



# **CERTIFIED CLINICAL ADVENTURE THERAPIST CREDENTIALING MANUAL**

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Non-U.S. applicants are encouraged to apply if the current certification criteria align with the applicant's needs and the standards of the country where they practice.

## **Introduction**

The Certification Council reserves the right, at any time, to evolve and improve the practices outlined in this Program Manual.

### ***A. The Association for Experiential Education (AEE)***

#### **AEE MISSION**

To elevate and expand the global capacity of experiential education by:

1. **Building** an inclusive and accessible community for experiential education professionals that is firmly rooted in the philosophy, principles, and practices of experiential education.
2. **Supporting** the academic research, publication and dissemination of authoritative information for promoting, implementing, and advancing the philosophy, principles, and practices of experiential education.
3. **Presenting** our collective resources and knowledge to supportive public audiences to elevate and advocate support for the expansion of experiential education.

#### **AEE VALUES**

1. **Global Community** — Is an essential progression to further experiential education methodologies and practices around the globe.
2. **Adventure and Challenge** — Are two fundamental elements inseparable from the application of experiential learning, not only in the natural world, but in the classroom, workplace and beyond.
3. **Reflective Leadership** — Approaching leadership roles with presence and personal mastery is vital in strengthening our best practices as experiential educators.
4. **Social Justice** — Supporting people of diverse backgrounds, beliefs, and cultures is an integral part of developing successful experiential education programming.

5. **The Natural World** — Conservation of the natural world is key to protecting the enjoyment and learning of all individuals, communities and future generations.
6. **Creative Play** — A vital part of life-long development that not only supports healthy emotional, social, intellectual, and physical growth but greatly enhances engaged learning experiences.

## ***B. Certification***

### **Why Certification?**

As the field of Adventure Therapy progresses, evolves, and gains popularity, professionals from a wide variety of settings have come together to express an interest and a need for greater professionalism in Adventure Therapy. After the tremendous efforts of those involved in creating the Adventure Therapy Best Practices and the advent of specific certification standards that meet the needs of Outdoor Behavioral Healthcare Council programs, a growing need for an Adventure Therapy certification became more and more apparent. The following considerations were a major part of the decision to offer this credential.

### **Maintaining Flexibility in Training and Approach While Improving Fidelity**

The practice of Adventure Therapy is the prescriptive use of adventure experiences provided by mental health professionals, often conducted in natural settings, that kinesthetically engage individuals, families, and groups on cognitive, affective, and behavioral levels (Gass et al., 2020, p. 1). Countless nuances, skills, theories, interventions, and approaches embody Adventure Therapy practice. Therefore, the intentional use of adventure activities in a therapeutic setting requires advanced training and experience.

AEE's CCAT enhances fidelity in the field by standardizing core competencies for practice and aligning practitioners' training and experiences with these competencies to qualify as certified clinical adventure therapists.

Outlining core competency requirements without prescribing specific training structures, the CCAT allows creativity and exploration within the field to be maintained. If training falls within the core competencies, it is within the standards of this certification.

For example, training that typically meets standards for the Core Elements of AT Training will incorporate learnings about, but are not limited to, the following:

- 7 Adventure Beliefs

- Models of Adventure Therapy (e.g., Facilitated Wave Model, CHANGES)
  - Philosophies of Experiential Education
  - Overlap of AT with SAMHSA's key principles of a trauma-informed approach
  - Resources for helping practitioners remain current with best practices in AT
- Training that does not include integration of adventure therapy practices, principles, or philosophies will not count towards the training hours requirement for certification.

## **Efficacy**

The core competencies were developed, reviewed, and revised by top researchers and practitioners in the field over a period of three years. As the field of Adventure Therapy grows and benefits from a proliferation of research demonstrating its efficacy with a variety of clients, conditions, and adventure therapy settings, certification serves as a strategy to ensure new, research-based strategies are being incorporated into ongoing training and practice. AEE's Certification Council will ensure that the core competencies are regularly revised to reflect the most recent research and state of effective practice in the field.

## **Safety & Risk Management**

As evidence for the efficacy of Adventure Therapy increases, certification helps maintain high levels of competence in the field. As current trends in North America move towards insurance reimbursement and "evidence-based" labels, the field of Adventure Therapy will benefit from having a clear delineation of who is an experienced, competent practitioner. This can help safeguard high standards of physical and emotional safety and rigorous risk management strategies.

Research conducted on wilderness therapy programs shows that participants in accredited programs had lower rates of injury or accidents than the (already low) rates of non-accredited programs\*. While this data is an exciting example of the impacts that professionalization has had on the field of Adventure Therapy, it also serves as an example of how a broader sector of those practicing adventure therapy could benefit from a similar standard that articulates core competencies for effective clinical adventure therapy practice.

\*Gass, M. A., Gillis, H. L., Russell, K. C. (2020). *Adventure therapy: Theory, research, and practice* (2nd ed.). Routledge.

\*Javorski, S. E., & Gass, M. A. (2013). 10-Year Incident Monitoring Trends in Outdoor Behavioral Healthcare: Lessons learned and future directions. *Journal of Therapeutic Schools and Programs*, 112.

## **WHAT IS A PROFESSIONAL CERTIFICATION?**

During the early phases of development, one of the common areas of discussion about the Certified Clinical Adventure Therapist (CCAT) credential was exactly what was meant by the term “certification.” An important distinction became apparent -- certifications are different from assessment-based certificate programs but are often defined as ‘certifications.’

The [Institute for Credentialing Excellence](#) differentiates between Professional Certifications and Assessment-Based Certificate Programs. In a Professional Certification, the goal is to recognize the knowledge, skills, competencies, and experience that professionals have already accumulated. An Assessment-Based Certificate Program aims to teach a specific body of knowledge and assess that the appropriate skills and knowledge were learned at the time of the assessment.

These two different types of credentialing practices can best be described by offering common examples used by professionals. Many CPR and First Aid courses are great examples of assessment-based certificate programs. There is a very specific set of skills and knowledge that are taught, and an exam is given at the end of the class so that a certificate may be offered. It provides evidence that at the time of the course, the participant knew everything necessary to perform CPR and First Aid and received the specified training from the organization that taught the course (i.e., Red Cross, American Heart Association, etc.).

Many credentials currently awarded to therapists are based on a professional certification model. These types of certifications involve a process of acquiring skills, knowledge, and experience that is not constrained to one specific teacher or organization. In order to become certified, an individual needs to demonstrate that they have completed all necessary training, have a specific amount of experience using the material from the training, and have received supervision to ensure that the practice was consistent with the approach described in the training. AEE’s CCAT is a professional certification.

## ***C. Certification Application Process Overview***

### **Initial Certification**

The Certification process is designed and managed by the Director of Standards Development and Certification (Director) and the Certification Council (Council) and includes the following steps:

1. The Adventure Therapy Certification process begins with a candidate's submission of the [CCAT](#) application to the Director who will track the candidate's progress through the certification process. The Director contacts the candidate within seven days of receiving it to inform them that their application is being reviewed.
2. The Director assigns the application to a member of the Council who will review the candidate's application and contact the candidate within seven days of receiving it. The Council member is then responsible for letting the candidate know through email whether required items are missing, or that the application is complete and will be reviewed at the next Council meeting. A reviewer may contact and update the candidate by phone but must send a follow up email, and copy the Director, to document the conversation.
3. The Council member completes the CCAT Candidate Assessment Form when the application is complete and sends it to the Director at least seven days before the next Council meeting.
4. Council will meet monthly to review Candidate Assessment Forms (if there are applications to be reviewed). The Council will review and vote on each candidate regarding whether certification will be awarded, tabled because additional information about the candidate is requested by the Council before a decision can be reached, or denied. The Director does not have a vote but may express an opinion. Council decisions are made by a simple majority of those attending a meeting. For a vote to take place two-thirds of the Council must be present.
5. The Director will notify candidates of the status of their application within seven days of the Council meeting.
6. The Director will:
  - a. Send official notification to candidate about the candidate's awarded certification; or
  - b. Send official notification to candidate about the candidate's deferral, denial or certification with clarifying information about the decision; or
  - c. Update candidate about the status of the application if the application is deferred because more information about the candidate is requested by the Council.

7. If a candidate is not awarded Adventure Therapy Certification, the candidate has the option to reapply after six months in order to correct and/or address deficiencies in the application. If the candidate disagrees with the Council's decision, they can initiate the appeals process (Please see the [Appeals](#) section below.)

## **Recertification**

To remain in good standing, Certified Clinical Adventure Therapists seeking recertification through AEE must pay the annual fee and are required to obtain a minimum of 18 hours of continuing education *specific to the Core Elements of Adventure Therapy Training every three years*. Up to 6 hours may be earned for delivering professional presentations or conducting research (verified by an Institutional Review Board, or dissertation chair) in line with the core elements of adventure therapy training. One hour of continuing education will be awarded for each hour spent presenting, and no hours are granted for preparing and/or planning those presentations. If adventure therapy training was gained by completing a college course, each semester credit is equivalent to 15 hours of continuing education. Continuing education hours may be earned through in-person or virtual learning platforms. CCATs will also need to provide evidence of their first aid certification(s) and current licensure or appropriate regulatory permissions and re-sign the ethical agreement.

## **Emeritus Status**

[Link to Nomination Form](#)

### **Overview**

AEE recognizes that a significant number of the original group of credentialed clinicians who did groundbreaking work in the field of adventure therapy have retired from clinical practice. To recognize the service of these professionals, AEE has established a special honored narrative designation of "Certified Clinical Adventure Therapist Emeritus."

### **Requirements**

CCAT Emeritus nominees have retired their current credentials and must meet the longevity criteria listed below.

### **Longevity**

- The nominee is a CCAT retired from clinical practice, or a visionary/groundbreaker in the field of Adventure Therapy that is retired from clinical practice;
- The nominee has served as a credentialed clinician in the field of Adventure Therapy for a minimum of 15 years.



## **Nomination Process**

CCAT Emeritus certificates may only be obtained through the nomination process. Individuals may nominate themselves or may be nominated by a colleague. A CCAT Emeritus Nomination Form must be completed and submitted to AEE. Nominees will be asked to provide evidence that they meet the criteria listed above.

## ***D. Application Overview***

[\(link to Application\)](#).

### **1.0 Applicant Information**

Please provide your contact information so we may communicate with you regarding your application. In addition, this information will be used on your certificate once approved and to assist with confirming information within the application.

1.1 [Mental health experience](#) should include two (2) years and 2,000 direct hours of supervised clinical or school mental health experience. This may include relevant clinical experience gained during graduate school.

### **2.0 Verification of [License](#) or Regulatory Permissions**

Current and active permission to legally and independently provide clinical mental health or school-based services in your region, state, province, or country in which you practice.

2.1 Attach a copy of your current and active certificate or license indicating you are legally permitted to independently provide mental health services. These include state mental health license, license to practice in schools, or recreational therapy certification through NCTRC or licensure as required by state regulations.

2.2 AEE only accepts licenses or recreational therapy certifications that are issued by an authority that promulgates mental health standards and practices and that investigates and penalizes violations of such standards and practices.

### **3.0 Verification of Graduate Degrees**

Attach a copy of your graduate school diploma or transcript(s) issued by an institution of higher education. The date your graduate degree was conferred must be clearly visible.

### **4.0 Verification of [Adventure Therapy Training](#)/Education and Use of Technical Skills Agreement**

Complete the Verification of Adventure Therapy Training/Education and Use of Technical Skills Agreement form. Technical skills training is necessary for the effective and well managed use of adventure programming. Candidates seeking certification or recertification are expected to practice within their personal technical skills competencies, but technical skills training hours do not count in the seventy-five (75) hours requirement in this section. Attach evidence of training/education.

- 4.1 Applicants must complete seventy-five (75) hours of adventure therapy specific training/education covering all components of the "[Core Elements of Adventure Therapy Training.](#)" A maximum of twenty-five (25) hours may be virtual or online. Applicants should have at least 4 hours of training in each of the core competencies.
- 4.2 Sources of training/education include but are not limited to college or university classes, conference workshops, independently provided training, agency training, and web-based training. Please also list locations where training was completed.
- 4.3 Evidence of training/education includes class syllabi, workshop outlines, agency training guidelines, or other documentation detailing information of the training/education completed.
- 4.4 If adventure therapy training was gained in a college course, each semester credit is equivalent to 15 hours of instruction.
- 4.5 Read and abide by the standards listed for primary facilitation of activities requiring technical skill. Read, sign, and abide by the ethical agreement for facilitating adventure therapy activities.
- 4.6 Candidates are encouraged to seek AT training from multiple sources.
- 4.7 Candidates receiving training which they believe relates to AT but are not directly outlined in the Core Elements of Adventure Therapy training may submit those training hours for review with a rationale for why they should be considered.

## **5.0 Verification of Direct Adventure Therapy Experience, Competency Evaluation, and Plan**

Complete the Verification of Direct Adventure Therapy Experience and Competency Evaluation and Plan forms.

- 5.1 Completion of 300 [direct service hours](#) of adventure therapy specific experience accumulated over a minimum of 90 days.

5.2 In addition to the 300 direct service hours, applicants must complete at least 50 supervision hours of adventure therapy provision verified by the supervisor or qualified [consultant](#). Supervision must be distributed throughout the direct client hours and can be conducted individually or in a group setting.

- Total Hours of [Adventure Therapy Experience](#): 300 direct service hours + 50 supervised hours = 350 total hours of experience.

5.3 Both forms must be completed by all [supervisors](#) under which direct were accumulated. Supervisors must be fully licensed social workers, counselors, psychologists, marriage and family therapists, or appropriately certified and/or licensed recreational therapists who can adequately verify the applicant's AT experience. Experience hours gained after an applicant achieves full licensure for independent practice may include consultation hours as AT supervision hours. Consultants must be fully licensed. Currently, AEE does not require that the supervisor hold the CCAT credential. Supervisors are to complete all sections with which they have information on the applicant.

## **6.0 Application and Annual Fees**

\$90.00 non-refundable application fee. Annual Fee \$60.

## **7.0 Renewal of CCAT Credential**

To remain in good standing, a CCAT must pay the yearly fee and send in evidence of 18 adventure therapy specific [CEs](#) every 3 years. AEE will contact CCATs one year before their CEs are due.

## **8.0 Challenges Documenting Compliance with Certification Criteria**

AEE recognizes that during the initial phase of launching this certification, it may be difficult for applicants to reconstruct records of prior training, education, and supervision. In response, AEE is inviting CCAT candidates to complete this application to the fullest extent possible. In the application there will be opportunities to explain how requirements of the CCAT certification have been met and reasons why the candidate is unable to provide records as outlined in this application. The CCAT Council will then decide whether there is enough evidence to grant certification. AEE will consider sunsetting this option at the end of 2022.

## ***E. Maintenance of Certification***

### **Certification Council Actions for Continuing Certification**

After reviewing the application for Continuing Certification, the Certification Council may take any of the following actions:

#### **a. Grant Continuing Certification**

The Certification Council may grant Continuing Certification.

#### **b. Defer Continuing Certification**

Council may defer continuing certification vote to applicants whose applications are incomplete.

#### **c. Deny Continuing Certification**

Council may deny continuing certification to applicants not in compliance with certification requirements. Individuals that have been denied continuing certification are welcome to re-apply.

## **Applicant's Response to Certification Outcome**

### **Response to Deferred Certification**

When Council acts to defer a certification, the applicant responds to the action by providing evidence in writing that the required actions have been taken. The response must document compliance with the terms and conditions set forth by Council and describe specific actions taken to address the concerns. The response is sent to the Director and the Council Reviewer.

The Director and the Council Reviewer review the response from the applicant. At that point, the Director may confirm continuing certification or deny continuing certification.

## **Disciplinary Actions**

The Council is responsible for safeguarding the integrity of the Certification and may need to engage in disciplinary action if an individual is practicing outside the scope of the certification.

### **Warning**

Individuals will be notified of a warning by the Director. A letter or email will be sent by AEE detailing specific conditions of the warning. The Certification Council may warn an individual at any time if:

- There is evidence that an individual is out of compliance with applicable certification criteria, or requirements for deferral certification have not been met in a timely manner;
- A deadline set by the Certification Council for any other action is not met; or

- The individual does not disclose information about a significant adverse event to AEE during the recertification process.

### **Termination of AEE Certification**

The Council reserves the right to temporarily delay, suspend, or terminate the certification of any individual for any reason. If it appears that an incident, accident, related circumstances or any other issues affect the certification process or the individual under review in a negative manner, the Council will review the status of the individual's certification. This delay, suspension, or termination can occur at any stage in the certification process.

### **Certification Holder's Response to a Disciplinary Action**

The individual will respond to the specific context and conditions of a disciplinary action by:

- providing evidence in writing that the required changes have been made within the specified period of time.
- The response must document compliance with terms and conditions set forth by Council at the time of the disciplinary action
- describe specific actions taken to address the disciplinary action.

An individual may withdraw from the certification process at any time by notifying AEE in writing.

### **Appeals**

Individuals have the right to appeal any decision made by Council regarding a certification denial, deferment, or disciplinary action. The process for appealing a decision is as follows:

1. The individual submits a written intent to appeal to the Director within 30 days of written notification of decision.
2. The Executive Director (ED) of AEE appoints an Appeals Panel within 30 days of written intent to appeal by the individual. The panel includes the Council Reviewer to the individual and no fewer than two additional fair and impartial persons. The ED of AEE appoints a Chair of the panel. The Council Reviewer may not be appointed as Chair. When the Appeals Panel is formed, AEE will notify the individual.
3. The written appeal is sent to AEE and Appeals Panel members within 30 days of written notification of formation of the panel. The written appeal must clearly indicate the specific focus of the appeal and provide relevant support documentation.
4. The Appeals Panel considers the written appeal within 60 days of receipt. The panel may ask for additional information, may ask to meet with the individual, or request a follow up site visit.

5. The Appeals Panel affirms the Council decision or recommends that alternative action be taken.
6. The Chair of the Appeals Panel sends a written report to AEE and the Council Reviewer who presents it to Council.
7. Council votes on the recommendations within 30 days of receipt of the report. The decision of the Council is final.
8. The Chair of the Certification Council submits the decision in writing to the individual and to AEE.
9. Expenses (if any) related to the appeals process will be reimbursed to the prevailing party by the other upon submission of appropriate documentation of such expenses.

### **Misrepresenting Certified Status**

Individuals may not misrepresent their certified status to the public or clients. Council retains the right to release information or reports, when necessary, to correct or clarify inaccurate information released by an individual or other source. A list of certified individuals is maintained by AEE.

## **F. Certification Program Forms**

Many of the forms related to the Certification Program may be found on the AEE website or you can [follow this link](#).

## **G. Glossary of Terms**

**Adventure Therapy Experience** refers to applicants' practicum, internship, or clinical session time with clients using an adventure therapy paradigm(s) or employing adventure therapy techniques.

**Adventure Therapy Supervision** You may obtain supervision hours individually or within a group. Supervision focus is on topics relevant to core elements of adventure therapy, such as cases, notes, reports, ethics, liability, research, theory, etc.

**Adventure Therapy Training** refers to the applicants' adventure therapy instruction or education via graduate coursework or continuing education workshops.

**AEE** refers to the Association for Experiential Education

**Application Fees** are fees paid to have your application reviewed and processed.

**Appropriate Regulatory Permissions** as it Relates to Recreational Therapists. As licensure is only offered in a select number of states, the expectation is that recreational therapists applying for the CCAT hold all appropriate regulatory permissions to practice independently in their state, should that be state specific licensure/certification and/or the National Certified Therapeutic Recreation Specialist certification through National Council for Therapeutic Recreation Certification (NCTRC).

**CCAT** is the acronym for the Certified Clinical Adventure Therapist credential.

**CE** is the acronym for “continuing education” (or “training”) hours earned at conferences, workshops, and other forums.

**Clinical Practitioner or Practitioner** refers to a licensed clinical mental health professional or appropriately certified and/or licensed recreational therapist authorized to independently provide clinical mental health services in their primary discipline.

#### **Direct Service Hours**

Direct: case consultation, direct participation in client-related activities that address the clinical treatment goals, intakes/interviews with clients, psychoeducation, individual counseling session, group counseling session, family counseling session, co-leading counseling sessions, testing/assessment, conducting risk assessments.

Indirect: supervision, observation, professional development, research and preparation for a session with a client, case notes, case management, staff meetings, setting up appointments, filing paperwork/forms, phone/email communications, sleeping in proximity of field-based clients, planning time with other staff members in a field-base setting.

Note: All activities must be able to be applied to adventure-related therapy. For example, case consultation regarding the selection of an adventure activity to address a clinical treatment goal would count, but case consultation for education placement after a program would not count. Additionally, direct means that you are the one leading/co-leading the experience. For example, if a co-staff member is leading the debriefing session after an activity, and you are only listening/observing, this would be indirect, not direct hours.

**License** refers to an individually issued current and active clinical mental health or school-based services license to independently provide clinical mental health or school-based services. Also, deemed the highest level of practice for that particular field. Excluded are temporary and learning licenses issued to interns, associates, and to those engaged in clinical practice under supervision of another's license. For recreational therapists, please also see "Appropriate Regulatory Permissions".

**Mental Health Experience** is any experience of direct client service post-graduation for the degree required by your licensure/certifications and/or direct client service during practicum and internship experiences for that same degree.

**Renewal Fees** are due annually and are to maintain your credential as active. Annual AEE membership dues are unrelated and billed separately.

**Supervisors** are clinical mental health professionals who are licensed or hold appropriate regulatory permissions to practice in their respective primary disciplines and recognized by their licensing/credentialing boards as eligible to supervise; expected to know and abide by their respective ethics and standards; subject to disciplinary action by their respective licensing boards and accountable for the actions of their supervisees. They must also have familiarity with Adventure Therapy and 5 years of clinical experience.

**Supervision vs consultation** - Consultation refers to a relationship between an applicant and a professional with expertise in Adventure Therapy (AT) and a minimum of 5 years of practice experience in AT, who provides guidance for the applicant's professional development. For the purposes of certification as a CCAT, the consultative relationship is not bound by state regulatory permissions as typically required through a supervisory relationship for an associate or intern to legally practice in a clinical or academic setting. If completing any of the CCAT forms on behalf of an applicant, such as the Verification of Direct Adventure Therapy Experience form, the consultant must be a fully licensed social worker, counselor, psychologist, or marriage and family therapist who can adequately vouch for the applicant's AT experience.

For a licensed mental health therapist, supervision and consultation are distinct processes with different purposes and implications:

Supervision:

- Focus: Primarily on the professional development and competence of the therapist.
- Relationship: Hierarchical. The supervisor has a degree of authority and responsibility for the supervisee's clinical work.



- Purpose:
  - To ensure the therapist is providing ethical and competent care to clients.
  - To monitor client safety and well-being.
  - To assist in the development of clinical skills, knowledge, and judgment.
  - To address any potential ethical or legal concerns.
- Legality: Often required by licensing boards for a certain period after licensure or for specific types of therapy.

Consultation:

- Focus: Seeking expert advice or guidance on specific cases, treatment approaches, or professional challenges.
- Relationship: More collaborative and peer-oriented.
- Purpose:
  - To gain a fresh perspective on a difficult case.
  - To explore alternative treatment options.
  - To address ethical dilemmas or personal concerns that may be impacting clinical work.
  - To enhance professional growth and knowledge.
- Legality: Not typically mandated by licensing boards.

## **Appendix A: Core Elements of Adventure Therapy Training**

Training that does not include integration of adventure therapy practices, principles, or philosophies will not count towards the training hours requirement for certification. Training which typically meets standards for the Core Elements of AT Training will incorporate learnings about, but are not limited to, the following:

- 7 Adventure Beliefs
- Models of Adventure Therapy (e.g., Facilitated Wave Model, CHANGES)
- Philosophies of Experiential Education
- Overlap of AT with SAMHSA's key principles of a trauma-informed approach
- Resources for helping practitioners remain current with best practices in AT

### **AT Technical Skills**

*Definition: This element focuses on the knowledge of technical skills competencies and limitations related to AT interventions, risk management protocols specific to adventure therapy populations and settings, and environmental practices of adventure therapists.*

- Practicing within one's own competencies based on technical skills training and assessed competency. Competency can be assessed either by having a certification, or an assessment of skill competency from a reputable training organization, or employer.
- Conducting risk analysis of sites and activities that are utilized, environmental awareness
- Minimizing and recognizing the impact of AT on the environment

### **Facilitation and Processing in AT**

*Definition: This element focuses on the effectiveness of the [adventure therapy experience](#), assists clients in finding direction and sources for functional change, and creates changes that are lasting and integrated into the clients' lives*

- Establishing norms
- Engagement and cohesion building strategies
- Awareness of trauma responses in AT
- Adapting intervention to incorporate isomorphic metaphors
- Utilizing models for stages of change and group development while conducting AT services
- Generalizing adventure experiences to everyday life.
- Matching and facilitating an activity towards a clinical goal with transfer of skills

### **Organizational/ Administrative Policies in AT**

*Definition: This element focuses on the organizational processes and policies surrounding adventure experiences used by the adventure therapist.*

- Designing and maintaining policies that reflect awareness of standards in the field
- Laws and regulations impacting AT services
- Development of crisis management response plans
- Medication and medical monitoring
- Admission protocols, treatment, discharge, and referrals from AT services
- Supervising client behaviors and safety during AT activities
- Supervision and consultation to maintain ethical practice and AT certification
- Resources for seeking consultation about AT practices
- Logistics of planning AT interventions
- Assumption of Risk and Liability Releases appropriate for Adventure Programming
- Incident and Accident reporting

### **Conceptual Knowledge of AT**

*Definition: This element focuses on the ability of the adventure therapist to use specific models, practices, philosophies, and applications of adventure therapy for the unique needs of treatment issues with clients*

- History and foundations of the development of AT
- Connecting interventions with the therapist's theoretical orientation
- Key components of AT interventions
- AT Models

### **Therapeutic Alliance Building in AT**

*Definition: This element focuses on the ability of the adventure therapist to co-construct an effective therapeutic alliance with clients. The building of this positive form of therapeutic relationship incorporates the use of natural environment elements and adventure programming concepts. Special attention is paid to the specific and diverse context of various clients (e.g., social, cultural, systemic, ethnic, gender, and sexual orientation, etc.)*

- Respecting and honoring inclusivity and diversity when providing AT services
- Recognizing impact of AT on client-therapist relationship
- Awareness of the breadth of interaction and communication styles during AT services
- Demonstrating empathy, genuineness, and unconditional positive regard
- Repairing ruptured therapeutic relationships during AT interventions
- Ensuring clients' rights when receiving AT services.

### **Assessment in AT**

*Definition: This element focuses on how the adventure therapist examines clients in mental health settings through adventure experiences and uses supportive documentation for screening and creating potential interventions.*

- AT interventions as part of ongoing client assessment
- Adventure-based assessment to inform clinical facilitation decisions
- Seeks information about client from multiple areas to deliver effective AT services
- Assessment and management of risk (emotional, physical, environment, trauma-informed)

## **AT Interventions**

*Definition: This element focuses on the implementation of adventure therapy treatment strategies and processes to produce functional client change in an appropriate, culturally relevant, lasting manner.*

- Activities and techniques used in AT programming
- Selecting culturally relevant adventure experiences
- Interaction with the treatment environment as an integral part of the treatment process
- Selecting and conducting AT interventions that are appropriate and individualized to the client.

## **Therapeutic Monitoring in AT**

*Definition: This element focuses on the continual connection to clients involved in adventure therapy programming, including ongoing evaluation of therapy, maintenance of treatment gains, ongoing treatment planning, and termination.*

- Monitoring transfer of learning from adventure activities to “daily life” over time
- The use of adventure activities for formal and informal outcome evaluation purposes.
- Detailed/formative treatment planning that supports development of appropriate AT interventions
- Co-creation and/or assessment of progress on treatment goals using AT intervention

## **Professionalism in AT**

*Definition: This element focuses on the expected professional behavior of an adventure therapist. This also includes accurate appraisal of all steps in the adventure therapy process, including but not limited to screening and intake, participant forms, agreement to participate, waivers, informed consent and other pertinent documentation forms for client benefit.*

- Will follow all professional regulatory laws and ethics of the region, state, province, or country in which one practices.
- Ethical Standards specific to AT services.
- Knowledge of commonly accepted practices in AT
- How to use clinical supervision for developing specific AT interventions.

- Use of clinical language in notes to reflect intent of AT interventions and client progress.
- Privacy and confidentiality considerations of providing AT services (e.g., storage of AT documentation and files in the field and in the office, HIPAA)

## **Socio-Cultural Considerations in AT**

*Definition: This element focuses on the awareness and practices related to diversity, accessibility, power, and privilege.*

- Recognition of practitioner biases and controlling countertransference.
- Practicing reflection to increase awareness and manage bias.
- Advocacy for inclusion, diversity, equity, and equality of participants in AT.
- Recognition and acknowledgment of the history/traditions of indigenous peoples.

## **Environmental Considerations in AT**

*Definition: This element focuses on environmental practices and stewardship.*

- Practice environmental safety and ethics appropriate to your setting, activity, and region of practice.
- Advocacy for environmental conservation and protection with an awareness of climate change and sustainability.

## **Trauma Informed Practices in AT**

*Definition: This element focuses on integration of Trauma Informed practices and considerations throughout screening, assessment, intervention, and processing in Adventure Therapy.*

- Facilitation of client choice and client ability to set the level of their own participation or change their mind.
- Tracking of client arousal, anxieties, and vigilance.
- Integration of regulatory activities/options.
- Adapting AT services to meet client immediate, short-term, and long-term needs upon experiencing trauma responses.
- Attune to environmental factors/variables which may induce trauma responses
- Recognition of personal trauma responses as a practitioner.
- Recognition and appropriate balance of power differentials inherent in AT programming
- Promoting trustworthiness, transparency, mutuality, and collaboration during AT programming

# **Appendix B: Ethical Guidelines for CCAT**

## **Statement of Purpose**

Since Adventure Therapy profoundly affects individual lives, it is the purpose of these guidelines to advocate for the education, empowerment, and safety of those who participate in these programs by establishing a minimum standard of ethical care and operation. Individuals who adhere to these guidelines will be considered as upholding, contributing to, and promoting a high standard of operation and service.

## **1. Competence**

Professionals strive to maintain high standards of competence in their work. They recognize the boundaries of their competencies and understand the potential limitations of adventure activities. Professionals exercise reasonable judgment and take appropriate precautions to promote the welfare of participants. They maintain knowledge of relevant professional information related to the use of adventure experiences and they recognize their need for ongoing education. Professionals make appropriate use of professional, technical, and administrative resources that serve the best interests of participants in their program.

### **1.1 Boundaries of Competence**

(1) Professionals provide services only within the boundaries of their competence, based on their education, training, supervision, experience, and practice. (2) Professionals provide services involving specific practices after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or practices. (3) In those areas where generally recognized standards for preparatory training do not yet exist, professionals take reasonable steps to ensure the competence of their work and to promote the welfare of participants. (4) Professionals seek appropriate assistance for their personal problems or conflicts that may impair their work performance or judgment.

### **1.2 Continuing Training**

Professionals are aware of current information in their fields of activity and undertake ongoing professional efforts to maintain the knowledge, practice, and skills they use at a competent level.

## **2. Integrity**

Professionals seek to promote integrity in the practice of adventure programming. In these experiences, they are honest, fair, and respect others. In describing or reporting their qualifications, services, products, fees, and research, professionals do not make statements that are false, misleading, or deceptive. Professionals strive to be aware of their own belief systems, values, needs, and limitations and the effect of these on their work.

### 2.1 Interaction with other Professionals

In deciding whether to offer or provide services to those already receiving services elsewhere, professionals carefully consider the potential participant's welfare.

Professionals discuss these issues with participants in order to minimize the risk of confusion and conflict, consult with other professionals when appropriate, and proceed with caution and sensitivity. Professionals do not engage, directly or through agents, in uninvited solicitation of services from actual or potential participants or others who, because of particular circumstances, are vulnerable to undue influences (e.g., respecting client relationships).

### 2.2 Supervision

Professionals delegate to their employees, supervisees, or students only those professional responsibilities that such persons can perform competently. Within the limitations of their individual or other roles, professionals provide proper training or supervision to employees or supervisees. Professionals also take reasonable steps to see that such persons perform these services responsibly, competently, and ethically.

## **3. Professional Responsibility**

Professionals uphold ethical principles of conduct, clarify their roles and obligations, accept responsibility for their behavior and decisions, and adapt their methods to the needs of different populations. Professionals consult with, refer to, and cooperate with other professionals and individuals to the full extent needed to serve the best interests of participants. Professionals are concerned about the ethical professional conduct of their colleagues. When appropriate, they consult with colleagues in order to avoid unethical conduct. Because of its direct negative influence on participants as well as the field, professionals are strongly urged to report alleged unethical behavior to appropriate and prescribed channels. Professionals are ethically bound to cooperate with professional associations' inquiries concerning ethical misconduct.

### 3.1 Basis for Professional Judgments

Professionals have an adequate basis for their professional judgments and actions that are derived from professional knowledge.

### 3.2 Initiation and Length of Services

Professionals do not begin services for individuals where the constraints of limited contact will not benefit the participant. Professionals continue services only as long as it is reasonably clear that participants are benefiting from that service.

### 3.3 Concern for the Environment

Professionals conduct adventure experiences in a manner that has minimal impact on the environment. Professionals do not conduct adventure experiences where permanent damage to wilderness environments will occur as a result of programming.

## **4. Respect for People's Rights and Dignity**

Professionals respect the fundamental rights, dignity, and worth of all people. They respect the rights of individuals to privacy, confidentiality, and self-determination.

Professionals strive to be sensitive to cultural and individual differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual preference, disability, and socioeconomic status. Professionals do not engage in sexual or other harassment or exploitation of participants, students, trainees, supervisees, employees, colleagues, research subjects, or actual or potential witnesses or complainants in investigations and ethical proceedings.

### 4.1 Policy Against Discrimination

Professionals do not discriminate against or refuse professional services to anyone on the basis of age, gender, race, ethnicity, national origin, religion, sexual preference, disability, and socioeconomic status.

### 4.2 Ethic of Empowerment

Professionals respect the rights of participants to make decisions and help them to understand the consequences of their choices. Professionals assist participants in charting the course of their own lives. They respect the rights of participants to make decisions affecting their lives that also demonstrate an equal concern for the rights of others.

### 4.3 Describing the Nature and Results of Adventure Programming



When professionals provide services to individuals, groups, or individuals, they first provide the consumer of services with appropriate information about the nature of such services and their rights, risks, and responsibilities. Professionals also provide an opportunity to discuss the results, interpretations, and conclusions with participants.

#### 4.4 Informed Consent

Professionals respect participants' rights to refuse or consent to services and activities. Participants must be well informed of the fees, confidentiality, benefits, risks, and responsibilities associated with these services and activities prior to participation.

Professionals make reasonable efforts to answer participants' questions, avoid apparent misunderstanding about the service, and avoid creating unrealistic expectations in participants. Professionals inform participants of the relevant limitations of confidentiality as early as possible, and the foreseeable uses of the information generated through their services. In the case of participants who are minors, parents and/or legal guardians must also give informed consent for participation. Professionals obtain informed consent from participants, parents, or guardians before videotaping, audio recording, or permitting third-party observation.

#### 4.5 Fees

Professionals charge appropriate fees for services. Fees are disclosed to participants at the beginning of services and are truthfully represented to participants and third-party payers. Professionals are not guided solely by a desire for monetary reimbursement.

They are encouraged to contribute a portion of their professional time for little or no personal advantage.

#### 4.6 Advertisement

Professionals accurately represent their competence, training, education, and experience relevant to their practices. This practice includes using: (1) Titles that inform participants and the public about the true and accurate identity, responsibility, source, and status of those practicing under that title. (2) Professional identification (e.g., business card, office sign, letterhead, or listing) that does not include statements that are false, fraudulent, deceptive, or misleading.

#### 4.7 Distortion of Information by Others

Professionals make efforts to prevent the distortion or misuse of their clinical materials and research findings. Professionals correct, whenever possible, false, inaccurate, or misleading information and representations made by others concerning their qualifications, services, or products.

#### 4.8 Public Opinions and Recommendations

Professionals, because of their ability to influence and alter the lives of others and the field, exercise special care when making public their professional recommendations and opinions (e.g., public statements and testimony).

### **5. Concern for Welfare**

Professionals are sensitive to real and ascribed differences in power between themselves and their participants, and they avoid exploiting or misleading other people during or after professional relationships.

#### 5.1 Professional Relationships

Professionals provide services only in the context of a defined professional relationship or role.

#### 5.2 Dual Relationships

Professionals are aware of their influential position with respect to participants and avoid exploiting the trust and dependency of such persons. Because of this, professionals make every effort to avoid dual relationships with participants that could impair professional judgment (e.g., business or close personal relationships with participants). When dual relationships exist, professionals take appropriate professional precautions to ensure that judgment is not impaired, and no exploitation occurs.

#### 5.3 Sexual Relationships

Sexual intimacy with participants is prohibited during the time of the professional relationship. Professionals engaging in sexual intimacy with past participants bear the burden of proving that there is no form of exploitation occurring.

#### 5.4 Physical Contact

Adventure activities often include various forms of physical contact between professionals and participants or among participants (e.g., spotting, checking climbing harnesses, holding hands). Professionals are sensitive and respectful of the fact that participants experience varying degrees of comfort with physical contact, even when it is offered for safety, encouragement, or support. Whenever possible, professionals inform, explain, and gain consent for usual and customary forms of physical contact.

Professionals are aware of individual needs when initiating physical contact, especially if the contact is meant to communicate support (e.g., hugs, pats) and is otherwise not required for a particular activity. Except when safety is a factor, participants have the right to limit or refuse physical contact with professionals and participants.

### 5.5 Behavior Management

Each program and professional will approach the topic of managing behavior with a concern for dignity and safety for both participants and professionals. Definitions of appropriate and inappropriate behaviors of participants should be made clear to participants before any adventure programming commences. Professional responses to inappropriate behaviors should be clearly understood by both professionals and participants and carried out in an appropriate manner. There should be clear documentation of staff training and awareness about program policies concerning the management of unsafe behavior. Policies should never advocate the use of restraint unless participant(s) impose a threat to themselves or others. Restraint should never be used as a punishment or to frighten, humiliate, or threaten a participant. Whenever possible, restraint should be avoided and as passive as possible. All behavior management should be accurately documented.

### 5.6 Physical Needs of Participants

Participants will be provided with the necessary water, nutrition, clothing, shelter, or other essential needs they require for the environment they are living in, unless there is a prior mutual consent between participants and professionals and it is recognized that this will serve a valid purpose (e.g., solo). At no time during any program will the withholding of these needs be used as a punitive measure.

### 5.7 Physical Treatment of Participants

At no time will participants be asked to perform excessive physical activity as a means of punishment. There should be a direct relationship between the number of participants' physical activity levels and the objective of the experience.

### 5.8 Appropriate Use of Risk

The amount of actual emotional and physical risk participants experience in adventure activities will be appropriate for the objectives and competence level of participants.

Professionals use appropriate judgment when choosing activities that expose participants to actual or perceived physical and emotional risks.

### 5.9 Assisting Participants in Obtaining Alternative Services

Professionals assist participants in obtaining other services if they are unwilling or unable, for appropriate reasons, to provide professional help. Professionals will not unilaterally terminate services to participants without making reasonable attempts to arrange for the continuation of such services (e.g., referral). Experiences are planned with the intent that decisions made during and after the experience are in accordance with the best interest of participants.

#### 5.10 Confidentiality

Professionals respect the right of participants to decide the extent to which confidential material is made public. Professionals may not disclose participant confidences except:

(a) as mandated by law; (b) to prevent a clear and immediate danger to a person or persons; (c) where the professional is a defendant in civil, criminal, or disciplinary action arising from services (in which case participant confidences may be disclosed only in the course of that action); or (d) if there is a waiver previously obtained in writing, and then such information may be revealed only in accordance with the terms of the waiver. Unless it is contraindicated or not feasible, the discussion of confidentiality occurs at the onset of the professional relationship.

#### 5.11 Use of Case Materials with Teaching or Professional Presentations

Professionals only use participant or clinical materials in teaching, writing, and public presentations if a written waiver has been obtained in accordance with guideline 5.10 or when appropriate steps have been taken to disguise participant identity and assure confidentiality.

#### 5.12 Storage and Disposal of Participant Materials

Professionals store and dispose of participant records in ways that maintain confidentiality. Records should be maintained for a minimum of seven (7) years, or as mandated by state licensing boards, whichever is longer.

### **6. Social Responsibility**

Professionals are aware of their professional responsibilities to the community and society in which they work and live. Within the limitations of their roles, professionals avoid the misuse of their work. Professionals comply with the standards and laws in their particular geographical and professional area. Professionals also encourage the development of standards and policies that serve the interests of participants and the public.

\*Adapted from the original work of the Therapeutic Adventure Professional Group Ethics Committee, 1991

## Appendix C: CCAT Applicant Agreement

This acknowledgement and agreement must be read, understood and signed by Applicant, as a condition to Applicant's certification as an adventure therapist by the Association for Experiential Education (AEE). Applicant acknowledges and agrees as follows:

Adventure therapy requires a variety of skills in order to facilitate adventure activities, including, but not limited to games and initiatives and low ropes courses, and high-level challenge and adventure activities (including challenge courses at height, rock climbing, paddling, and other outdoor adventure pursuits). Regardless of the type of adventure therapy activity, the primary facilitator of the activity should have training in the technical skills required to reasonably manage its risks, including the level of emergency medical training appropriate to the setting (front country or wilderness).

A primary facilitator must meet one or more of the technical skill conditions described below to lead adventure activities:

- **Certified / Licensed** – Hold certifications or licenses appropriate to leading the adventure activity and received from professional training organizations that follow professional and commonly accepted practices for their discipline and are consistent with the laws and regulations for the jurisdiction in which activities are conducted; or
- **Professional Training** – Have received appropriate adventure activity training from professional organizations that follow commonly accepted practices for their discipline. Examples include organizations accredited by the Association for Experiential Education, American Mountain Guides Association, Association of Challenge Course Technology, and Colleges and Universities; or
- **Organizational Oversight** - Training received is part of a program that has commonly accepted risk management practices, staff training, and appropriate activity protocols in place.

I, Applicant, will:

- Comply with the terms of this Agreement, and uphold the ethical and legal standards of a mental health professional, pertinent to the licenses/certifications I hold;
- Facilitate adventure therapy activities in a manner consistent with my competence and training;

- Reasonably ensure that technically competent instructors act as primary facilitators of the technical aspects of the adventure activities I offer if I am not certified or professionally trained and assessed as competent to facilitate.

I represent that information, statements, and documents which accompany my application for certification or renewal are accurate, including with respect to my experience, education, training, and expertise. I am solely responsible for the accuracy of such information, statements, and documents and AEE is not responsible or liable for any information which is inaccurate or misleading.

My application includes copies of my primary, current, and active state license(s) or [appropriate regulatory permissions](#) as an independent clinical mental health practitioner. I attest that there are no restrictions or conditions on my ability to practice under my license/certifications. To the best of my knowledge, there are no outstanding complaints regarding my services as a mental health professional. Further, should I relocate my principal place of business to another state, I will provide documentation to AEE of the new license prior to commencing practice in that state;

I agree to immediately notify AEE if I:

- Have any disciplinary action taken against me by an applicable licensing or credentialing authority;
- Have my license suspended or revoked or a condition placed on my license or credentialing;
- Am convicted of a crime related to my providing mental health services or a crime that would adversely affect the interests, effectiveness, reputation, or image of AEE;
- Voluntarily relinquish my license or credentialing.

Failure to report any of the four conditions described above may result in the denial or revocation of my AEE Certified Clinical Adventure Therapist (CCAT) credential.

I have read and am familiar with the AEE Certification Credentialing Manual and acknowledge and agree to the requirements of CCAT certification set forth therein.

I acknowledge and agree that certification as a CCAT by AEE is not intended to be and is not a representation or promise by AEE of my knowledge or competency, in my profession or otherwise; and that such designation confirms only that information and documentation received (which is not independently verified by AEE) reflects that the education and training requirements of AEE have been satisfied. I have not and will not utilize the CCAT designation as my only or primary credential. I understand that on all professional documents, communications and in all advertising issued by me or pertaining to me, the CCAT credentials must be accompanied by the academic degree and the license or appropriate regulatory permissions in a mental health field that establishes the type of mental health services I am qualified to offer;

I understand that if AEE receives a complaint against me AEE will request that the complainant bring their concern to the overseeing body of the state license(s) or credentialing I hold. After there is a formal resolution of the complaint AEE reserves the right to take disciplinary action if it believes such is warranted.

I hereby agree to indemnify and hold harmless AEE from and against any and all claims, losses, actions, costs and expenses, including attorneys' fees and insurance deductibles, incurred by AEE as a result of or arising out of a) my acts or omissions in my treatment of patients; b) my failure to abide by the code of ethics, standards of practice and legal standards and requirements promulgated by my primary licensing or credentialing authority; c) any falsification, including by omission or inclusion, of information on my CCAT application or any supporting documents; d) my conduct or actions that are prejudicial to the purpose, interests, effectiveness, reputation, or image of adventure therapy and/or AEE; and e) any other action or omission relating to my CCAT credential or my performance there under.

## **Appendix D: Ethical Guidelines for Certification Council**

The Council conducts its business in a manner consistent with the AEE Code of Conduct:

**Conflict of Interest Definition: to derive personal or professional benefit from decisions made in your Certifying capacity.**

AEE staff and volunteers associated with the Certification Program, including Council members, act as agents of AEE with an interest in enriching lives through experiential education. The Certification program has a further interest in advancing the professional practices of members offering adventure therapy/outdoor behavioral healthcare through helping them meet Certification standards. AEE's shared interest is to help members meet certification criteria; any deviation from this interest should be disclosed and discussed with the Director for guidance. The foundational ethics in such work are both fairness and transparency. As such, situations in which a conflict of interest may occur (or potentially undermines fairness and transparency) must be reported to the Director.

In cases where a conflict of interest cannot be avoided, Council members will excuse themselves from related Certification processes and deliberations. The Council will determine if there is a conflict of interest in consultation with the Director. The Director will remove any Council members who compromise the integrity of the Certification Program.

In order to avoid situations that could be perceived as a conflict of interest, Council members will:

- disclose to AEE any current or prior relationships with a member seeking initial or continuing Certification,
- avoid developing any type of relationship with members engaged in the Certification process that could impair professional judgment or negatively affect the Certification Program,
- decline to serve as a reviewer, with direction from the Council, for applicants with whom they have a relationship that would bias their judgment or offer personal gain.

### ***Confidentiality***



Any information provided by the member for the purpose of Certification will be considered confidential and will only be used by the Certification Council, and AEE staff, in the Certification process. Any documents provided for the purpose of Certification must be safeguarded and maintained in confidence. The deliberations, status, and results of Certification are reported only to the applicant, the AEE Certification Program Staff, and the Certification Council (with the exception of listing the CCAT endorsement on the AEE website).

A full summary of AEE Ethical Guidelines can be found on the [‘AEE Code of Conduct’ document](#).

## **Appendix E: Responding to Complaints about Certificate Holders**

Complainants are requested to file a complaint with the overseeing body of the state license(s) or credentialing the therapist holds. After there is a formal resolution of the complaint, the AEE Certification Council will review the findings of the state licensing board and take appropriate action if AEE believes such action is warranted. Please see [Disciplinary Actions](#) in Section E above.