

The Tri-Competent Adventure Therapist Compared with the Certified Clinical Adventure Therapist

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Abstract

A successful adventure therapy program requires competence in three sets: the adventure experiences used with clients, the reflection techniques employed to help them learn or change, and the precise needs and specific issues of the clients themselves. The tri-competent specialist is an individual who has knowledge and experience in all three of these sets. However, the “tri-comp” is rare and so a program must ensure that they cover all three of these competency sets in a combination of two or more staff. This article examines the three competency sets in detail, plus a fourth set of desirable adventure therapist qualities, and compares this with a development in the United States to better prepare tri-competent adventure therapists under the certification of clinical adventure therapist.

Keywords: Adventure therapy; competency; experience; reflection; clientele

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Introduction

The tri-competent adventure therapist model was initially proposed as a way to ensure that successful programs are those that employ staff with expertise in three competency sets: experience, reflection, and clientele (Priest et al., 2000). Full tri-competence can be developed with training. One example is a credential currently offered through the Association for Experiential Education (AEE, 2021) discussed at the end of this article. These three competency sets are reproduced using a four oval Euler diagram that blends colors. A Euler diagram is a realistic version of a hypothetical Venn diagram. The fourth oval represents a set of personal characteristics desired in adventure therapists. The aforementioned credential addresses a large part of these competencies. Consider the following color model.

Colors can be combined by two common methods: the subtractive model and the additive model. The subtractive model begins with Cyan, Magenta, Yellow, and Key (or Black) primary colors, then light is removed as color is added to eventually produce black (the absence of light). The additive model begins with Red, Green, and Blue primary colors then adds light with colors to result in bright white light. For example, ink printers and paint mixers use the CMYK subtractive model on white paper, while television screens, monitors, and projectors use the RGB additive model in illumination on a black background. For more, consult: <https://pavilion.dinfos.edu/Article/Article/2355687/additive-subtractive-color-models/>

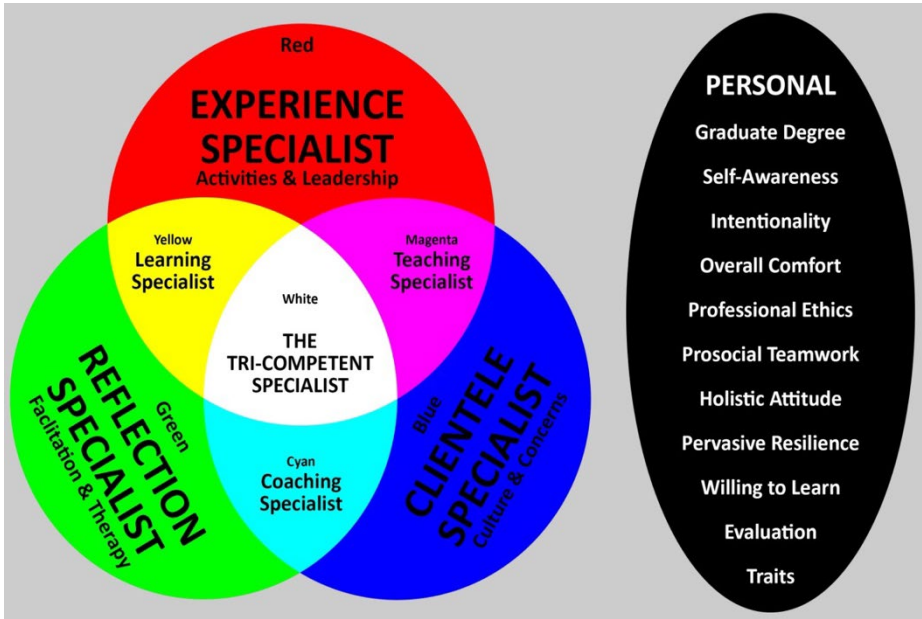
The RGB additive model works well for representing the tri-competent adventure therapist. As shown in Figure 1, three competency sets (Red= Experience, Green = Reflection, and Blue = Clientele) are added in increasing intensity until the tri-competent specialist is created (bright white light in the middle), much the same as a prism. The intensity of each color corresponds to the depth of knowledge and practice for each competency set.

Metaphorically, when individuals bring a hardened view about what is needed in a particular competency without openness to others' views, the result is often opaque and benefits no one. Conversely, when there is a blending of light based on openness to others' views, the resulting translucence can be enlightening to the individuals involved and promote greater understanding of the depth and breadth of adventure therapy.

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Figure 1

The Tri-Competent Specialist Expressed as a Euler Diagram (Priest et al, 2000)



Singular Specialists

Experience specialists know the activities and the associated consequences of this set. They know the safety procedures for managing the risks (physical, social, emotional), they understand how to mediate conflicts in small groups, and they comprehend the best choice of activities to address the needs of the clients. This singular specialist has a working knowledge of, but not competency in the clientele or reflection competency sets and might simply be a technical expert in the variety of adventure activities being conducted.

Ellery Erakat is a recreation practitioner having compiled group game and initiative books, invented a few high and low ropes/challenge course elements, and led numerous day-long adventure activities from bicycling to kayaking with an emphasis on amusement, enjoyment, and skill development. Ellery is not interested in processing any behavioral changes and figures that all participants are the same: playful.

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Reflection specialists are a therapist with expertise in various modalities and/or a non-therapist with expertise in facilitation techniques. Therapeutic modalities include Cognitive Behavioral, Dialectic Behavioral, Narrative, Motivational Interviewing, and more. Facilitation techniques range from fundamentals and funneling, through frontloading and freezing, to focusing and fortifying (Priest & Gass, 2018). This singular specialist has an awareness of, but not competency in the experience or clientele competency sets and might be an expert in one particular psychotherapy modality but working across various settings with different clientele.

Riley Rodricks is a practicing psychiatrist working only with business executives. Riley doesn't enjoy the outdoors and has no interest in adventure experiences. Riley exemplifies the reflection specialist and is known for capably applying a variety of modalities or facilitative questioning techniques with all clients.

Clientele specialists know the idiosyncrasies of the population, their culture, and the types of diagnoses they might present. This singular specialist has limited understanding and does not consider themselves competent in the reflection or experience competency sets and might merely be an expert with a range of client groups, but with no facilitation or outdoor experience.

Chris Carpenter is an inner-city social worker. Chris serves a wide spectrum of clients from those without a home, through those suffering from substance use disorder and perhaps crime-related issues, to those with a broad range of mental illnesses. Chris is an expert at obtaining the necessary resources for clients to survive or thrive and is full of compassion, appreciation, respect, and empathy for everyone. However, Chris avoids engaging clients in adventures outdoors and prefers not to facilitate reflective processes.

Dual Specialists

In the overlapping, colored circles, the total absence of one primary color, with the blending of the other two, creates a novel secondary color. For example, the absence of blue creates yellow (green + red), missing green makes magenta (red + blue), and lacking any red means cyan (blue + green). Similarly, the absence of entire skill sets creates a new secondary dual specialist: one who is capable in the first two competency sets but lacking in the third. These are the learning, teaching, and coaching specialists.

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The learning specialist has competency in the experience and reflection sets, but limited knowledge of the clients. This individual might be a technician or intern who can facilitate. The teaching specialist is competent in the clientele and experience sets, but not in reflection. This person might be a social worker with an adventure background. The coaching specialist is proficient in the reflection and clientele sets but has limited knowledge of the experiences. The coaching specialist may be a therapist dedicated to working with a specific client diagnosis using traditional, but not adventure methodologies.

Lee Lopez has been working as an outdoor leader since the age of 20. Lee holds leadership expertise in delivering and debriefing hundreds of games and initiatives, both high and low ropes/challenge courses, and many expeditionary outdoor pursuits from climbing, through paddling, to backpacking. Lee has a degree in sociology and is exemplary at facilitating client learning, change, growth, and transformation. However, Lee has little to no experience with client groups other than juveniles identified as delinquent.

Terry Thabethe enjoys outdoor recreation while engaging in a plethora of adventure activities, and knows about clients, their culture, and their concerns. As a teacher, Terry understands how to instruct the experience and how to adapt activities to suit the client's culture and concerns. However, Terry lacks any psychological training and has never facilitated a discussion before, during, or after the experience.

Cameron Chang is a capable psychoanalyst moving seamlessly between questioned facilitation and behavioral therapies. Cameron also knows the culture and concerns of most mental health clients: how to help them help themselves and how to fit into their belief systems. However, Cameron does not have any adventure or outdoor experience due to conducting office therapy entirely indoors for decades.

If a staff member is one of these three and not a tri-competent specialist, then the missing competency set needs to be covered by a single specialist. The learning specialist should be partnered with a clientele specialist, the teaching specialist should be coupled with a reflection specialist, and the coaching specialist should be joined by an experience specialist. Similarly, if a program has no dual specialists to pair with a single specialist, then three single specialists should be combined to cover all the bases. In this way, the program can proceed without a critical flaw or gap in its efficacy.

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Chris, Riley, and Ellery work well together as a triumvirate team. Lee and Chris capably combine into an impactful partnership. Terry and Riley form an equally effective alliance. Cameron and Ellery deliver a similarly powerful program. All these blends represent the ideal when the tri-comp is unavailable.

Tri-Competent Specialists

The tri-competent specialist is an expert in all three competency sets. Only one tri-comp is needed to conduct adventure therapy with a small client group, although extra staff are always valued.

Alex Agamabiche is a tri-competent adventure therapist with a graduate degree in psychology providing expertise in modalities and facilitation techniques. As an undergraduate, Alex funded school by working at summer camps. To pay for a grad student education, Alex taught outdoor adventure activities and built ropes/challenge courses. In addition to expertise with the experience and methods of reflection, Alex has worked clinically with children, youth, adults, couples, and families from all walks of life, with many presenting a whole host of behavioral disorders, emotional trauma, and relationship instabilities.

Whether the staff member has one competency set or all three, the program must ensure and provide staffing blends that cover all three areas for optimal therapeutic efficacy. Staff members should be sure not to be placed in situations where they are unprepared or lack the key competency set to deliver.

Even tri-competent adventure therapists are sometimes placed out of their depth. Occasionally, they end up in an untried adventure activity, like caving, sailing, or surfing. They are presented with a client group they have never seen before: psychotic or schizophrenic. They are asked to apply an unfamiliar modality like Eye Movement Desensitization and Reprocessing (common for clients with PTSD). In those deep-water instances, they must insist on receiving assistance from someone who knows that activity, knows those clients, or knows the modality. To do otherwise means risking an activity accident, a client misalignment, or a treatment failure, and, if obvious enough, this might be considered malpractice.

Breaking Down the Competency Sets

Praxis, implied for each of the lists that follow, is the process of exhibiting, enacting, or embodying the specific body of knowledge for disciplines, professional comprehensions, and/or personal preferences. Praxis includes

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understanding, demonstrating, experiencing, and reflecting on best practices. Each of the competency sets are broken down into particular areas with clarifications and examples in Table 1. The aspiring adventure therapist will want to develop proficiency in these areas toward tri-competency.

Table 1

List of Competency Sets for Adventure Therapists

EXPERIENCE (Activities & Leadership)	REFLECTION (Facilitation & Therapy)
<ol style="list-style-type: none"> 1. TECHNICAL: a variety of chosen adventure activities such as immersion in restorative nature, enabling mindfulness, socialization games, group initiatives, high or low ropes or challenge courses, place-based or wilderness-based outdoor pursuits, simulations, etc. 2. SAFETY & RISK MANAGEMENT: accident prevention, remote first aid, CPR, incident response, crisis management, psychological aid or support, etc. (also see trauma-informed under reflection) 3. ENVIRONMENTAL: nature as source of consequences, healer and co-therapist, and minimal impact travel/camping, Leave No Trace techniques, sustainable practices, reduced carbon footprint, etc. 4. PLANNING: which activities best meet whose needs, substituting 	<ol style="list-style-type: none"> 1. THEORETICAL: underlying models and theories of this form of therapy such as history of approach, deep ecology, experiential learning, psychodynamic, humanistic, behavioral, cognitive, etc. 2. TRANSFORMATIVE: the roles of mindfulness and reflection in the three primary mechanisms of change occurring from immersion in nature, taking individual risks, and resolving group conflicts. 3. PSYCHOTHERAPY: various commonly used therapeutic modalities such as Cognitive Behavioral, Dialectic Behavior, Narrative, etc. 4. FACILITATION: techniques such as questioning, fundamentals, funneling, frontloading, freezing, fortifying, focusing, framing, and offering feedback (when clients are ready and receptive). 5. METAPHORS: finding analogies during discussions, creating and framing activities with symbolism

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EXPERIENCE (Activities & Leadership)	REFLECTION (Facilitation & Therapy)
<p>alternative activities due to weather or group abilities, organizing expeditions, obtaining permission to access land/water resources, designing programs, sequencing activities, ample timing for solo or group reflection, etc.</p> <p>5. METASKILLS: professional ethics, effective communication, flexible style, decision making, problem solving, judgment, etc.</p> <p>6. INSTRUCTIONAL: teaching most of these competencies to clients, encouraging client mindfulness, etc.</p>	<p>(contextual or isomorphic), using metaphoric connections to enhance transfer, etc.</p> <p>6. ALLIANCE: strengthening the therapeutic relationships between client and therapist and among clients/peers within groups.</p> <p>7. TRAUMA-INFORMED: guiding practice with client information about past trauma and their active participation in treatment, avoiding the trauma inducing or accentuating dangers of coercive practices, and considering the rare circumstances that may warrant physical restraint or involuntary treatment or transport.</p>
CLIENTELE (Culture & Concerns)	PERSONAL (Foundation for Tri-Competence)
<p>1. CONCERNS: possible client issues or disorders, based on the latest version of DSM or similar taxonomy, and how these concerns might present differently across ages, genders, ethnicities, etc.</p> <p>2. TAILORING: adapting activity, frame, and reflection to suit unique information known about the clients and their trauma histories.</p> <p>3. INDICATIONS: which methods are best to treat which disorders, when</p>	<p>1. GRADUATE DEGREE: from reputable higher education institutions in mental health, social work or human service disciplines.</p> <p>2. SELF-AWARENESS: attentiveness of one's own limits, biases, and abilities to cope with work, life, and other demands, as expressed by being a genuine role model and showing one's authentic self.</p> <p>3. INTENTIONALITY: partnering with clients to explore past traumas, present interventions, and future</p>

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CLIENTELE (Culture & Concerns)	PERSONAL (Foundation for Tri-Competence)
<p>to engage the sympathetic nervous system (with the distress and eustress of challenge) or the parasympathetic nervous system (with relaxation in restorative nature), how to blend these two for maximum relief, etc.</p> <p>4. CONTRAINDICATIONS: which genuine phobias and conditions ought to exclude participation in each therapy and/or activity.</p> <p>5. CULTURAL: awareness of the client’s community, societal pressures, traditional rituals, language difficulties, family situation, oppression they may face in life, support structures, personal strengths, special skills, etc.</p> <p>6. INDIGENEITY: sensitivity to local, regional, national, and international indigenous practices, how these inform client growth, how not to misappropriate when carefully choosing to include indigenous wisdom, etc.</p> <p>7. SOCIAL JUSTICE: practice without discrimination and through developing strategies for addressing oppression.</p> <p>8. EMPOWERMENT: allowing clients to play an active role in their treatment by choosing activities and</p>	<p>expectations by openly sharing working hypotheses/diagnoses, and then co-creating treatment plans with them.</p> <p>4. OVERALL COMFORT: remaining calm and neutral during uncomfortable client interactions, unpleasant environmental conditions, or clients holding long, silent, non-responsive pauses.</p> <p>5. PROFESSIONAL ETHICS: competence, integrity, responsibility, respect, concern, recognition, service, justice, dignity, worth of clients, and do no harm to self, others, or the environment.</p> <p>6. PROSOCIAL TEAMWORK: working collaboratively and helpfully with others in a staff group to deliver therapy.</p> <p>7. HOLISTIC ATTITUDE: wellness is addressed as a woven collection of physical, emotional, behavioral, social and spiritual linkages.</p> <p>8. PERVASIVE RESILIENCE: consciousness of the job demands, able to care for own well-being, manage secondary traumatic stress, and thus avoid burnout, etc.</p> <p>9. WILLINGNESS TO LEARN: from clients, reflecting on own praxis,</p>

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CLIENTELE (Culture & Concerns)	PERSONAL (Foundation for Tri-Competence)
<p>participation levels and by safely voicing their candid fears and opinions.</p> <p>9. SOCIALIZATION: substituting the peer group as a temporary replacement for the function of family, interacting socially under circumstances of distress and eustress, etc.</p>	<p>committing to ongoing education, supervision, and peer review.</p> <p>10. EVALUATION: conducting client needs assessments, appraising client impact during the experience, and determining the influence of client reflection after the experience, then immediately adjusting as necessary in the next experience.</p> <p>11. TRAITS: humble, happy, humorous, honest, empathetic, flexible, compassionate, creative, patient, confident, communicative, trusting/trustworthy, ego-controlled, valuing of others, etc.</p>

An American Credential

The Association for Experiential Education has recently developed a credential called the Certified Clinical Adventure Therapist (CCAT). This credential was developed to address the growing need for greater clinical professionalism in adventure therapy and clearly distinguishes between professional certifications and assessment-based certificates (AEE, 2021).

The former certifications “recognize the knowledge, skills, competencies, and experience that professionals have already accumulated” while the latter certificates “teach a specific body of knowledge and assess that the appropriate skills and knowledge were learned at the time of the assessment” (AEE, 2021, p. 6). The CCAT is a professional credential that gauges prior learning and experience to show that an applicant has “completed all necessary training, has a specific amount of experience using the material from the training, and has received supervision to ensure that the practice was consistent with the approach described in the training” (AEE, 2021, p.6). In this way the credential encourages learning from multiple sources and by multiple methods, thus providing for a

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diversity of best practices rather than a single-minded approach based on one organizational philosophy. As listed with the CCAT (AEE, 2021, pp.14-17), the eleven core elements of adventure therapy training include:

1. Technical Skills (incorporating activity, safety, and environmental skills)
2. Facilitation and Processing (also enabling norms, isomorphic framing, matching needs, etc.)
3. Organizational/Administrative Policies (laws, risk management, medical concerns, etc.)
4. Conceptual Knowledge (history, philosophy, and key components, models and theories)
5. Therapeutic Alliance Building (ensuring client rights, responsibilities, and relationships)
6. Assessment (ongoing trauma-informed diagnoses through multiple methods and sources)
7. Interventions (selection and sequencing of treatment activities and techniques)
8. Therapeutic Monitoring (of client progress and transfer to daily life)
9. Documentation (medical history, confidentiality, legal contacts, accident reporting, etc.)
10. Professionalism (ethics, legislation, and regulations)
11. Socio-Cultural/Environmental Considerations (biases and advocacy for diversity and inclusion)

Table 2 compares the curricula content of the CCAT and Tri-comp models and shows striking similarities and overlaps. While great duplication exists across both models, one difference exists. The CCAT does not mention instructional and meta skills, but perhaps these are expected to be inherent in a licensed mental health practitioner. Despite this minor difference, the two models map onto one another with great congruency. Improvement of each model could benefit from a close inspection of specific competencies found in the other.

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Table 2

Comparison of Both Models

CCAT	Tri-Comp
1 Technical Skills 2 Organization/Administration Missing: instructional and meta skills, but may already be inherent in a licensed mental health practitioner	Experience (Technical, Safety & Risk Management, Environmental, Planning, Meta Skills, Instructional)
3 Facilitation & Processing 4 Conceptual Knowledge 5 Therapeutic Alliance Building 6 Assessment	Reflection (Theoretical, Transformative, Psychotherapy, Facilitation, Metaphors, Alliance, Trauma-Informed)
7 Interventions (designed specifically for clients) 11 Socio-Cultural/Environmental Considerations	Clientele (Concerns, Tailoring, Indications, Contraindications, Cultural, Indigeneity, Social Justice, Empowerment, Socialization)
8 Therapeutic Monitoring 9 Documentation 10 Professionalism Prerequisites: possession of a graduate degree, verification of licensure, analysis of prior learning and experience under supervision, etc.	Personal (Graduate Degree, Self-Awareness, Intentionality, Overall Comfort, Professional Ethics, Prosocial Teamwork, Holistic Attitude, Pervasive Resilience, Willingness to Learn, Evaluation, Traits)

In summary, CCAT is a credential offered by a professional association that allows for documentation of training and experience. The Tri-Comp model is a mechanism for self, peer, and supervisor introspection. It might be utilized for creating a training path towards CCAT as recognition for meeting minimum standards of competence as judged by peer professionals.

Conclusion

As the field of adventure therapy evolves and grows within the American experiential outdoor learning profession, the need for competent and credentialed

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leadership will similarly strengthen. The tri-comp model and AEE's CCAT may provide direction for other nations to create their own culturally specific credentials to complement their maturing disciplines. Further research ought to investigate the efficacy of AEE's CCAT certification process as it progresses over time and examine the applicability of the tri-comp model to the international adventure therapy community. Program administrators may want to utilize the lists of competencies to evaluate program staff and to screen new hires across all specialties.

Declaration of interest

There is no conflict of interest.

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