

PLAYING IT SAFE – ADVENTURE THERAPY IN NEW ZEALAND: IMPLICATIONS FOR OCCUPATIONAL THERAPISTS

Helen Jeffery

INTRODUCTION

Adventure therapy is an emerging field in New Zealand, increasingly used by occupational therapists. As with many new and emerging roles in occupational therapy, there is little guidance or research available in the literature. This paper follows up the author's research into New Zealand occupational therapists' use of adventure therapy (Jeffery, 2014), and presents a way of situating adventure therapy in the New Zealand context. Strengths and vulnerabilities for occupational therapists who are using adventure therapy are discussed and recommendations for safe practice provided.

What is adventure therapy?

There is no agreed definition of adventure therapy or of who an adventure therapist is; rather, a number of definitions that depend on the qualifications of the provider and the population they are working with have emerged (Alvarez & Stauffer, 2001; Mossman, 2005; Itin, 1998). With adventure therapy, there is "potential for a socio-ecological stream of health and wellbeing interventions that are effective, affordable and accessible" (Pryor, Carpenter & Townsend, 2005), and it reflects a growing interest in the use of outdoor environments and activities for health gains (Reed, 2002; Newes & Bandoroff, 2004; Russell, 2001). There are similarities in how adventure activities are facilitated between services, generally with the involvement of adventurous activities with small groups in nature (Pryor, Carpenter & Townsend, 2005; Tucker & Norton, 2012). Desired outcomes include the facilitation of personal growth; development of intra-personal and inter-personal skills; an increase in self-esteem, resilience and confidence; and a stronger sense of self-identity (Newes and Bandoroff, 2004; Itin, 1998). The diverse array of services that help young people by utilising adventure and the outdoor environment in New Zealand can be viewed as a continuum, from mainstream schools through to specialist mental health services.

Outdoor education aims to help school students develop personal and social skills, to learn about safely using the outdoors for recreation and adventure, and to learn to care for the environment. Outdoor education in New Zealand uses adventure activities to foster personal and social development, through experiences involving "co-operation, trust, problem solving, decision making, goal setting, communication, leadership, responsibility, and reflection" (Ministry of Education, 1999). Practitioners are teachers and outdoor specialists; schools often utilise specialist outdoor education centres to provide the adventure experiences.

The education focus shifts to the intentional development of resilience skills in programmes that include the *therapeutic use of adventure* in their work with 'youth at risk.' The therapeutic use of adventure is a term used in some literature from the US, referring to the use of adventure with populations that are not in clinical settings and not necessarily being conducted by qualified therapists (Becker, 2010; Itin, 2001). While the term 'youth at risk' is ambiguous, it generally refers to youth who have had contact with social services, justice services or who have

disengaged from education. These young people often engage in multiple problem behaviours such as drug and alcohol abuse, crime and unprotected sex, with the risk of lifelong adverse consequences in terms of health and social outcomes (Mossman, 2005). The therapeutic use of adventure in New Zealand is commonly provided by youth workers, outdoor educators and specialists, therapists and counsellors in services provided by government, community groups and non-government organisations. Many of these programmes focus on providing support, fostering resilience and enhancing protective factors in an individual's life to prevent the development of mental illness and other adverse consequences of their behaviour and situation.

Youth who present with mental health challenges or have a diagnosed mental illness may participate in *adventure therapy*, with a focus on both developing resilience and attaining recovery. Adventure therapy services in New Zealand are often incorporated into services funded by the Ministry of Health. They may be directly linked to a District Health Board system, or situated in the community. There is a growing trend for community-based services, and for the recovery philosophy to be integrated into all services. Recovery is defined by the NZ Mental Health Foundation as "achieving the life we want in the presence or absence of mental distress. The right conditions for recovery are the strength and interrelationships of our self-determination, personal resources, supports, therapies, and our social and economic opportunities" (Mental Health Advocacy Coalition, 2008, p. 19).

Situating adventure therapy at this end of the continuum is in line with contemporary literature from the US, and provides clarity on who an adventure therapist should be a qualified mental health clinician who incorporates adventure therapy into their work. Ames (2014) defines adventure therapy as "the prescriptive use of adventure experiences provided by mental health professionals" (p. 1); and Itin (2001) states that "Adventure therapy... appears not to be a profession but rather a set of techniques or tools used by a variety of professions" (p. 82). The definition provided by Gass, Gillis and Russell (2012) probably best summarises how adventure therapy is used in New Zealand for services provided through Ministry of Health funding: "Adventure therapy is 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).

In this context, an adventure therapist requires a specific health or therapy qualification, combined with skills in safe and effective adventure activity facilitation. This set of expertise in both therapy and adventure skills in one person is often difficult to find, and many services utilise staff from both therapy and adventure specialist areas (Crisp, 1996; Fletcher & Hinkle, 2002; Gillen & Balkin, 2006). The health professionals most commonly found in adventure therapy are from psychotherapy, social work and counselling backgrounds (Crisp, 1996; Reed, 2003). Crisp (1996) found that some occupational therapists are using adventure therapy, and that the emphasis on the therapeutic use of activity in adventure therapy positions occupational therapy as an ideal profession to work in this field.

What is occupational therapy?

Occupational therapy is a health profession which focuses on enhancing and maintaining a person's capacity to participate in everyday occupations and engage with communities. Occupational therapy views occupation as both a determinant of health and a therapeutic agent for health (Wilcock, 2005; Kielhofner, 2009; Molineux, 2004). Occupational therapists focus on the occupations people need to engage with in their lives – often referred to as "occupation as end" – and on activities designed to help individuals maintain or enhance health and reach occupation goals, or "occupation as means" (Trombly, 1995). The focus of intervention may be on assisting the person to change aspects of themselves, their environment or how they occupy themselves in order to enhance occupational engagement and participation in communities.

Occupational therapists in mental health settings utilise a recovery- and strengths-based philosophy in order to assist individuals who are restricted in their ability to engage and participate in occupations and communities due to mental health challenges. Participation in meaningful occupation is a key determinant of health and wellbeing

(Law, 2002). Occupational therapists use strategies designed to enhance a client's motivation to undertake activity, competence in performing activities, and sense of identity through engagement in activity (Mee & Sumsion, 2001; Mee, Sumsion & Craik, 2004; Findlay, 2004).

References to or descriptions of the use of adventure therapy are sparse in the occupational therapy literature, and the number of occupational therapists who use adventure therapy is unknown. Levack (2003) explored the concept of adventure therapy in occupational therapy and linked its practice to spirituality, concluding that "Involvement in adventure activities can restore motivation, raise self-esteem, and has a positive impact on client's ability to live a more satisfying life by impacting on the spiritual aspect of a person" (Levack, 2003, p. 27). Jeffery's (2017) qualitative descriptive study explored seven New Zealand occupational therapists' use of adventure therapy in mental health. In particular, the similarities and differences between adventure therapy and occupational therapy were investigated, and the theory that therapists drew from identified. Her findings indicated that although there are some philosophical and practice differences between adventure therapy and occupational therapy, adventure therapy can legitimately be utilised as an approach to intervention within overall occupational therapy practice (Jeffery, 2017).

Occupational therapy and adventure therapy – THE FIT

Alvarez and Stauffer (2001) identify theoretical concepts present in adventure therapy and frame them as tools or techniques that the adventure therapist may choose to use. These techniques include:

- A solution-focused approach
- Small-group work
- The active and facilitative role of the therapist
- Reality-based outcomes
- Use of perceived risk
- Metaphoric connection
- The positive use of stress (eustress)
- Use of an unfamiliar environment

Of these concepts, occupational therapists are familiar with and skilled in the first four listed. Small-group work and utilising a solution-focused approach is common occupational therapy practice, particularly in mental health. Occupational therapists are skilled at facilitating activity with individuals and in groups, and often engage in the activity alongside their client/s. The outcomes for clients engaging in occupational therapy are natural and based in fundamental realities, as the focus is on everyday activities in everyday environments. Because of these and other transferrable skills, occupational therapists are well positioned to use adventure therapy.

The remaining elements identified by Alvarez and Stauffer (2001) are not only unfamiliar to occupational therapists, but conflict with fundamental occupational therapy philosophy. Adventure therapy intentionally uses a high level of perceived risk in many activities, in order to create challenge and stress for the clients and enhance the adventure experience. This, in combination with being immersed in a novel environment, creates the level of dissonance and disequilibrium required for individuals to be forced into a process of adaptation. This adaptation and the associated feelings of success can be very powerful and, if used in conjunction with the conscious use of metaphors, can enhance an individual's ability to relate their experience to home life (Adams & Sveen, 2000; Newes & Bandoroff, 2004). This process (commonly termed the adventure therapy process) is summed up by Nadler (1993): "The client experiences a state of disequilibrium by being placed in a novel setting and a cooperative environment while being presented with unique problem-solving situations that lead to feelings of accomplishment which are augmented by processing the experience which promotes generalisation and transfer to future endeavours." (p. 60).

The use of eustress and intentional high levels of perceived risk differs from occupational therapy's usual focus on working within the client's comfort zone. Also different is adventure therapy's intentional selection of novel activities in a novel environment, compared with occupational therapy's usual practice of working with people in their habitual environments, and with everyday activities. However, when used in a discrete episode of intervention, adventure therapy can be viewed as the utilisation of adventurous activity as a means to an occupational end.

While there is no one way of using adventurous activities therapeutically, the literature describes an underpinning experiential learning theory. This is founded on beliefs that people learn best from experience, particularly where there are multiple senses involved in the activity (Kraft & Sakofs, 1985; Newes & Bandoroff, 2004). Experiential learning deliberately involves learners in activities or experiences that have real-life consequences. The process involves active and conscious reflection following the experience to enhance the learning potential and ensure that meaning or knowledge is constructed from the experience (Kolb, 1984). New Zealand occupational therapists are familiar with experiential learning theory through their undergraduate training and engagement with the continuing competence framework (Occupational Therapy Board of New Zealand). Although not commonly used in occupational therapy practice, there is potential for experiential learning theory to be incorporated into other practice areas in addition to adventure therapy (Jeffery, 2017b).

ADVENTURE THERAPY IN NEW ZEALAND – PLAYING IT SAFE

Adventure Safety

Occupational therapists do not have the skills or knowledge required to safely facilitate adventure-based activities. Occupational therapy training does not include training in the technical skills required to perform the activities that are commonly used in adventure therapy – for example, kayaking, rock climbing, tramping, and high-ropes courses. In order to utilise these activities, therapists need to learn the skills and gain an appropriate qualification (for example, through the New Zealand Outdoor Instructors Association (NZOIA)); or work alongside an outdoor specialist. While both paths are appropriate, maintaining ongoing competence in both the therapy skills and the technical skills required is demanding in terms of time and cost. There are facilities in New Zealand that provide adventure specialist personnel who can work alongside the therapist; working collaboratively with such services enables the safe facilitation of adventure therapy. Occupational therapists are encouraged to partner with such services, and to check that the outdoor specialists involved have additional knowledge and skill in working with vulnerable people who have mental health challenges.

As well as the technical activity skills required, there are a number of areas of skill and knowledge essential in adventure therapy that fall outside traditional occupational therapy training. Generic skills needed when working with adventure activities include good personal fitness; comfort in and knowledge of the natural environment; knowledge of weather systems; competence in outdoor risk assessment; and management and first aid training. Most of these areas of skill and knowledge fall outside traditional occupational therapy education; however, they are skills that are relatively easy to acquire through training courses and through personal involvement in outdoor activities.

In order to use adventure therapy as an approach to intervention, occupational therapists need to understand the theory that underpins adventure therapy. The field includes concepts that are important and powerful, but that will not come naturally to an occupational therapist. Understanding the adventure therapy process and how and why it works will enable the therapist to use it effectively and prevent the potential blurring of the boundaries with conventional occupational therapy. Exploring the adventure therapy literature and integrating knowledge of the adventure therapy process into clinical reasoning will enhance the therapist's ability to modify a given process or activity in order to maintain the client's emotional safety – for example, with clients for whom stress is contraindicated.

An important aspect of adventure therapy is the healing and restorative power of simply being in nature (Beringer & Martin, 2003; Hoyer, 2012; Kaplan, 1995; Pryor, Carpenter & Townsend, 2005). Fieldhouse and Sempik (2014) describe this as “green care,” and identify a number of interventions selected primarily for facilitating or enhancing a “human relationship with the natural world” (p. 313). Examples of green care they give include horticulture, animal-assisted therapy and wilderness or adventure therapy. Becoming familiar with green care philosophy will assist occupational therapists in appreciating adventure therapy’s principles regarding the role of nature in healing. There is potential for the use of non-adventurous activities in outdoor environments that fit with green therapy concepts, many of which occupational therapists have traditionally engaged with, such as horticulture therapy. The use of non-adventurous activities in the outdoors is likely more manageable for therapists in terms of acquiring the necessary skills and knowledge, and may make elements of adventure therapy more accessible to them.

Cultural Safety

Cultural safety begins with cultural competency – knowledge of the meaning of culture, insight into one’s own culture and its impact on relationships, and an awareness of and sensitivity to the culture of others (Ramsden, 1992; Gray & McPherson, 2005). Culturally safe practice in New Zealand includes the therapist’s ability to “recognize, respect and nurture the unique cultural identity of tangata whenua and safely meet their needs, expectations and rights” (Hill, P. & Whanau Kawa Whakaruruhau, 1991, p. 7). While occupational therapists understand the concept of culture and the importance of culturally safe practice when working with Maori, there remains a gap between ideal and current practice. This is compounded by the differences between the Maori and non-Maori world views, the inappropriateness of some health and social systems for Maori, and the limited number of Maori occupational therapists (Hopkirk & Wilson, 2014).

Practised appropriately, adventure therapy is an approach that will likely resonate with Maori. The connection with the natural environment; shared experiences in a collaborative and supportive natural setting; the use of metaphor; and the importance placed on relating and relationship that is integral to many adventure therapy programmes are all compatible with elements of Maori culture. There are ways adventure therapy programmes could be developed specifically for Maori that would further enhance their cultural appropriateness and therefore their effectiveness. These include partnerships with tangata whaiora (consumer advisors); inclusion of whanau/extended family in the adventure therapy process; accessing cultural supervision; nurturing the growth of Maori adventure practitioners; face-to-face interventions pre and post the adventure experience that are situated in the client’s community; and tikanga Maori practices, particularly as a part of multi-day adventure experiences.

Professional Safety

All occupational therapists in New Zealand are required to be registered with the Occupational Therapy Board of New Zealand (OTBNZ). Occupational therapy has a general scope of practice which defines the parameters of practice. The scope of practice involves enabling occupation in the everyday-life domains of “learning and applying knowledge; general tasks and demands; communication; mobility; self-care; domestic life; interpersonal interaction and relationships; major life areas; and community, social and civic life” (Occupational Therapy Board of New Zealand, 2004).

Occupational therapists are required to ensure that they work within this scope of practice and maintain ongoing competence to practice. Evidence of maintaining competence to practice is provided through goal-setting and engagement in learning activities linked to the five competencies required for registration. These competencies are outlined in Table 1 below, and include suggestions as to how occupational therapists using adventure therapy could meet them.

In order to maintain safe practice within the defined scope of practice, occupational therapists would be wise to ensure that they use adventure therapy as only one approach to their overall professional engagement in occupational therapy, and not as their entire practice. As an intervention, adventure therapy offers occupational therapists a powerful way of using activity as a means to overall occupational ends. Occupational therapists' knowledge of and engagement with clients in their lived environment places them in a position of strength in facilitating the transference of newly learned skills and behaviours following the adventure experience. It is the transfer of learning from the adventure experience to everyday life that defines the outcomes in occupational therapy terms. However, adventurous activity undertaken in isolation from the broader therapeutic context cannot be considered occupational therapy.

Competency	Meeting competency using adventure therapy
Applying occupational therapy knowledge, skills and values	<ul style="list-style-type: none"> • Use adventure therapy as an approach to intervention within overall occupational therapy practice • Utilise evidence from occupational therapy and adventure therapy to inform practice • Ensure that communication (verbal and written) with service users, families and team members identifies that the intervention is within occupational therapy practice
Practising appropriately for bicultural Aotearoa/ New Zealand	<ul style="list-style-type: none"> • Adapt adventure therapy and occupational therapy processes as necessary to ensure culturally safe practice • Include whanau • Find and work alongside Maori service providers or supports when working with Maori clients; access cultural supervision • Identify and utilise models of practice that encompass Maori world views • Consider and build on the elements of adventure therapy that likely resonate with Maori e.g., connection with nature, use of metaphor
Building partnerships and collaborating	<ul style="list-style-type: none"> • Collaborate with adventure specialists to co-facilitate adventurous activities • Develop and maintain partnerships with clients and utilise principles of client-centred practice despite the prescriptive nature of some adventure therapy practices • Maintain networks with occupational therapists and adventure therapists • Collaborate with Maori/tangata whaiora
Practising in a safe, legal, ethical and culturally competent way	<ul style="list-style-type: none"> • Upskill to ensure generic adventure therapy knowledge and skills are current • Integrate adventure therapy theory into adventure interventions • Maintain occupational therapy specialist approach when working in multidisciplinary teams • Work in partnership with adventure specialists for risk assessment and management, and technical activity facilitation
Engaging with and being responsible for your profession	<ul style="list-style-type: none"> • Share adventure therapy knowledge and skills with occupational therapy colleagues • Add to the literature on occupational therapy and adventure therapy

Table 1. Meeting competencies for registration and continuing practice in adventure therapy

CONCLUSION

Adventure therapy can be legitimately used by occupational therapists as one approach to conventional occupational therapy intervention. Occupational therapists should feel heartened by the compatibility between adventure therapy and occupational therapy, and confident in using it as a means to an occupational end, despite the differences in how activity and environment are utilised by the two disciplines.

Adventure therapy may provide an effective approach to working with at-risk Maori youth. Occupational therapists who are not Maori should develop relationships with appropriate Maori and adventure specialists in order to work towards developing adventure therapy programmes that are culturally appropriate for Maori.

Occupational therapists do not usually have the skills to facilitate the adventurous activities commonly used in adventure therapy. They should seek appropriate training in the generic outdoor skills, and collaborate with adventure specialists to ensure safe facilitation of these activities.

Helen Jeffrey is a mental health occupational therapist with a personal and professional interest in adventurous activities. She has researched New Zealand occupational therapists' use of adventure therapy, and is interested in advancing this field in New Zealand. Helen is a senior lecturer with the School of Occupational Therapy, Otago Polytechnic.

Correspondence to: Helen Jeffery, School of Occupational Therapy, Otago Polytechnic, 10 Tipperary Place, Arrowtown 9302. Email: Helen.jeffery@op.ac.nz

REFERENCES

Adams, A., & Sveen, R. (2000). An Holistic Model of Bush Counselling: Cornerstones of Practice. *Australian Journal of Outdoor Education*, 5(1), 28-38.

Alvarez, A. G., and Stauffer, G. A. (2001). Musings on Adventure Therapy. *The Journal of Experiential Education*, 24(2), 85-85.

Ames, M. (2014). The Beauties of Identities. Chap. 1 In *Adventure Therapy: Theory, Research and Practice*, edited by M.A. Gass, H.L. Gillis and K.C. Russell, 1-17. New York: Routledge.

Becker, S. P. (2010). Wilderness Therapy: Ethical Considerations for Mental Health Professionals. *Child & Youth Care Forum*, 39(1), 47-61.

Beringer, A., & Martin, P. (2003). On Adventure Therapy and the Natural Worlds: Respecting Nature's Healing. *Journal of Adventure Education & Outdoor Learning*, 3(1), 29-39.

Coalition, Mental Health Advocacy (2008). *Destination Recovery: Te Ūnga Ki Uta: Te Oranga*. Auckland, NZ: Mental

Health Foundation of New Zealand.

Craig, E., Dell, R., Reddington, A., Adams, J., Oben, G., Wicken, A., & Simpson, J. (2013). *Te Ohonga Ake: The Determinants of Health for Māori Children and Young People in New Zealand*. edited by Ministry of Health. Wellington: Ministry of Health. People in New Zealand Series Two.

Crisp, S. (1996). When Does Wilderness Adventure Become Therapeutic?. *Australian Journal of Outdoor Education* 2(1), 9-18.

Education, Ministry of. "Outdoor Education. (1999). <http://health.tki.org.nz/Teaching-in-HPE/Health-and-PE-in-the-NZC/Health-and-PE-in-the-NZC-1999/Key-areas-of-learning/Outdoor-Education>.

Fieldhouse, J., & Sempik, J. (2014). Green Care and Occupational Therapy. Chap. 20 In *Creek's Occupational Therapy and Mental Health*, edited by Bannigan, K., Bryant, W., Fieldhouse, J. & Creek, J. 309-27. London: Churchill Livingstone.

Fletcher, T. B., & Scott Hinkle, J. (2002). Adventure Based Counseling: An Innovation in Counseling. *Journal of Counseling and Development*, 80(3), 277-85.

Gass, M. A., Gillis, L., & Russell, K. C. (2012). *Adventure Therapy: Theory, Research and Practice*. Edited by M. A Gass, L. Gillis and K. C Russell, *Adventure Therapy: Theory, Research and Practice*. New York: Routledge.

Gillen, M. C. & Balkin, R. S. (2006). Adventure Counseling as an Adjunct to Group Counseling in Hospital and Clinical Settings. *The Journal for Specialists in Group Work*, 31(2), 153-64.

Gray, M., & McPherson, K. (2005). Cultural Safety and Professional Practice in Occupational Therapy: A New Zealand Perspective. *Australian Occupational Therapy Journal*, 52(1), 34-42.

Hill, P., & Whakaruruhau Whanau Kawa. (1991). *Cultural Safety Hui of Whanau Kawa Whakaruruhau, Apumoana Marae, Rotorua, June 30-July 4 1991*. Palmerston North, N.Z.: Palmerston North, N.Z. : PSI Solutions.

Hopkirk, J., & Wilson, L. H. (2014). A Call to Wellness – Whitiwhitia I Te Ora: Exploring Māori and Occupational Therapy Perspectives on Health. *Occupational Therapy International*, 21(4), 156-65.

Hoyer, Sean. (2012). Nature's Role in Adventure Therapy: Action, Assessment, Awareness. In Gass, M. A., Gillis, H. L., & Russell, K. C. (Eds), *Adventure therapy: Theory, research, and practice*. Routledge, New York.

Itin, C. M. (2001). Adventure Therapy: Critical Questions. *Journal of Experiential Education*, 24(2), 80-84.

Itin, C. M. (1998). Many Paths to Becoming an Adventure Therapist. *Insight*, 6(1), 4-5.

Jeffery, H. (2017). Ordinary Meaning from Extra-Ordinary Experience: Occupational Therapists' Use of Experiential Learning in Adventure Therapy. In *Southern Institute of Technology Journal of Applied Research (online)*. Invercargill, NZ: Southern Institute of Technology.

Jeffery, H. (2014). *Just Another Approach : New Zealand Occupational Therapists Use of Adventure Therapy*. A Thesis/ Dissertation Submitted in Partial Fulfilment of the Degree, Master of Occupational Therapy at Otago Polytechnic, Dunedin, New Zealand.

Jeffery, H., & Wilson, L. H. (2017). New Zealand Occupational Therapists' Use of Adventure Therapy in Mental Health Practice. *New Zealand Journal of Occupational Therapy*, 64(1), 32-38.

Kaplan, S. (1995). The Restorative Benefits of Nature: Toward an Integrative Framework. *Journal of environmental psychology* 15(3), 169-82.

Kielhofner, G. (2009). *Conceptual Foundations of Occupational Therapy Practice*. 4th ed. Philadelphia: F.A. Davis Co.

Kolb, D. (1984). *Experiential Learning: Experience as the Source of Learning and Development*. Englewood Cliffs, NJ: Prentice-Hall.

- Kraft, R. J., & Sakofs, M. (1985). *The Theory of Experiential Education*. Boulder, CO: Association for Experiential Education.
- Levack, H. (2003). Adventure Therapy in Occupational Therapy: Can We Call It Spiritual Occupation?. *New Zealand Journal of Occupational Therapy*, 50(1), 22-28.
- Mee, J., & Sumsion, T. (2001). Mental health clients confirm the motivating power of occupation. *The British Journal of Occupational Therapy*, 64(3), 121-128.
- Mee, J., Sumsion, T., & Craik, C. (2004). Mental health clients confirm the value of occupation in building competence and self-identity. *British Journal of Occupational Therapy*, 67(5), 225-233.
- Molineux, M. (2004). A Labour in Vain?. In *Occupation for Occupational Therapists*, edited by Molineux, M., 1-14. Oxford, UK: Blackwell Pub.
- Molineux, M. (2004). *Occupation for Occupational Therapists*. 1st ed.. ed. Oxford, UK: Blackwell Pub.
- Mossman, S. E. (2005). What Works with Youth? An Evaluation of the Adventure Development Counselling Programme. Christchurch, NZ: University of Canterbury.
- Nadler, R. S. (1993). Therapeutic Process of Change. In *Adventure Therapy: Therapeutic Applications of Adventure Programming*, edited by M.A. Gass, 57-69. Iowa, USA: Kendall Hunt.
- Newes, S. L., & Bendoroff, S (2004). What Is Adventure Therapy?. In *Coming of Age: The Evolving Field of Adventure Therapy*, edited by S Newes and S Bendoroff, 1-30. Boulder, Colorado: Association for Experiential Education.
- Occupational Therapy Board of New Zealand (2017). *Continuing Competence for Recertification Framework Plan*. Accessed from: <http://www.otboard.org.nz/Competence/CCFRPlan.aspx>.
- Occupational Therapy Board of New Zealand (2015). Competencies for Registration and Continuing Competence. Accessed from: https://www2.skilsure.net/Resources/OTBNZ/Competencies_April20151.pdf
- Pryor, A., Carpenter, C., & Townsend, M. (2005). Outdoor Education and Bush Adventure Therapy: A Socio-Ecological Approach to Health and Wellbeing." *Australian Journal of Outdoor Education* 9(1), 3-13.
- Ramsden, I. (1992). Teaching Cultural Safety. *The New Zealand Nursing Journal. Kai Tiaki*, 85(5), 21.
- Reed, C. (2003). Fancy a Career Doing Therapy in the Outdoors?. *Horizons*, 21, Spring, 33-35.
- Reed, C. (2006). The Outdoors for Health. *Horizons Penrith*, 33(2), 2.
- Russell, K. C. (2001). What Is Wilderness Therapy? *Journal of Experiential Education*, 24(2), 70-79.
- Trombly, C. A. (1995). Occupation: Purposefulness and Meaningfulness as Therapeutic Mechanisms: 1995 Eleanor Clarke Slagle Lecture. *American Journal of Occupational Therapy*, 49(10), 960-72.
- Wilcock, A. A. (2005). Occupational Science: Bridging Occupation and Health. *Canadian Journal of Occupational Therapy*, 72(1), 5.
- Occupational Therapy Board of New Zealand. (2004) *General Scope of Practice: Occupational Therapist*. edited by Occupational Therapy Board of New Zealand. Wellington.