, available adventure modalities, and practitioner characteristics will impact program design. Having a set of common elements enables discussions about the complex nuances and variations of practice, without getting stuck in a debate about hierarchies of practice types.

In our exploration of the five elements and associated maps, terrain, obstacles, and hilltops we discussed many exciting explorations occurring around the world and became aware of some exciting 'rising ridges' for IAT research and practice. Research innovation and emerging practice across disciplines and in cross-disciplinary fields is leading to cross fertilization and practice insights for IAT. We discussed exciting ridges that indicate new and not-yet-understood dynamic interplays within, across and beyond the five common elements.

It became important to the author group to consider what research paths will enrich our collective work together, and what ridges and challenges these new explorations might present our collective IAT endeavours, leading to the question: How can we build international and interdisciplinary collaborative strategic research in the service of our IAT participants? Identifying exciting ridges for future exploration raises interest in what kinds of 'rising hill country' we may visit together with our participants and each other into the future.

8 Conclusions: Looking for common ground in International Adventure Therapy

*Having traversed a landscape, explored hidden gullies and chasms, and considered
The land's foundational bedrock and distinguishing features - what now?
Can journeyers adequately describe the place they reached, in languages that
have meaning for others' homelands? Can they offer a description of a view, or a
tentative statement about what they saw, to hint at a destination all may envisage?*

This paper, and the workshop we facilitated at gIATC Norway has taken the authors on a conversational journey to each other's homelands, to a central hearth, and to terrain between. We acknowledge that the journey was short, narrow, and biased. We worked together to develop preliminary IAT positioning statements, which we hoped would help to distinguish AT more clearly from other mainstream psychological approaches and adventurous approaches and arrived in a different place than we set out for. Yet the original aspiration for this project, and our subsequent work together, continues to reflect our shared hopes for IAT.

We acknowledge that this work sits on the bedrock and history of many individuals and collective efforts over recent decades, and perhaps millennia. We further acknowledge that the researchers involved in the initial conversations and development of this paper are from western nations. More diverse voices are needed to take these

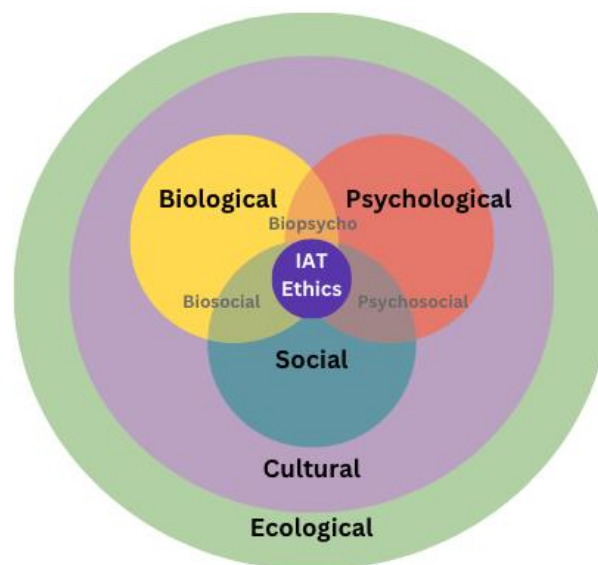
ideas any further. Our hope is that this paper may serve as a waypoint, and an encouragement to ‘continue the conversation’ about shared IAT practices.

We feel that the identification of shared factors, features or dimensions within our collective practices will help to shed light on what differentiates IAT from other practices, and help to shed light on the multidimensional benefits that arise from IAT approaches.

A look backwards at our journey across the hills and gullies, and consideration of the dialogue and perspectives shared, leads us to arrive at a new destination, and a revised representation of our common elements. Whether or not this paper has helped, we feel the aspiration remains a worthy one.

Within the final diagram, a central ‘IAT ethics campfire’ sits in the middle of the intersecting circles (see Figure Two). The campfire circle represents the many professional conversations that have taken place within the professional IAT community since at least the first International Adventure Therapy Conference in Australia in 1997, and over the last 25 years of triennial conferences, and the many more to come. It is through this regular dialogue and collaboration, and a commitment to respecting our different and common hills and gullies, that the safety and efficacy of our shared practices will be strengthened.

Figure 2:



The Shared Campfire of the International Adventure Therapy Community

To conclude, we offer a preliminary set of ‘positioning statements’ that locate IAT as a worthwhile, safe and effective therapeutic modality. Through the provision of ethical, evidence-informed, nature-based health practices, we hope to strengthen the health of our communities, our homelands, and our shared planet (see Table Three). The authors’ hope this paper contributes to constructive collaboration and exchange of ideas.

Table 3:
International Adventure Therapy Positioning Statements

<h2 style="text-align: center;">International Adventure Therapy Positioning Statements</h2>
<ol style="list-style-type: none"> 1. Around the globe, International Adventure Therapy spans a diverse range of experiential outdoor practices designed to meet physical, mental, emotional, social, behavioural, and cultural needs. 2. International Adventure Therapy practices commonly include five evidence-informed elements: 1) biological, 2) psychological, 3) socio-cultural, 4) ecological, and 5) ethical therapeutic practices, usually applied in natural/outdoor environments. 3. The five evidence-informed elements of International Adventure Therapy offer a dynamic therapeutic milieu. It is the multiple dimensions of Adventure Therapy that enables change and growth across a range of biopsychological, sociocultural, and ecological benefits for participants. 4. Ethical International Adventure Therapy services meet the common professional ethical standards and the legal requirements of the nation it operates within (e.g., clinical, outdoor, and cultural), and the needs of the participants it supports. 5. Evidence-informed ethics help to guide International Adventure Therapy decision-making and differentiate safe from harmful practices. Ethical interventions are tailored to individual and community needs, address social inequities, and respect human and environmental rights. 6. The five evidence-informed elements applied in International Adventure Therapy offer a common framework within which we can articulate diverse practices across different cultural contexts. The importance of diversity, inclusion, equity, and mutual respect guide our cross-cultural collaborations. 7. Exemplary International Adventure Therapy services concurrently promote and restore the health of humans <i>and</i> the health of natural environments. The inclusion of purposeful ecological dimensions within Adventure Therapy practices will help to sustain a healthy biodiverse planet.

Looking ahead, some of the tasks and challenges we envisage on the journey to development of a comprehensive IAT position statement include:

1. Appreciation for the legacies we build upon.
2. Strategies for collectively honouring the past to critically inform future directions.

3. Clarifying the intersectionality and touchpoints between the common elements articulated here, in order to better understand the multidimensional nature of IAT and illustrate the cultural and geographic influences.
4. Strengthening and detailing the ethical parameters of our field, and the development of appropriate guiding ethical principles for IAT practice and research.
5. Development of strategies to strengthen diversity and increase equitable access across socio-economic divides, inclusive identities, and cultural parameters.
6. Inclusion of client voice, choice and co-design, and possibilities of peer supervision to strengthen critically reflective practices.
7. Consolidating a literature summary of some of our shared bedrock literature, perhaps informed by a survey of the field.
8. Collaborative research to actively explore 'practice edges' within ethical agendas and frameworks, accompanied by respectful dialogue among researchers and practitioners that assume good intentions, while also seeking to clarify ethical dilemmas.
9. Critically examine interdisciplinary perspectives and strengthen collaboration so to facilitate the development of meaningful outsider-insider expertise.
10. Develop shared aspirations for knowledge development and more strategic research agendas to collectively respond to international and planetary responsibilities into the future.
11. To further this project in a meaningful way, find a way to resource cross-cultural collaboration, and establish an equal international process for progressing a Position Statement that is helpful, inclusive, and impactful.

Through these cross-cultural efforts, and presentation of a preliminary set of common practice elements, the authors hope to support diversity, inclusion, safety and efficacy. Our horizon line - our collective mutual shared hope - is to increase access to the multidimensional benefits of adventure therapy so that more people may benefit from these approaches internationally.

We wish to support opportunities for stronger practitioner collaboration and exchange. For IAT to be safe, it needs to be tailored to participants' needs. For it to be effective, it needs to be tailored to cultural context. For it to be ethical, it needs to include diverse approaches and provide open voluntary access for all participants. We hope this paper contributes connective languages and understandings and hope it may be built on.

Our community is a cross-cultural and diverse group of practitioners and researchers, and those with lived experience. While the differences are clear, we feel it is the exploration of common ground, or the 'rising hill country' that will ultimately bring us together.

*Having journeyed to the 'rising hill country', and finally perceived it up close,
with time to explore and discuss its features, a group at some point naturally
transitions to both talking of home and discussing distant ridges.
A longing for home and the hope of a new journey may start to take shape.*

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