Theoretical Basis, Process, and Reported Outcomes of Wilderness Therapy as an Intervention and Treatment for Problem Behavior in Adolescents

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AUTHORIZATION TO SUBMIT

DISSERTATION

This dissertation of Keith Russell, submitted for the degree of Doctor of Philosophy with a major in Forestry, Wildlife, and Range Sciences and titled "Theoretical Bases of Wilderness Therapy as an Intervention and Treatment for Adolescents with Problem Behaviors," has been reviewed in final form, as indicated by the signatures and dates given below. Permission is now granted to submit final copies to the College of Graduate Studies for approval.

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ABSTRACT

Despite a growing number of programs operating in the United States under the guise of "wilderness therapy," a common and accepted definition is lacking. Research studies are not specific in describing how presenting problems are assessed by wilderness therapy and how therapeutic approaches relate to target outcomes, making conclusions and findings difficult to compare. This study examined the theory, process, and reported outcomes of four wilderness therapy programs to illustrate what wilderness therapy is, how and under what conditions it works, and for whom it is most effective.

A comprehensive definition and theoretical framework of wilderness therapy was developed from a review of literature and guided the research. Multiple data sources were triangulated to develop individual wilderness therapy program models. Key staff were interviewed and asked to describe the theoretical basis of the program, how the process worked, and what outcomes were expected from treatment. Seven-days were spent in the field observing the wilderness therapy process applied to client case studies. Post-treatment interviews with clients and staff responsible for their care assessed reported outcomes and how outcomes related to process. Four month follow-up interviews with clients and parents assessed longevity of effects.

A comprehensive model of wilderness therapy was constructed from cross-case analysis of data. A common theoretical basis of wilderness therapy emerged, based on the integration of wilderness programming theory with a clinically-based, eclectic, therapeutic model guided by a family systems approach. The theoretical basis included how staff perceived clients prior to entering into wilderness therapy--resistant to traditional authority, in immediate crisis, as possessing an innate goodness, and not able to manipulate the wilderness therapy process. Clients are also perceived as having been in counseling before (skilled in dealing with traditional therapy), thus requiring a unique approach to working with their problem behaviors. Staff approach the relationship with the client in a nurturing and empathetic manner, do not force change, but rather wait for the client to want to change.

The common theoretical basis framed a collective process and practice of wilderness therapy. Parents are expected to be involved in the process, reflecting a family systems perspective. Therapeutic factors of the wilderness therapy process included: a sense of

adversity and challenge confronting the client; the use of natural reward and punishment allowing authority figures to step back from the role of the provider of consequences; a peer mentoring process; a feeling of group development; physical exercise from hiking and wilderness living; time for reflection; an emphasis on self care and personal responsibility; skill mastery, particularly primitive skills and the making of fire, and; a strong therapeutic relationship between the client and staff.

Common anticipated outcomes were also identified. These outcomes relate to the development of self-concept by the client, and the acquisition of a variety of skills and knowledge which lead to a realization of personal behaviors. These realizations lead to the client wanting to have a better relationship with parents, to continue to grow, be more appreciative, and see personal problems in a different light. Because parents are involved in the process, anticipated outcomes also include a better functioning family, with parents learning new parenting skills and the child being perceived differently by parents.

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1. INTRODUCTION AND OVERVIEW

Wilderness therapy is an emerging treatment intervention in mental health practice to help adolescents overcome emotional, adjustment, addiction, and psychological problems. Wilderness therapy is often confused with the broader field of wilderness experience programs (WEP) of which it is a part. WEPs are defined as "organizations that conduct outdoor programs in wilderness or comparable lands for purposes of personal growth, therapy, rehabilitation, education or leadership-organizational development" (Friese, Hendee, & Kinziger, 1998, p. 40). Wilderness therapy is focused on therapeutic assessment and outcome and involves participant immersion in an unfamiliar environment, group-living with peers, individual and group therapy sessions, educational curricula and application of primitive skills such as fire-making and backcountry travel, all designed to address problem behaviors by fostering personal and social responsibility and emotional growth of clients. Young people aged 12-17 are the most frequent clients.

Adolescents in the United States are more at-risk in recent years due to the influence of profound cultural change, including unstructured home environments in which both parents are working, increase in the number of single-parent families, and one-parent families, and a media culture that bombards adolescents with images of sex, violence and excitement. These and other cultural stimuli have contributed to the epidemic of emotional disorders in US adolescents. Four million of the 26 million adolescents between the ages of 12 and 19 have emotional problems severe enough to require treatment, with a Center for Disease Control study indicating that one out of 12 high school students attempted suicide in the year preceding the study (Davis-Berman & Berman, 1994). Not enough mental health services are available that are suited for adolescents' unique needs. There is a lack of middle ground between outpatient services, which may be inadequate and to which adolescents often are unlikely to commit, and inpatient programs which may be overly restrictive (Tuma, 1989). Wilderness therapy is helping bridge the gap between these extremes, it's appeal strengthened by a growing reputation for economy and therapeutic efficacy when compared with other mental health services.

Wilderness therapy, as documented in the literature, has been shown to be effective in

promoting positive behavioral change in youth-at-risk (Stewart, 1978; Wright, 1982). The majority of programs report increases in self esteem, or self-confidence (Gibson, 1981; Kelly & Baer, 1969). Research on wilderness therapy programs have also reported a reduction in the rate and seriousness of recidivism among juvenile delinquents (Hileman, 1979; Kelly & Baer, 1968). Benefits reported in the literature of participation in wilderness therapy and supported in several reviews of the literature support the hypothesis that wilderness therapy programs enhance self-concept by developing self efficacy and strengthening internal locus of control among participants (Ewert, 1987; Ewert, 1989; Gillis, 1992; Gillis & Thomsen, 1996; Pitstick, 1995; Winterdyk & Griffiths, 1984).

Despite claims of efficacy, little is known about how the wilderness therapy process promote changes in problem behaviors of adolescents. Mulvey, Arthur and Repucci (1993) conclude in their review of research on wilderness therapy efficacy that the "nature, extent, and conditions under which positive outcomes occur is unknown" (p. 154). Parents, juvenile authorities, and school officials looking for alternative therapeutic approaches continue to turn to wilderness therapy as a last resort for adolescents who have tried various traditional counseling approaches with little or no success. An empirically based, explanatory model of the theory, process, and reported outcomes of wilderness therapy is needed to answer questions being asked by the mental health profession, insurance companies, national accreditation agencies, juvenile authorities, school officials, and parents of potential clients. The overarching question is *What is wilderness therapy, and how does it work?* This study examines the wilderness therapy process for the purpose of illustrating what it is, how and under what conditions it works, and for whom it is most effective.

Current Status of Wilderness Therapy Industry

Mental health providers are taking notice of wilderness therapy outcomes and embracing such interventions as viable alternatives to traditional mental health services, leading to growth in number of wilderness therapy programs and clients served (Russell & Hendee, 1998). Data about the wilderness therapy industry are scarce, but recent surveys provide a basis for estimating the number of wilderness therapy programs currently operating.

Friese (1996) identified 500 wilderness experience programs (WEPs), defined as organizations that conduct outdoor programs in wilderness or comparable lands for purposes of personal growth, therapy, rehabilitation, education or leadership and organizational development. Thirty programs fitting the definition of expedition-based wilderness therapy were identified in this survey. Subsequently, Carpenter (1998) identified six additional wilderness therapy programs beyond these, and Crisp (1996) identified two more. Thus, a minimum of 38 wilderness therapy programs have been identified in the US.

Cooley (1998) estimates that approximately 10,000 adolescents are being served each year by wilderness treatment, generating 330,000 user days and $60 million in annual revenue. Data from five representative wilderness therapy programs were gathered for this study in interviews with key executives and are presented in Table 1 to illustrate the vitality and relative size of the wilderness therapy industry.

Table 1. Program length, number of trips, clients served, and wilderness user days, percent clients receive insurance co-pay, and percent aftercare placement of five wilderness therapy programs.

Program Name	Program Length	Wilderness Treatment Cost	Total Staff	Number Of Trips		Clients Served		Wilderness Field Days		Percent Clients Receive Insurance Assistance	Percent Return Home Upon Completion of Program
				97	98	97	98	97	98		
Anasazi	56 days	$15, 000 ($270/day)	60	27	27	187	200	10,472	11,200	60% Receive Assistance	90% Return Home 10% Aftercare Placement
Ascent	42 days	$18,500 ($440/day)	80	42	43	329	375	3,472	5,250	30% Receive Assistance	20% Return Home 80% Aftercare Placement
Aspen Achievement Academy	53 days	$15,700 ($300/day)	65	75	75	300	350	15,900	18,550	40% Receive Assistance	50% Return Home 50% Aftercare Placement
Catherine Freer	21 days	$5,850 ($280/day)	40	43	45	256	300	5,376	6,300	65% Receive Assistance	65% Return Home 35% Aftercare Placement
SUWS	21 days	$6,750 ($320/day)	58	72	75	455	490	9,555	10,290	0% Receive Assistance	40% Return Home 60% Aftercare Placement
Totals and Average	38 days (Ave.)	$12,360 ($325/day)	60 (Ave.)	259	265	1,527	1,715	44,775	51,590	40% (Ave.)	53% Return Home 47% Aftercare Placement (Ave.)

Table 1 illustrates that all five programs increased the number of clients served from 1997 to 1998, with three of the five increasing the number of trips offered. Wilderness field days (wfd) were calculated by multiplying number of clients served by the length of the wilderness trip phase of the program, generating a total of 44,775 wfd in 1997, and 51, 590 wfd in 1998 for the five programs. If we extrapolate the data as if they represented the 38 known programs, a suggested total of 11,600 clients were served in 1997 and 12,005 in 1998, generating 340,290 wfd in 1997 and 392,000 wfd in 1998 respectively. This generated annual gross revenues of $128 million dollars in 1997 and $143 million dollars in 1998.

While wilderness therapy is expensive, our data indicate that an average of 40 percent of clients are receiving assistance from medical insurance. As wilderness therapy programs strive for recognition from insurance companies by receiving accreditation from national agencies such as the Council on Accreditation (COA), the trend towards co-pay assistance is likely to continue making wilderness therapy more accessible for families with more limited incomes. Given reasonable support from federal land management, medical insurance, social service agencies, and juvenile authorities, wilderness therapy should continue to develop as a viable treatment modality for adolescents with problem behaviors who may also be struggling with drug and alcohol addiction.

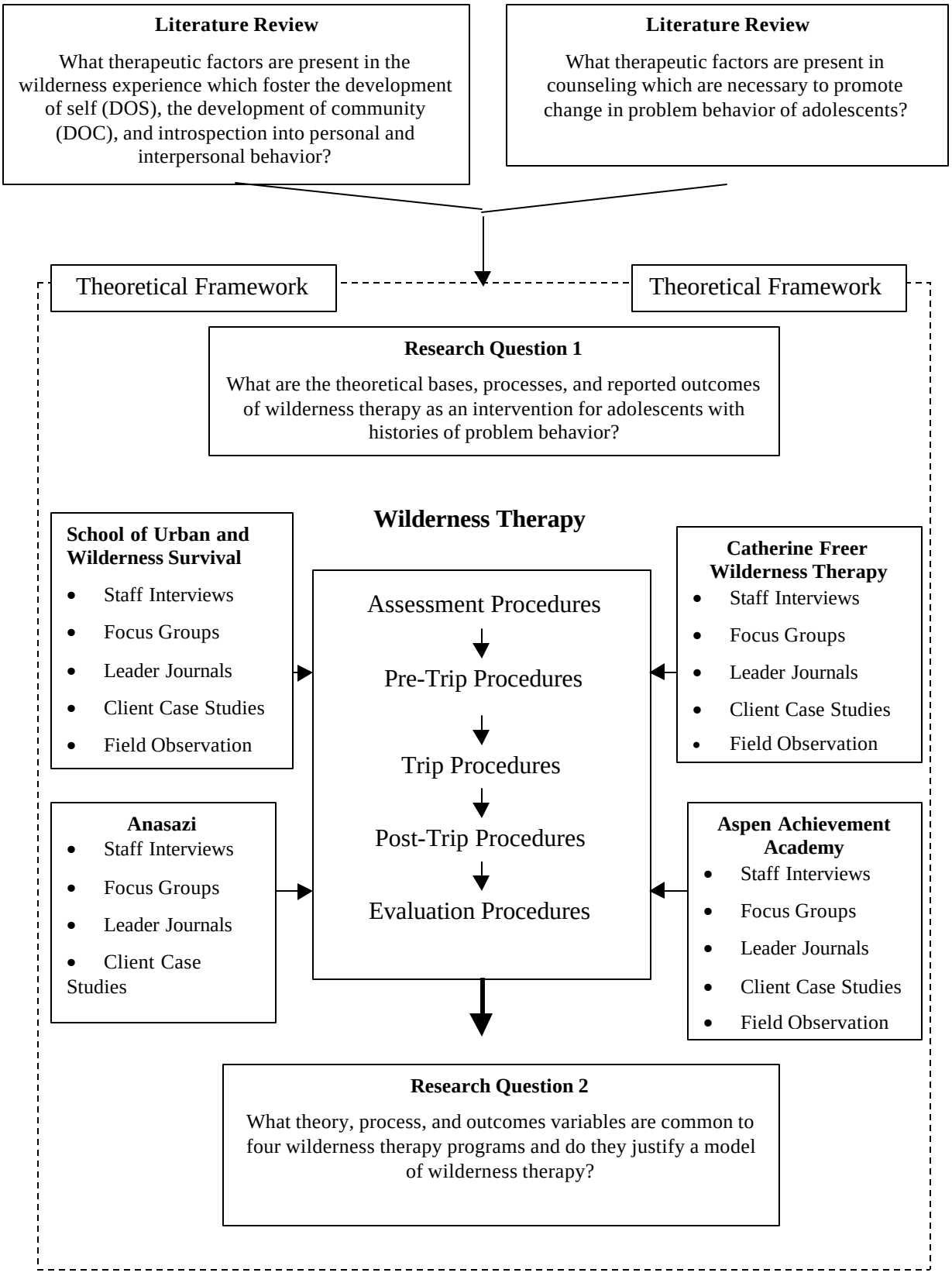
Purpose of the Study

Despite a growing number of programs operating in the United States under the guise of "wilderness therapy," a common and accepted definition is lacking. The majority of research studies are not specific enough in describing how presenting problems are assessed by each program and how therapeutic approaches relate to target outcomes, making conclusions and findings difficult to compare. An investigation of the theoretical bases of wilderness therapy and how the wilderness therapy process relates to outcomes is proposed to better understand wilderness therapy as a treatment intervention for adolescents with histories of problem behaviors.

The following two research questions are addressed in this study: (1) What are the theoretical bases, processes, and reported outcomes of wilderness therapy as an intervention for adolescents with histories of problem behavior? The theoretical basis, process, and

reported outcomes of four wilderness therapy programs belonging to the Outdoor Behavior Health Care Industry Council (OBHIC) are described using a multiple case study approach. (2) What theory, process, and outcomes variables are common to four wilderness therapy programs and do they justify a model of wilderness therapy? Therapeutic factors of wilderness experience, and core conditions found across counseling approaches for adolescents which are necessary to promote effective therapeutic change are reviewed (See Figure 1). They guided the research action and provided a matrix for data analysis, interpretation, and conclusions. The goal of such inquiry was to provide a rich description of wilderness therapy theory, process, and outcomes in order to assess how wilderness therapy works in promoting changes in problem behaviors of adolescents.

Figure 1. Research questions guiding the study.



Selection of Cases

Four wilderness therapy programs are identified as cases for use in this study. They are members of an organization called the Outdoor Behavior Health Care Industry Council (OBHIC) (Council, 1997), a self-formed organization of behavioral healthcare providers who are committed to the utilization of outdoor modalities to assist young people and their families to make positive change. The standards of membership for OBHIC closely parallel definitions of wilderness therapy found in the literature and used in this study (Bandoroff & Scherer, 1994; Davis-Berman and Berman, 1994; Powch, 1994). The selection of these four wilderness therapy programs allows comparison across two types wilderness therapy programs (contained and continuous flow) to identify common and distinct factors inherent in the wilderness therapy process.

This is referred to in the literature as literal replications used in multiple case studies (Yin, 1993). This allows for cross-case analysis to identify common concepts, themes, and factors which will form the basis for a model of the wilderness therapy treatment milieu. Because of this, and the recognition OBHIC has as setting and defining wilderness therapy industry standards, these four wilderness therapy programs are used in this study.

The mission statement of OBHIC states: *OBHIC is an organization of behavioral healthcare providers who are committed to the utilization of outdoor modalities to assist young people and their families to make positive change. OBHIC's mission is to unite its members to promote the common good of our programs' standards and our industry at large. The mission is accomplished by developing standards of excellence for membership and by sharing information. OBHIC's goal is to be the standard parents and professionals can trust.* The four cases are described in more detail drawing on promotional material and personal knowledge about each program.

Anasazi

Anasazi takes its name from the Navajo word commonly interpreted as the “ancient ones” or “wise teachers.” Founded in the 1960s by Larry D. Olsen and Ezekiel C. Sanchez, Anasazi is the oldest wilderness therapy experience of its kind. The Anasazi trail leads

troubled youth on a challenging journey through the Arizona wilderness. It is a journey which requires obedience and humility and gives youth an opportunity to discover who they are and what they care about.

While the clients are in the wilderness, parents and families have an opportunity to learn about their children's experience and how families can be strengthened by applying the principles learned in the wilderness to their own situations at home. Parents experience seminars on relationships, weekly communication with their child's counselor, and participation in a process designed to prepare the client for the return home. The emphasis on the family dynamic is maintained throughout the entire eight-week program.

Aspen Achievement Academy (AAA)

Aspen Achievement Academy is a professionally supervised outdoor wilderness program for adolescents aged 13-18, who can benefit from an educationally challenging alternative therapeutic environment The program provides an extensive diagnostic assessment process with individual components of traditional therapy, experiential education, and contemporary outdoor learning experiences. The 52-day wilderness program contains five phases reflecting Native American metaphors, including: a) mouse, b) coyote, c) buffalo, d) eagle, and e) handcart.

Aspen's staff includes medical doctors, psychiatrists, psychologists, and marriage and family counselors. Under the direction of a clinical supervisor, therapists provide individual therapy and group therapy each week. The results of these sessions is communicated weekly to parents. At the conclusion of the outdoor therapy program, a seminar is conducted for parents and adolescents. This is designed to help parents reinforce the changes made in students behavior and to provide a smooth transition for the adolescent to his or her home environment.

Catherine Freer Wilderness Therapy Expeditions (CFWTE)

Catherine Freer Wilderness Therapy Expeditions, located in Albany Oregon, offers a blend of intensive residential therapy with a 21-day wilderness expedition. The treks take place in the Pacific Northwest and offer young people ages 13-18 an opportunity for

adventure, self-reflection, and personal growth. The groups are small, with five to seven participants, and begin with a three-to-seven hour meeting for clients and their parents at a base facility.

The focus of CFWTE is on the family, enabling parents to become acquainted and coordinate plans for working with the adolescents while on the trek. An all-day meeting around a campfire at the trek's final destination helps staff, clients, and their families process the experience and develop after-care plans to help incorporate lessons learned into their family relationships. Staff are clinically trained and supervised by licensed psychologists and certified drug and alcohol counselors (CADC). MA, MSW, or CADC therapists accompany each wilderness trek to ensure the quality of treatment afforded to clients. Counseling approaches for treatment of problem behavior include substance abuse, 12-step recovery, anger management, communication skills, conflict resolution, and values clarification.

School of Urban and Wilderness Survival (SUWS)

SUWS helps adolescents who are experiencing behavioral difficulties at home and/or school. SUWS has been in operation since 1981 and is one of the oldest outdoor-based therapy programs in operation. The program is designed to search out and focus upon the root of the cause of the student's difficulties in pursuing a constructive and purposeful life. This is done through the use of a search and rescue metaphor based on the premise that human beings need and want to contribute to a larger cause. Living this metaphor throughout the program facilitates a searching and rescuing of the true self and learning how to stay true to that self after completion of the program.

Two qualified instructors are with the students throughout the 21-day wilderness component set in the high desert mountains of southern Idaho. SUWS has an instructor to student ration of 3.5 to one, with students receiving skill-based training in first-aid, map and compass, and emergency situation response. In addition to these instructors, a field supervisor visits the group frequently to work with each student individually and assess how the group is doing as a whole. Field supervisors are highly trained to assess the real needs and progress of the clients and to communicate the status of the student to parents. SUWS

also works directly with educational consultants, school officials, therapists, and counselors to help the student develop an action plan for clients designed to helping them realize their full potential.

2. REVIEW OF LITERATURE: TOWARDS A THEORETICAL FRAMEWORK OF WILDERNESS THERAPY

An important step in multiple-case study research is the development of a rich theoretical framework that states the conditions under which the phenomenon in question, in this case the wilderness therapy process, is examined (Yin, 1993). The first step in the creation of a theoretical framework is to carefully define important concepts used in the study. First, characteristics and behaviors of adolescents referred to in the literature as "at-risk" or "delinquent" are presented. Therapeutic factors theorized to be present in a wilderness experience are reviewed and presented, as are core conditions which lead to personal growth across all approaches to counseling. The integration of literature guides a review of various definitions of wilderness therapy and a review of studies on wilderness therapy efficacy, organized into two classifications. The first are those that assess increases in some measure of self-concept, a category referred to as the development of self (DOS). The second are those studies that evaluate increases in interpersonal competence through measurement of the enhancement of a variety of social skills, defined as the development of community (DOC).

Youth-at-Risk

Adolescents today are confronted with a number of choices concerning gang involvement, violence, alcohol and drugs, sex and pregnancy that may place them "at-risk." In addition to these problems, a variety of other environmental stressors add to the list of factors that place adolescents at risk. These include divorce/single parent family, domestic violence, parental drug and alcohol use/abuse, physical and sexual abuse, and neglect (Moote & Wadarski, 1997). Estimates of the effects these stressors are having on the ability of adolescents to make informed choices vary.

Once an "at-risk" youth commits an offenses or is considered socially maladjusted, he is commonly referred to as a delinquent. Delinquent behavior is difficult to define because there is no consensus regarding exactly what constitutes delinquency or social maladjustment (McCord, 1995). This delineation is important however, and creates a separation of those

youth who are “at-risk” from those who have committed an offense. The line becomes less clear with direct interpretations, since by strict definition, smoking cigarettes and skipping school can be considered offenses, rendering most at-risk youth delinquents. The literature often mixes the two terms, especially with regard to wilderness therapy participants, adding to the confusion.

Youth-at-risk have been characterized with labels such as disadvantaged, culturally deprived, underachiever, non-achiever, low ability, slow learner, less able, low socioeconomic status, language impaired, dropout prone, alienated, marginal, disenfranchised, impoverished, underprivileged, and remedial (Lehr & Harris, 1988). A review of research on environmental stressors is important to help define exactly what characterizes “at-risk youth,” and to understand and emphasize many of the issues confronting adolescents today.

Drug and alcohol use among adolescents appears to be a growing problem. Trends of drug use derived from the analysis of the tenth annual survey of the National Parents Resource Institute for Drug Education for the 1996-1997 school year showed increases in the monthly use of marijuana, cocaine, stimulants, sedatives, hallucinogens, and heroin among sixth- to eight- graders when compared with the previous academic year (Belcher & Shinitzky, 1998). Alcohol use is also a growing problem among adolescents. Binge drinking remains problematic occurring in 15 percent, 25 percent, and 31 percent of 8^{th}-, 10^{th}, and 12^{th}-, graders respectively (Belcher, 1998). As stated in the words of Lloyd D. Johnson, principal investigator of the University of Michigan’s Monitoring for the Future study

> We have learned from the relapse in the drug epidemic in the 1990s that drug use among kids is a persistent and reoccurring problem—one which needs consistent and unremitting attention. It is a long-term problem, which means that we must institutionalize prevention efforts (Johnston, 1997)

The relationship between crime and the use of alcohol and other drugs has received a great deal of attention in previous research (Collins, 1988; Wierczorek & Abel, 1990). Studies report a positive correlation between criminal behavior and the abuse of alcohol and other drugs. Research also suggests that alcohol abuse is the most important substance-related factor in homicides and other types of violent crime (Collins, 1988). In addition, the use of alcohol and cocaine are mainly responsible for the increase in violent behavior seen in

juvenile delinquents (Yu & Williford, 1994). The message here is that drug and alcohol use is increasing among adolescents and is shown to have a significant impact on violent behavior.

The issue of sex and early-age pregnancy clearly portrays that adolescents are faced with difficult choices at increasingly younger ages. Hamburg (1993) reported that two thirds of all out-of-wedlock births occur to teenagers, and that there are six million children under the age of five who are living with mothers who gave birth during their adolescent years. It is estimated that eight out of ten girls who become pregnant before their eighteenth birthday will not finish high school (Welfare, 1980).

Abuse and neglect also highlight other stressors confronting adolescents. The National Institute on Child Abuse and Neglect (1988) found that between 100,000 and 200,000 children are physically abused each year. In 1983, 22 percent of all children lived under the poverty level, representing 40 percent of poor people in the country (Rosen, Fanshel, & Lutz, 1987). Aber (1992) states that "the number of poor children grew from 3.4 million in 1972 to 6.0 million in 1992. The importance of these figures cannot be overstated. Poverty gives rise to many types of deprivation and many children suffer the consequences in terms of their physical health and psychological development" (p. 1).

Identifying and utilizing methods to prevent delinquency in "at-risk" youth is an enormous task for school officials, social workers and the mental health community. The "at-risk" label has been used to describe adolescents at risk of dropping out of school (Wells, 1990); currently using drugs and/or alcohol (Tindall, 1988); and the likelihood to complete school with inadequate basic skills (Slavin, 1989). The impacts that social and economic disadvantages can have on levels of emotional, physical, and intellectual development of youth has been underscored.

Several conclusions can be reached from the review of factors that are associated with youth being labeled at-risk. First, accurately assessing "youth-at-risk" is difficult and complex and requires information from many sources. The line between a "delinquent youth" and an "at-risk youth" is difficult to draw. Second, the severity and number of environmental stressors are increasing, placing greater pressure on adolescents, and exposing a greater number of youth to societal factors that render them at-risk. These stressors are

evidenced by increases in suicides, drug and alcohol use, teenage pregnancy rates, and the number of adolescents with emotional problems severe enough to require treatment. Thirdly, seventy percent to eighty percent of children with clinical mental disorders may not be getting the services they need. Not enough services are available, and the services that are available are not always suited to adolescents' unique needs. It is no surprise that wilderness therapy programs are being regarded as an alternative treatment for more seriously disturbed adolescents who are not being reached by traditional therapies. This trend suggests that research on the types of client which can be served by wilderness therapy is necessary to determine if wilderness therapy programs could meet the increasing demands created by the lack of mental health services available.

Therapeutic Factors of Wilderness Experience

Three distinct "layers" of therapeutic factors are presented which influence one another in a dynamic manner. The first layer, which is termed the *Environment*, consists of benefits, both physical and mental, where wilderness is working alone as healer of the individual. This creates an environment for more in-depth and active healing to occur. The second layer, termed *Environment-Active Self* (EAS), consists of activities or processes within wilderness which facilitate learning and personal growth. The at-risk youth is actively involved in wilderness living, and through time, begins to adapt to wilderness conditions. The third layer of therapeutic factors, termed *Environment Inter-Active Self* (EIAS), are those associated with interaction among at-risk youth in with one another, through a variety of activities, within wilderness.

The therapeutic factors manifest in the three layers of this micro-social system are important to explore. The layering of therapeutic factors can be viewed as a progression in which each layer builds on previous layers. In this sense, they are theorized to gain momentum and intensity through time. Two bodies of literature are drawn upon in presenting therapeutic factors of wilderness. The first are studies of wilderness user attitudes, motivation, and satisfaction information about how people value wilderness and from which interpretations are made about benefits of the wilderness experience. The second are more recent "outcome studies" of the effects of wilderness experience programs on

participants. At-risk youth are used as examples of participants to illustrate concepts and ideas. For example, a wilderness experience refers to a small group of at-risk youth, living outdoors, participating in wilderness living activities, led by mature young adults.

Environment

The seminal work studying the psychological benefits of experiencing nature was done by Rachel and Stephen Kaplan (1989). One of their major findings involves qualities that characterize a restorative environment. When speaking of restorative, a presupposition is made that there is something to be restored. Kaplan and Kaplan termed this *mental fatigue*, prompting the question: What are the common psychological consequences that result from long hours of study or mental work, too many late nights at the office, or long hard days filled with worry and concern?

Answers to this question relate to mental inertia, or the challenges of focusing that is characteristic of mental fatigue. William James (1892) identified two types of attention distinguished by the effort involved in their use: involuntary and direct attention (In Kaplan & Kaplan, 1989, p. 179). Involuntary attention requires no effort at all, such as when something exiting or interesting happens and we are interested in discovering exactly what is going on. Direct attention requires paying attention to something that is not particularly interesting, it requires a great deal of effort, and is not tied to specific stimulus patterns. Direct attention requires inhibition of external stimuli and suggests that we focus on particular thoughts not by strengthening that particular mental activity, but by inhibiting or blocking out everything else. Therefore, the greatest threat to focusing with direct attention is competition from other stimuli and the frequency with which inhibition is called up. If it is called upon too often, it leads to mental fatigue.

How do wilderness environments help one recover from mental fatigue; that is, how are wilderness environments restorative for people worn out and ready for a break from excessive demands for direct attention? Two constructs developed by Kaplan and Kaplan (1989) address this question. The first is defined as *being away*. Distancing ourselves from our work and our stress, and thus mental fatigue, allows our heads to clear and recover from too much direct attention. This finding parallels other work of wilderness-based researchers

who found that natural areas were being used for escape (Driver & Tocher, 1970); motivated by the desire to reduce tension by withdrawing from noise (Lucas, 1963), crowding (Lime & Cushwa, 1969), the city (Hendee, Catton, Marlow, & Brockman, 1968), predictability (Catton, 1969), role overload (Knopf, 1972), and social restriction (Etzkorn, 1965).

The second therapeutic construct of wilderness is Kaplan and Kaplan's notion of *soft fascination*. This occurs when involuntary attention is engaged but demands for direct attention are diminished, thus making restoration possible. Thus a key aspect of restorative settings is their potential for eliciting soft fascination. Clouds, sunsets, and moving river water engage attention but do not require direct attention, thus allowing room for cognitive reflection. Hartig et al. (1987) tested this theory and offered strong support for the claim that natural settings are restorative, in part, because they facilitate recovery from mental fatigue. The study compared two groups in which the group that took a "wilderness vacation" (sightseeing, car tours) was not as restored as the group that took a "wilderness trip" (backpacking trip). Thus, Hartig et al. (19897) conclude that just *being away* is not sufficient in and of itself to produce restorative effects.

The Environment is therapeutic and restorative in that it removes people from their familiar environments (being away) and engages their attention while allowing room for reflection (soft fascination). With mental fatigue alleviated, the natural environment is a wonderful medium to facilitate the transfer of learning uninterrupted by the noise and clatter of everyday life. This provides an ideal setting to provide and teach young people a variety of active experiences and skills presented in the Environment-Active Self construct.

Environment-Active Self

In this restorative environment, at-risk youth participate in a number of activities involved in the wilderness experience. They begin with learning how to pack a backpack or read a compass, continue with an arduous climb, and end by cooking a meal for the group over a fire started with natural material. The literature clearly documents that accomplishing tasks that are challenging positively influences self-concept in youth-at-risk (Wynterdyk and Griffith, 1984; Gillis. 1992). An interesting question is *how*?

Self-concept for the purpose of this study is defined as a multi-faceted, hierarchical construct, that is systematically influenced by external criteria. For a typical at-risk youth, self-concept is related to family, peer, and school environments, in which he is constantly judged and asked to "perform." Two therapeutic factors in the wilderness experience comprising the EAS construct are helpful in providing answers to the above question. The first is wilderness living and facilitated activities that foster challenge and learning, and the second is physical fitness as therapy.

Wilderness living requires the successful learning and doing of a multitude of skills required to meet basic needs of food, water, and shelter. Delinquent adolescents are limited learners who are often unable, reluctant and/or unwilling to collect new knowledge and apply it to their lives for fear of failure and rejection (Moote & Wadarski, 1997). It is difficult for them to comprehend reasons for engaging in learning something that does not interest them because payoffs may be more abstract and in the long run, with outcomes they find suspect. An example is "stay in school and you will get a good job and have a better life." When learning is necessary to solve basic problems of comfort and survival and the natural consequences of failure are immediate and concrete, resistance decreases.

Golins (1978), in one of the first studies on how wilderness experience programs enhance self-concept of youth-at-risk, found that

> the outdoors always presents itself in a very physical, straightforward way. There are mountains to climb, rivers to run, bogs to wade through. As an adolescent delinquent whose principal mode of expression is an action-oriented one and whose thinking process is mostly concrete, the possible activities in the outdoors are limitless to fulfill his developmental capability. He just stands a better chance of excelling here. (p. 27).

Feedback from activities in the wilderness is immediate and can be referred to as a natural consequence. If a tarp is not set up correctly, it may be a long wet night. If a pack is packed incorrectly, it makes for a long and uncomfortable day on the trail. Self interest and self preservation motivate the learner to improve his , and the learner goes on to the next challenge with a growing sense of confidence. The tasks become harder and more complex, such as making a fire with a bow drill and leading the group for a day on a difficult cross-country hike, as the wilderness experience transpires.

Physical fitness is another therapeutic factor in the Environment-Active Self realm. It

has been postulated that the perception of physical prowess and increase in the level of fitness are related to the development of self-esteem (Boyd & Hrycaiko, 1997). Stich (1983) notes that physical activity can be helpful in dealing with psychological difficulties. When a person gains control over his/her body, as must be done in wilderness travel, there is a corresponding gain in control in other areas. Physical exercise can also be an outlet for aggression and anxiety.

Adolescents at risk are typically in poor physical shape due to drugs and/or alcohol use and poor nutritional habits (McCord, 1995). During wilderness experience they eat more nutritious foods, exercise regularly, and are engage in physical activity which provides outlets for anxiety and aggression. This factor is supported in the wilderness research literature, in which wilderness users rank exercise and/or physical challenges highly as valued benefits of wilderness travel (Knopf, 1983). The therapeutic benefit of physical exercise and nutritious diet can be very therapeutic for the at-risk youth with poor eating and exercise habits.

Environment Inter-Active Self

Wilderness works therapeutically in the EIAS by facilitating the social and interpersonal development of at-risk youth (Russell, 1998). When those who visit the wilderness do so in groups, the community or group becomes a critical element around which behavior in this setting is organized and should be studied (Knopf, 1983). The Environment Inter-Active Self construct is comprised of two therapeutic factors believed to enhance the interpersonal learning among youth-at-risk: social skill development and peer relationships and acceptance.

Social Skill Development

Adolescents who are at greater risk for delinquency are reported to have significant difficulty in a variety of social situations such as getting along with peers, teachers, and parents; dealing effectively in group situations; making appropriate social choices; and perceiving others' viewpoints (Short & Simeonsonn, 1986). In short, they have trouble dealing with authority. They also have difficulty in dealing with their own and others' aggression, and processing stressful situations (Goldstein, 1988). Poor parenting, family

factors, and socioeconomic deprivation often severely limit their positive social experiences (Farrington, 1990).

Research indicates that socially manipulative and coercive behaviors and pro-social skill deficiencies are related to disruptive and antisocial behavior (Mathur & Rutherford, 1994). Delinquent behavior is often a manifestation of social skill deficits (Freedman, Rosenthal, Donahoe, Schlundt, & McFall, 1978), and faulty learning processes, and can be changed by teaching alternative pro-social behaviors (Gafney & McFall, 1981). At-risk youth can enhance the likelihood of success and acceptance in society by learning appropriate and effective social behaviors that are necessary for independent living.

According to Hendee and Brown (1987), people begin to socialize in different ways in the wilderness, where status differences dissolve, and candid interactions and sharing occur. Kaplan and Kaplan (1983) refer to a sense of integration, wholeness, and belonging in the wilderness that they call *cohesion*. A process defined as "development of community" is used in this study to refer to the importance of interpersonal interaction in a wilderness setting (Russell & Hendee, 1998). Jung (1933) and other transpersonal theorists emphasize the spiritual aspects of cohesion in restorative environments as well. These processes are perhaps due to the cooperation and trust that is required on a wilderness experience trip.

In a variety of day-to-day activities, participants need to work together to get things accomplished, from cooking dinner to setting up tarps. Students are also taught that when conducting activities in wilderness, the group is only as strong as its weakest member. This instills an ethic that encourages them to help others in times of need. This lesson is difficult for many adolescents to comprehend due to survival techniques developed and mastered in dysfunctional environments. Getting to know peers in a wilderness setting allows them to break down stereotypes and practice social skills in a non-threatening environment. For a trip to work smoothly, thereby producing reinforcements for adolescents, participants need to cooperate, communicate well, take responsibility for self and the group, and learn to trust each other (Davis-Berman and Berman, 1994).

Peer Relationships and Acceptance

It is widely accepted in the social development literature that peer relations make

unique contributions to social and emotional development (Berndt & Das, 1987; Burhmester, 1990). Peer acceptance and friendship are two aspects of peer relations that have been studied most extensively, and it is recognized that both play significant roles in the development and maintenance of self-esteem and interpersonal skills (Bishop & Inderbitzen, 1995).

Harry Stack Sullivan (1953) was one of the first researchers to determine that adolescents' ability to establish friendships contributed to the maintenance of their self worth. He believed that it is within the context of intimate friendships that youths realize their self-worth as a result of the positive regard shown to them by their friends. Recent research has also shown that friendships function as a source of ego support, emotional security, and intimacy, and can help adolescents develop an image of themselves as competent and worthwhile (Furman & Burmeister, 1985).

Wilderness experience programs offer participants a unique opportunity to see their peers in a different light. Through the careful selection of trip participants, it can be assured that there are no existing close friendships or relationships among participants prior to the trip. This is done to facilitate students getting to know peers they normally would not expend the energy or time on in their accustomed cultures (Russell, 1998). This breaks down stereotypes and preconceived notions about others and can teach powerful lessons to students about the consequences of prejudice.

Core Conditions of Change in Counseling

Three fundamental questions lie at the heart of psychotherapy and counseling: (1) can humans change? (2) can humans help humans change? and (3) are some forms of helping better than others? (Mahoney, 1991). Theories of human development and behavior point to an answer of a qualified yes to the first two questions with some qualifications. In response to the third question, core conditions found in the therapeutic process have been empirically documented to exist within the therapeutic relationship regardless of the theoretical orientation of the counselor. These core conditions are necessary, but not sufficient, to facilitate change (Rogers, 1961). Rather than attempt to review the myriad approaches to psychotherapy and counseling, a review of the “therapeutic” conditions have been used to

establish the theoretical framework that guided data collection and analysis for this study. The core conditions for change are genuiness, unconditional positive regard, empathy, and concreteness of the therapist. .

Genuineness occurs when the therapist is "genuine and without 'front' or façade, openly being the feelings and attitudes which at that moment are flowing in him" (Rogers, 1961). The therapist should be congruent—that is, honest with feelings and able to communicate to the client, if appropriate, what s/he is experiencing at that moment. The term "congruence" has been used to describe this condition. When someone is playing a role, being fake, or saying something that is obviously not felt by the individual, it is interpersonally offensive. On the other hand, people trust those who are being themselves and not putting on a professional or personal front. The more genuine and congruent the therapist is in the relationship, the more probability there is that change in the problem behavior of the client will occur.

The second condition, termed unconditional positive regard, refers to the warm, positive, and accepting of the therapist toward the client (Rogers, 1961). Whatever feeling the client is experiencing, whether it be fear, pain, isolation, anger or hatred, the therapist should be willing to accept these feelings and care for the client. The therapist should not accept the client when s/he is exhibiting certain behaviors, and disapprove when the client behaves in other ways. This nonjudgmental attitude requires the therapist to maintain positive feelings about the client without evaluating the client.

The third condition is termed empathic understanding. Empathy occurs when the therapist is accurately sensing the feelings and personal meanings that the client is experiencing in each moment, and can successfully communicate that understanding to the client (Rogers, 1961). This condition is very different from "I understand what is wrong with you" or "I, too, have experienced this, but reacted very differently." True empathic understanding occurs when someone understands what it is to *be* that person, without wanting to analyze or judge. The therapist must grasp the moment-to-moment experiencing which occurs in the inner world of the client as the client sees it and feels it, without losing the separateness of his/her own identity in this empathic process (Rogers, 1961). When conditions of empathy are met, change is most likely to occur.

The final therapeutic condition which must be present to promote change is that of concreteness, and is especially critical for adolescents due to their physical, life stage, neurological, and psychosocial development. The therapeutic experience for the adolescent must be concrete enough that the adolescent, who has not fully developed cognitive abilities to think in the abstract, can relate therapy to their daily lives. The therapist must be direct and specific. The therapist who is non-directive, laid back, and highly conceptual often gets an accommodating response from the adolescent, who has no idea what the therapist is really saying (Newton, 1996). Most adolescents in therapy are in the concrete operations stage of cognitive development, and communicate in black-and-white, either/or terms. Concreteness promoting therapeutic change in adolescents may involve blunt communication and fairly directive responses to questions and behaviors (Newton, 1996).

Wilderness Therapy Defined

Wilderness therapy suffers from problems of definition. Rehabilitative outdoor-based approaches such as "challenge courses," "adventure-based therapy," or "wilderness experience programs," are often used interchangeably to describe "wilderness therapy." WEPs have been defined as "organizations that conduct outdoor programs in wilderness or comparable lands for purposes of personal growth, therapy, rehabilitation, education or leadership/organizational development (Friese et al., 1998). Friese (1998) identified more than 500 programs currently operating in the United States under this broad definition. Wilderness therapy, as currently defined in the literature, is one type of program among the variety of WEPs, delineated by the characterized provision of therapy.

Multiple definitions of wilderness therapy posited by wilderness program practitioners, researchers, and psychologists are presented to capture the evolution of the concept, followed by a discussion and summary. A summary table (see Table 2) will illustrate the range of definitions offered and the characteristics which are different or similar. A new definition of wilderness therapy is offered based on psychotherapy literature current wilderness therapy practice, and the author's experience.

An Outward Bound Derivative

The first attempt at a definition of wilderness therapy was presented by Kimball and Bacon (1993). They postulate that wilderness therapy derived from Outward Bound, a wilderness challenge program founded by the innovative German educator, Kurt Hahn. The "Hahnian" approach to education “was not only experience-centered, it was also value-centered. Learning through doing was not developed to facilitate primarily the mastery of academic content or intellectual skills; rather, it was oriented toward the development of character and maturity" (Kimball and Bacon, 1993, p. 13). In this sense, the authors conclude that Hahn’s ideas were better suited to a psychological model of change rather than an educational one.

The following activities and processes characterize the approach: (1) a group process, there is "no such thing as individual wilderness therapy," (2) a series of challenges which incrementally increase in difficulty, are high in perceived risk, and low in actual risk, (3) usually conducted in wilderness or an unfamiliar environment, (4) employs therapeutic techniques such as reflection and journal writing, individual counseling, and self-disclosure, and (5) varied length depending on funding, type of population served, etc. (Kimball and Bacon, 1993 pp. 14-16).

Kimball and Bacon describe the leader of a “wilderness therapy” program as a “wilderness therapist” who is an effective teacher that possesses a wide variety of wilderness living skills and judgment abilities. There is no mention of any type of counseling certification required to be a wilderness therapy leader, any indication that certification of staff is required for a program to purport to conduct wilderness therapy. There is also no mention of a therapeutic approach that might guide wilderness therapy, only a reference to the “Hahnian approach” presented earlier.

Powch (1994) also refers to the historical roots of wilderness therapy in the Outward Bound model but approaches the definition from the perspective of wilderness therapy for women. She states “Because they all share roots in the original Outward Bound model, terms such as “adventure based therapy, challenge courses, and ropes courses are often used synonymously with wilderness therapy" (Powch, 1994, p.15). To address this confusion, she suggests these courses could be viewed as components of wilderness therapy, but not

wilderness therapy itself, and should not be referred to as such. She disagrees with Kimball and Bacon (1993) that "wilderness therapy can take place in an unfamiliar environment," and instead believes that "wilderness therapy must occur in a wilderness setting, and that the wilderness must be approached with a therapeutic intent" (Powch, 1994, p. 14). She goes on to say that "I do not dispute that therapy can occur in settings other than wilderness, but I would not call it wilderness therapy" (Powch, 1994, p. 14).

Powch (1994) presents the components of wilderness therapy as: (1) confronting fear in some way, (2) experiencing trust in the group, (3) immediacy and concreteness of feedback in the wilderness environment, and (4) the even-handedness of consequences (p. 16-18). As with Kimball and Bacon, Powch offers no criteria or standards for wilderness therapy leadership and discusses no therapeutic approach guiding interventions other than the reference to the Outward Bound model.

Davis-Berman and Berman Definition

The first attempt at creating an empirically based theoretical framework for wilderness therapy was presented by Davis-Berman and Berman (1994) in the text *Wilderness Therapy: Foundations, Theory and Research*. They define wilderness therapy as "the use of traditional therapy techniques, especially for group therapy, in an out-of-doors setting, utilizing outdoor adventure pursuits and other activities to enhance personal growth" (Davis-Berman & Berman, 1994, p. 13). Wilderness therapy is a methodical, planned and systematic approach to working with troubled youth.

> We want to emphasize that wilderness therapy is not taking troubled adolescents into the woods so that they feel better. It involves the careful selection of potential candidates based on a clinical assessment and the creation of an individual treatment plan for each participant. Involvement in outdoor adventure pursuits should occur under the direction of skilled leaders, with activities aimed at creating changes in targeted behaviors. The provision of group psychotherapy by qualified professionals, with an evaluation of individuals' progress, are critical components of the program (Davis-Berman and Berman, 1994, p. 140).

Davis-Berman and Berman also address the history of therapeutic approaches using wilderness, characteristics of recent programs, a theoretical understanding of wilderness experiences including a systems theory perspective, and design and evaluation tools and resources. This comprehensive text established the first accepted and empirically based theoretical framework for understanding wilderness therapy.

The authors speak in practical terms regarding the design of wilderness therapy programs, stating that staff need not be certified as counselors because "this goal is both unrealistic and unnecessary" (p. 141). They do, however, believe that supervisors of these programs should be trained and licensed in accordance with state statutes and national standards. Programs should also delineate staff who are responsible for the wilderness and physical components of wilderness therapy with those coordinating the counseling components. They do not suggest a specific therapeutic approach to program design, but do provide a broad framework for accurately assessing the client's problems through an individual treatment plan, as well as guidelines for appropriate program evaluation and design.

Bandoroff and Scherer. Family Systems Model

The most comprehensive discussion found in the literature on how to synthesize established therapeutic approaches with wilderness therapy was offered by Bandoroff and Scherer (1994). They believe that "a comprehensive model for family therapy requires theoretical guidance. To this end, we have used the fundamentals of structural family therapy, combined with research on healthy family process, and the tactics employed in multiple family therapy as the primary components of the [wilderness therapy program], an innovative wilderness family therapy program" (Bandoroff & Scherer, 1994, p. 178).

By specifying the therapeutic approach used in designing their program, Bandoroff and Scherer were able to use specific evaluation instruments which were scientifically tested in studies conducted on conventional family therapy. Also, the data generated from their study of families were analyzed within the context of other research on family functioning. This study clearly illustrates the benefits of an explicit discussion of therapeutic approaches guiding wilderness therapy interventions and provides a good example of ways to blend wilderness therapy with other established therapeutic approaches.

As wilderness therapy practitioners strive to validate wilderness therapy as a viable treatment of dysfunctional behavior and endeavor to gain respect in the mental health community, a more explicit and in-depth definition of wilderness therapy is emerging. The foregoing discussion is summarized in Table 2.

Table 2. Summary of definitions of wilderness therapy.

Authors	Key Components	Wilderness Dependency	Theoretical Foundation	Licensed Staff
KIMBALL AND BACON (1993)	Wilderness therapy contains (1) a group process (2) a series of challenges (3) employs therapeutic techniques such as reflection and journal writing, individual counseling, and self-disclosure and (5) a varied length.	No, can be conducted in an unfamiliar environment.	The Outward Bound model, based on the "Hahnian" approach where learning through doing was not developed to facilitate primarily the mastery of academic content or intellectual skills; rather, it was oriented toward the development of character and maturity.	None Required.
POWCH (1994)	Mechanistic components of wilderness therapy are (1) confronting fear in some way (2) experiencing trust in the group (3) immediacy and concreteness of feedback in the wilderness environment and (4) the even-handedness of consequences of wilderness.	Yes, and wilderness should be approached with "therapeutic intent."	Based on the Outward Bound model and Kurt Hahn.	None Required.
DAVIS BERMAN-BERMAN AND BERMAN (1994)	It involves (1) the careful selection of potential candidates based on a clinical assessment (2) the creation of an individual treatment plan for each participant (3) involvement in outdoor adventure pursuits under the direction of skilled leaders (4) activities aimed at creating changes in targeted behaviors (5) provision of group psychotherapy by qualified professionals, with an evaluation of individuals' progress.	Not required, natural areas suffice.	Mentions the importance of systems theory but does not reference specific therapeutic approach. Believe it should be left up to individual programs to incorporate in treatment practice.	Not all practitioners, but should have trained and licensed mental health supervisors of clinical component of program.
BANDOROFF AND SCHERER (1994)	Components are (1) immersion in unfamiliar environment (2) outdoor challenge activities used as experiential metaphors of family enactment (3) multiple family group process upon termination of the program to generalize issues to the family environment.	Not required, reference to unfamiliar environment.	Based on the fundamentals of structural family therapy, combined with research on healthy family process, and the tactics employed in multiple family therapy as the primary components of the [wilderness therapy program].	Clinical family therapists required as part of the team of staff.

Based on this review, and suggestions from the psychotherapy literature the following definition of wilderness therapy appears to be appropriate in defining wilderness therapy.

> The use of traditional therapy techniques, especially group therapy techniques, in a wilderness setting, when the wilderness is approached with therapeutic intent (Powch, 1994). The design and theoretical basis of the program should be therapeutically based, with assumptions made clear and concise in order to better determine target outcomes and evaluate the effectiveness of the intervention (Bandoroff and Scherer, 1994). The careful selection of potential candidates should be based on a clinical assessment and should include the creation of an individual treatment plan for each participant (Davis-Berman and Berman, 1994, p. 13). Wilderness therapy utilizes outdoor adventure pursuits and other activities, such as primitive skills and reflection, to enhance personal and interpersonal growth (Kimball and Bacon, 1993). Involvement in outdoor adventure pursuits should occur under the direction of skilled leaders, with activities aimed at creating changes in targeted behaviors. The provision of group psychotherapy should be facilitated by qualified professionals, with an evaluation of individuals' progress being a critical component of the program.

Review of Wilderness Therapy Outcome Studies

A review of studies which demonstrated a typology of WEP program participants is presented. The majority of studies focus on two categories of outcomes: increases in some measure of self-concept, a construct referred to as the "development of self" (DOS), and increases in interpersonal competence, defined as the "development of community" (DOC). A summary of research findings and conclusions follows that addresses strengths and weaknesses of the existing body of literature, challenges facing program evaluators, and recommendations for further research.

Wilderness Therapy Participants

To an increasing degree, wilderness therapy programs are being used as an alternative treatment for more seriously disturbed adolescents who are not being reached by traditional therapeutic approaches (Basta & Davidson, 1988). Clinical populations which have been studied include delinquent youth (Bandoroff, 1989); seriously emotionally disturbed adolescents (Sachs & Miller, 1992); chemically dependent adolescents (Gillis, 1992); inpatient psychiatric patients (Pawloski, Holme, & Hafner, 1993); women survivors of sexual abuse (Powch, 1994); and dysfunctional families with problem children (Bandoroff & Sherer, 1994). Adolescent boys with behavioral populations are by far the most prevalent

population.

The typical participant in wilderness therapy programs is best described as a juvenile delinquent, a socio-pathic character or an anti-social personality (McCord, 1995). The typical wilderness therapy client is described as "a male between 13 and 15 years of age with a history of abuse and neglect, a history of theft, truancy, drug use, arson, vandalism, assault, promiscuity; intensely physical behavior characterized by impulsivity, recklessness, destructiveness, and aggression; relatively weak verbal skills, and; interpersonal relationships based not on mutual trust but on manipulation and exploitation (Marx, 1988).

In an attempt to better understand participants in wilderness therapy programs, McCord (1995) surveyed clients over a two-year period using the Minnesota Multiphasic Personality Inventory (MMPI) personality scale. He described three types of participants: (1) *The Nonconformist*: Likely to be chronically angry and resentful. Tends to be passive aggressive but may act out on occasion. Immature and narcissistic, defies convention through dress and behavior. (2) *The Party Animal*: Often in trouble with parents and other authorities because of stereotypical delinquent behaviors: drug and alcohol abuse, sneaking out at night, early sexual experimentation. Energetic and highly extroverted. (3) *Emotionally Disturbed*: The group feeling the most subjective distress, including feelings of depression and despair, confusion, and dismay. Their behavior tends to be erratic, unpredictable, and highly impulsive. Poor achievement and substance abuse is common (p. 55).

Studies Related to The Development of Self (DOS)

Low self-concept is seen to be associated with the likelihood and continuance of delinquent behavior, therefore, much of the research on WEPs has focused on enhancing the self-concept of participants (Kaplan, 1975). In very broad terms, self-concept is a person's perception of his/herself. These perceptions are formed through experience with the environment, and are influenced by environmental reinforcements and significant others (Shavelson, Hubner, & Stanton, 1976). Studies on self-concept note that wilderness therapy significantly enhances the self-concept of troubled youths (Gibson, 1981; Wright, 1982).

Locus of control is correlated with self-concept. Internal locus of control refers to

feelings of power and control over one's life, while external locus of control refers to feelings that one's life is ruled by forces beyond one's control. Wilderness therapy was determined to enhance the sense of internal locus of control in emotionally disturbed adolescents (Collingwood, 1972; Gaston, 1982; Wright, 1982). Other studies related to outcomes of enhanced DOS report increases in global measures of self esteem (Cason & Gillis, 1993) and increased self image (Plouffe, 1981).

Despite these reported successes, systematic reviews of self-concept research emphasize the lack of theoretical a basis in most studies, the poor quality of measurement instruments used to assess self-concept, methodological shortcomings, and a general lack of consistent findings (Gillis, 1992; Hattie, Marsh, Neill, & Richards, 1997; Winterdyk & Griffiths, 1984). Self-concept, like many other psychological constructs, suffers in that "everyone knows what it is," and researchers do not feel compelled to provide any theoretical definitions of what it is they are measuring. Wylie (1979) reviewed research which proposed to increase self-concept as a result of psychotherapy. She concluded that an "overview of all substantively summarized research gives no support for the belief that allegedly therapeutic or growth producing-group experiences affect the overall level of self regard of volunteer participants (pp. 642-643). These findings raise a very interesting question: Why do interventions rarely result in systematic changes in self-concept?

First, most research uses poorly defined measures of overall self-concept that ignore the multidimensionality of the construct (Marsh, Richards, & Barnes, 1984). Second, the size of the likely effect relative to the probable error is typically small, especially when the study uses a small number of subjects, which is often the case in most outcome-based research on WEPs (Priest & Gass, 1998). To address the multi-dimensional aspects of self-concept, Marsh et al. (1986) assessed multiple dimensions of self-concept in their study of a 26-day Outward Bound program and demonstrated that self-concept can be changed through effective intervention. They also noted that by identifying multiple dimensions of self-concept, identifiable goals of the intervention can be more directly linked to measures of self-concept.

Studies Related to Development of Community (DOC)

There is strong evidence that pro-social skill deficiencies are related to disruptive and anti-social behavior and limit abilities to form close interpersonal relationships (Mathur & Rutherford, 1994). Delinquent behavior is often a manifestation of social skill deficits which can be changed by teaching alternate pro-social behaviors. Wilderness therapy has been viewed as an intervention technique that aims to develop more appropriate and adaptive social skills which foster more cooperative behaviors.

Gibson (1981) determined that interpersonal competence of participants in an Outward Bound program was increased following the experience. Porter (1975) noted a decrease in defensiveness and a large increase in social acceptance. Kraus (1982) concluded that wilderness therapy aids emotionally disturbed adolescents in reaching various therapeutic goals, including a reduction in aggressiveness. Weeks (1985) noted an improvement in participant interpersonal effectiveness in relating to others through learned social skills.

In a more recent study, Sachs and Miller (1992) reported that a wilderness experience program had a significant impact on cooperative behavior exhibited in the school setting following completion of the wilderness program. This was accomplished through direct observation of behaviors in a school setting. The authors also noted a deterioration of program effects over the long term, suggesting a need for follow-up procedures within post-program settings to help students maintain behaviors they have learned. This is supported by the finding that all evaluations employing follow-up measures with control groups note a "fading effect" which begins upon completion of the program (Winterdyk & Griffiths, 1984).

Trends Noted in Review of Outcome Studies

Wilderness therapy programs treat a wide variety of adolescents with emotional and behavioral problems, primarily male adolescents. The literature suggests that adolescents benefit from participation in wilderness therapy programs. Other studies report various other therapeutic benefits including reduced recidivism, reduced frequency of deviant behaviors, and fewer arrests (Winterdyk & Griffiths, 1984). Two trends in the literature were noted. First, although many studies report benefits from participation in wilderness therapy

programs, most if not all studies appear to plagued with methodological problems and have not provided conclusive evidence that wilderness therapy is therapeutically effective. And second, the majority of studies failed to use follow-up measures, or used only short term follow-up, suggesting a lack of longitudinal study designs in the literature. Each of these trends are discussed.

Burton (1981) reviewed 73 studies on wilderness therapy and concluded that all but 19 were invalidated by methodological problems. The tendency for researchers to embrace either qualitative or quantitative research designs may be the cause of these problems. Early anecdotal evaluations of program efficacy were too subjective. In reaction, researchers attempted to be more scientific by applying quantitative methods in their studies of wilderness programs. They have been met with serious challenges and studies have been inconclusive. A mixed approach using quantitative and qualitative methodologies may be more suitable for the unique challenges present in researching wilderness therapy.

Miles and Priest (1998) outlined the following difficulties to be expected when evaluating a wilderness therapy program. First, credible wilderness therapy programs operate under the ethic “challenge by choice,” (no one will make the participant climb the rock face) which means that subjects are typically voluntary and sampling can never be truly random. Second, wilderness therapy programs typically involve small groups, which means that samples will usually be non-normal, requiring the use of less powerful statistics, such as nonparametrics, to measure outcomes. Third, it is not possible to overcome the sample size by simply combining groups, because no two programs or wilderness trips are truly the same. Fourth, obtaining control groups is difficult because the treatment groups sampled from the same homogenized population can contaminate the control groups by sharing their experiences through interaction in school or rehabilitative environments (p. 303).

Davis-Berman and Berman (1994) add to this “the task of data collection becomes quite difficult, as many of the measures are human behavior oriented, and it is extremely difficult to administer standardized tests in non-traditional settings" (p. 177). Consequently, most experimental designs which focus on therapeutic outcome measures contain methodological weaknesses that threaten the internal and external validity of the studies (Bandoroff, 1992; Gillis, 1992).

The second major trend noted in the literature was the lack of longitudinal studies. Only Kelly (1974) and Greenway (1990) have done longitudinal studies, with Greenway presenting the only behavioral changes still in effect five years later. A major obstacle to doing follow-up research is that it is both a time consuming and costly process. Many program administrators are not interested in the results because many of the mandated goals are short term and they cannot justify the costs of determining long-term results. If wilderness therapy is to be validated as decreasing recidivism, longitudinal studies with five- and ten-year follow-ups will be necessary.

Summary and Conclusions of Literature Review

A theoretical framework generated from the integration of therapeutic factors in wilderness experience and core conditions present in effective counseling serves as both a guide to the proposed research and as a matrix to interpret findings. The interrelated and dynamic nature of the constructs interacting within these factors are reasoned to comprise the wilderness therapy treatment milieu. This theoretical framework, illustrated in Figure 1, guided data collection efforts.

Several conclusions can be drawn from the review of factors that lead to youth being labeled at-risk. First, accurately assessing “youth-at-risk” is a difficult and multifaceted process requiring a great deal of information from a variety of sources. The line between a "delinquent youth" and a "youth-at-risk" is difficult to draw. Second, the severity and number of environmental stressors are increasing, placing greater pressure on adolescents, and exposing a greater number of youth to societal factors that may make them at-risk. The stressors are evident in increases in suicides, drug and alcohol use, teenage pregnancy rates, and the number of adolescents with emotional problems severe enough to require treatment. Third, children with clinical mental disorders may not be getting the mental health services they need. Not enough services are available and the services that are available, are not always suited for adolescents’ unique needs. Thus, wilderness therapy programs are being used as an alternative treatment choice for more seriously disturbed adolescents who are not being reached by traditional therapeutic approaches.

In a relatively short time span, wilderness therapy has evolved from being described

as a combination of therapeutic factors associated with wilderness experience programs to an empirically-based theoretical framework that is being used to guide the design and evaluation of programs based on established therapeutic approaches. The potential benefits of an empirically based program design within this framework are seen in the work by Bandoroff and Scherer (1994) in the form of scientifically-based evaluation instruments and a context in which to analyze data and compare findings. As wilderness therapy practitioners strive to validate wilderness therapy as a viable treatment for dysfunctional behavior and endeavor to gain respect in the mental health community, a more explicit and in-depth definition of wilderness therapy is emerging.

Several conclusions can be drawn from the review of the effects of wilderness therapy on developing appropriate and adaptive social skills. First, wilderness experience programs influence the development of more socially adaptive and cooperative behavior. Many of the study limitations and methodological weaknesses noted in studies on DOS were found in DOC studies. Observational measures are effective in determining behavior changes and can also be used in a follow-up to help reinforce the lessons learned during the wilderness experience. Finding a natural setting or environment in which to conduct follow-up procedures or interventions, results in a more accurate portrayal of learned skills which have resulted in changed behaviors over the long run.

Future research should employ designs that allow for a more accurate description of how programs are specifically treating clients' presenting problems. Gillis (1992) supports this idea, recommending that research move from deductive, experimental approaches to more inductive studies of descriptive research.

> Measurement continues to be focused on global outcome changes without looking specifically at the process of such change or the context in which change occurs. A focus on significant change events in psychotherapy and a data base for collecting results of therapy across different therapeutic programs is seen as a more fruitful avenue for researchers to contribute to practitioners. Our focus should be on how wilderness therapy programs work and for whom (p. 38).

Wilderness therapy program research needs to more accurately assess and diagnose client presenting problems to identify more accurately methods and treatments that specifically target these problems, and to utilize outcome measures which are appropriate for multiple programs. Only then can wilderness therapy programs document treatment

strategies which are most effective for specific presenting problem behavior and under what conditions these strategies should be employed.

3. RESEARCH METHODS

Overview

A constructivist paradigm framed the study and guided the research. The researcher spent time at four wilderness therapy programs as a participant-as-observer observing the wilderness therapy process in context. In addition, structured interviews were conducted with staff, clients, and parents. Subjectivity of the researcher was an invaluable tool in gaining confidence of research subjects, and in the qualitative tradition, was embraced. Researching the four wilderness therapy programs, or "cases," in context called for a multi-site case study design that: 1) allowed an investigation of the contemporary phenomena within its real life context; 2) the boundaries between phenomena and context are not clearly defined; and 3) allowed for multiple sources of evidence to be used (Yin, 1993).

Research questions are presented with associated units of analysis, sampling procedures, and data collection and analysis techniques. A summary of the sub-research questions, propositions, units of analysis, data collection methods, and goal of inquiry are illustrated in Figure 4 at the conclusion of this chapter. A general data analysis section follows which illustrates the overall analytic strategy used in the study. Procedures and strategies used in the process of creating the database are presented. Summary and conclusions complete the chapter on research methods.

Research Question 1

What theories and processes are applied in wilderness therapy to promote changes in problem behavior of adolescents , and with what resulting outcomes?

Four wilderness therapy programs belonging to the Outdoor Behavior Health Care Industry Council (OBHIC) served as case studies in the exploration of theory, process, and reported outcomes associated with wilderness therapy treatment. The four wilderness therapy programs studied were included based on their inclusion in OBHIC (see section on Case Study Selection). Embedded in the overall unit of analysis, in this case each wilderness

therapy program, and contributes to the context for each case study are: (1) program theory, processes, and outcomes; (2) key staff, including program directors, clinical supervisors, therapists, and wilderness guides; and (3) clients and their families. Each of these sub-units of analysis offered perspectives on the research question posed which served to triangulate on the phenomena in question. Triangulation in this study was used to neutralizes bias inherent in any one data source (staff, client, parent) and/or method (interview, participant observation, secondary data), allowing for analytical generalizations to be strengthened and reinforced (Creswell, 1998).

With each embedded unit of analysis, additional research questions are asked to expand on the main research question (Stake, 1995). These topical research questions are presented along with appropriate units of analysis, identified sampling procedures and data collection methods. Specific time boundaries are important as well in defining the unit of analysis and determining the limit of data collection and analysis (Yin, 1989). Data was collected on the WT programs from September 1997 through Fall of 1998.

Research Question 1A

What is the theoretical basis, process and reported outcomes of wilderness therapy as an intervention for adolescents with problem behaviors?

The unit of analyses for research question 1a were the theories, processes and reported outcomes of wilderness therapy for the four programs studied. A combination of data collection methods were used to identify how each program addressed problem behavior in adolescent clients. Key staff were identified using a combination of chain and criterion sampling techniques in which staff interviewed first in the process were asked to refer other staff who were able to provide rich information on given topical areas (Miles & Huberman, 1994) The primary sampling criterion used was that subjects had to have a direct affiliation with the program and were employed by the organization. Sampling followed similar patterns within and across each case to ensure consistency across cases. For example, a program director at each program was identified and interviewed in a consistent manner, then asked for referrals to admissions staff, clinical staff, and an experienced wilderness trip leader to capture the essence of wilderness therapy theory and process. This was done at all

four programs studied.

Data Collection: Key Staff Interviews

During an initial four-day visit to each wilderness therapy program, key staff were interviewed to gather information on the program's theory, process, and reported outcomes (see Figure 2 for a time table of data collection). At least four key staff members at each program were interviewed using a formal structured interview. They were (1) the program director, (2) a clinical supervisor, (3) a supervisor of admissions, and (4) an experienced lead wilderness guide or field-counselor. Before the interviews were conducted, the researcher reviewed promotional material and made telephone or personal contacts with each WT program to identify appropriate language and key concepts used in that context. These were used to guide the interview. This facilitated a basic understanding of the communicative norms of each program to help uncover phenomena throughout the interview (Briggs, 1986).

Two methodologies were used to interview staff. The first was a structured interview format with the selected key informants across all programs. The questions were systematic and applied to all programs considered in this study. The second interview methodology were unstructured interviews that did not impose any restrictions on who was interviewed or any a priori categorization that might have limited the field of inquiry (Fontana & Frey, 1994).

In the structured interview methodology each respondent was asked a series of questions related to: (1) the philosophical foundations and therapeutic benchmarks of wilderness therapy, (2) wilderness therapy process, and (3) the resulting client effects of the wilderness therapy process. The "interested listening" style was utilized, in which the subject's responses were acted upon to further explore the topic in question (Fontana & Frey, 1994). Each interview, guided by the broad questions, evolved into an interactive discussion. Respondents noted that this was one of the few times they had been asked to articulate many of these ideas and stated they enjoyed the experience. Interviews were recorded and transcribed.

Because it was not possible to interview each and every staff member formally, an unstructured interviewing technique was also used. Gaining access to staff, earning trust and

establishing rapport with respondents, and understanding the culture and language of wilderness therapy were all critical issues during the unstructured interviews. Through personal experience, a review of literature, and contacts with program staff, the researcher became accustomed to the culture of wilderness therapy. Two weeks were spent at each program attending meetings, spending time with staff, and observing day-to-day operations to become fully immersed in the culture of wilderness therapy. This is described as "being there" by Fontana and Frey, (1994).

Data Collection: Focus Group of Key Staff

A focus group was also conducted at each program. The goal of the focus group was to allow staff an opportunity to review their responses from the structured interviews and also to see how other staff responded to the questions. The focus group method allowed for clarification of ideas for which there was the potential for a number of different viewpoints (Morgan, 1988). The purpose of the process was not to arrive at a consensus, but rather to allow staff to exchange ideas and clarify for themselves through interaction with other staff exactly what they communicated in their interviews (Greenbaum, 1993).

To prepare for the focus group, a review and initial on-site content analysis of individual structured and unstructured interviews was conducted and broad descriptive codes identified. This process was guided by notes taken during the interview process. Statements made by staff were identified and coded by listening to the recorded interviews and reinforced using notes taken during the interview. A document was developed which illustrated comments made by each respondent based on questions asked. In this way, staff were able to see their comments in relation to other staff comments for each question (see Appendix A for format). For example, the question was asked, what is the theoretical basis of [wilderness therapy program's] approach to working with adolescents? Each respondents answers were reviewed and key topics were identified. The document given to the focus group contained these responses to each question for each participant.

During the focus group process, staff were first asked to read through the different staff responses for the particular question being addressed. If there was a point of clarification on the part of the information presented (i.e. my perception or another staff's comments), the point was clarified, and changes noted to better capture the idea in question.

Respondents also asked other respondents what they meant by a particular comment, and were given the opportunity to expand on the meaning behind their responses. For example, for the first question on theory, if the clinical director reported a particular therapeutic model that guided the program philosophy, and the wilderness leader had never heard of that model before, a discussion was facilitated between the wilderness guide and the clinical director to clarify for the wilderness leader comments made by the clinical director. Staff enjoyed this process, and many noted that this was the first time they had all sat in a room and discussed these issues. They were engaged in the process and found the involvement to be useful and relevant.

The last topic covered in the focus group was the identification of three client case studies who were enrolling in the program on a given date. Because the programs have set enrollment dates, a day was chosen and it was agreed that all clients enrolling on that day would be used as client case studies (client enrollments varied at each program for the specific date). Logistical issues were handled with regard to release forms, presenting issues, and records which would need to be accessed closed the focus group session.

Research Question 1B

How is the wilderness therapy process applied to specific clients with a history of problem behaviors?

A criterion sampling technique was used to identify the wilderness trip leaders and the clinical staff who were responsible for the primary care of the client case studies throughout the duration of the program and into the aftercare process. The sampling technique used to identify the client case studies during the focus group process described under research question 1a was criterion sampling in that the clients had to enroll in the program on a specific date (Miles & Huberman, 1994). Parents of the client were also identified and briefed on the nature of the study at this point and were asked to participate in follow-up interviews four months after the client completed the program.

Data Collection: Participant Observation

As noted earlier, the purpose of the first visit to each wilderness therapy program was

to interview key staff, conduct focus groups, and identify client case studies. The second visit to each program focused on the treatment team and client interaction in wilderness therapy process. Participant-observation was conducted on-sight at the base facility of each wilderness therapy program and in the field during the wilderness therapy trip observing leader and client interaction. Participant-observation data collection described here was applied to and assumed to be on-going in all phases of research and was guided by each research sub-question presented.

Succinctly stated in the classic field work conducted by Lewin (1951) 47 years ago, "It is the task of the scientist to develop constructs and techniques of observation and measurement adequate to characterize the properties of any given life space at any given time and to explore the laws governing changes of these properties (p. 10). The role of the researcher was that of participant-as-observer in the time spent at staff meetings, dining and social situations, and on the seven-day portion of each wilderness trip in the field, recognizing that as an observer, it was unlikely my presence had *no* effect on the reality of the situation (Adler & Adler, 1994).

Extreme care was taken not to intrude on situations which were deemed too sensitive or inappropriate. Open communication between staff, clients, and client families helped identify these situations. Clients and client families were provided with a description of the proposed research and given every opportunity to decline participation if they were not comfortable with all or any components of the research. Because wilderness therapy programs often are used in crisis situations, parents and family members are fraught with guilt, anxiety, and stress over making the decision to enroll their child. Clients are extremely resistant in the initial stages of each program, and the last thing they want is a researcher asking them questions about how they feel. Care was taken to be sensitive to these difficult situations and to conduct the research in as non-intrusive and collaborative manner as possible.

A field notebook on participant observations was compiled by the researcher for each WT program (Lewin, 1951) (see Appendix C). A seven-day period of time was spent with each wilderness therapy program during a phase of the wilderness therapy process. Because logistics, time, and money prohibited the observation of the entire wilderness therapy

process, care was taken to visit different programs in various phases of the wilderness therapy process to gain an understanding of the dynamics of each phase which are reasoned to be consistent across cases. For example, clients are extremely resistant and families emotionally distraught, during the first week of the wilderness therapy process, regardless of the program. Similarly, clients are excited and preparing for graduation from the program and reintegration into family, school, or aftercare environments the final week of each program. For this reason, field observation was varied across programs to capture these dynamics (see Figure 2).

Figure 2. Weeks during the wilderness therapy process in which data was collected.

	Week in the Wilderness Therapy Process in which Staff Interviews and Participant Observation Was Conducted							
Wilderness Therapy Program	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Anasazi	Staff interviews Seven days in the field on wilderness trip							Client post-trip interviews
Aspen Achievement Academy	Staff interviews							Seven days in the field on wilderness trip Client post-trip interviews
Catherine Freer	Staff interviews		Seven days in the field on wilderness trip Client post-trip interviews					
SUWS	Staff interviews	Seven days in the field on wilderness trip	Client post-trip interviews					

The week spent in the field with client case studies was the source of the majority of participant-observation notes taken during the study. The goal of the inquiry was actively to engage in the same process in which the clients were immersed. The same pack, food, clothing, language, and rules to which students were expected to abide were adhered to by the researcher to establish rapport with the clients and leaders. In this way, clients were more readily approachable. The researcher literally became a participant in the process, complete with the basic food rations and frustrations of learning and not being able to start a fire with a bow drill set. In this way the researcher experienced the environmental and task-oriented conditions in which the wilderness therapy process was applied. Notes were taken as to the environmental setting, , group dynamics and situations, client-staff interactions, environmental behaviors, and therapeutic tools and strategies used by staff to help clients address the issues which brought them to the program.

Informal conversations and unstructured interviews helped establish a social history profile for each client and trace the evolution of problem behaviors both before and after wilderness therapy. This time was also used as an opportunity to establish rapport with the client, which would be critical in subsequent structured interviews. Care was taken not to disrupt the process in which the client was engaged. For this reason, notes were often entered into the notebook later in the evening because the presence of pen and paper at the time of a particular event was not deemed appropriate. This process was completed at each program throughout the field observation phase of research.

Data Collection: Leader Journals of Client Cases

Journals kept by wilderness leaders at each program for each wilderness trip were used to track the progress of client case studies through the entire wilderness therapy process. An industry standard mandates that wilderness leaders reflect on the progress of the clients through various stages of the treatment process. Access was granted by each program to these notes, in which leaders describe the cognitive, affective, and physical state of the client through time, and elaborate on various strategies used to help the client break down resistance and engage in the wilderness therapy process. Leaders were also asked to note certain episodes during the process that were significant for the client in realizing and understanding the history of their problem behavior. The researcher adhered to strict

regulations and policies of the University of Idaho regarding the confidentiality of the data and anonymity of clients. Data were kept in a locked file system and names were removed and replaced with non-traceable numerical codes. Every effort has been made to protect their identities, including the removal of names from all data prior to analysis, the creation of a coding system when using textual illustrations of clients, and the screening of data to be used in reporting and subsequent publications. The study was approved by the Human Subjects research committee at the University of Idaho prior to implementation.

Data Collection: Focus Group of Wilderness Leaders and Clinical Staff

In order to triangulate the multiple perceptions of the treatment team, a focus group process was conducted upon completion of the trip (see Appendix D for Focus Group format). The process began by establishing an appropriate time line for the phases of the wilderness therapy trip. Each client case study was then reviewed as to: (1) presenting problem, (2) general interpretations of overall changes in behavior, (3) more specific discussions of personal and interpersonal behavior exhibited throughout the trip, and (4) a consensus of when a "breakthrough" occurred in the clients' awareness and understanding of presenting problem behavior. The rationale for this process stems from the multiple perceptions of trip leaders and clinical staff about the process of change and what might have triggered a realization of the necessity for change in the client. A similar format of round-robin sharing of ideas and consensus building described earlier was used to triangulate these five areas for each client. If a staff member was unable to attend the focus group process, an individual recorded interview was conducted and later transcribed and added to the focus group data.

Data Collection: Interviews with Client Case Studies

A post-trip interview was held with each client case study (N=19; Anasazi-4; Aspen-5; Freer-7; SUWS-3) following the completion of the wilderness therapy program (see Appendix A for interview format). Because of the time spent in the field with each client, rapport had already been established and in most cases, the client was happy and eager to tell his/her story and was fully engaged in the interview. The time in the field getting to know each client also allowed a check to determine whether the self-report about deviant or anti-

social behavior was truthful, a consideration which is especially important when interviewing adolescents with a history of problem behaviors (Buchstein, 1995). To engage the adolescent in the interview, care was taken to approach the interview in a non-confrontational manner, and simply let the client tell their story about what they had learned and why they believe they came to these realizations. A suggested tactic which facilitated the exchange was to ask the clients questions about their experiences in an open and honest manner (Buchstein, 1995). Care was taken to display genuine interest and concern as an independent person and withhold any display of criticism or judgment.

The interview was specifically designed to target the wilderness therapy process by asking the client how they thought the wilderness therapy process helped them address their problem behavior. The clients were also asked to describe at what point in the process, and why, this realization occurred, which established a critical data point to allow for comparison with the leader journal and the focus group of wilderness leaders and the clinical staff during the focus groups. It was deemed important to gather both the perception of the client and clinical staff since it is well documented in counseling research that what clients believe is important to them in treatment often differs from what clinicians believe is important (Corey, 1995; Yalom, 1995).

Research Question 1C

What are the reported outcomes of the wilderness therapy process as applied to specific client case studies with a history of problem behavior?

Client case studies identified through criterion sampling were also asked to describe the effects and any proposed changes in their behavior due to the wilderness therapy process immediately after completing the program. Clinical staff identified using criterion sampling were used as a check on the self-reports of the clients and were asked to describe the outcomes of the wilderness therapy process on each client from their perspective.

Data Collection: Focus Group of Wilderness Leaders and Clinical Staff

In order to triangulate the multiple perceptions of the treatment team, a focus group process was conducted upon completion of the trip (see Appendix D for Focus Group

format). The process was similar to the one mentioned above, but asked staff to identify the outcomes of the wilderness therapy process from their perspective. Staff were asked to explore what effects the wilderness therapy process had on the client, and what changes in problem behavior were proposed.

Data Collection: Interviews with Client Case Studies

As noted earlier, a post-trip interview was held with each client case study following the completion of the wilderness therapy program (see Appendix A for interview format). The interview asked the client to describe the effects of the process, and what realizations they had learned as a result of the experience. It was deemed important to gather both the perception of the client and clinical staff since it is well documented in counseling research that what clients believe is important to them in treatment often differs from what clinicians believe is important (Corey, 1995; Yalom, 1995).

Research Question 1D

What are the reported outcomes of the wilderness therapy process as applied to specific client case studies with a history of problem behavior four months after completing wilderness therapy ?

Client case studies and their parents identified through criterion sampling were asked to describe the effects and changes in problem behaviors due to the wilderness therapy process four months after completing the program. Clinical staff identified using criterion sampling were used as a check on the self-reports of the clients and were asked to describe the outcomes of the wilderness therapy process on each client from their perspective.

Data Collection: Interviews with Client Case Studies

A follow-up phone interview four months after wilderness therapy treatment assessed the current status of each client case study and the noted effects and declared changes in behavior compared to status and behavior changes identified during interview immediately following the completion of the program. Post-trip prescriptions and placement (i.e. admittance to a therapeutic boarding school, emotional growth school or a foster home) were noted. An open-ended interview style was conducted in which each client was asked to

revisit the pre-program problem behavior and to describe how they were currently doing back in the context of their peer, family, and/or school environments. Any declared or desired changes in behavior described or noted in the immediate post-treatment follow-up interviews were used as a baseline and clients were asked how they were doing on those proposed changes.

For example, if a client stated that improved communication with his father was a change he wanted to make, this was addressed in the four-month follow-up interview. This process allowed for a longitudinal check on the presenting problem behavior, the effects of the treatment, and client-proposed changes, as well as a discussion of the potential barriers that interfered with making desired positive changes in behavior. It was not possible to record every interview given logistical difficulties and equipment constraints, however notes were taken, and added to the data analyzed for the study.

Parents were also asked about the client's progress, especially with regard to the overall family environment after the wilderness therapy program . These two longitudinal perspectives were critical for three reasons. First, the perspective of the adolescent was illustrative and important because, for example, parents often did not now what type of peer interaction was occurring or how well the adolescent was doing at school. Second, the perspective of the parents acted as a check for self-report bias of the adolescent who may portrayed a picture of "everything is fine," or "everything sucks" when, in actuality, it was or did not. Third, the parent perspective of behavior within the family environment was important to check with the perspective of the adolescent. For example, the adolescent might portray the attitude that the family environment was not good, yet the parents might say that it was fine, because the adolescent, prone to withdrawal and isolation, a characteristic typical of this stage of development was not creating a disturbance in the family. Both perspectives allowed for a rich description of current behavior being exhibited by the client case study. Interviews were recorded and transcribed when possible, and notes were taken and entered into the database.

Research Question 2

What common factors of theory, process, and outcomes across four wilderness therapy

programs emerge to justify a model of wilderness therapy?

The unit of analysis for research question included the writings, findings, and main constructs underlying the key concepts identified in research questions one, two, and three. The sampling technique was theory based, looking for and examining examples of identified key theoretical constructs in order to elaborate on their properties and dimensions and explore their relationships across cases (Miles & Huberman, 1994). Using the various qualitative analysis techniques in NUD•IST (software designed to facilitate qualitative data analysis) key constructs were compared and integrated with previous findings to develop a model of the wilderness therapy process.

Data Analysis

The structured and unstructured interviews with staff and client case studies, staff and leader focus groups, leader journals, and participant-as-observer notes gathered to address research question three constitutes the majority of data gathered in the study. One month was allotted to "digest" the data from each wilderness therapy program and to conduct initial analysis and summary writing. To identify constructs inherent in the theory, process, and outcomes of wilderness therapy, a constant comparative method was used to analyze multi-data sources, which is similar to analytic induction in that the formal analysis began early in the study, but differed from analytic induction in that the data analysis was concurrent with data collection (Glaser and Strauss, 1967; Strauss, 1987). The process utilized a succession of question and answer cycles by examining a given set of cases and then refining or modifying those cases on the basis of subsequent ones. Themes, hypotheses, or patterns were generated inductively, allowing for the confirmation or qualification of the phenomena in subsequent cases, thus setting off another inductive cycle.

Miles & Huberman (1994) view qualitative analysis as consisting of three concurrent flows of activity: (1) data reduction, (2) data display, and (3) dissertation writing, conclusion drawing and verification (p. 10). Data reduction refers to the process of selecting, focusing, simplifying, abstracting, and transforming the data that appear in the form of transcriptions or field notes. Data display is an organized, compressed assembly of information that permits conclusion drawing usually in the form of matrices, graphs, charts, and networks. The final

activity takes into consideration that data analysis began with the first piece of data collected, and tentative conclusions were drawn. The dissertation is written and final interpretations and conclusions from each case are made. Within the four phases of data analysis described in this study (see Figure 3), data reduction and data display were the primary activities.

Data were analyzed and stored using the theory-building program called NUD•IST (non-numerical unstructured data indexing, searching, and theorizing; (Richards & Richards, 1994). The use of this program allows for: (1) the storage and organization of document files, (2) to search for themes, (3) crossing and matching themes, (4) diagramming, (5) the creation of templates, and (6) analyzing and reporting (Creswell, 1998). Establishing a case study protocol and a case study database to maintain information through the use of NUD•IST increased the dependability of the study and allowed information to be searched and located more easily (Yin, 1993). Phases of data analysis in the form of a general analytic strategy are presented to orient the reader with the various on-going data analysis strategies used in the study (see Figure 3). The analytic strategy is guided by the two research questions posed. As noted earlier, research questions one and two formed the theoretical framework which guided data collection and analysis, and thus, formed the framework for this strategy.

Figure 3. Phases of data analysis with associated research questions, goals, data sources, tools and techniques, and products created.

Data Analysis Phases	Goal	Data Source	Tools and Techniques	Products Created
Phase One Research Question 1a	Develop individual wilderness therapy program models	Staff Interviews Focus Group Responses Participant Observation Secondary Data	**NUD•IST** • Open Coding • Pattern Coding	• Database for each program based on theory, process and reported outcomes • Event Flow Network—Network which maps general states or conditions with causal pushes to illustrate the wilderness therapy process
Phase Two Research Question 1b Research Question 1c	Develop models of how wilderness therapy process is applied to client case studies	Client Case Study Interviews Focus Group Responses	**NUD•IST** • Open Coding • Pattern Coding	• Database of each client case study at each wilderness therapy program based on effects and how process related to effects • Event State Network— Arranges a series of concrete events by chronological time periods and captures the state or condition reasoned to effect clients in wilderness therapy process
Phase Three Research Question 1b Research Question 1c	Relate client case studies to individual wilderness therapy program models	Staff Interviews Focus Group Responses Participant Observation Secondary Data Client and Parent Interviews Focus Group Responses	**NUD•IST and MERGE** • Merged client case study and program database to form one database • Used search techniques in NUD•IST to link process to outcomes for each client	• Database which integrated client case studies and wilderness therapy programs allowing for the application of case studies to program model and the examination of how process relates to outcomes • Event State Network— Arranges a series of events to captures the state or condition reasoned to effect clients in wilderness therapy process
Phase Four Research Question 2	Compare wilderness therapy program models across cases to develop a model of wilderness therapy	Staff Interviews Focus Group Responses Participant Observation Secondary Data Client Case Study Interviews Focus Group Responses	**NUD•IST and MERGE** • Merged wilderness therapy program databases to form one wilderness therapy database • Used search techniques in NUD•IST to uncover common concepts and ideas	• Model of wilderness therapy based on four wilderness therapy programs • Event Flow Network—A network which maps general states or conditions with causal pushes that illustrate a cross-case model wilderness therapy process

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Data Analysis: Phase One

The goal of data analysis during phase one was to develop individual wilderness therapy program models based on transcriptions of recorded staff interviews and focus group responses, participant-observation notes, and secondary data made available by respective programs. Using the qualitative data analysis software package NUD•IST, open and pattern coding techniques using an inductive approach were performed on these data sources (Glaser, 1992; Miles & Huberman, 1994). Coding of data sources was driven by questions related to theoretical basis, how the wilderness environment supported the theoretical basis, phases and characteristics of process, reported effects on specific problem behaviors, and wilderness leader and therapist qualifications (see Appendix A). Each program was considered independently of others (meaning one program began and ended before another was started) and consistent coding procedures were used to maintain reliability. All procedures described here were carried out for all four wilderness therapy programs participating in the study.

The initial stage in the constant comparative method of analyzing consisted of open coding, in which the data analysis began with no pre-established codes (Glaser, 1992). Transcriptions of staff interviews were first reviewed on a question-by-question basis. Notes were made in the margins and a highlighter was used to denote key ideas from the passage of text. Field notes and secondary data were entered into the database as they appeared, as were reflective comments noted during the process (Miles & Huberman, 1994). These data from focus group responses, participant-observation notes, and secondary sources were reviewed in a similar manner and sequence. Transcriptions with accompanying highlights were then used as a guide to begin initial coding with NUD•IST. The task was to assign units of meaning to the descriptive data compiled by differentiating and combining the data into codes. It is not the words themselves that are of interest in the coding process, but the *meaning* they convey that matters (Miles & Huberman, 1994). The meanings of the concepts in the text were given corresponding names that attempted to capture the meaning of the concept in the words of the respondents (Miles & Huberman, 1994).

The descriptive codes generated using open coding techniques began to form patterns based on similar constructs which were then grouped into clusters of codes with similar

meanings. Instead of a long list of descriptive codes, themes emerged that were grouped into pattern codes, adding "depth" to the database. This process was repeated many times, driven by the theoretical framework and research questions posed. The end product of phase one was a database in the form of a report for each wilderness therapy program based on questions asked of staff.

A diagram of the wilderness therapy process was created based on the program data bases. The goal of data display in phase one was to "make the complicated process of [wilderness therapy] understandable by reducing it to it's component parts" (Bernard, 1988). An event flow diagram was created which showed the relationship between theory, process, and outcomes of the wilderness therapy process. An event flow network maps general states or phases which causally push a process, in this case wilderness therapy (Miles & Huberman, 1994). The database of each wilderness therapy program and it's associated event flow network established an empirical, visual representation of the wilderness therapy process which was used during analysis of client case studies in subsequent phases of analysis to understand the relationship between process and outcomes of wilderness therapy.

Data Analysis: Phases Two and Three

Phase two analyzed data from post-trip interviews, participant-observations, clinic debriefs, and follow-up interviews of the client case studies at each wilderness therapy program. Open and pattern coding of data was driven by questions related to the effects of the process on the clients and why they believed these effects occurred from the perspective of the client (interviews) and the clinical staff responsible for each client (clinic debrief). Clients in each wilderness therapy program were considered independently of others (meaning each client at each program began and ended before another was started) and consistent coding procedures were used to maintain reliability of data.

Open coding of transcribed client interviews and clinic debrief notes were reviewed on a question-by-question basis, notes were made in the margins, and a highlighter was used to denote key ideas from the passage of text. Focus group responses, participant-observation notes, and secondary data were all reviewed in a similar manner. Notes and highlights were then used as a guide to begin initial coding using NUD•IST. The meaning of the passages of

text were also given corresponding names that captured the meaning of the concept in the words of the respondents (Miles & Huberman, 1994). Similar pattern coding techniques described in phase one were used for the client case studies and a database of client case studies was created for each wilderness therapy program in the form of a project was created.

The next step (phase three) was to merge the databases generated in phases one and two so that client case study experiences and reported outcomes could be applied to each wilderness therapy program model. This was done using the software package MERGE, which combines one or more projects created in NUD•IST to form one database. The next step was to use various search techniques in NUD•IST to explore the relationships between reported client outcomes and the wilderness therapy program model. By combining coded responses of outcomes and process reported by clients with those processes inherent in the wilderness therapy program model, it was possible to see the relationship of a client-identified component of the process to the entire flow of the wilderness therapy process within the identified program theory.

An event state network was developed for each client case study based on these client case studies experience in the wilderness therapy process. The event state network arranged a series of concrete events by chronological time periods to capture the state or conditions reasoned to effect events which lead to reported client outcomes (Miles & Huberman, 1994). The next step was to overlay each wilderness therapy program model with the event state network developed for each client case study to see what conditions, factors, and events lead to the reported client outcomes and how those relate to the entire wilderness therapy process.

Data Analysis: Phase Four

The final phase of data analysis involved merging data from the four wilderness therapy program projects in order to identify core theoretical approaches, process factors and conditions across programs to determine whether there was sufficient evidence to develop a wilderness therapy model. The goal of such inquiry is to develop more sophisticated descriptions, and thus, more powerful explanations, of the wilderness therapy process. Ragin (1987) states that the most effective cross-case comparison synthesizes a case-oriented

with a variable-oriented strategy. A synthesized approach "allows analysis of parts in a way that does not obscure the whole, while allowing whole cases to be compared as a configuration of the parts (In Miles and Huberman, 1994, p. 177).

This was again done using the software package MERGE, which combined the four program projects created in NUD•IST to form one database. Various search techniques in NUD•IST were used to identify common theoretical approaches, core conditions and events of the wilderness therapy process, and common indicators of success in treatment of like problem behaviors. If a code based on associated concepts in these three areas was similar across all four programs, that code was included in the model of wilderness therapy.

A diagram of the wilderness therapy process similar to the one created for each program was developed based on codes identified in all four wilderness therapy programs. The event flow diagram illustrated common codes based on theory, process, and outcomes of the wilderness therapy process. The event flow network established an empirical and visual representation of the wilderness therapy process.

4. RESULTS: THEORETICAL BASIS OF WILDERNESS THERAPY

Theoretical bases for four wilderness therapy programs are presented. The theoretical basis of each program was identified by coded descriptive categories developed by analyzing key staff responses to the open-ended question, *What is the theoretical basis which guides [wilderness therapy program's] approach to changing problem behavior in adolescents?* (see Appendix A for interview format). Pattern codes developed from key staff interviews and focus group responses to this question introduces the theoretical foundation for each program. The pattern codes which emerged from analysis of the theoretical basis of wilderness therapy are: (1) *How Program Perceives Client*, (2) *Theoretical Basis of Wilderness Therapy Program*, and (3) *How Primary Care Staff Approach Therapeutic Relationship.*

Examples of descriptive codes comprising each pattern code are presented in associated Figures, along with definitions and selected interview text which define the code. It is assumed that theory guides the wilderness therapy process. Therefore, an event flow display of the theoretical foundation for each program is presented which provides evidence of the antecedents and generalizations of the wilderness therapy process, which in this case is theory (Miles & Huberman, 1994). An additional question was asked, *For which type of problem behaviors does wilderness therapy work well and not work well?* Responses to this question are also included in the display to orient the reader to the types of clients for whom wilderness therapy is most appropriate, as discussed in Chapter 8. When process is displayed in the following chapter, the event flow display will add to the display of theory. The same procedure will be carried out for outcomes, completing the link between theory, process and outcomes. The theoretical foundation of each program is presented in alphabetical order.

A reference is made to whether the program is a three-week, contained, or an eight-week continuous flow program. Contained system wilderness therapy programs are usually up to three-weeks long, operating in a wilderness expedition model in which clients and leaders stay together for the duration of the trip. Continuos flow programs are longer, up to eight weeks in length, and have clients continually admitted to on-going groups with leaders rotating in and out of the field. Although the distinction is primarily a logistical one, the

philosophical and practical differences between these two types of programs is addressed in Chapter 8, where a concurrent model of wilderness therapy is presented.

Anasazi Theoretical Basis

Anasazi takes its name from the Navajo word commonly interpreted as the "ancient ones" or "wise teachers." Founded in the 1960s by Larry D. Olsen and Ezekiel C. Sanchez, Anasazi is the oldest tried and true wilderness experience of its kind. While the clients are in the wilderness, parents and families have an opportunity to learn about their children's experience and how families can be strengthened by applying the principles learned in the wilderness to their own situations at home. Parents experience seminars on relationships, weekly communication with their child's counselor, and participation in a process designed to prepare the client for the return home. The emphasis on the family dynamic is carried out through the entire eight-week program.

Anasazi Perception of Client in the Therapeutic Relationship

Anasazi bases their program on the notion that wise teachers taught that a person's walking was individual—forward for making right choices and backward for wrong choices—and forward walking can only be achieved with the help of the "Great Spirit." An eight-week continuous flow program, Anasazi approaches working with troubled adolescents in a unique way. Guided by a strong belief in God, Anasazi believes that clients or "youngwalkers" have an innate goodness that needs to be awakened. Adolescents are perceived as having deeply rooted resistance to authority and are not treated as though they are problem children that need to be fixed by therapy. Rather, youngwalkers have the resources to begin forward walking or making better decisions in their lives. The Anasazi perception of the client entering the wilderness therapy process is presented in Figure 4.

Figure 4. How program perceives the client as a component of the theoretical foundation of Anasazi

Pattern Code. How Program Perceives Client		
Descriptive Code	**Definition**	**Examples of Coded Response**
Adolescent Culture	Reference to the culture from which adolescents come	*Because they don't like where they come from. Because where they came from, they haven't, they have been diagnosed with things, I guess they have been give really no hope.*
Client Resistance	Kids are resistant to traditional therapy and authority figures	*As far they are concerned, a teenager looks at that – or even an adult they need—employees, managers--a teenager would look at that and say, "I don't want to do wrong, but I want to resist you." So we believe that a lot of the choices that they've made before coming here were not choices to be wronged, they were choices in resistance, too. To an environment that they found themselves in, maybe since they were born.*
Have Resources	The belief that clients have the resources and they need to learn how to access them to make changes	*If you make the choice for them then you are telling the child that you need to make choices for them and they don't have the means to do it themselves*
Innate Goodness	Clients have an innate goodness as a theoretical basis of wilderness therapy program	*It helps them get in touch with the goodness that is within them and we notice that is with another person. No matter what paths they've taken, no matter what the children do with themselves in their life, we can ... there is goodness there.*
Not Problem Child	Client is not a problem child that needs to be fixed, but rather a good person that has made bad decisions	*You're good, the choice, you separate the child from the choice, separate the child from what has happened...so they always see themselves as being good and that you have the capacity, and he does have the strength within him.*

Anasazi Theoretical Basis

The theoretical basis of Anasazi is rooted in spirituality and guided by the religious principles and teachings of Jesus Christ. A strong belief in Native American teachings and customs frames the way in which Anasazi views the role of nature in wilderness therapy--that nature is a powerful healer and that we as humans are a part of and must live in harmony with nature and one another. Expanded from a desert skills survival course developed by Larry Dean Olson and Ezekial Sanchez at Brigham Young University in 1969, Anasazi immerses clients in nature, providing them with primitive skills such as bow drill fire-making, which plays a primary role in helping clients overcome self-imposed limitations. By spending time in nature, clients are spending time with themselves and God, identifying the goodness that is within. For this reason, Anasazi believes in living a primitive lifestyle while in nature. The gear used in the experience is minimal. Backpacks are made from tying up ponchos which also serve as tarps, sleeping bags are replaced with a small wool blanket, and no sleeping pads are used. In the first few days of the experience, clients sew a food bag out of a piece of cloth to carry their food. Every piece of equipment or material they are provided with serves a critical role in their survival on the experience. The diet is healthy and simple and consists of grains, rice, oats, and no sugar or caffeine. Foraging for edibles and the use of medicinal plants is encouraged by staff and common practice.

Native American teachings are interwoven with an eclectic therapeutic approach and educational curriculum. The use of ceremony throughout the experience and to mark the end of the program and beginning of a new way of being reflects a rites-of-passage experience. The therapeutic approach is guided by experiential and reality therapy, with a basis in Eastern philosophy weaving the two together, which was described as a simple, non-confrontive way of being with the clients. An educational curriculum presented under the guise of natural elements in an individually guided workbook covers ancient cultures, ecology, natural history, medicinal plants, and more in-depth lessons in survival skills. Periods of alone time, during which the client carries out solos, completes the philosophical foundation of the wilderness therapy treatment milieu. Figure 5 presents descriptive codes comprising the theoretical basis, definitions, and examples of coded text from staff interviews.

Figure 5. Anasazi theoretical basis of wilderness therapy including pattern code, descriptive codes, definitions, and example responses

Pattern Code. Theoretical Basis			
Descriptive Code	**Descriptive Sub-Codes**	**Definition**	**Example of Coded Responses**
Alone Time		The importance of alone time to reflect on life	*Alone in nature with very few essentials and learn a variety of very intense unique skills-depends on how willing the child was*
Eclectic Therapy	Experiential Therapy Reality Therapy Eastern Philosophy	Therapeutically eclectic-meaning draws on different therapeutic approaches	*It's probably eclectic.*
Education	Scripture *Rabbitstick* Walking Book *Badgerstone* Walking Book	Reference to educational components	*Teach out of the scripture (bible, book of Mormon, etc.) and want staff to be familiar and be able to apply these principles*
Native American Reference	Ceremony	Reference to Native American culture as theoretical basis	*The hope in our Native American culture is that we celebrate very special moments in the child.. In that celebrating, saying look this is what is important, but it's kind of what I've learned from my teaching as a Native American*
Nature Healer	Mysterious Process Natural Consequences Connected Natural World	Nature is healer by itself	*So that worried me a lot when people wanted to come and bring their 10 or 12 step programs into the wilderness walk, which I thought was not necessary because nature itself would provide the learning that we needed to go through and if we are sensitive enough to apply this learning in our lives, we're gonna be okay.*
Spiritual	Change Person Within	A therapeutic focus on spirituality	*So I'll still share stories and I'll still maybe share some sort of spiritual experience, bring that into it. I don't know if [staff] talked about this or not, but my style is I will use scriptures, either from the New Testament, Book of Mormon. The girl that just came off, she used Koran.*

Anasazi Approach to the Therapeutic Relationship

Primary care staff, meaning staff at Anasazi who are directly responsible for the care of the client throughout the wilderness therapy process, approach the therapeutic relationship by first trusting the client. An example of this trust is that staff do not search the clients for inappropriate paraphernalia prior to leaving for the wilderness. They trust that the client will offer staff any contraband on their own terms and do not use any form of punishment if illegal contraband is found. Staff wait for the client to be ready to work on their issues; they will not force an educational or therapeutic model on a client who is showing resistance. In the meantime, staff are empathetic to the client situation and serve as role models in doing primitive skills and actively reading scripture and holding prayer sessions.

This patience and trust in the client facilitates what is termed the "making of an asking," in which staff will not force the client to do anything, but rather places the responsibility for learning and changing on the client. The client must ask how to do a particular task, such as setting up a tarp or carving a primitive bow drill fire set. This dramatically restructures the client-therapist relationship and alters client preconceived notions of authority. Descriptive codes comprising the pattern code of how the primary care staff approach the therapeutic relationship with the client are presented in Figure 6.

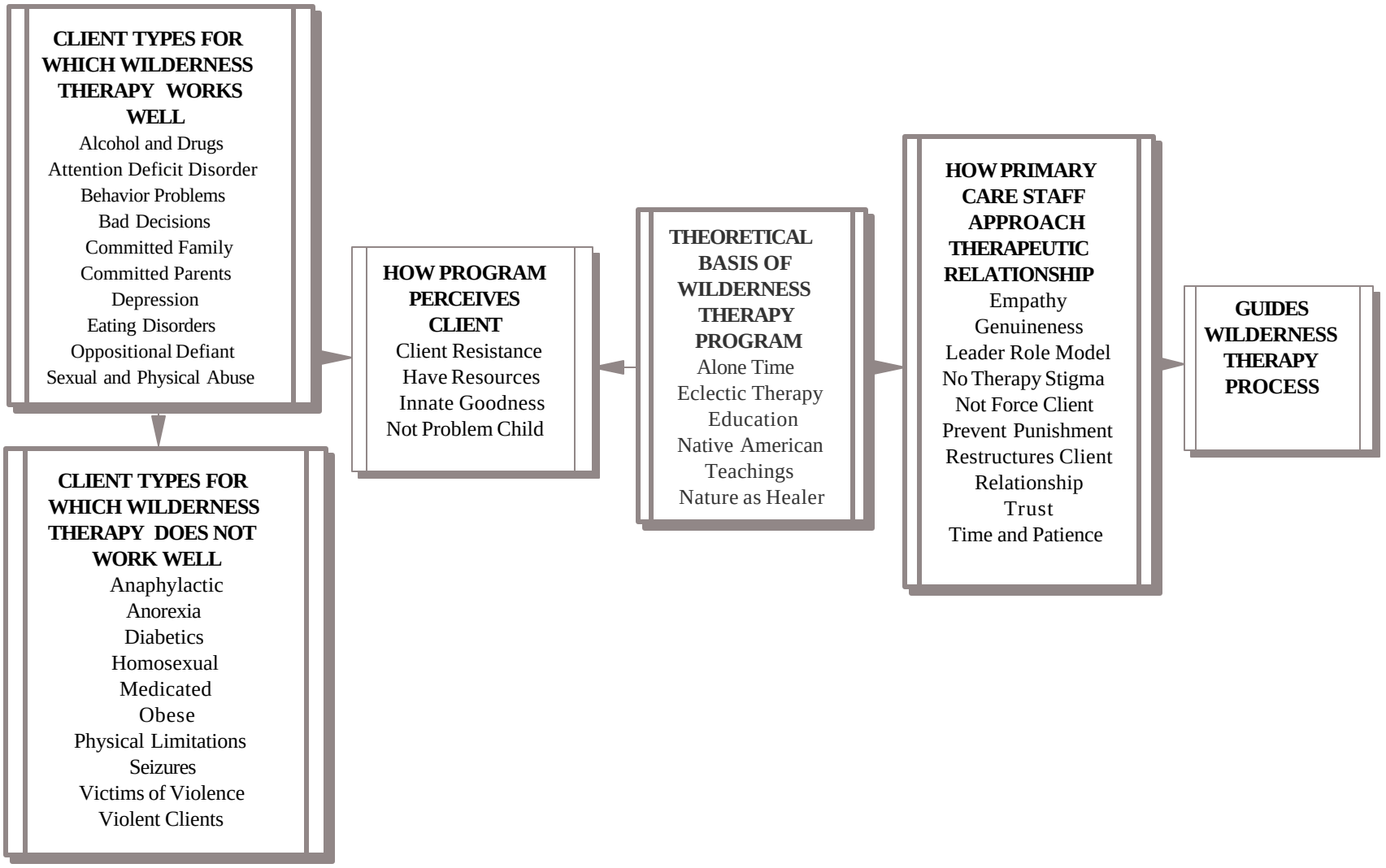
Figure 6. How Anasazi primary care staff approach therapeutic relationship with client

Pattern Code. How Approach Client Relationship		
Descriptive Code	**Definition**	**Examples of Coded Response**
Empathy	Therapist and leaders must empathetic to the client's situation including listening to them	*It's also about empathy. Being empathetic with their situation, not that I would want to change or even try to rescue them from that, but usually in the first few weeks, and that's when they're most resistant, it's really listening to their story...that they're most worried about.*
Genuine	Primary care staff live the message and lesson they teach to clients on and off the trail	*So we're very interested in how our staff lives off the trail, on their weeks off. Not that we can control that in any way, but we try to create an environment to where it's known. As a family, we live as well as we know how; be examples as people, because we believe that even if you go into a group and you may say, "Hey, you shouldn't do drugs" but if you are doing them off on the side it somehow doesn't come with the same clarity and the same feeling.*
Leader Role Model	Leaders serve as positive role models for the client	*Staff lives the way they would want children to live their lives-positive role models*
No Therapy Stigma	There is no therapy stigma associated with wilderness therapy—clients are proud of their experience	*See our program, of all the programs, the children don't feel like they've been to a therapeutic program. And so when they go home they talk very freely about it, very proudly about it, and very fondly about it.*
Not Force	Staff do not force the client into changing if they are not ready	*If we want real change then we cannot force it on the kids-If we do it will not be long lasting*
Prevent Punishment	Staff work to prevent manipulative punishment of client	*We don't believe in punishment or reward-these are contrived and the kids see through them*
Restructures Client Relationship	Reference to the wilderness therapy process restructuring the client relationship	*Skills and tools are bridges to be able to connect with the child and spend time with them in a non-confrontive and non-authoritative way*
Time Patience	Staff wait for the client to be ready to address their issues	*Any of that kind of stuff they are doing is just - it doesn't matter. Their real self, their real heart is down in there, and we just wait for it. And the neat thing about waiting for it is that we've developed that relationship with them, which often times, they don't even understand*
Trust	Staff work to establish trust with client	*If the approach is contrived then the child will see that-let them make the choice-shows that you trust them*

Illustration of Anasazi Theoretical Basis

Figure 7 illustrates the three pattern codes which emerged from staff responses to the question : *What is the theoretical basis which guides Anasazi's approach to changing problem behavior in adolescents?* Figure 7 illustrates how the pattern codes relate to one another and form the foundation which guides the wilderness therapy process. Types of clients for whom Anasazi staff believe work well, and do not work well in wilderness therapy are included in the illustration to orient the reader with the type of client for whom Anasazi will work with in wilderness therapy. A general discussion of the types of clients for whom wilderness therapy is most appropriate is presented in Chapter 8 in the model of wilderness therapy because of the similarities found across the four programs.

Figure 7. Anasazi event flow diagram of the theoretical basis of wilderness therapy as an intervention in changing problem behavior in adolescents



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Aspen Achievement Academy Theoretical Basis

Aspen Achievement Academy, referred to as Aspen, is an eight-week continuous flow wilderness therapy program that believes that adolescents who have tried various therapeutic approaches may benefit from an educationally challenging alternative therapeutic environment. The program completes an extensive diagnostic assessment process with individual components of traditional therapy, experiential education, and contemporary outdoor learning experiences. Under the direction of a clinical supervisor, therapists provide individual therapy and group therapy each week. The results of these sessions are communicated weekly to parents. At the conclusion of the outdoor therapy program, a seminar is conducted for parents and adolescents. This is designed to help parents reinforce changes in students behavior and to provide a smooth transition for the adolescent to his or her home environment.

Aspen Perception of Client in the Therapeutic Relationship

Aspen believes that clients entering their program have a history of resistance to authority, specifically authority in home, school, and therapeutic environments. Because of this resistance, clients have a unique ability to manipulate the environments from which they come. Aspen strongly believes that clients are not as able to manipulate the wilderness therapy process because they cannot manipulate mother nature, which is the most important factor in helping adolescents come to terms with their history of problem behavior. Behavioral problems of clients are symptomatic and believed to be a reaction to past, where something happened which caused them to make some poor decisions.

Clients are usually therapeutically savvy and have been in and out of treatment programs--they can walk the therapeutic walk and talk the therapeutic talk, fooling everyone including themselves. Aspen believes that each client has an innate goodness in them that has been temporarily lost through making poor decisions, clients will be able to rediscover that innate goodness by taking the opportunity to reflect on their lives. Aspen's perception of the client entering the wilderness therapy process is presented in Figure 8 with associated descriptive codes, definitions, and examples of coded staff responses.

Figure 8. Aspen Achievement Academy perception of client in therapeutic relationship including primary codes, definitions, and examples of coded responses.

Pattern Code. How Program Perceives Client		
Descriptive Codes	**Definition**	**Examples of Coded Response**
Behavior Reaction Past	Clients' behavior is a reaction to the past	*What distinguishing things, behaviors and choices that they make are really sort of reactions or compensations to things that happened in their past...as opposed to this is what's wrong with you, this is my prescription*
Chance to Reflect	Program philosophy is guided by offering the clients time and place to reflect on their lives	*What we're really trying to do in my opinion is to help individuals take a serious look at where they want to go with their life and where they are in that process right now. What changes they would like to make.*
Client Resistance	Clients are resistant to traditional therapy and authority figures	*My advise to you is to for you to not fight the program, work the program and use it to your best advantage because it's here for you and we're here for you and we're your friends and we're your new family.*
Innate Goodness	Reference to clients having an innate goodness in them	*And then I just went out and just told her straight up that I was going to relate to her like she was magnificent and was very powerful and had all the tools she needed, the capability that she needed to make a difference for herself.*
Locus of Control	Understanding the client's locus of control	*Existential bent clients learn to trust internal vs. external locus-of-control*
No Manipulate	Clients are not able to manipulate the program because of natural consequences	*One of them, I think one of the most powerful ones, is that it is an environment that the kids are not able to manipulate. So regardless of how charming they are, how good looking they are, whether they're good at intimidating people or lying, nature doesn't respond to any of that.*
Tried Counseling	Clients have tried counseling and have an understanding of traditional approaches	*They learn the residential system but at Aspen they are constantly challenged-They will tell the therapist what they want to hear-at Aspen the instructors won't buy it*

Aspen Theoretical Basis

Aspen believes that wilderness is the most powerful factor at work in wilderness therapy. Natural consequences provides the foundation upon which an eclectic, clinically-based therapeutic and sophisticated educational model is built. Nature alone works as a healer and teacher, with the primary care staff guiding clients in understanding the past and developing possibilities for the future. Clients learn to care for themselves, which is facilitated by natural consequences, as well as work with their peers in a variety of cooperative activities. Aspen makes it clear that it is not a military model, in which the client is broken down to be built back up. Clients learn to be responsible for their own actions, which is applied through the use of metaphor to help the client relate the experience to issues in their lives.

The eclectic therapeutic model is guided by a family systems approach, in which the client *and* the family of the client are the focus of treatment. Because Aspen believes that client problems stem from the systems from which they come, the system, or family, should be involved in therapy. The intervention is also used as an assessment tool to prepare the client for their next placement (about 50 percent return home, with the other half going on to an aftercare facility). A 12-step approach, that draws from cognitive-behavioral, psychodynamic, existential, interpersonal, experiential, and reality therapy guides the therapeutic interventions delivered by licensed therapists in the field. The goal of therapy in weekly one-on-one and group sessions is to identify client coping patterns, and then interrupt those patterns to evoke emotional responses which reflect the issues with which the client is struggling. "I feel" statements are used to help clients learn to identify and express feelings. A strong interpersonal approach is reflected in a peer mentoring process which facilitates entry of new clients in the program in the same groups as experienced clients. The more experienced serve as role models and mentors. Parents are encouraged to be in therapy during the eight-week program and to communicate with therapists throughout the process about issues with which they are struggling and the client's progress in the program.

A sophisticated educational model consisting of lessons in science, sociology, physical education, astronomy, and communication skills are all used in a metaphorical way to teach clients how education relates to their lives. Educational groups are held throughout

the experience and clients move at their own pace through individual growth books. Readings are assigned during solos and clients complete steps in the 12-step alcohol recovery model. Clients learn specific communication skills and practice using them in impromptu group sessions. The theoretical basis of Aspen's approach to wilderness therapy is presented in Figure 9, along with associated descriptive codes, definitions, and examples of coded staff responses.

Figure 9. Aspen Achievement Academy theoretical basis of wilderness therapy including codes, descriptive codes, definitions, and examples coded responses

Pattern Code. Theoretical Basis				
Descriptive Codes	**Descriptive Sub-Codes**		**Definition**	**Example of Coded Responses**
Alone Time			The importance of alone time to reflect on life	*Usually everyone is anxious to get into the group, it's amazing what this period of isolation...it just enhances everything.*
Eclectic Therapy Model	Continuous Flow Not Military Model Allows Assessment Intensive Client Centered	Solution Focused Challenging Continuum of Care Therapeutic Models Therapeutic Tools	Theoretical basis of the program is eclectic drawing on different therapeutic models	*Well I guess we really have somewhat of an eclectic approach, but we take an experiential approach to therapy.*
Education	Science Sociology Physical Education Astronomy Communication Skills Training		Reference to educational component which is part of the theoretical basis of program	*It was my opinion that the areas that would serve themselves the most to this kind of environment would be science, general science, and sociology, primarily sociology, and physical education*
Emphasize Client Responsibility	Self Care		Reference to clients learning personal responsibility as a component of theoretical basis of the program	*So the kids really have to get real with themselves, and take responsibility for their choices. Very often we work with kids that are not taking responsibility for their choices, it's always, it's my parents' fault or my teacher's fault that things are not going right in their lives.*

Native American Reference	Ceremony Rituals	Reference to Native American culture as theoretical basis	*The phases are based on, the phase names which are correlated with certain behaviors and interventions, are based on Native American metaphors.*
Wilderness Most Important	Natural Consequences Nature as Healer Connected Natural World Time in Nature As Therapy	Reference to wilderness being most important therapeutic factor in wilderness therapy	*I think that the wilderness part of the program is the most important aspect of the whole thing. Education can take some credit if you need it, I don't need it. Therapy can go ahead and take some credit if they need it. That's fine, they do a good job within the area which they work, but the wilderness does the best job.*

Aspen Approach to the Therapeutic Relationship

Primary care staff, who are directly responsible for the care of the client throughout the wilderness therapy process approach the therapeutic relationship with patience, not wanting to force the client to address their past if they are not ready. Staff portray a genuine sense of empathy and concern for the well-being of the client, helping to form a strong therapeutic relationship with the client. Because staff rotate in and out of the field on a weekly basis, clients are routinely exposed to different staff. Staff return from time off and continue their time with clients in subsequent weeks.

The goal for staff is to create a safe environment in which the client begins to explore issues in their lives and practice newly learned communication skills. The combined effects of a nurturing, caring, and an empathetic approach restructures the therapist-client relationship dramatically, helping to break down client resistance to authority. This nurturing approach is integrated with tools and strategies staff use to identify the coping patterns of clients and then interrupt those patterns by breaking down learned defenses. If the client is feeling threatened and retreats, staff will back off, not engaging in a power struggle with the client and allowing other factors, such as peer feedback or natural consequences, to encourage reflection. This approach to the therapeutic relationship is presented in Figure 10 with associated descriptive codes, definitions and examples of a coded response.

Figure 10. How Aspen Achievement Academy primary care staff approach a therapeutic relationship with client

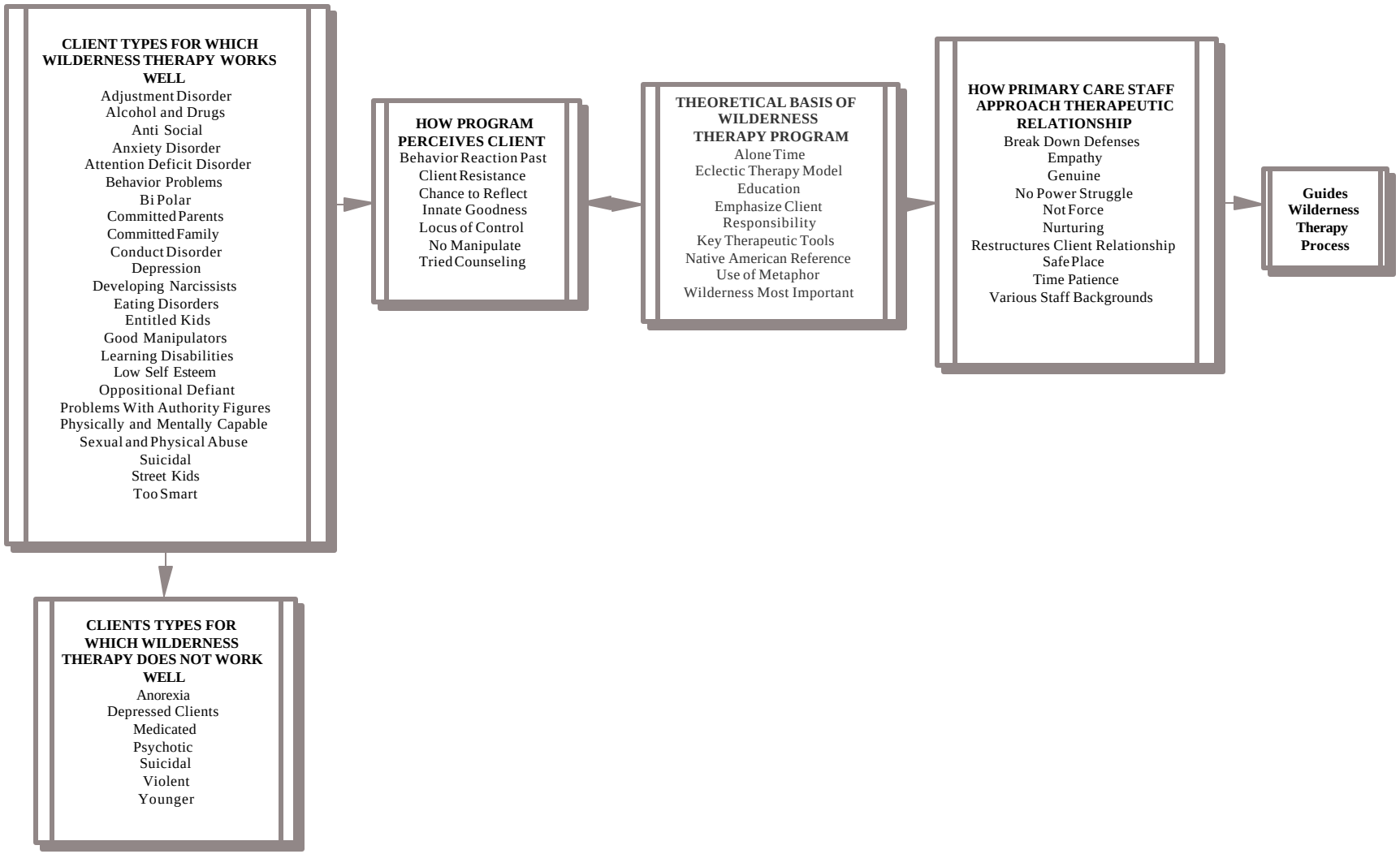
Pattern Code. How Approach Client Relationship		
Descriptive Code	**Definition**	**Examples of Coded Response**
Break Down Defenses	Staff approach the relationship with patience which helps break down the clients defenses	*It is a psychodynamic approach that isolates people from their defenses*
Empathy	It is about being empathetic to their situation and sitting down and listening to them	*Yes they are and they might say it's good that your mom sent you. It would be terrible if you weren't. It must mean that you have a good home and loving parents and you love them and that you miss them very much. I feel bad for you, that you're going through this pain and everything right here, but you are here, your parents do know where they sent you and they are expecting you to stay.*
Genuineness	Primary care staff genuinely care about the client and their well-being	*Right, and we're clear with them that there's something in it for us. Like if they're not huffing butane, and instead they're finishing school and going to college, there's a better world that we all get to live in as well. So there's something in it for us, like I don't contrive myself as some selfless martyr or something like that. I tell them that yeah I'm in it for something and I'm hoping that you'll call me in a year and tell me that your life is going great, that's what's in it for me. Occasionally that happens and that's totally a payoff.*
No Power Struggle	Staff do not engage in power struggles with the client because can use natural consequences	*Right, so it makes it easier for us in a sense that we don't engage in as many power struggles and it's also less personal. It's just raining, it's not raining because they were bad or because they were good or because I made it rain or dad made it rain, it's just rain.*
No Therapy Stigma	No therapy stigma associated with wilderness therapy—they are proud of their experience	*See our program, of all the programs, the children don't feel like they've been to a therapeutic program. And so when they go home they talk very freely about it, very proudly about it, and very fondly about it.*
Not Force	Staff do not force the client into certain behaviors or their issues if they are not ready	*The model that we follow here at Aspen Achievement Academy has since day one, been one of not forcing, but providing an opportunity for students in a somewhat controlled environment to make productive changes for themselves. And our goal has just been to provide that opportunity, a safe place, for this to take place.*
Nurturing	Staff are caring and supportive of the client	*I know that you feel bad but you are here now and you have to deal with it*

Restructures Client Relationship	Reference to restructuring the client relationship	*Mother nature becomes the behavior modification teacher, wilderness does it so the staff don't have to*
Safe Place	Staff and program work to provide a safe place for the client to work on their issues	*What follow here at Aspen Achievement Academy has since day one, been one of not forcing, but providing an opportunity for students in a somewhat controlled environment to make productive changes for themselves. And our goal has just been to provide that opportunity, a safe place, for this to take place.*
Time Patience	Staff wait for client to be ready to address personal issues	*In other words, there's nobody standing behind you with a pitchfork and jabbing you in the seat of your pants and pushing you. Encouraging you, yes.*
Various Staff Backgrounds	Staff all have different backgrounds which they bring to the relationship which makes it different and unique	*Each therapist is trained differently and brings that to the relationship*
Trust	A focus on establishing trust with client	*If the approach is contrived then the child will see that-let them make the choice-shows that you trust them*

Illustration of Aspen Theoretical Basis

Figure 11 illustrates the three pattern codes which emerged from staff responses to the question : *What is the theoretical basis which guides Aspen's approach to changing problem behavior in adolescents?* Figure 11 illustrates how the pattern codes relate to one another and form the foundation which guides the wilderness therapy process. Types of clients for whom Aspen staff believe work well, and do not work well in wilderness therapy are included in the illustration. A general discussion of the types of clients for whom wilderness therapy is most appropriate is presented in Chapter 8 in the model of wilderness therapy because of the similarities found across the four programs..

Figure 11. Aspen Achievement Academy event flow diagram of the theoretical basis of wilderness therapy as an intervention in changing problem behavior in adolescents.



Catherine Freer Wilderness Therapy Expeditions Theoretical Basis

Catherine Freer Wilderness Therapy Expeditions (Freer) is a three-week contained system wilderness therapy program. Founded in 1988 by Dr, Rob Cooley and Paul Smith, the approach integrates wilderness programming with a strong clinically-based therapeutic model focusing on the family of the client. Freer believes that the solution to a family's problems lies not in fixing the problem child, but rather in applying a family-systems approach based on the belief that family dynamics must change to support the change that an individual undergoes or the change will not be sustainable. A pre-trip family meeting involving clients and their families, the clinical supervisor for each "trek," and primary care staff, enables parents to become acquainted with the Freer program and to coordinate plans for working with the adolescents while on the trek. An all-day meeting around a campfire at the trek's final destination helps staff, clients, and their families process the experience and develop after-care plans to help incorporate lessons learned into their family relationships.

Staff are clinically trained and supervised by licensed psychologists and certified drug and alcohol counselors (CADC). Therapists who hold Master's in Counseling and Social Work (MA and MSW), or Certified Alcohol and Drug Counselors (CADC) accompany each wilderness trek with two wilderness leaders, forming a treatment team which is with the group the entire trek. Counseling approaches guiding treatment include substance abuse, 12-step recovery, anger management, communication skills, conflict resolution, and values clarification. Because 65 percent of clients return home, staff work with parents throughout the process to create the necessary structure in the home environment to sustain realized or proposed changes in behavior. Because three weeks will not change a client's life, wilderness therapy is seen as an opportunity for clients to recognize destructive behaviors. The personal growth process will continue in the family environment after completion of the experience.

Freer Perception of Client in the Therapeutic Relationship

Freer believes that clients entering the wilderness therapy process are on a path of self-destruction which has caused an immediate crisis for the family. Staff described

wilderness therapy as an intervention that reaches under the water and grabs the hand of a drowning victim when asked to elaborate on the intervention as an immediate crisis. The problems the client brings to the program stem from the systems in which the client is engaged. The root of the client's problems within that system stem from anxiety caused by a variety of environmental, emotional, and physical factors. The anger and emotional issues that the resistant client presents requires Freer to use a non-confrontive and nurturing approach to help work through the layers of resistance.

Freer recognizes that clients have a history of counseling and were able to manipulate therapists and counselors with whom they worked in the past. These walls of resistance to authority are used by Freer staff as a therapeutic tool to teach clients to restructure relationships with authority. Clients need authority to survive in the wilderness, which forces them to listen to instructions or observe processes that make wilderness living easier in the beginning of the program. This dynamic is enhanced by the lack of stigma associated with the relationship between the treatment team and the client. These factors allow the staff to break through the walls of resistance quickly and empathetically, setting the stage for deeper emotional work to begin. Freer's perception of the client entering the wilderness therapy process is presented in Figure 12 with associated descriptive codes, definitions, and examples of coded staff responses.

Figure 12. How program perceives the client as a component of the theoretical foundation of Catherine Freer Wilderness Therapy Expeditions.

Pattern Code. How Program Perceives Client			
Descriptive Code	**Descriptive Sub-Codes**	**Definition**	**Examples of Coded Response**
Anxiety Root of Problems	Anxiety in clients' lives causes many of their presenting problems		*I think a lot of kids, I think a lot of problems in the world are created by anxiety, if you want to bring it down to a base level. I think people's anxiousness in the world is what creates a lot of problems. It's a natural, biological response to things.*
Client Presenting Issues	Resistant Client Anger Emotional Homesick Immediately Swear They Will Change Client Resistance	Reference to presenting issues of client	*It's also the week where you're going to be dealing with kids being unhappy about being there, dealing with some kind of emotional crisis, whether that's early on just being angry about being sent to this stupid program or whether it's two days later and begin in a complete homesick funk where they feel completely awful that they said fuck you to their parents and told them they hated them.*
Immediate Crisis	Reference to wilderness therapy programs dealing with the immediate crisis of the client and family		*They are feeling so totally helpless, they try going to the police, try going to various centers, and they can't get anybody to help them, and they don't know what to do.*
Need Authority Survive	Reference to client needing authority to survive		*They need to pay attention to and respect authority (very new to them) in order to survive*
No Manipulate	Clients are not able to manipulate wilderness therapy program		*But if they're dealing with just having to hike up the hill or set up a good shelter or whatever, you're cutting through some of the distractibility, you're cutting through some of the energy they have to put up walls or defenses.*
No Therapy Stigma	Reference to the stigma clients assign to traditional therapy		*It's not as though there's this removed sort of person who sits in a chair an hour at a time, it's also that those people providing you guidance and giving you suggestions and giving you clear feedback are also living through the same experience you are in our case.*
Problems Stem From System	The problems of the client stem from the systems from which they came		*Well a firm belief that problems don't get created in a void, that they're not individual problems, that they're systems problems. Most things I think and we believe, occur generationally or there are contributions that the family system makes, or communities make, or societies make, to either support those maladaptive behaviors or to create them, whatever the case may be.*

Tried Counseling	Reference to the fact that clients have tried counseling	*Kids are getting more therapeutically savvy and sophisticated about counseling/can say the right things and is difficult to hold them to it behaviorally*

Freer Theoretical Basis

The theoretical foundation of Freer consists of the integration of wilderness programming theory and a clinically-based eclectic therapeutic model guided by a family systems approach. Referencing wilderness programs such as the Salesmanship Club and the influence of Kurt Hahn and Outward Bound,™ the wilderness model blends forces of natural consequences, an enhanced relationship with the natural world, and the notion that nature has the power to heal. Hahn proposed to provide a full-rounded education to help youth not only intellectually and to improve their overall quality of life. His system of education was one of learning by experiencing--by challenging both mind and body (James, 1990). The Dallas Salesmanship Club, founded in 1948 by Campbell Loughmiller, was a rugged year-round camp for juvenile offenders and emotionally disturbed children (Davis-Berman & Berman, 1994). The founding philosophy was based on the real dangers and potential personal growth resulting from time spent in wilderness, as well as natural and immediate consequences.

Freer believes that therapeutic factors captured in these philosophies and facilitated in a wilderness experience are not enough to help adolescents overcome emotional and behavioral problems. Because of this, a clinically-based therapeutic model guided by family systems theory provides an intensive therapy which has the ability to assess presenting issues quickly and produce powerful effects for clients. Drawing on multiple therapeutic approaches, including the 12-Step model for clients with drug and alcohol issues, Freer uses cognitive behavioral, psychodynamic, behavior management, and interpersonal theory in applying pieces of narrative and "back door" therapies. Drawing from theorists including Adler, Drykers, Jung, Sullivan, Maslow, Freud, Minuchin, and Skinner, therapists work with clients to understand the reasons for the client's past behavior and to develop a realistic picture of how the client's behavior influences the family. Tools such as family genograms and family sculpts help the client see their problems in the context of the larger family. This eclectic therapeutic model, when integrated with wilderness programming theory, guides the

wilderness therapy process practiced by Freer. Freer's theoretical basis is presented in Figure 13, along with associated descriptive codes, definitions, and examples of coded staff responses.

Figure 13. Catherine Freer Wilderness Therapy Expedition's theoretical basis of wilderness therapy including codes, descriptive codes, definitions, and examples coded responses

Pattern Code. Theoretical Basis				
Descriptive Codes	**Descriptive Sub-Codes**		**Definition**	**Example of Coded Responses**
Alone Time			Reference to the need for clients to spend time alone as a component of the theoretical basis	*You put them on solo, they come off solo, and they got what they needed to get. Somehow being alone and really kind of dealing with themselves for three days allows them either not to avoid it or to think about it in a way differently then they've learned about it.*
Eclectic Therapeutic Model	Family Systems Cognitive Behavioral Psychodynamic Narrative Therapy Interpersonal 12-Step Back Door	Jung Behavior Management Continuum of Care Structured Allows Assessment Contained Program	Theoretical basis of the program is eclectic drawing on different therapeutic models	*Well my initial reaction is to say that it's eclectic. I feel that I have to say that in order to encompass all of the things that we do.*
Eclectic Wilderness Model	Salesmanship Club Kurt Hahn Natural Consequences Human Nature Relationship Nature as Healer		Reference to an eclectic wilderness model based on wilderness programming	*I think when you look at the old trends in wilderness, Kurt Hahn or those kinds of things, we've both been exposed to those kinds of ideas and I've studied in my graduate program some of the history and philosophy of Dallas Salesmanship Club stuff and how to sort of benefit personal growth through the wilderness program, using that kind of encounter with the wild or encounter with nature to build character, to promote personal growth.*

Education	Substance Abuse Family Roles Sexuality Depression Management Relapse Prevention	Natural History Experiential Communication Skills Training Psycho-educational Groups	Reference to education as a theoretical basis	*Start the educational piece—feelings vocabulary-getting in touch with feelings and filtering out their defense mechanisms*
Link to Ancient Culture			Reference to ancient cultures using wilderness as a the theoretical basis	*That goes back forever as far as I'm concerned. Cultures have been doing that forever, using that kind of encounter with the wild or encounter with nature to build character, to promote personal growth.*
Metaphor	Family Parents Adolescent Stages Skills Development Coping Skills		Reference to using metaphor as a theoretical basis	*It's incredible data rich situation that way and it allows for an assessment that I think is much more flushed in than it could be otherwise. Because you've seen kids tire, you've seen kids when they're feeling good,. you've seen them in a bunch of varieties of situations that they're having to adapt to so it's giving you a measure and ways to look at how they cope that you couldn't get I don't think any other way.*
Native American Reference	Rites of Passage Ceremony Rituals		Reference to Native American culture as theoretical basis	*They might be guided to some degree with the use of metaphors or the use of Native American rituals or cultural artifacts. Like having kids, teaching kids about them the nature of animals...and having them pick a totem that feels synchronized with their own nature*
Provide Opportunity Leadership			Reference to providing clients an opportunity for leadership as a component of the theoretical basis	*So at 19 I was kind of seeing that those things were possible and that was partly out of some experience that I had in the program. It was really sort of promotive of adolescents themselves taking leadership responsibilities and providing programs for other teenagers and also for their families.*

Spiritual		Reference to a spiritual component as a theoretical basis	*You get the summit experience, you get the beautiful sunset or all the sorts of things that makes you aware of the spiritual world or the greater world or the greater powers to be in the world. Clearly we get kids who are tapping into that.*

Freer Approach to the Therapeutic Relationship

Primary care staff at Freer includes a Masters level therapist, a wilderness guide, and an assistant wilderness guide. This forms the nucleus of the treatment team which will be with the clients throughout the entire three-week experience. The clinical supervisor of the treatment team works with the parents and is in periodic contact with the treatment team, relaying important information to staff from the program base. The uniqueness of this approach is that all three members of the treatment team are involved in all aspects of treatment, not just the assigned therapist. Freer strongly believes that all staff, not just those licensed as counselors or therapists, can offer insight into a client's behavior. The diversity in backgrounds and approaches found in each treatment team enhances the individualized interventions delivered in a compassionate and nurturing way. The treatments are designed to create an emotionally and physically safe place for the client to gain insight into past behaviors. The clients are not forced to address their issues until they are ready. Leaders serve as role models, modeling proper parenting techniques and responsibility.

The treatment team immediately begins to assess the client problem behaviors, trying to draw out behaviors by using various strategies designed to break down client defenses. The challenge of breaking through defenses while not forcing, being compassionate but challenging, challenging cleverness but being patient with the client, defines the precarious approach. The treatment team assesses personal coping and interpersonal skills, and applies various therapeutic tools to address the problem behaviors identified, and offer recommendations for aftercare. Staff meetings are held on a daily basis to discuss the progress of each client and offer suggestions for moving the client to the next level of personal growth. This approach to the therapeutic relationship is presented in Figure 14 with associated descriptive codes, definitions and examples of a coded response.

Figure 14. How Catherine Freer Wilderness Expeditions primary care staff approach therapeutic relationship with client

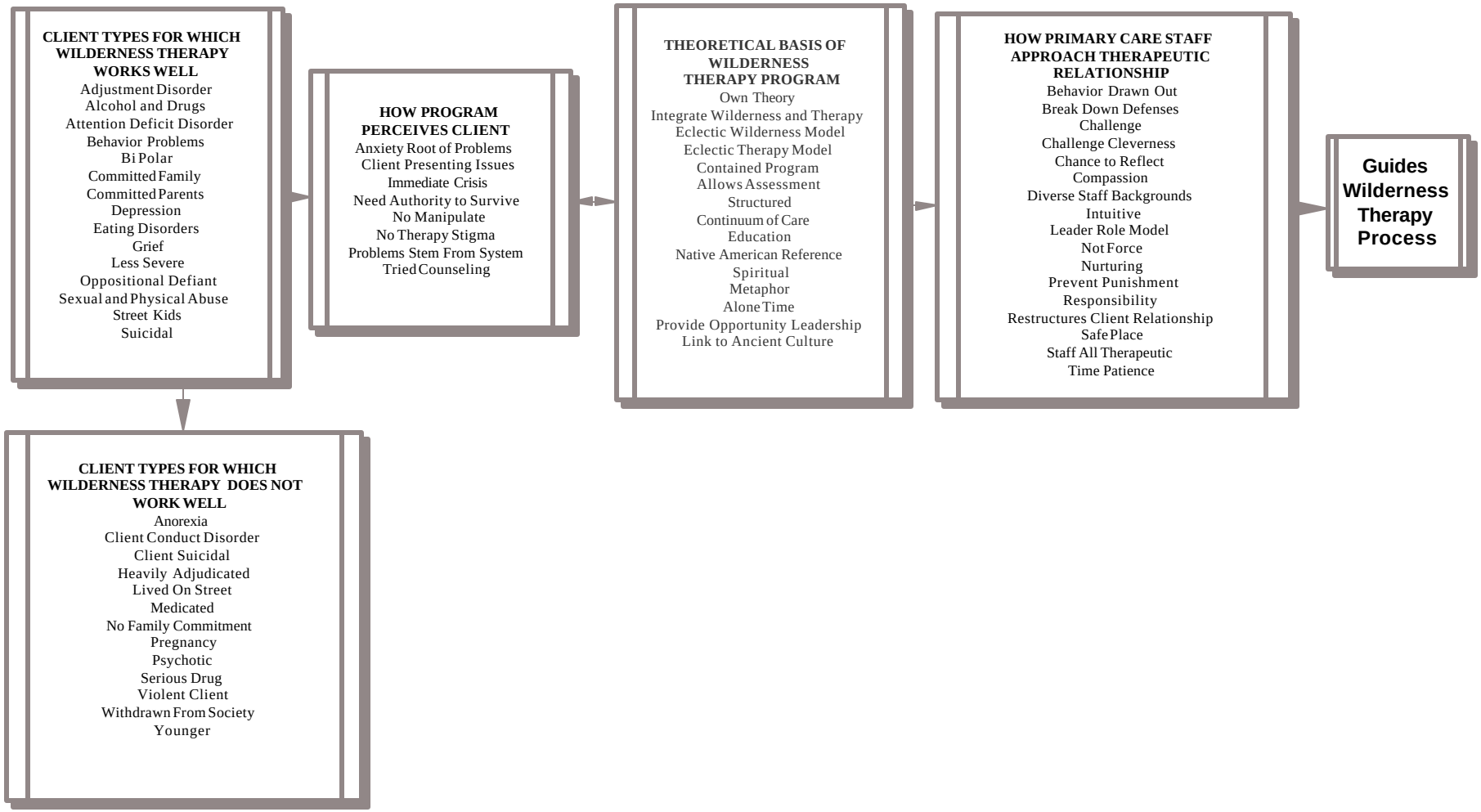
Pattern Code. How Approach Client Relationship		
Descriptive Code	**Definition**	**Examples of Coded Response**
Behavior Drawn Out	Reference to staff trying to draw behaviors out of the client as a theoretical basis	*I think that's the, when we looked at starting a program, it was trying very much to integrate the wilderness work we see as being, that concrete measures of how kids are able to succeed or fail, to learn lessons, to have behaviors drawn out clearly, to break down defenses*
Break Down Defenses	Reference to breaking down defenses as a theoretical basis	*But if they're dealing with just having to hike up the hill or set up a good shelter or whatever, you're cutting through some of the distractibility, you're cutting through some of the energy they have to put up walls or defenses.*
Intuitive	Reference to the intuitive nature of prescribing interventions for client as a theoretical basis	*Gut response or a gut feeling. Based on assessment at family meeting/clinical debrief. You know what their issues are*
Leader Role Model	Leaders are role models for the client as a theoretical basis	*Because then the therapist isn't just a therapist, they're also a role model, they're also to a certain degree parent and modeling good parent approaches and good conflict resolution skills and good communication skills.*
Not Force	Not forcing clients to do things against their will	*I don't think there's any, there's an attempt to establish authority on the part of the staff, but I don't think that looks like we're in charge here. It more looks like, OK I'm going to teach you some things and it's important you listen.*
Nurturing	Nurturing approach as a theoretical basis	*Nurtured, well structured, and challenging*
Prevent Punishment	Prevent use of punishment of client	*It's sort of natural consequences, keeping an eye on reinforcing what positive, constructive behavior. Trying to prevent excessive use of punishment.*
Restructures Client Relationship	Restructures the therapist-client relationship	*The other obvious thing is that it really restructures the therapeutic relationship between the therapist and the client, or the counselor in our case because everyone in our case is doing therapy work. It's not as though there's this removed sort of person who sits in a chair an hour at a time, it's also that those people providing you guidance and giving you suggestions and giving you clear feedback are also living through the same experience you are in our case.*
Safe Place	Reference to a creating safe place for clients	*Safer in the wilderness learning about the issues that surround the problem behavior than anywhere else. (i.e. out in the middle of nowhere)*

Staff All Therapeutic	Reference to all staff involved in assessment and intervention strategies	*They are, they are all talking about those things. And in an ideal world and an ideal trek, kids would never know who the wilderness guy is, who the therapist is, and who the third guy is. That it's that equal.*
Time Patience	Wait for client to be ready to address issues	*Trust the process the group will experience what is appropriate and needed for them/Don't stress if it seems like they are not "getting it"/Will run into whatever they need*

Illustration of Freer Theoretical Basis

The theoretical model of Freer is displayed in Figure 15 with associated descriptive codes which guides the wilderness therapy process, and includes a description of clients which Freer believes are appropriate, and not appropriate, for wilderness therapy.

Figure 15. Catherine Freer Wilderness Therapy Expeditions event flow diagram of the theoretical basis of wilderness therapy as an intervention in changing problem behavior in adolescents.



SUWS Theoretical Basis

SUWS has been in operation since 1981 and is one of the oldest outdoor-based therapy programs in operation. SUWS helps adolescents who are experiencing behavioral difficulties at home and/or school by identifying and focusing therapy on the underlying cause of the client's difficulty in pursuing a constructive and purposeful life. The theoretical basis of SUWS reflects a search and rescue metaphor which initially focuses treatment on rescuing the self from destructive behaviors. Once this is realized, clients move to a metaphor of family, in which each is responsible for the care and welfare of the group. This group is then transformed into a working search and rescue team, applying these lessons in a experiential way to show clients that everyone, no matter the history of poor behavior and decisions, has an innate goodness which can be of worth and service to others.

This philosophy forms the catalyst for a treatment approach designed to prepare clients for return home or placement in a therapeutic boarding school or emotional growth program (60 percent go on to aftercare). SUWS believes that outdoor environments place clients in difficult situations presented in the form of natural consequences and natural cause and effect which provide answers to personal coping skills. Manipulation of the wilderness environment is not possible, limiting the power struggle and restructuring the client-therapist relationship. The model is applied by a treatment team of wilderness leaders and a field supervisor who makes frequent visits to the field to work with clients in one-on-one and group sessions. By accessing these heightened emotional states, the treatment team is able to work with clients removed from a position of authority and relate natural cause and effect to client's lives through the use of metaphor. SUWS believes that this approach helps clients form new relationships with their problem behaviors, reevaluate their priorities, and leave the program with skills and an increased resilience when presented with difficult situations in the future.

SUWS Perception of Client in the Therapeutic Relationship

SUWS believes that each client has an innate goodness and desire to serve others. Clients are at an impasse in their lives and have developed negative coping patterns which

prevents them from doing what makes them happy. With this innate goodness comes personal resources which each client possesses, and has always possessed, but which have been momentarily lost. These resources need to be identified and made available to the client by breaking through the layers of resistance. Clients are entering SUWS in immediate crisis and exhibiting out-of-control behavior that has become a danger to themselves and others. They have been either kicked out of boarding school, court-ordered to the program, or escorted against their will by parents who have nowhere else to turn.

Clients who are resistant to authority and treatment believe they have been sent to SUWS as punishment for past wrongs. Clients are therapeutically savvy, having tried various counseling approaches to no avail, and are able to manipulate their environments to perpetuate their destructive coping strategies. Clients need guidance and nurturing to help them recover their self-respect and begin to reverse the downward spiral in which are caught. SUWS's perception of the client entering the wilderness therapy process is presented in Figure 16 with associated descriptive codes, definitions, and examples of coded staff responses.

Figure 16. How program perceives the client as a component of the theoretical foundation of SUWS.

Pattern Code. How Program Perceives Client		
Descriptive Code	**Definition**	**Examples of Coded Response**
Client at Impasse	Reference to client being at an impasse as a theoretical basis	*Students are at an impasse in their lives and need to "update their maps"*
Client Resistance	Reference to working with client resistance as a theoretical basis	*They keep going back into their head, there's resistance that keeps coming up and blocking the process. The walls are just too thick. There's not an openness and there's not a congruence. Maybe a part of them wants a change in their lives, but there's even a bigger part of them that's very attached to a secondary gain and is resistant to change. So kind of along those lines, something else that I think is distinguishing, is we respect resistance.*
Expand Selfish	Expanding selfish behavior of clients as a theoretical basis	*One is a real basic theory is that we're assistant to facilitating changing and what we're about here is not just the individual, but getting kids to expand out of their self oriented state of mind. Whereas a lot of the therapeutic profession has supported a very self oriented kind of a orientation, because it's all about you and knowing what you feel and taking care of you.*
Have Resources	Clients have their own internal resources as a theoretical basis	*We believe that students have all the resources within themselves to heal themselves. We're not giving them anything new or anything that they don't already have. They have it within themselves. And it's how we sort of structure our program that will elicit the resources necessary for them to get through a limitation, but it's already inside...*
Immediate Crisis	Reference to the client and family in immediate crisis as a theoretical	*They are dangling from a tree and the field supervisor identifies why*
Innate Goodness	Reference to clients having an innate goodness that needs to be rediscovered as a theoretical basis	*The biggest being, I mean some of the bigger ones rather, is that wilderness we believe at the core of all human beings is innate goodness. In any therapeutic work that we do, we believe that they can get back to that place, and begin anew, regardless of what is going on in their life, no matter how troubled, no matter what they've done, behaviorally over the past how many years. They can get back in touch with that and generate something very powerful.*

Innate Service Others	Every person has a innate service to others as a theoretical basis	*Other presuppositions we buy into are that people have an innate sense to serve others. There's something internal within themselves that is very service orientated, everyone has it. We believe that. We created a whole search and rescue metaphor around that piece. Those are some of the big ones.*
Not Manipulate	Reference to clients not being able to manipulate the wilderness therapy program as a theoretical basis	*Exactly, and not having one of those parents there to just run to and push a button to get what they want. It doesn't work for them anymore.*
Out of Control	Reference to client being out of control as a theoretical basis	*They are out of control and don't have the tools or resources to take care of themselves*
Respect	Reference to staff respecting the client as a theoretical basis	*I mean because we place so much emphasis on respect, and gaining the core, I believe the kids do have a real different experience with these people as authority figures then they've often had with authority figures before this. Because they're interacting with adults that are in authority figure position that have respect for them. And that expect a lot from them. And that are just real committed and compassionate.*
Tried Counseling	Clients have tried other forms of counseling as a theoretical basis	*Oh god yes. Many of them have been down the road before. Many of them have been through numerous therapists. So we need, so part of our approach had to be is very different than that in some ways. Because otherwise we'll just blend into their generalization of what therapy is and what therapists are about.*

SUWS Theoretical Basis

SUWS is built on a theory that has evolved through 18 years in operation. It is not based on a military model in which clients are broken down only to be rebuilt. The intensive three-week program is used for assessment and preparation to refocus clients bound for aftercare placement in therapeutic boarding schools, emotional growth programs, or in returning home. Natural consequences are facilitated through the application of primitive living skills which provide immediate feedback and teach personal responsibility. Time spent in nature away from familiar culture helps to cleanse the client physically and emotionally. Clients leave SUWS with an increased awareness of their behaviors and an understanding of the consequences of their actions, with a desire to continue the growth process. The nature of the intervention produces quick and powerful effects, which can be long lasting if reinforced in aftercare settings.

The theoretical basis guiding the wilderness therapy process is client-centered and solution-focused. The goal is not to terminate the problem behavior but to have the individual create alternative choices and explore future possibilities through the development of a structured treatment plan. If clients are not happy with their current situation, then the responsibility is theirs to come up with preferred alternatives. Neuro-linguistic programming, narrative therapy, cognitive behavioral approaches, and talk therapy all comprise the eclectic model guiding treatment. Theorists identified as helping to form the theoretical basis include Satir, Frankl, Erikson, Pearles, and Adler. Within these models, therapeutic tools help the treatment team identify limiting core beliefs, including the use of positive intention, emotional threads, re-imprinting, and creating chaos.

An educational component of the approach teaches clients, in an experiential manner, search and rescue skills, including first aid, survival skills, core disciplines in science, and a variety of communication skills. These skills are applied experientially using metaphors which help clients understand how their actions effect their home and school environments. A strong rites of passage metaphor emphasizing responsibility challenges clients to address their histories of problem behaviors and start new ways of being. The theoretical basis of SUWS is presented in Figure 17, along with associated descriptive codes, definitions, and examples of coded staff responses.

Figure 17. SUWS theoretical basis of wilderness therapy including codes, descriptive codes, definitions, and examples coded responses

Pattern Code. Theoretical Basis			
Descriptive Codes	**Descriptive Sub-Codes**	**Definition**	**Example of Coded Responses**
Eclectic Therapy Model	Client Centered Solution Focused Therapeutic Models Based Therapeutic Tools Used Treatment Team	Reference to therapeutic model being eclectic as a theoretical basis	*...it's really an eclectic mix of synonym, all the sixties, seventies, that they took pieces and parts from which seemed to really start it, which is to me antiquated at this point-it's 20 or 30 years old, and I think SUWS is on the leading edge of that kind of work*

Educational Component	Science Experiential Survival Skills Communication Skills Training First Aid	Reference to an educational component as a theoretical basis	*So yeah, they just learn a lot of things from this, and there are some real active benefits, natural science, search and rescue, first aid.*
Own Theory	Evolved Not Military Model Allows Assessment Quick Effects Intensive Continuum of Care	Reference to theoretical basis of wilderness therapy program having evolved over time	*I believe that it definitely evolved. SUWS back in 1981 was completely a survival organization. It has evolved into a more therapeutic setting, I believe, because, well because we had to. There needs to be more accountability from the program to the kids...To share with them, teach them, educate them on why this is working*
Rites of Passage	Responsibility Experience Success Deal with Disorder Challenging	Reference to rites of passage as a theoretical basis	*We're dealing in a culture that doesn't have any right of passage. So when you've got a culture like that, no wonder we've got the problems we have with adolescents, because there isn't a whole lot that they care about from the elders, they look to their peers to get guidance about life stuff. Versus people who have been through life and understand it and know the ups and downs of it..*
Therapeutic Nature	Natural Consequences Nature Healer Human Nature Relationship	Reference to the healing power of nature as a theoretical basis	*And it is also I think a lot of things that you can't put your finger on- just being outdoors, getting back in touch with the earth and the outdoors is very healing, and it is a very subtle and slow process that happens over time. Most of these kids by the time they graduate have a love for the outdoors and for being outdoors*
Use of Metaphor	Family Skills Development Rescue Metaphor Authority Figures	Reference to the use of metaphor as a theoretical basis	*Maybe create metaphors, maybe creating certain challenges, maybe focusing on one kid having a lot of successes and having another kid have to really struggle and problem solve a lot to have successes. Have one kid focusing more on how they take care of themselves and have another kid focused on how they take care of others, depending on their needs.*

SUWS Approach to the Therapeutic Relationship

SUWS approaches the therapist-client relationship with a treatment team that consists of two wilderness guides and a field supervisor who periodically visits the client throughout the three-week experience. The wilderness guides serve an observational role, in that they observe reactions to natural consequences or trigger emotional responses by creating stress and anxiety through primitive skills activities such as bow-drill fire-making or trap-setting. When these emotions surface, wilderness leaders observe the coping strategies and patterns of the client. Through open communication with the field supervisor, interventions are tried and tested, with leaders again playing the role of observer. Field supervisors support the client and use various strategies to uncover limiting client beliefs through intense one-on-one sessions. These are shared with wilderness leaders to help them understand which metaphors and techniques to use to help the client address problem behaviors.

Field supervisors do not force clients into uncovering their core issues. They believe that resistance purpose. Everything a clients does has a reason. When resistance emerges, instead of being demeaning or punishing, the treatment team treats it as feedback. If a client does not yet have a desire for change, then leaders continue to push the process to create that desire. Waiting for the client to be ready for change is combined with an intense process that continually keeps them at the emotional edge. If the field supervisor begins to approach clients from position of authority, then SUWS believes they will just resort to past coping strategies. The treatment team steps back and gives the client the time required to work through past issues. This patience and commitment to the well-being of the client is a powerful factor in establishing the therapeutic relationship, presented in Figure 18 with associated descriptive codes, definitions and examples of a coded response.

Figure 18. How SUWS primary care staff approach therapeutic relationship with client

Pattern Code. How Approach Client Relationship		
Descriptive Code	**Definition**	**Examples of Coded Response**
Empathy	Reference to empathy as a theoretical basis	*Identifying what it is like to walk in somebody else's shoes...*

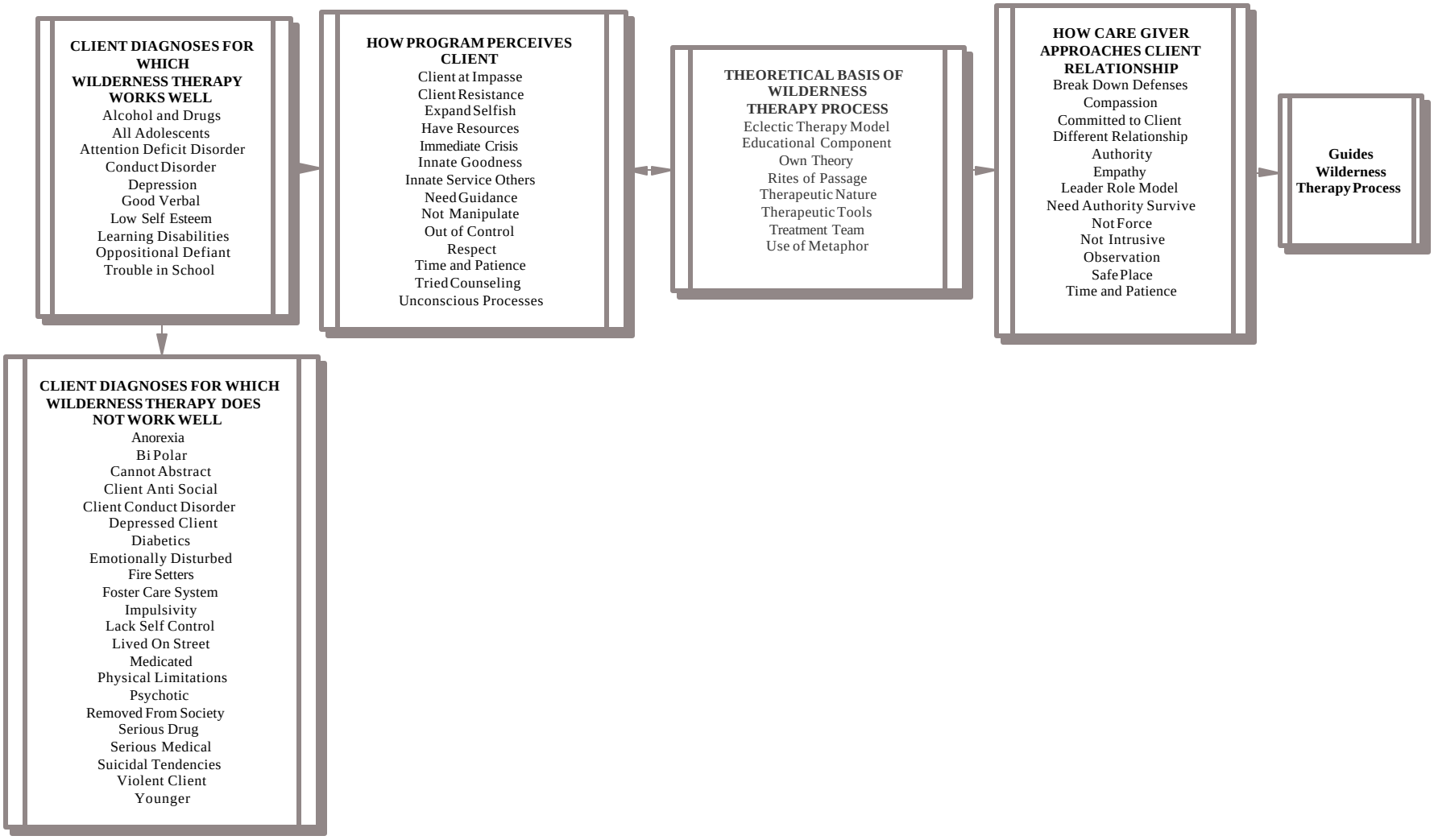
Observation	Reference to leaders observing the clients in certain contexts to establish an understanding of behavioral patterns	*The instructors are primarily responsible for doing that. They do that through primarily observation in different contexts. They'll look at how the kid relates to peers, how they relate to authority, how they relate to tasks. And then also through, there's a certain amount of information gathering on a real subjective level that happens through relationship and stepping into people's shoes and stuff like that..*
Not Force	Not forcing the client to do things against their will	*And that's when the field supervisor comes out and sits down with them and we are so non-confrontive and so not into power struggles and getting into that place that adolescents are easy to get into. The staff sits next to them, they don't even sit in front of them, they don't set up that, and they sit next to them. And they guide them down a path of identifying what it is that's important.*
Safe Place	Reference to establishing a safe place for the client as a theoretical basis	*...safety, a safe place for them to begin the process of letting it out. And depending on what comes out they may be anything from what we call finding a traumatic event or what they perceive as a traumatic event, it could be something as little as falling down...*
Break Down Defenses	Wilderness therapy breaks down defenses as a theoretical basis	*As long as their perception is that they're in the middle of no where, they eventually, in the first few days, they have to come back for themselves. Their friends aren't here, their moms aren't...they want to phone and they want their TV, and they want McDonalds, they don't have any defenses...They automatically have to go back into themselves and....*
Different Relationship Authority	Clients establish a different relationship with authority as a theoretical basis	*I mean because we place so much emphasis on respect, and gaining the core, I believe the kids do have a real different experience with these people as authority figures then they've often had with authority figures before this. Because they're interacting with adults that are in authority figure position that have respect for them. And that expect a lot from them. And that are just real committed and compassionate.*
Leader Role Model	Leaders are seen as role models for clients as a theoretical basis	*And now in the second week there's a whole role modeling process that begins to occur amongst peers with peers and amongst peers with staff that they haven't even seen before or been open to or experiencing before. So there's role modeling at a real deep level..*
Compassion	Compassion by leaders towards client as a theoretical basis	*Because they are interacting with adults that are in a position that have respect for them. And that expect a lot from them. And that are just real committed and compassionate..*
Committed to Client	Reference to staff being committed to client as a theoretical basis	*I think with the respect, it's not a matter that it's a different kind of respect, it's just that they've never been in a situation where things, where that respect can be afforded them. Somebody pays individual time and attention to really get to know them and understand them, and understand their intentions.*

Need Authority to Survive	Clients needing to trust authority and learn from them to survive as a theoretical basis	*I'm more comfortable in the wilderness, but they're less comfortable. So that creates a certain type of relationship. Where there's some openness and maybe some trusting that maybe I know something that they don't..*
Not Intrusive	Staff not being intrusive as a theoretical basis	*and have evolved and grown over the years to finding a therapy that is not intrusive, that treats adolescents with a lot of respect and compassion, doesn't have to break them down or tear them down to a point where they can build them back up, and basically, the way I understand it is, in the first week, just lets the environment impact.*
Time Patience	Staff waiting for client to be ready to change as a theoretical basis	*Yeah. It varies from student to student in how ready they are able to be and how safe in the environment as a field supervisor is able to provide them. It's really up to them. I think the biggest reason SUWS is so successful is that it's not on our time frame, it's on their time frame....if the child is not ready to move on they can move out of this group and into an individual group, they can move them to another group, we have continuous groups going all the time. We're able to meet their needs.*

Illustration of SUWS Theoretical Basis

The theoretical basis of SUWS is displayed in Figure 19 with associated descriptive codes which guides the wilderness therapy process, and includes a description of clients which SUWS believes are appropriate, and not appropriate, for wilderness therapy.

Figure 19. SUWS event flow diagram of the theoretical basis of wilderness therapy as an intervention in changing problem behavior in adolescents.



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5. RESULTS: WILDERNESS THERAPY PROCESSES AND PRACTICES

The wilderness therapy process is presented for each wilderness therapy program and is guided by the theoretical basis of each program. This process is passed on from program founders and experienced leaders to in-coming staff through training, education, story-telling, myth, and observed practice. The goal of each program is to have process relate to theory, and to have staff model what they teach. Guided by the theoretical basis of each program, the process is displayed in the form of phases using an event flow diagram which maps general states or phases which causally push the wilderness therapy process (Miles & Huberman, 1994). The event flow diagram is framed by pattern codes comprised of descriptive codes which depict the process for each program. The process was identified through analysis of the question *What is the wilderness therapy process practiced by [wilderness therapy program] to help adolescents change problem behavior?*

The role of the parent and family is included in the display. Pattern codes which emerged from analysis of the wilderness therapy process are: (1) *Wilderness Therapy Process Phases,* (2) *Therapeutic Factors of Wilderness,* (3) *Therapeutic Tools,* (4) *Role and Process of Treatment Team* and (5) *Parent Involvement.* Each pattern code is reviewed and illustrated with an event flow diagram to show how the pattern codes fit together sequentially to illustrate the process of wilderness therapy applied to problem behaviors in adolescents.

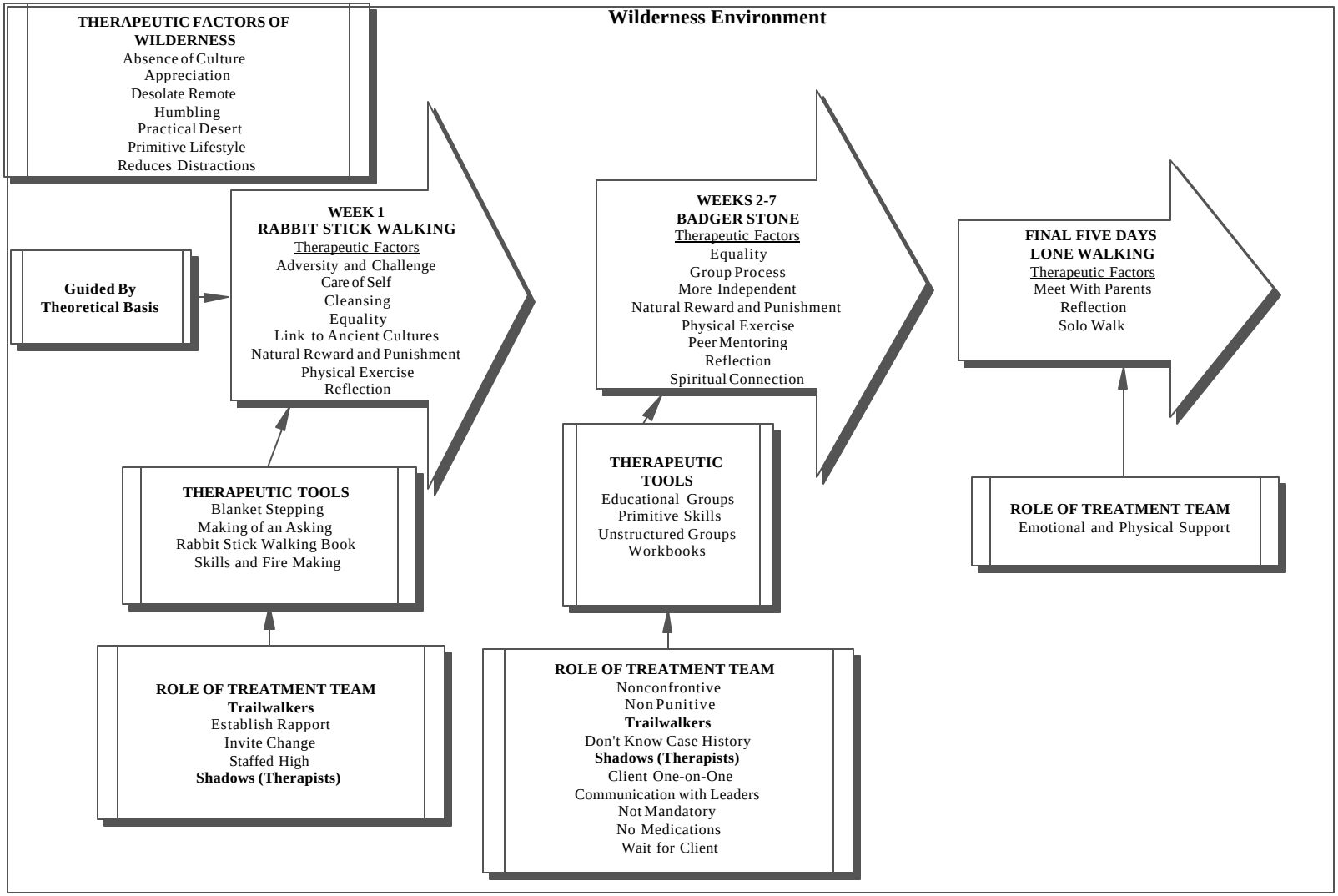
Anasazi Wilderness Therapy Process

Anasazi encourages parents to talk with their children about ways they believe wilderness therapy may help them with noted problem behaviors. This discussion marks the beginning of the Anasazi wilderness therapy process. Occasionally clients are escorted to the program for fears of extreme resistance and the likelihood that they may be a danger to themselves or others. Parents and clients first visit with an admissions counselor and the clinical supervisor. Next, clients receive a physical examination, and are given a minimal pack with basic gear for the eight-week experience. Clients then drive to the field with their respective trailwalkers (wilderness leaders) in single-sex groups to begin their experience. Groups typically consist of six-eight clients, single sex, and staffed with two wilderness

leaders and a therapist assigned, who will visit clients on a weekly basis but does not stay with the group.

The wilderness therapy process is illustrated in Figure 20 and is used as a guide in describing the process. Included in the illustration is a description of therapeutic factors which support the theoretical basis and wilderness therapy process practiced by Anasazi and are reasoned to be at work throughout the wilderness therapy process.

Figure 20. Anasazi wilderness therapy process presented by pattern codes with associated descriptive codes.



Rabbitstick Walking Phase

The *Rabbitstick* walking phase recognizes that the client is scared and frightened and very resistant to the process. Therapeutic factors at work in the *Rabbitstick* phase are care of self, emotional and physical cleansing, time for clients to reflect on family and their current disposition, natural reward and punishment through natural consequences which evokes a sense of equality for all group members and the reduction of distractions. These factors are elaborated on through discussion of therapeutic tools, and the role of the treatment team throughout this phase.

One of the first steps in the *Rabbitstick* walking is to perform a *Blanket Stepping*, in which a Trailwalker spreads two blankets on the ground and invites the client to begin an honest walking. Clients are invited to give up anything that might impede them from moving forward with their lives, including drugs, food, music, outside reading, etc. Clients are trusted to give up, in time, pieces of the culture not needed in wilderness and to begin forward walking. The *Rabbitstick* walking also encompasses a process called *Making of an Asking* in which responsibility for learning of primitive skills, facts, or spiritual knowing is placed on the client. Through the *Making of an Asking*, the client will begin to express needs and desires to peers and authority. This process places the responsibility for self-care on the client and removes staff from a position of authority almost immediately. Clients are not forced to do anything and are given an open opportunity to learn when they are ready.

The treatment team has a high staff-client ratio because of potential runaways. Staff offer emotional support to the resistant, scared and angry client. The staff step back and allow natural consequences to offer lessons in self-responsibility and allow the cleansing effect of a good healthy diet and physical exercise take effect. Staff teach by example when doing day-to-day tasks such as bow drill fire-making, and spiritual lessons including daily prayers and readings from scripture. If clients asks for help, which they often do quickly, staff will engage in the activity with them, illustrating to other clients the benefits of asking for help. The goal is to establish rapport with the client and perform the *Blanket Stepping* and introduce the *Making of an Asking*. Wilderness is teacher during the blanket stepping phase, with staff playing a support role in helping the client adjust to the radical change in living. The client moves through the process in the first week and with the completion of a

blanket stepping, walks forward into the *Badgerstone* phase of the wilderness therapy process.

Badgerstone Phase

The *Badgerstone* phase the heart of the Anasazi wilderness therapy process. Upon entering this phase, clients receive a *Badgerstone* workbook which contains the curriculum which will be used as a guide to impart the lessons Anasazi believes will help clients tap their innate goodness'. Therapeutic factors (see Figure 20) at work include physical exercise, a peer mentoring process, a strengthened spiritual connection, moving towards an independent way of being, a growing sense of appreciation for family and culture, and the consistent adversity and challenge offered by wilderness conditions and the process facilitated by staff. Key factors and tools used by staff are illustrated and presented.

The client is working through an individual workbook guided by themes associated with forward walking and based on metaphors of earth's' natural elements. The foundation of the curriculum is to experience living primitively which supports the clients turn away from outward material expressions to an inward introspective path. Clients work incessantly at a wide range of primitive skills, the most important of which is bow-drill fire making. By the time they have entered this phase, they have made a fire and are working on perfecting techniques of carving spindles, fire boards and bows, and making tinder bundles and keeping them dry. Wilderness living is becoming much easier and they begin to experiment with cooking. By working through the seven *Makings* which guide the curriculum clients are learning about a multitude of medicinal and edible plants and are encouraged to forage when appropriate. A strong spiritual focus has helped the clients relate to and respect a higher being. They are getting stronger from the physical exercise of hiking, healthier from eating a balanced and nutritious diet, and begin to fall into rhythm with natural processes of nature. As the client's self-concept is improving through increasing knowledge and skills, so too are their interpersonal skills.

Peer mentoring becomes a factor in the *Badgerstone* phase in helping the client learn to relate to peers in constructive ways. The close-knit group becomes cohesive and impromptu group circles are used to process any troubles that arose, or are used as a practice

environment for trying out new ideas and strategies the client may have developed through journal writing or talks with staff. The strong peer mentoring process is enhanced by adding new group members who have graduated from the *Rabbitstick* phase to existing groups. In this way, clients who have been in the program for three- to four-weeks serve as mentors for those who are less experienced. This process again takes staff out of a position of authority and allows the client to see them in a different light. A unique process called a *primitive* involves clients leaving packs and essentials to go on a one- to three-day fast as a group. The entire group carries only a fire starting kit as they walk to the staff change-over point. This nomadic fast is supplemented by berries and other edible plants, and ends when the group reaches the change-over point and support personnel return their packs. The group establishes a powerful bond through the experience, and develop new appreciation for even the minimal accouterments they are afforded in the program.

The treatment team plays a supportive and caring role throughout the *Badgerstone* phase, much as they did in the *Rabbitstick* phase. The treatment team does not push the process on the client, trying instead to create stress and anxiety which forces clients into realizations about behavior. Because the program is eight weeks long, they are afforded generous amounts of time. Trailwalkers (wilderness guides) do not know the client's histories, which is a unique way to prevent misconceptions entering the relationship or affecting the way a client may be treated by staff. Letting the process work through the use of primitive skills, working on curriculum in individually guided workbooks, educational groups, daily prayer, and fireside chats, the leaders live with the clients in a non-intrusive and supporting manner. Any insights trailwalkers may have about client behavior is shared with Shadows (clinical staff) by comparing notes and revisiting the treatment goals for each client.

Letting the wilderness work to reflect what the client needs, the treatment team are more akin to guides, helping the client interpret meaning from natural consequences or issues which arise within the group. Shadows (licensed therapists) visit the clients on a weekly basis during staff change-over days for lengthy one-one-one sessions. A nurse accompanies the therapist and performs an educational group required by state regulations. Shadows help clients write letters to parents apologizing for the pain and anguish they may have caused, or help them interpret letters parents may have sent concerning aftercare possibilities. Clients look forward to these meetings, as Shadows are viewed as supportive and non-threatening.

The sessions are conducted in the field, where the therapist and client skip rocks or throw rabbit sticks, helping further reduce the stigma surrounding the client's past associations with therapy or counseling. If clients are not willing to talk, therapists will sit with them until they are ready to share. Upon completion of the *Badgerstone* phase, the client is ready to embark on a *Lone Walking* to rendezvous with parents at a meeting site miles away.

Lone Walking Phase

Resembling a rite of passage experience, clients who are ready to embark on the Lone Walking have another blanket stepping and leave their existing group to embark on a solo walk to a designated site to meet with parents. The blanket stepping is conducted by the Shadow. The client is presented with a medicine pouch and a *Badgerstone* bead to place in the pouch. The Shadow and client finalize plans and the lone walker leaves on a solo journey to a specified site where they will prepare the meeting place for parents. A staff accompanies the lone walker from a distance away and works with the client in completing certain tasks to prepare for the parent reunion. Each client ready for lone walking goes through this process and sites are established far enough apart to ensure a solitary setting. Parents drive to the area where the lone walking sites are set up and spend one night with the clients, cooking over a bow drill fire and sharing stories of the last two months.

Parent Role in the Anasazi Wilderness Therapy Process

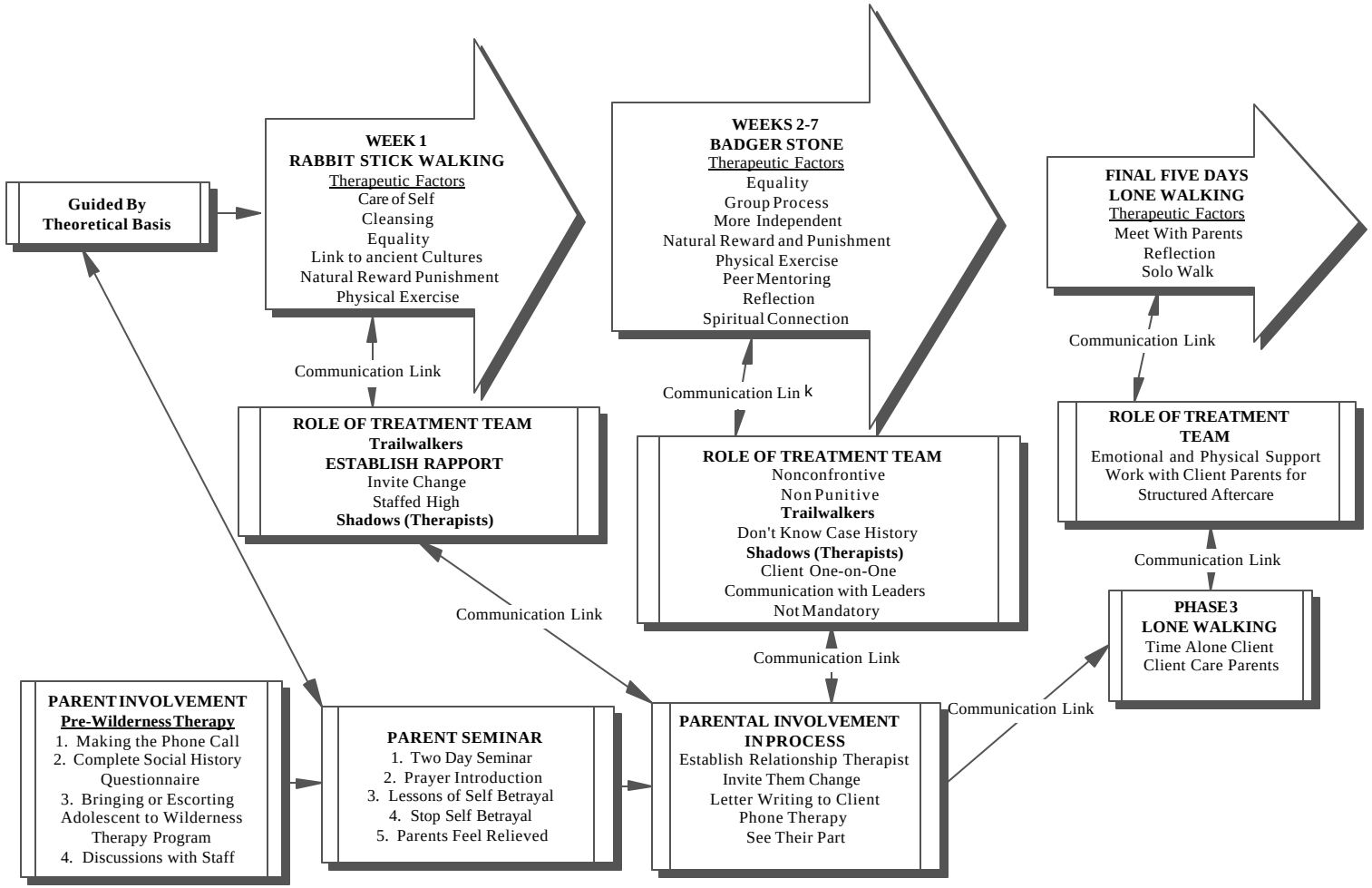
The role the parents play in the Anasazi wilderness therapy process is illustrated in Figure 21 with associated client wilderness therapy phases. Parents are asked to participate in a two-day seminar which is to provide information for those who have questions and a seminar to help parents with issues with which they may be struggling. Parents are all very nervous because they have just dropped off their kids the day before and feeling anxious and guilty.

The seminar begins with an overview of the philosophy of the program. A psychologist who has worked with Anasazi presents a message that somewhere along the way of raising their children, parents have lost track of what makes them complete people and what they need to be happy, reflecting the philosophy of the program and developed by

Terry Warner. They have the resources to be good parents, but they must relearn to see the goodness in their children and shed the image they have of being bad parents who have failed in some way. The seminar is not designed to present parents with a new set of skills to begin proper parenting. The seminar is organized with personal actions and beliefs, and addresses how parents view themselves, their spouses, and their child. The seminar helps parents begin to see the role they played in their child's current situation with the goal to produce genuine change for the family instead of giving skills which only address the surface issues. Anxiety and guilt are alleviated through the process, and parents leave the seminar with skills to look at their lives differently and the desire to continue through with the idea throughout the course of the wilderness therapy process.

Parents are encouraged by Anasazi to participate in therapy during the wilderness therapy process. Coupled with the individual work they are doing, they are in constant communication with therapists concerning their progress in therapy, as well as the progress of their children. Therapists assign readings and parents are asked to write letters to the client covering specific topic areas. An aftercare plan is developed with the help of the clinical supervisor to ensure the necessary structure is in place to help their child continue personal growth. The final step in the process is for parents to rendezvous with the client at the lone walking site. Parents drive to the area where the lone walking sites are set up and meet with Shadow to talk about the progress the client has made and their role in the process. Shadows work with parents to ensure that the proper structure in the home or aftercare facility has been arranged to best serve the client's needs. A night is spent living and being with clients in their environment to gain a sense of appreciation for the things they have accomplished and put closure to the rite-of-passage metaphor.

Figure 21. Parent role in the Anasazi wilderness therapy process presented by pattern codes with associated descriptive codes



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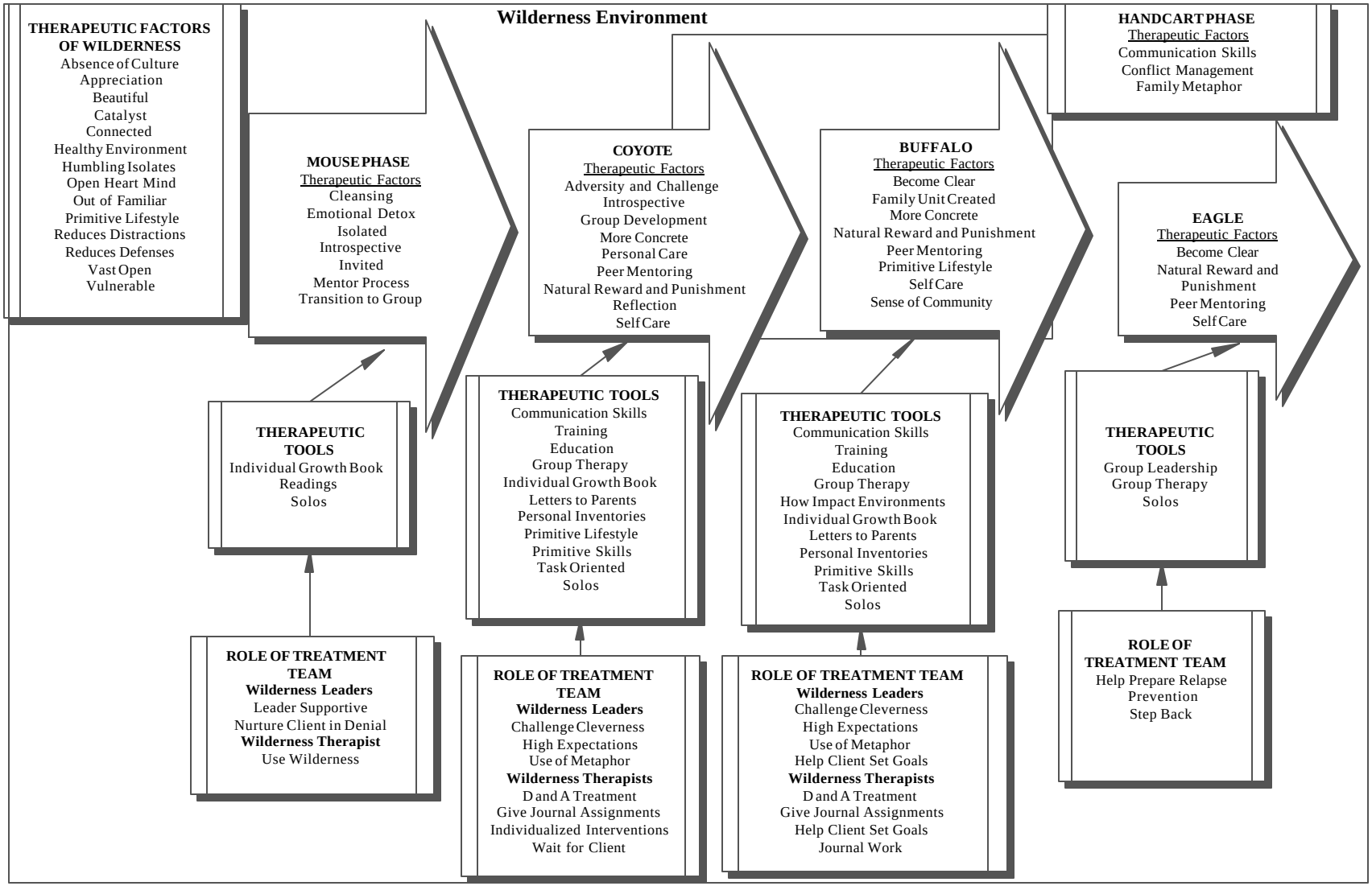
Aspen Wilderness Therapy Process

Clients entering the Aspen program are often brought by an escort service, or in rare cases, by their parents. When escorted, clients are awakened in the middle of the night by escorts and told to grab their belongings because they are being given an opportunity to start a fresh new life. Upon arriving at Aspen the clients are strip-searched and asked to give up anything that is not appropriate for wilderness living. After being outfitted with minimal gear, including tarps to roll their things in and straps to sling it over their shoulder, they are loaded into trucks and brought to the field to join existing groups in an eight-week wilderness therapy experience. Group sizes are six-eight clients staffed by three wilderness leaders. Therapists visit the program on a weekly basis to conduct one-on-one and group sessions when staff changes are made.

Phases of the Aspen wilderness therapy process are not time-oriented, but rather driven by successful completion of tasks. It is noted that clients could remain in the initial phases of the 52-day program until they graduate, but clients are strongly encouraged to pass through all phases. The use of solos in the wilderness therapy process occurs throughout the identified phases and are carried out when conditions are appropriate. Clients are expected to do three solos while at Aspen that last two nights each. Each solo is guided by a metaphor and requires the client to complete a given set of tasks. For example, the focus of the first solo is introduced through Native American stories that show how individual initiative and persistence in the face of severe adversity leads to personal growth. This focus guides the experience and is used as therapeutic material for individual and group discussions after the experience. Clients are placed far enough apart from each other to be solitary, are checked-on daily and are brought meals by staff. These times of reflection play a valuable role in providing an opportunity for clients to step away from the intensity of the group experience and reflect on their lives.

The Aspen wilderness therapy process is illustrated in Figure 22. Included in the illustration is a description of therapeutic factors which support the theoretical basis and wilderness therapy process practiced by Aspen, and which are reasoned to be at work throughout the wilderness therapy process.

Figure 22. Aspen wilderness therapy process presented by pattern codes with associated descriptive codes



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Mouse Phase

New clients are brought to existing groups and given a limited amount of grain and rice and told that they are allowed only to observe the group, not to participate in any way. It is a phase for introspection and reflection about why they are there, and a chance to cleanse the body and mind from drugs and/or alcohol. Clients, through observation of the group in daily living for 48 hours, watching how packs are rolled up, how groups are conducted, and behavioral norms, become acclimatized to the Aspen process. The Jumping Mouse story is read and the meaning is processed with a staff person in a one-on-one session. The client is asked to describe why they have been sent to the program, what they can offer the group and things about themselves they would like to change. An inventory of destructive behaviors is developed. Clients recognize they have a need to be there and can make contributions to the group. Some clients will remain in *Mouse* phase for weeks, staff patiently waiting for them to realize that it will be much easier on them if they complete the necessary tasks for transition.

Staff play a supportive role during this phase and nurture clients who are angry, in shock, and in denial about why they have been sent there. More experienced clients transition the new client, not the staff, and play a major role in helping to reduce the authoritative role of the wilderness leaders. An example of a transition ceremony to initiate a new client might include having experienced group members come and blind fold the new student and lead him to a quiet place. Experienced clients will sit around the new member and offer advice, such as that the new client not fight the program, but work the program and use it to their best advantage Clients tell the new member we are here for you; we are your new friends; we're your new family. Wilderness leaders offer the client room for introspection and reflection and let the natural consequences of wilderness and the metaphor of the Jumping Mouse story teach lessons that help the client transition to the next phase.

Coyote Phase

The focus of the *Coyote* phase is self-responsibility. Therapeutic factors include adversity and challenge, natural reward and punishment, reflection, introspection, peer mentoring, a sense of appreciation, group development, and concrete lessons. Clients are

asked to complete a set of tasks involving hard skills, soft skills, and formal educational curricula. Examples of hard skill requirements are complete a bow drill fire on five separate days, learning to build a shelter, pack a survival pack, and demonstrate proper knife skills. Primitive skills are emphasized and minimal gear is used. Soft skills objectives include limiting profanity, participating in group exercises, demonstrating basic communication skills, and reading an impact letter from parents describing why they have been sent there. Curriculum is not heavily emphasized, with most task oriented activities focused on hard and soft skills. Each task must be performed in front of the staff and checked off to successfully complete the phase. Peer mentoring plays a major role in the *Coyote* phase, as groups will consist of clients who have passed through to the highest stages, and serve almost an assistant leader role, helping and encouraging newer clients to move through the task-oriented activities to transition into the next phase. A cohesive group begins to form, bringing with it the need to apply communication skills to mitigate conflict.

Wilderness leaders set high expectations for clients and push them to stay focused in task-oriented activity. Clients will exhibit an array of coping strategies which the leaders work to identify and disrupt. By setting high expectations, and remaining consistent in the evaluation of those expectations, leaders are letting the client know that just going through the motions is not good enough to transition. By applying metaphors to the history of problem behaviors through the use of natural consequences and identified coping strategies, leaders maintain pressure to address negative behavior and begin the process of recovery. Wilderness therapists stay in close communication with leaders in the field, as they are the eyes and ears of the behavioral component of the intervention. Therapists develop individualized interventions based on DSM-IV diagnoses, and begin Step one of the 12-Step process if drugs and alcohol are an issue. This process includes inventorying past drug and/or alcohol use, and identifying its negative consequences. If clients are resistant, the therapists will waits before using various therapeutic techniques developed from their past training and therapeutic approach. Therapists give journal assignments which reflect issues with which the client is struggling, and help them write letters to parents. When the client has successfully completed the checklist, they are ready to move into the Buffalo phase.

Buffalo Phase

The Buffalo phase moves the self-oriented focus to a relational one, with the emphasis placed on interpersonal issues such as leadership and communication skills. Clients are now expanding the personal growth process to an interpersonal focus to understand the consequences of their behavior on others. Therapeutic factors at work in the *Buffalo* phase different from those in the *Coyote* phase, and include developing a sense of community, creating a family unit, and appreciating family. Clients are asked to complete a series of tasks guided by this focus with an emphasis on soft skills, including improving communication skills and respecting others. An example of an assignment to be checked by leaders includes demonstrating improved communication skills through the use of "I Feel" statements, active listening skills, and respect for other's opinions. The goal of the Buffalo phase is to have the client wanting to move through the phase for intrinsic reasons and not for external privileges.

Staff continue to set high expectations for clients but now shift their focus to an awareness of the interpersonal dynamics of the group. The check list for Buffalo is a subjective one, requiring careful observation by leaders to remain consistent. Demonstrating social skill development is more difficult than getting a fire with a bow drill set. Staff remain keenly aware of interpersonal dynamics of the group and play an active role in teaching communication skills and facilitating "I Feel" groups. These lessons help clients learn to access feelings and share them in a constructive and non-confrontational way. Therapists shift the focus of one-on-one sessions with clients to issues surrounding family life and how their actions have impacted the family, and how parent's actions may have impacted problem behaviors. Group sessions led by the therapist relate issues in which the group is struggling to represent family dynamics to convey messages in clear and concise metaphors. Drug and alcohol treatment involves Steps Two and Three in the 12-Step model. Clients learn to take responsibility for their actions that have sent them to Aspen, and begin working on setting goals for the future. By demonstrating these abilities, clients are ready to transition into the final phase of the program, the *Eagle* phase, one that is reached by only a small percentage of clients. It is noted here that when clients are immersed in the *Buffalo* phase, a group H*andcart* phase is applied to help reinforce individual lessons being learned in the *Buffalo* phase.

Handcart Phase

Each group will spend up about two weeks pushing a handcart on old jeep trails. The handcarts reference the historical movement west by Brigham Young's Perpetual Emigration Company to persuade settlers to come to Utah, and are therapeutically used to reinforce group cohesion. With four clients on the 500 lb. cart at any one time, teamwork, cooperation, and patience are crucial to keeping the cart moving down the trail. Therapeutic factors at work are conflict management, and the use of a family metaphor. As clients begin to work on interpersonal relations, the *Handcart* phase drives home experiential lessons that elicit emotional responses with which therapists apply metaphors of family and peer relations in group sessions and one-on-one discussions. Issues within the group rise quickly to the surface in frustration and anger if a client is not pulling his weight. When this happens, staff play a supportive role and apply the metaphor to interpersonal issues with which clients are working, teaching a variety of conflict management and communication skills.

Eagle Phase

When clients transition to the *Eagle* phase, it is seen as a major accomplishment and treated with reverence and ceremony by the group, leaders, and the wilderness therapist. Immediate extrinsic rewards are given Eagles, such as a new frame pack, eating hot foods for lunch. Rewards are augmented with added responsibilities, asking Eagles to serve as an assistant to the wilderness leaders. Clients who have achieved *Eagle* are responsible for making chore lists, running education groups, facilitating feeling groups, leading the group in hiking, and mentoring new clients. The trials and tribulations which come with this responsibility are used therapeutically to help clients understand the role of people in positions of authority. This creates a powerful metaphor when related to family and school environments. The role of the wilderness leaders is one of stepping back and letting clients come to their own realizations through struggle and peer feedback. The wilderness therapist helps clients use these experiences to help prepare relapse prevention efforts to make a successful transition after wilderness therapy. At this point, clients are ready to participate in a graduation ceremony marking the end of the program process. The graduation ceremony is presented from the perspective of the parents, who play a major role in the process.

Parent Role in the Aspen Wilderness Therapy Process

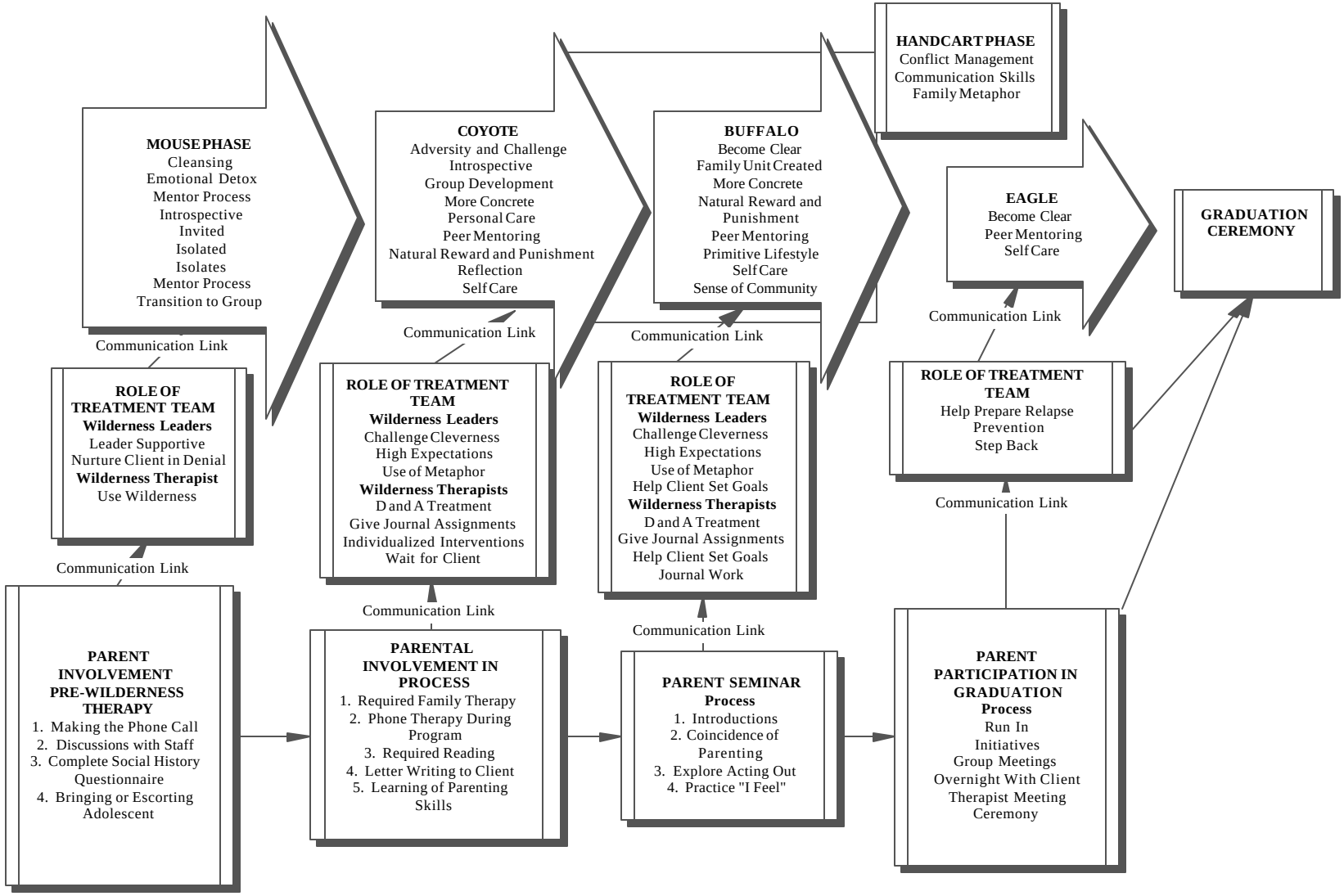
The parent role in the Aspen wilderness therapy process is illustrated in Figure 23 with associated client wilderness therapy phases. Parents are in constant contact with Aspen throughout the wilderness therapy process, writing letters and conducting phone therapy with wilderness therapists on a weekly basis. They are also encouraged to be in therapy of their own, exploring their role in the client's presenting problem behaviors. Parents are asked to attend a three-day graduation ceremony in which they will participate in an orientation and parent seminar and an overnight with clients at the graduation site.

The evening two-hour seminar is an information meeting for parents with questions about the graduation process and a seminar to help prepare parents for the role they will play in helping the client make a smooth transition to their next placement. Parents are nervous and excited about seeing their children the following day, and have a number of questions that answered by the clinical supervisor responsible for conducting the seminar. The seminar begins with an overview and review of the philosophy of the program. The meeting takes place on the eve of the parent-client reunion at the Aspen base-camp facility. Clients have left their groups that morning and driven to the graduation facility and are preparing the site for hosting their parents the following day.

The seminar begins with introductions by parents and a discussion is facilitated around the idea of the coincidence of parenting. The message conveyed is that parents need to first take care of themselves and rid the guilt and self blame they are carrying from for their child's behavior. By taking care of themselves, parents will consequently be more able to take care of their children. The clinical supervisor helps parents develop a list of things they really need in life which is used as a guide to help form an idea of what we need to be happy. The focus then turns to the clients, to explore and understand the patterns of acting out prior to wilderness therapy. A model is used to illustrate how clients tell their story through acting out because of suppressed emotions. The focus then turns to "I feel statements," which their children have been practicing and using for weeks in the program, and which will be used in the graduation process. Parents practice the process, learn it and are ready to use it. They then are given details about the graduation ceremony and what will be asked of them over the next few days.

Graduation day is filled with anxiety, relief, grief, and joy. The rendezvous with clients is staged on the road into the graduation site, where clients walk from the road to the parking area and meet the anxious parents. After an emotional reunion, the group is escorted back to the graduation site for group initiatives, role plays, and "I Feel" groups facilitated by the treatment team and the clinical supervisor. This powerful day of experiential learning introduces the group to each other through "ice-breaking" games and initiatives, and acclimatizes parents to the emotional state of the clients. Clients are provided an opportunity to demonstrate the various skills and lessons they have learned while at the program. Parents are asked to dress appropriately for an overnight with the client, where a shelter and a meal cooked over a bow drill fire awaits them. The wilderness therapist visits each site and works with the family to process any last minute issues, and to ensure that things are in place in the family to make a smoothly transition the client. A formal ceremony is conducted the following day reflecting a rites-of-passage experience for clients and their families marking the completion of the wilderness therapy process.

Figure 23. Parent role in Aspen wilderness therapy process presented by pattern codes with associated descriptive codes



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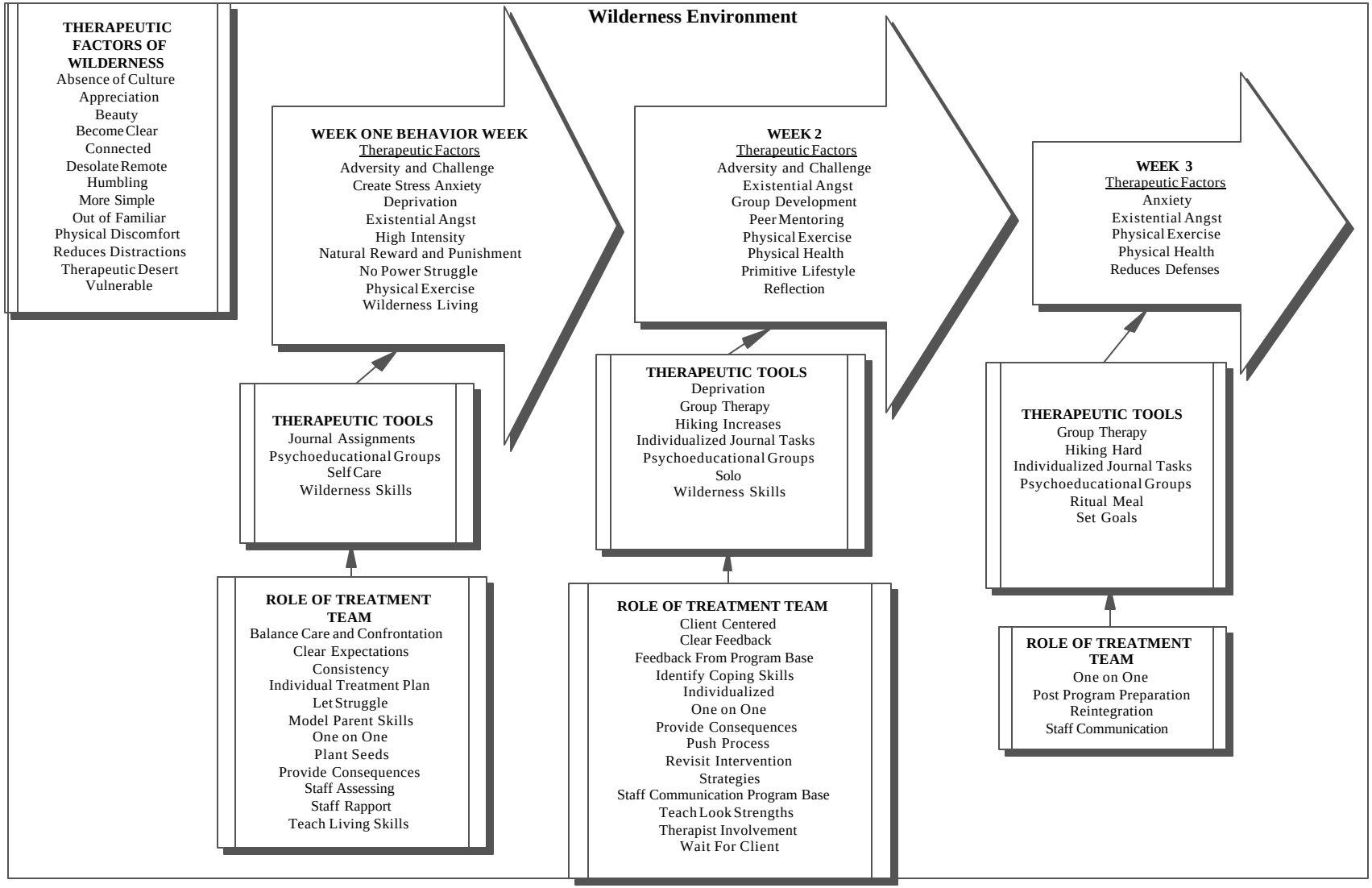
Catherine Freer Wilderness Therapy Process

The Freer wilderness therapy process is divided into phases corresponding to the three-weeks clients are in treatment. Freer is a contained program, meaning the treatment team of two wilderness leaders and a wilderness therapist remains with the group throughout the 21-day experience. The process begins with a family meeting at the Freer headquarters and ends with a family meeting at a neutral site along a river where parents greet clients returning from their wilderness experience. Parents play a key role throughout the wilderness therapy process at Freer, and thus are included in the presentation of each phase. The Freer wilderness therapy process is illustrated in Figure 24 and is used as an illustrative guide. Included in the illustration is a description of therapeutic factors of wilderness which support the theoretical basis and wilderness therapy process practiced by Freer and are reasoned to be at work throughout the wilderness therapy process.

Figure 24. Freer wilderness therapy process presented by pattern codes with associated descriptive codes.



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Pre-trip Meeting

A pre-trip meeting lead by the clinical supervisor starts the three-week Freer wilderness therapy process. Participants include the wilderness treatment team, families and the clients. Clients arrive voluntarily for the meeting or have been tricked into coming, referred to as "therapeutic deception" by the staff. Tensions are high at the onset, as parents are feeling anxious and guilty, while clients show bits of anger, fear, and resentment in having been tricked into unwilling participation in the program. The beginning of the meeting consists of introductions by the clinical supervisor, a discussion of the importance of confidentiality and an overview of the meeting. After families introduce themselves, a round-robin format guides families sharing fears and hopes for the next three weeks and descriptions of family life at home. As the participants share stories, the treatment team takes notes, gaining insight into family dynamics from the information. Finally, participants then are asked to describe what they want to accomplish from the trek.

The process is empowering for the parents, as they hear the stories of other families and realize they are not alone in their trials and tribulations. Clients are initiated into the group process and hear issues in which other clients are struggling, and the impacts those struggles are having on other families. Staff use the experience as an observational tool to gain insight into family dynamics and begin sketching out individualized treatment plans for clients and their families. The clinical supervisor has an opportunity to meet each client and hear the stories of their families. This brief and intense meeting takes approximately three hours, whereupon the parents and families return home, and the clients are strip searched, issued gear and loaded into vans for the long trip to the use-area to begin the three-week experience termed a "trek."

Week One Phase

The first week of the Freer wilderness therapy process is referred to as the behavioral week, in which a multitude of factors work to help break down client resistance to the process. These factors include feeling stress and anxiety from having been removed from familiar culture, intense physical exercise and a cleansing period caused by a change in their diet. Natural consequences initially reduce the power struggle between staff and client, thus

restructuring the therapeutic relationship. Freer does not utilize primitive gear, but rather, uses backpacks and sleeping bags on the expedition. Clients are responsible for their own camp area separate from the group, where they set their own tarps and cook their own meals, instead a having a communal camping and cooking area. This is done to emphasize self care and keep clients from banding together and focusing on culture and negative influences.

The treatment team is busy assessing the personal and interpersonal coping strategies of clients and developing individualized treatment plans. Through the balance of a caring approach with consistent confrontation and clear expectations, staff serve as role models for the client by demonstrating skills in wilderness living, communication, and parenting. The Freer staff push the process on the client, realizing that they have to break through client resistance fairly quickly to be able to work with the behaviors and emotions underlying problem behavior. The goal the first week is to establish a strong rapport with each client through one-on-one sessions at individual client camp sites and by spending time on the trail talking with the client in a "non-therapeutic" manner. The treatment team (recall the treatment team consists of a licensed therapist, wilderness leader, and an assistant wilderness leader) is in constant communication developing strategies for intervention, sharing insights into client behaviors, and developing an understanding of which team member has established rapport with clients, to ensure a good therapist-client relationship. Group sessions are held nightly, where the clients come to group from their solitary camps and are eager to socialize and participate in group discussions. Parents are asked to participate in therapy and at this time have begun the process. They are also communicating with the clinical supervisor and have begun establishing an aftercare plan to meet the prospective needs of the client.

Week Two Phase

In week two of the process, clients are getting stronger through increased hiking and physical activity and have become adept at wilderness living skills, such as learning to make flint and steel fires and cook a variety of meals. Clients who have a history of drug and alcohol abuse are being cleansed from a healthy diet and regular exercise, which in turn clears the mind once fogged by drugs and/or alcohol, allowing room for reflection and introspection into their lives. In week two, the focus moves from an individual focus to a

relational one, with clients learning communication skills and anger management strategies in psycho-educational groups designed to facilitate the development of group cohesion. Topics include a feelings group, levels of communications, defense mechanisms, the disease of addiction, family dynamics, listening and conflict resolution, and relapse and prevention recovery. The enhanced group cohesion from time spent living in wilderness creates a neutral and safe environment for clients to begin exploring with their peers how their behavior has affected their families. Clients are encouraged to practice these new found skills, or bring up issues in nightly group sessions identified in daily one-on-one sessions with staff.

Towards the end of the second week, each client participates in a three-day solo. A pre-solo group meeting is held in which staff communicates rules, safety considerations and expectations. Themes for the group include an opportunity for self examination and a discussion of a rites of passage experience. Stories and readings are shared to impart metaphors as the clients hike a short distance to their solo sites. Three days and nights are spent working on a variety of writing, drawing, and journal assignments designed to help clients come to an understanding of who they are and where they want to go in life. Upon completing the solo, the group is happy to see each other and a group session is held to formally share stories and insights. Each client shares the best and worse experience, insights gained, and a story or reading they felt helped them address their problems.

The individualized treatment plans developed for each client are now being implemented by the treatment team. Individualized journal assignments in which clients have struggled with in the first week are processed in one-on-one sessions with staff in the second week. Using these processing sessions, staff prepare clients for solo, where careful journal assignments and exercises help clients further explore their issues through reflection while on solo. Contact is made with the base program to begin conveying information pertaining to aftercare recommendations for clients. Time is spent by staff during solo in meetings talking and brainstorming with each other the best approaches for each client for the last week, catching up on treatment notes, and taking personal time to reflect on their role in the wilderness therapy process.

The clinical supervisor has been actively working with parents to identify appropriate

aftercare placements, and if the client is returning home, developing the necessary structure in the home environment to ensure the therapeutic progress of the client will continue. Contact is made with the treatment team in the field vis-à-vis a cell phone, and any important information is relayed to the treatment team. Many times the client is told that they will be allowed to come home upon completion of the program, but through discussions with therapists and the clinical supervisor, realize that an aftercare placement in a therapeutic boarding school or an emotional growth program may be more appropriate. News of not returning home to friends and family can be devastating for a client. The clinical supervisor and the treatment team discuss strategies for telling clients about aftercare plans if staff believe the information may come as a shock to the client.

Week Three Phase

In week three, the focus shifts to transition and aftercare, as clients experience anxiety concerning aftercare placement. Relapse prevention for clients with drug and alcohol issues and transition and change issues are addressed in psycho-educational groups. Hiking increases to maintain a consistent stress and stimulus for clients. Group work in the evening centers around helping clients come to terms with their immediate future and to begin processing lessons learned from the experience. Through this process of sharing and thinking about lessons learned, clients are preparing for the post-trip meeting with parents which seems to dominate their thoughts. The anxiety caused by the impending meeting with parents is a powerful factor in helping clients clarify and articulate what it is they have learned. Staff tell clients if they are not sincere in these declarations, parents will see through the disingenuous apologies and realizations .

Staff focus the intervention on helping the client transition into their next placement. Realizing that three weeks will not change a clients life forever, Freer places a great emphasis on realizing the intervention, diagnostic, and initial change role wilderness therapy plays on the continuum of care for adolescents. Because of this belief staff work very hard in week three to prepare the client to accept their next placement and instill in clients a desire to continue on their path of personal growth and change. This is done through the use of relapse prevention plans, journal assignments on transition and change, and helping clients carefully lay out what it is they have learned while on the experience. By working with

clients to articulate these lessons, staff are reinforcing what they have learned and making the effects more salient and real for clients. If a client writes that he has learned something, staff ask *why?* If a client expresses a desire to change, staff want to know why, and how. Clients present the assignments to the treatment team, who view them with great detail and care.

On the night before the post-trip meeting with staff, the clinical supervisor drives to a designated site where the group is waiting. A group session is held, where the clients are given any last minute information and are asked to do one more sharing of what it is they have learned, and to thank the group for the experiences they have shared. Parents are continuing their work with their own therapists and are in communication with the clinical supervisor and preparing themselves for the post-trip meeting.

Post-Trip Meeting Phase

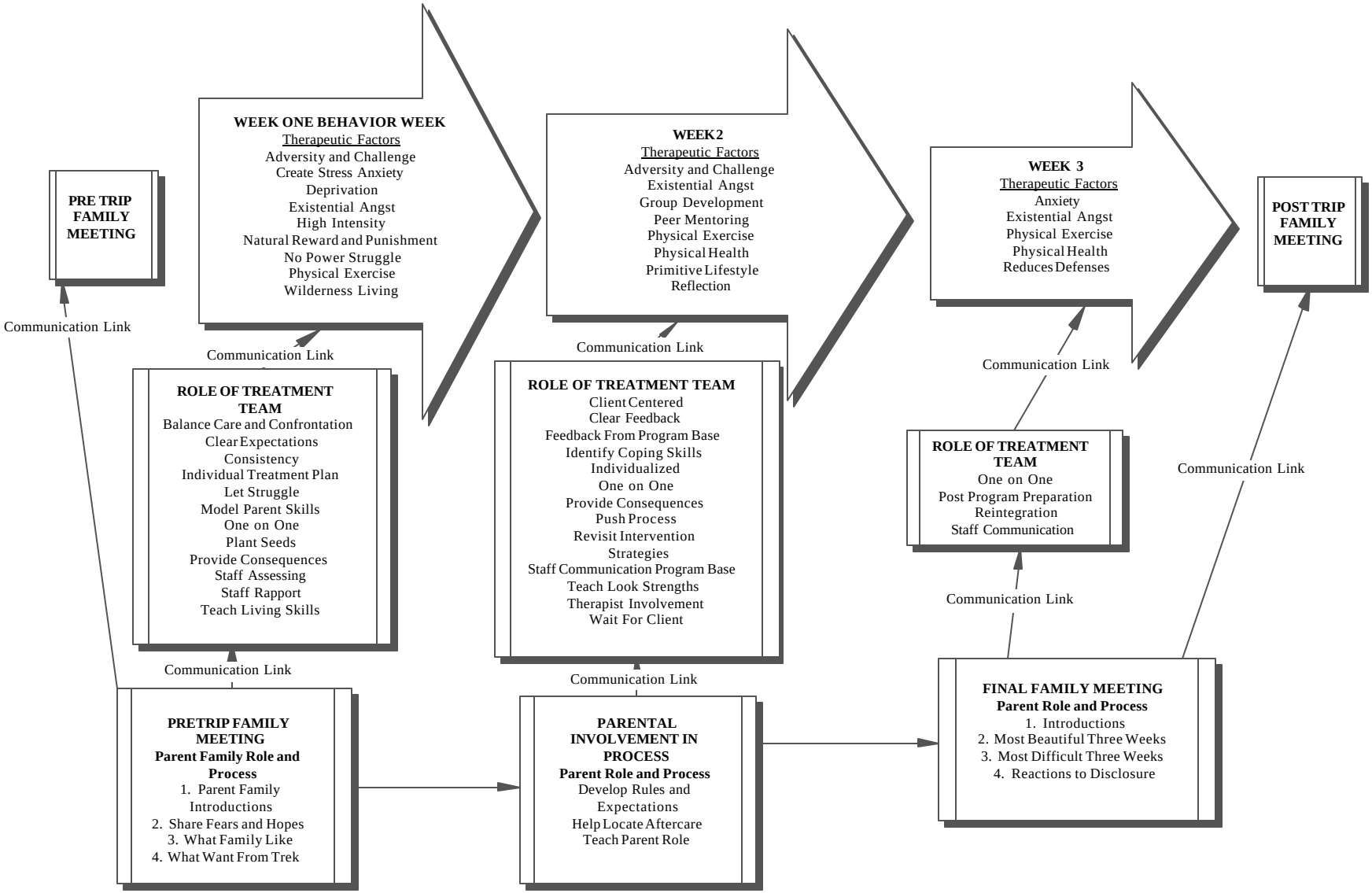
Parents and families drive to the neutral meeting site in a natural setting by a river to greet the clients. Anxious energy, fear, and sorrow capture the intense emotional state of the group and treatment team as they await the arrival of parents. Clients go for a walk away from the site as parents begin arriving at the site, greeted by the clinical supervisor who gives directions to sit in the circle. The clients emerge from the trees and an emotional reunion is shared. Families, clients, the clinical supervisor and the treatment team all sit in a giant circle and begin the final meeting.

Using the round-robin format, each member of the circle introduces themselves again and shares the most beautiful thing they have seen, and the most difficult moment, in the last three weeks. This is done to break the tension and prepare participants for the more intense process of family sharing which begins with the clients, sitting across the circle from their parents, expressing what it is they have learned while on the experience. Each client addresses the following items: things they have learned; disclosures of past behaviors (lying, drug use, things they have stolen); changes they plan to make, and; apologies they would like to make to their family. After the client speaks, the clinical supervisors allows the family to respond. Families are shocked, saddened, scared, and generally taken aback by what the clients reveal. Most have no idea of the extent of their children's drug use and bad

behaviors. The apologies are particularly intense and the most difficult for each client, with staff having set the expectation that clients had to look the family member in the eye and speak directly to them when apologizing.

The meeting takes up to eight hours and is exhausting. Clients and their families leave the meeting with a clean slate, relief, and a desire to continue the emotional work that Freer has begun for them. The Freer wilderness therapy process with the parent role included is illustrated in Figure 25.

Figure 25.. Parent role in Freer wilderness therapy process presented by pattern codes with associated descriptive codes



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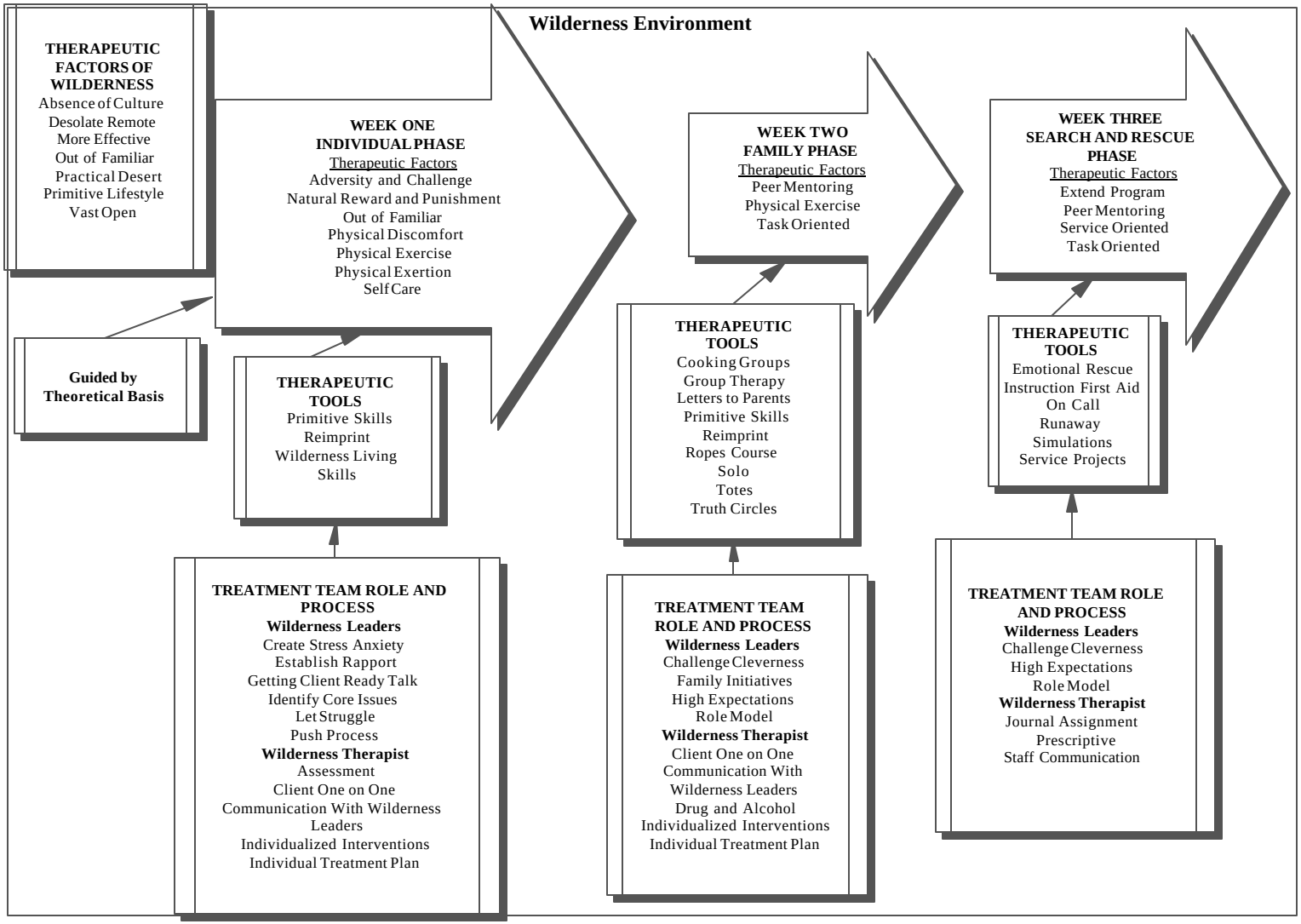
SUWS Wilderness Therapy Process

SUWS is a three-week contained wilderness therapy program. Phases are broken down into weeks guided by metaphors reflecting therapeutic focus. SUWS is unique in that they operate directly out of a base-camp located in a remote area. The three-week trips move in and out of the program base as the process dictates. SUWS does not actively involve parents and families in the process so the focus of the intervention is on the client and parent involvement is not addressed. The SUWS wilderness therapy process is illustrated in Figure 26 and is used as a an illustrative guide. Included in the illustration is a description of therapeutic factors of wilderness which support the theoretical basis and wilderness therapy process practiced by SUWS and are reasoned to be at work throughout the wilderness therapy process.

Figure 26. SUWS wilderness therapy process presented by pattern codes with associated descriptive codes.



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Week One Individual Phase

Clients arrive at the remote program base surrounded by high desert escorted by staff who have met them at the airport. The first day is spent driving to the program base, where clients are asked to leave all signs of culture behind, given minimal gear in the form of a tarp, some webbing to wrap up journal, pens etc. and secure it to their shoulders. Everyone is given the same clothes that will keep them therapeutically on the edge of being cold, and driven to their drop off point some 50 miles from the base camp area where they will spend the next ten days hiking back to the base camp. The focus of the first week of the program is on self care and responsibility, letting natural consequences of the desert facilitate lessons to be learned. Physical exertion, exercise, and discomfort play a major role in creating adversity and challenge for the client to survive in the desert. Built on a search and rescue metaphor, the process uses individual camps with limited interpersonal contact, asking clients to start a fire from flint and steel to cook over and stay warm, as well as complete an exhaustive list of primitive skills on a nightly basis. This combination of environmental and therapeutic factors facilitated by programming place the client on an emotional edge to elicit coping patterns clients exhibit when confronted with stressful situations.

Wilderness leaders let the clients struggle and allow natural consequences to teach lessons of self care and responsibility. They are actively observing client behavior to identify coping strategies which lead to an understanding of the core limiting beliefs the client has about themselves. Once these coping patterns are identified through emotional reactions to stress, they begin disrupting those coping patterns by actively pushing the process by *creating chaos*. For example, if a client reacts to stress through emotional outbursts then staff will challenge the client to a safe level of stress to evoke this outburst. The goal is then to not give the client what they are used to getting, which in this example would be an emotional rescue by authority, which in this case is staff. Staff sit calmly and work with the client to talk about why they react in emotional outbursts, careful not to tell the client they are wrong in acting this way, but rather, there are other ways of meeting that need. In doing this, clients learn when they act out and what positive gain they are trying to achieve. Alternative ways of meeting this need is discussed with staff and peers in group discussions. These observations are communicated to the field supervisor (wilderness therapist) through

the use of a radio and an individualized treatment plan is developed for each client.

Week Two Family Phase

A family metaphor guides week two of the SUWS process to shift the focus from self care to one of family. On the eve of the seventh night, clients are asked to come enter the staff fire area from their individual camps for a special meeting. Facilitated by the field supervisor who has come out for one-on-one sessions with the clients, a group session is held to talk about the progress of the group and to ceremonially shift program focus. Clients do not receive any future information from staff, the goal being to keep clients in the present working on tasks at hand. The group is told that they have done well in the individual phase of the program, and must now focus their learning on being a team, taking the second step toward the final goal of becoming a fully-operational search and rescue team. Instead of daily personal task-oriented activities, clients now have a series of tasks to complete as a group. If one member of the group does not complete the tasks, then the whole group fails. The clients are eager for the socialization, and relieved at the shift in focus. This typically only lasts a few hours however, as the difficulty of everyone completing tasks is made tenuous because of the differences in their skills and abilities learned in the individual phase.

This dramatic and immediate shift to a team philosophy, in which the group is only as strong as their weakest link, becomes clear through intense programming by staff. An example of a group-oriented activity is a client who must burn two holes in their fire board with a bow drill set before the group can eat dinner. The client is struggling and becoming angrier by the minute as the spindle continues to fly out of the socket with no evidence of smoke. The client refuses the help of group members who sit frustrated, hungry, and upset about the lack of progress the individual is making. Tempers flare, emotions surface, and dinner is a distant dream. Eventually the group helps the client and they succeed in making dinner. Another example is setting up a group trap line, where primitive traps made of rocks and wood are precariously balanced to set off rocks which fall to the ground. If one trap does not trigger correctly the whole group has to start over. The feedback is immediate, the group dynamics which surface are intense and emotional, all processed by staff through reflection and facilitation techniques in group settings.

Included in phase two is the challenge of completing a high ropes course. The group hikes in from the surrounding hills where they have camped the night before to the base camp and intimidating high ropes course. In teams of two, clients are asked to challenge their fears in a direct way. Metaphors are applied to the experience to teach clients ways in which they can work to overcome challenge and adversity. The field supervisor is present, and plays an active role in the ropes course, using pieces of each clients history of behaviors as motivations to help them through the experience. The activity is used as a preparation for the solo, which begins that evening, and is related to the rites-of-passage metaphor found in cultures throughout the world. After an intense day on the ropes course, clients are told that they will begin their solo experience the following day. The three-day solo helps the client reflect on what they have learned and to mentally and emotionally prepare them for becoming a search and rescue team after the solo is complete. Readings and journal assignments help clients work through issues uncovered by the treatment team to this point in the process. Clients are ready for the break, as they are literally emotionally and physically exhausted from the previous two weeks of the process.

As alluded to earlier, the field supervisor visits the group on the seventh day, with periodic visits every two-three days thereafter, and spends several hours with each client in intense one-one-one sessions. By communicating with wilderness leaders, they are aware of the client's behaviors through the first week of the individual phase. Using these observations and therapeutic tools such as *re-imprinting*, the goal of these sessions is to locate the core limiting beliefs of the client, come to a realization and understanding of these beliefs, and learn ways to overcome them by applying metaphors and lessons learned in wilderness therapy. *Re-imprinting* involves going back into client's lives and identifying the point in time where a dramatic shift in behavior occurred; it could be the death of a sister, or a parent divorce. Field supervisors help the client draw a time line in the sand and move through the story of their life, communicating to the client that there has to be a reason they started on their path of bad decisions and a destructive lifestyle. When this is identified, the next step is to understand how their actions were a result of that experience, taking pressure off the client by helping them understand that behavior is always a response to some sort of incident in their lives, and that they are not a bad person inside, they are good, and there are reasons they have made poor decisions.

The field staff shift their approach to group oriented tasks and challenges, applying consistent and intense task oriented activities which keep clients on an emotional edge. As a participant observer in this phase of the SUWS program, the researcher was intimidated by the list of tasks clients were asked to complete on a daily basis. Staff do this to interrupt interpersonal coping patterns in the same way they interrupted individual coping patterns. Upon instigating these emotions through task-oriented group-driven activities, staff let the emotions boil and allow the group to work through situations and come to realizations of the lessons being taught. An example of this is found in a hiking activity where the group is tied together with a rope and asked to hike in a line to their next destination some five miles away. The metaphor for family is obvious and concrete. Clients are furious with the activity and make it only 100 ft. before packs are thrown, tears are shed and everyone is sitting in a heap on the ground refusing to hike one more step. After letting emotions and frustrations settle, staff move in and ask the clients what the exercise meant and why they were put in that situation. The activity is related to the family, with the idea that the family is connected and difficulties arise when everyone must work together. The experience is powerful and is used in reference throughout the week as the group comes together, beginning to take the shape of a search and rescue team.

Search and Rescue Phase.

After completion of the solo marking the completion of phase two, the group is told they are ready to become a search and rescue team. They are taught first aid, rescue and survival skills and techniques. Wilderness living has become second nature and the group is functioning at a high level. They are given simulations, where staff role-play an accident and the group is asked to perform primary care on a victim in a mock-accident in wilderness. They are told they are "on-call" for the entire week, meaning they must be prepared at all times for an emergency, ready to pick up camp and move at a moments notice. The group is also used in cases where an "emotional rescue" is required. This occurs when another group in the individual or family phase is having extreme difficulties or has experienced a "runaway." (at any one given time there are numerous groups operating in the SUWS use-area). It is noted here that at times, clients will attempt to runaway from the program, which SUWS treats as a learning experience and an opportunity for personal growth. If a runaway

occurs, the search and rescue team is notified through radio contact and responds to the situation. Some members will calmly go after the runaway while others stay with the existing group and talk to the group members in group sessions. For a group experiencing extreme difficulties in the first week of the program, to see and talk with a search and rescue group is a powerful and uplifting experience. The search and rescue team relates to their situation and communicates that "it will get better, we were all there before, but now look at us, we are a search and rescue team, and it took a lot of hard work, but you can do it to if you stick together and stay invested in the program." Meanwhile, the other search and rescue members have tracked down the runaway and are escorting them back to the camp and processing why was it they ran away, and what they learned from the experience. The group uses the search and rescue skills in a real and experiential way. This allows them to directly apply the lessons learned in their experience to their lives.

The entire treatment team begins to relax the intense programming and take a more distant approach to leadership, letting the clients assume command of the search and rescue team. They provide challenging situations for the team to work with, and continue to relate the lessons being learned in the phase their lives. The field supervisor pays regular visits to the group, helping clients prepare for aftercare placement. SUWS is often used as a intervention for adolescents entering boarding schools or as a tool to help them address personal or interpersonal problems uncovered in existing school environments. Because of this, the field supervisor is in contact with appropriate staff at the aftercare facility in which the client going, helping them understand the issues the client is working on in order to continue the personal growth realized at SUWS. A graduation ceremony is held at a local hotel, where the client receives recognition for their achievements and a graduation diploma before heading home. Parents are asked to attend the ceremony to help support the client in their achievement.

6. RESULTS: OUTCOMES OF WILDERNESS THERAPY

The outcomes and effects of the wilderness therapy process are presented for each wilderness therapy program. An introduction framed by pattern codes developed from key staff interviews and focus group responses to the question *What are the outcomes of the wilderness therapy process for clients who have a history of problem behavior?* will introduce the range of outcomes reported by each program. Staff at each program were asked to think of the outcomes of wilderness therapy in a broad sense in order to examine the underlying goals of wilderness therapy as an intervention for adolescents with problem behavior. Each program noted that outcomes of wilderness therapy are unique and dependent on the social history and specific behavioral characteristics of each client. Because of this, outcomes are presented in the masculine tense, reflecting the four male case studies presented in the following chapter, and to illustrate the individualized nature of the effects of wilderness therapy.

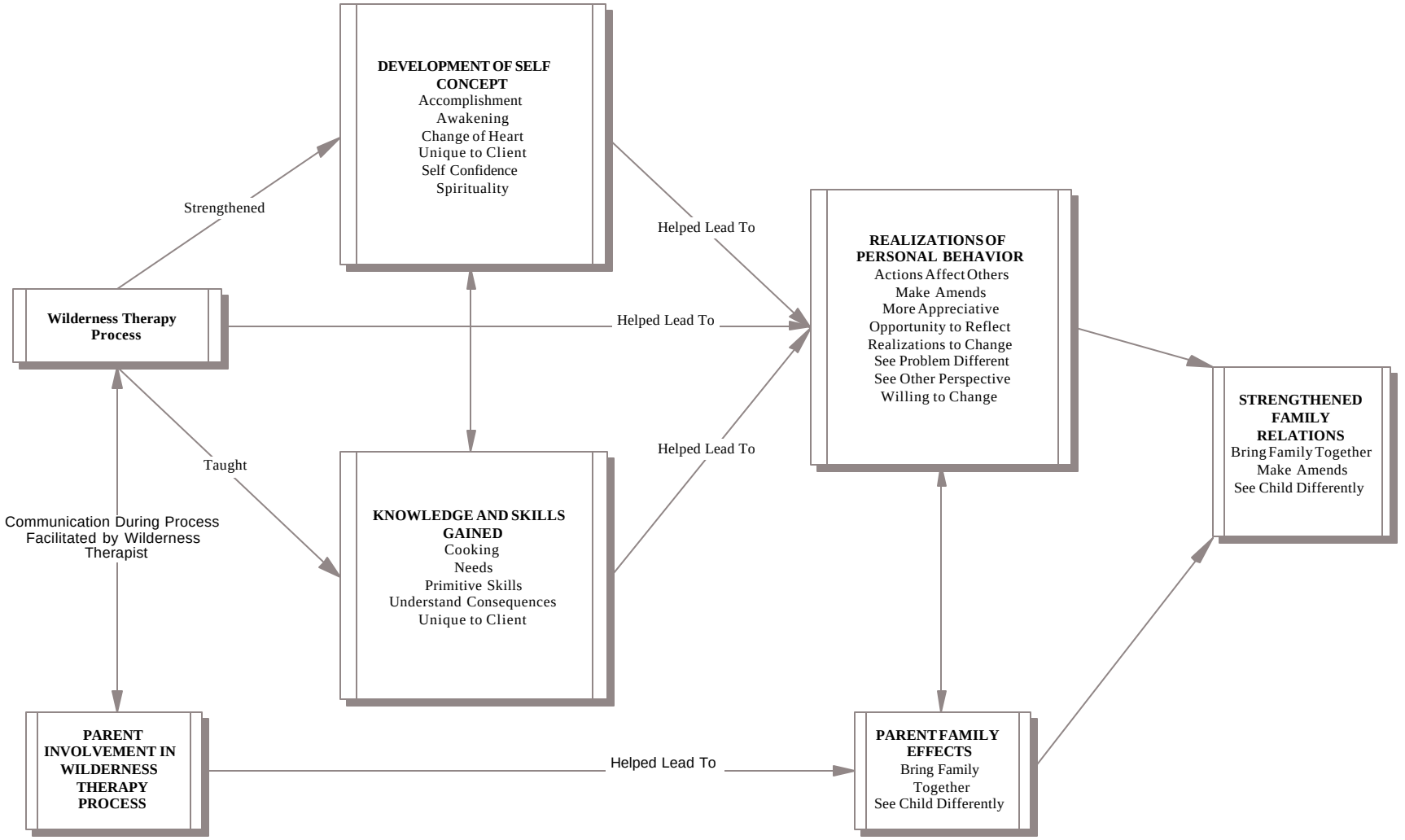
The coded responses to this question are reasoned to be "meta-effects" which each wilderness therapy program expect to observe in all clients. These outcomes are used as a framework with which to explore the effects of wilderness therapy illustrated in more detail with client case studies in the following chapter. The pattern codes which emerged from analysis of the reported outcomes of the wilderness therapy process are: (1) *Development of Self-concept,* (2) *Knowledge and Skills,* and (3) *Realizations to Change Behavior*. The outcomes are presented for each program and displayed using an event flow diagram, which consists of pattern codes and associated descriptive codes that are reasoned to be a result of the wilderness therapy process.

Anasazi Wilderness Therapy Process Outcomes

Anasazi believes that clients leave the wilderness therapy program with increased self-concept, skills, and knowledge and realizations of past behavior which are unique to each client. Coupled with the outcomes realized by the client are the effects on the parents and family of the client, which are manifest in the strengthening and bringing together of a family torn apart by the ramifications of past problem behaviors. The outcomes and effects

of the wilderness therapy process on the client and the parents and family are presented in Figure 27 and are framed by pattern codes which emerged from analysis of staff responses to the question *What are the outcomes of the wilderness therapy process for clients with problem behaviors?*

Figure 27. Anasazi reported outcomes of the wilderness therapy process based on patterns codes and associated descriptive codes.



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Anasazi believes that the wilderness therapy process enhances the self-confidence of the client due to real accomplishments, which leads the client to experience an *awakening*. This awakening brings the client into a closer relationship with himself and God. This produces what Anasazi terms a *change of heart*, which guides the client in walking forward and making the right decisions. These ideas are captured in Figure 27 and comprise the descriptive codes framed by the Development of Self pattern code.

Clients leave Anasazi with knowledge and skills learned during their 52-days of living and traveling in the wilderness. This includes the notion that the client now has a reference point at which to begin assessing their true needs in life. Anasazi believes that clients leave their program with the knowledge that what one truly needs in life can be found in nature, self, God, and relationships with family. This distinction between needs and wants helps the client understand what really makes him happy. Clients also learn a variety of primitive skills, including fire making and cooking, which have increased self-confidence and can be used as a reference point in the future when confronted with difficult tasks. "If I made a fire using a bow drill set, then I can surely study for and pass this exam." The final knowledge Anasazi believes clients gain is understanding the consequences of their actions. Clients no longer believe they can do whatever they want. They become aware that their actions affect people in their lives.

Through this unique process of enhanced self-concept through a sense of accomplishment that leads to a change of heart and an awakening, combined with knowledge and skills gained from the experience, clients recognize that past behaviors are no longer appropriate and changes are necessary. This is captured in Figure 27, with descriptive codes such as *See Problem Different, Understand Priorities, Make Amends, and Actions Affect Others.* Because these realizations about personal behavior constitute the majority of reported outcomes of the wilderness therapy process, they are presented in Figure 28 with examples of coded text from staff responses and definitions of each descriptive code. These descriptions are used as a guide and reference point when examining the reported outcomes of client case studies presented in the following chapter.

Figure 28. Anasazi Pattern code Realizations of Personal Behavior with descriptive codes, definitions and examples of coded responses.

Pattern Code Realizations of Personal Behavior		
Descriptive Code	**Definition**	**Examples of Coded Response**
Actions Affect Others	Clients realize that their actions affect others	*One of the very good things that happens from being in a group out there is that they understand that their actions don't always effect only them, but others surrounding them. If I am a young walker in a group and I refuse to hike, and I just sit there, the group has to stay together - there's no exception - so if I stay there, the group has to stay with me.*
Make Amends	Clients want to make amends for past wrong doings	*They want to make amends for past wrong doings*
More Appreciative	Clients learn to appreciate the things they have in life	*And so I think from my observation from the papers I write and the research that's been done a child leaves here appreciating home more. Appreciating home, parents, food, water. We know that those are things that they learn to appreciate and they long to make amends where they have inflicted a discomfort or heartaches.*
Opportunity to Reflect	Clients has an opportunity to reflect on their life	*I think what happens is it allows them time to be away from all this stimulus that's been going on and allows them time to think. To ponder upon what's been happening, and kids can't do that because there is too much going on all the time.*
Realizations to Change	Realizations made by clients to want to change	*The awakenings are things that the child realizes all of a sudden that he needs to change in his life. Some of them have solo awakenings and some have a few and some have one or two and some may not have any.*
See Other Perspective	Clients learn to see others perspectives	*They begin to see parent/others perspective and are not so focused on themselves*
See Problem Different	Clients are able to see the problem from a different perspective	*Family looks at the child and the problem different. Allows the child a different way to respond*
Understand Priorities	Clients understand priorities	*They get their priorities in line*
Willing to Change	Client demonstrates a willingness to change	*But, the thing we are looking for is for the child to be willing to do things different. To try different approaches, to walk differently, to choose differently.*

Parent and Family Outcomes

Parent involvement in the wilderness therapy process through communication with the wilderness therapist, commitment to family therapy, and the parent seminar lead parents

to see their role in the problem behavior of the client and to a desire to work with the client to sustain the realizations and changes they want to make in the home environment. By participating in the unique parent seminar that Anasazi offers, parents are asked to rid themselves of the guilt and negative perceptions tied to the client's past problem behaviors and to start fresh. Combined with the participation in the graduation ceremony at the end of the experience, parents are asked to see the child in a different light, and make a commitment, with the help of the wilderness therapist, to create the necessary structure to help the client continue to grow. Anasazi works to help parents understand that there may be a relapse in behavior, that everything is not perfect, and that the nurturing, caring, and consistent approach will help the family work through these difficult times. If there is a return to old behaviors, which Anasazi believes is realistic, the family support network needs to be in place to help explain the relapse and work through the difficulties. With the strong support of the family which has been brought together by the wilderness therapy process, Anasazi believes that the changes realized by the client will be long lasting and sustained.

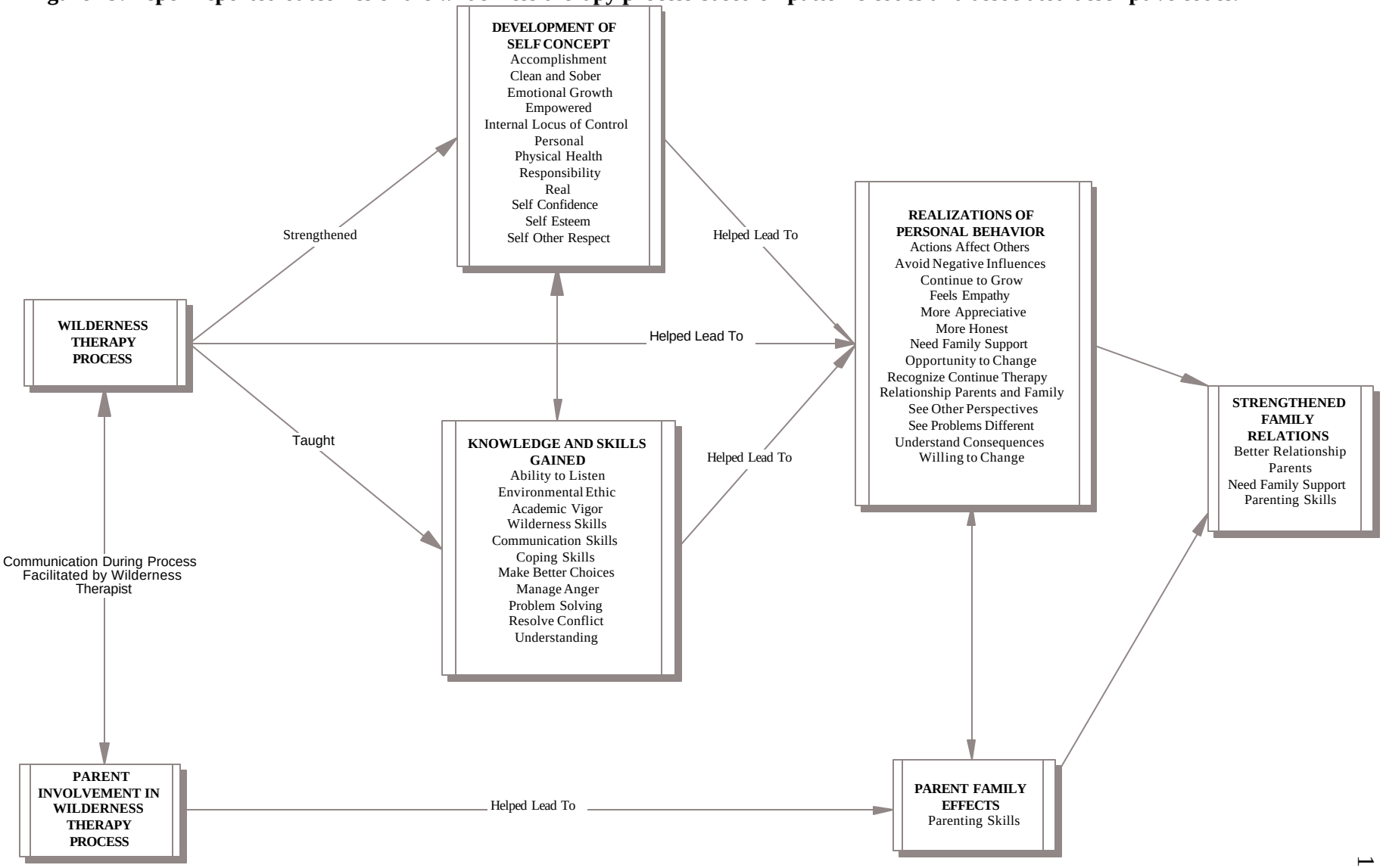
Aspen Wilderness Therapy Process Outcomes

Aspen believes clients leave the program with enhanced self-confidence and self esteem from completing the challenge of living and traveling in wilderness for eight weeks. This takes the form of a new identity which can be drawn upon in future difficult times. By learning, practicing and drawing upon these the skills that are fundamental for survival, the client develops a stronger internal locus of control which puts them in charge of their lives and decision--life is not creating them, rather, they are creating their lives. They also leave the program with two-months of sobriety and in better physical shape, which also enhances self-concept.

Clients also leave Aspen with a set of coping skills that will help them deal more competently with situations in the future. These skills include communication, anger management, listening, and problem solving, all part of the educational curriculum offered by Aspen. The practice of these skills has taught clients that proper expression of feelings is important, which will help them avoid negative peer and cultural influences. Aspen believes that enhanced self-concept and strengthened internal locus of control, combined with good

communication skills, helps clients make changes that are needed in their lives to continue on a path of recovery. The outcomes and effects of the wilderness therapy process on the client and the parents and family are presented in Figure 29 and are framed by pattern codes which emerged from analysis of staff responses to the question *What are the outcomes of the wilderness therapy process for clients with problem behaviors?*

Figure 29. Aspen reported outcomes of the wilderness therapy process based on patterns codes and associated descriptive codes.



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Aspen believes an outcome of the wilderness therapy process is that clients recognize that past behaviors are no longer appropriate and changes in behavior are necessary. This is captured in Figure 30, with descriptive codes such as *Realizations to Change, Avoid Negative Influences, Actions Affect Others, and More Honest.* Through solo time, reflection, letters to and from parents and work with the wilderness therapist to help interpret the meaning, clients come to the realization that changes are necessary in their lives.

These realizations regarding personal behavior are critical to explore in outcome evaluation of wilderness therapy because the client tells the program, parents and follow-up institutions exactly what it is they will be working on after completing the program. These realizations can be used as a check on behavior in the coming months, as a baseline condition to begin tracking changes, and as a tool for parents to work with clients to support changes. Because these realizations about personal behavior are a major component of the reported outcomes of the wilderness therapy process, they are presented in Figure 30 with examples of coded text from staff responses and definitions of each descriptive code. These descriptions are used as a guide and reference point when examining the reported outcomes of client case studies presented in the following chapter.

Figure 30. Aspen Pattern code Realizations of Personal Behavior with descriptive codes, definitions and examples of coded responses.

Pattern Code **Realizations of Personal Behavior**		
Descriptive Code	**Definition**	**Examples of Coded Response**
Actions Affect Others	Clients learn there actions affect others	*They start getting connected to the consequences of their actions and their words. It becomes very clear as opposed to, oh like somebody else did this to me or I was just too busy..*
Avoid Negative Influence	Clients learn skills to avoid negative influences	*They come out with a better self-esteem. They are empowered with some good communication and coping skills which has, I think, an indirect effect of helping them to avoid drugs and negative peer influences and the like.*
Continue to Grow	Clients leave the program wanting to continue to grow	*People are always on a continuum of change-Aware of that growth and the beauty of that journey. They want to continue in therapy and work with coordinated therapeutic efforts between Aspen and follow-up program*
Feel Empathy	Clients learn to feel empathy	*You see an empathetic person and an understanding person who knows that they can't expect themselves to be perfect or anyone else.*

More Appreciative	Clients appreciate the things they have in life	*Just an appreciation from where things come from and what you have to give up to get what we get. There's an old saying that says, one half of knowing what you want in life is knowing what you must give up to get it. In the wilderness, the wilderness just does that.*
More Honest	Clients learn to be more honest as a result of the wilderness therapy process.	*Well I think there's no guaranteeing with human beings how they're going to turn out, but I think if you look at some of our model kids, I guess, some of the kids that have been most successful, I think they come out of the program learning how to be honest and real.*
Opportunity to Change	Clients has an opportunity to change past behavior and start fresh	*He leaves with the world is more full of possibility than predictability. There's openings for him or her to create things in areas where they've struggled and in areas where they've been successful that they weren't even going to take on before.*
Recognize Continue Therapy	*Clients want to continue with their program is complete*	*Yes, I certainly hope so because we recommend that all of our kids continue in therapy. Many of our kids go on to therapeutic boarding schools, but at the very least, to return home and continue in outpatient family therapy. If they had substance abuse issues, to take 12-step groups..*

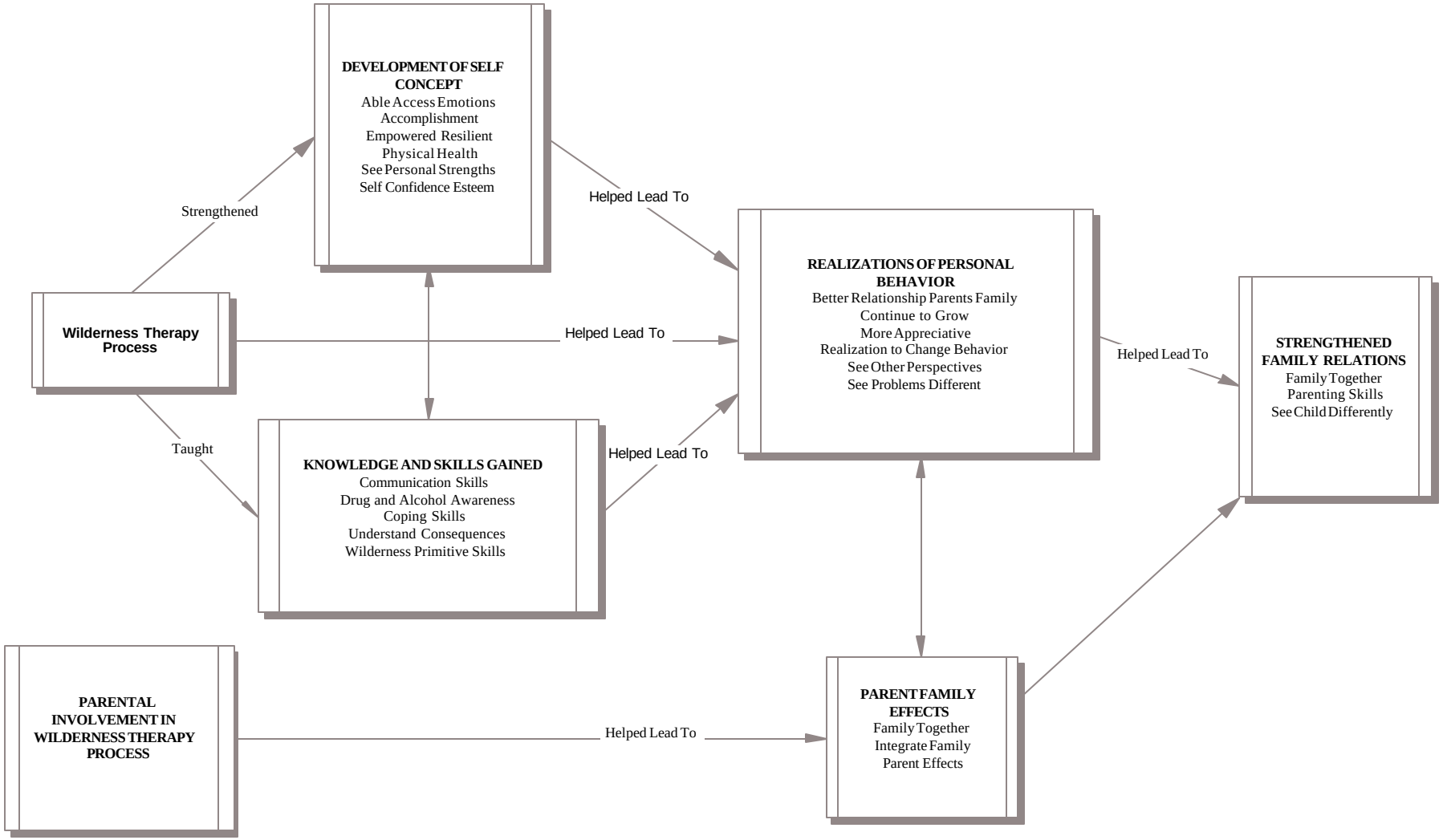
Parent and Family Outcomes

Aspen strongly recommends that parents of enrolled clients enter therapy of their own to help them understand their relationship with the problem behavior of the client. Although not all parents heed this advice, most do, leading to a new understanding of their role in helping the client to change. Wilderness therapists also work directly with the parents throughout the process, giving therapeutic homework assignments and readings to complete and acting as a communication link with clients to help them make amends and begin to move forward. At the end of the wilderness therapy process, Aspen holds an evening seminar the night before graduation and to tie together all the things parents have learned in the eight-week process and give them skills and knowledge which will help them make the transition for the client more smooth. Aspen believes that this helps parents learn to see the child differently and to rid the family of past perceptions. This combination of parent engagement in their own therapy, communication with the wilderness therapist, and parenting skills to help transition the child all work in concert to help strengthen the family unit and provide the necessary structure for the family to continue a positive change process.

Freer Wilderness Therapy Process Outcomes

Freer believes that clients leaving wilderness therapy have experienced an accomplishment that is concrete and real that can be used to draw strength from in the future. This accomplishment is combined with a sense of physical well-being which helps the client feel better about themselves, leading to increases in self esteem; the first steps towards personal growth. Freer also believes the effects of the program are unique to the client given their social histories, and that the experience parallels a rites of passage experience practiced by ancient cultures all over the world. The learned self care reflects the developmental stage that adolescents are in and Freer uses this to help clients understand that the lessons learned in wilderness therapy are lessons about life. Freer views the wilderness therapy process as an opportunity to begin the personal growth process, which a journey that lasts a lifetime. Clients leave knowing they have only just begun this journey and need to continue to be engaged in their own personal growth process through continued therapy. The outcomes and effects of the wilderness therapy process on the client and the parents and family are presented in Figure 31 and are framed by pattern codes which emerged from analysis of staff responses to the question *What are the outcomes for the wilderness therapy process on clients with problem behaviors?*

Figure 31. Freer reported outcomes of the wilderness therapy process based on patterns codes and associated descriptive codes.



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The development of the self through the wilderness therapy process is combined with the learning of a multitude of skills, including communication skills, anger management skills, problem solving and coping skills. These skills help clients make better choices and when combined with the enhanced sense of self, help clients avoid negative peer and cultural influences. Clients with drug and alcohol issues have completed the first steps of the 12-Step model of recovery and are on the way to braking the cycle of addiction. Freer teaches clients involved in the 12-Step process a variety of relapse prevention skills to help them maintain their sobriety. Being realistic about client relapse, parents work directly with the clinical supervisor at Freer during the wilderness therapy process to help develop a relapse prevention plan to ensure that the necessary support and structure is their if and when a relapse occurs.

Part of the Freer wilderness therapy process is to work with the clients to develop an understanding of changes clients need and want to make upon completion of the program. These realizations of past behavior and proposed changes are voiced to parents in the post-trip meeting and serve as a guide for parents, Freer staff, and follow-up institutions help the client maintain and realize these changes. Because these realizations of personal behavior are a major component of the reported outcomes of the wilderness therapy process, they are presented in Figure 32 with examples of coded text from staff responses and definitions of each descriptive code. These descriptions are used as a guide and reference point when examining the reported outcomes of client case studies presented in the following chapter.

Figure 32. Freer pattern code Realizations of Personal Behavior with descriptive codes, definitions and examples of coded responses.

Pattern Code Realizations of Personal Behavior		
Descriptive Code	**Definition**	**Examples of Coded Response**
Avoid Negative Influence	Clients learn skills to avoid negative influences	*They come out with a better self-esteem. They are empowered with some good communication and coping skills which has, I think, an indirect effect of helping them to avoid drugs and negative peer influences and the like.*
Continue to Grow	Clients leave the program wanting to continue to grow	*People are always on a continuum of change-Aware of that growth and the beauty of that journey. They want to continue in therapy and work with coordinated therapeutic efforts between Aspen and follow-up program*

Feel Empathy	Clients learn to feel empathy	*You see an empathetic person and an understanding person who knows that they can't expect themselves to be perfect or anyone else.*
More Appreciative	Clients appreciate the things they have in life	*Just an appreciation from where things come from and what you have to give up to get what we get. There's an old saying that says, one half of knowing what you want in life is knowing what you must give up to get it. In the wilderness, the wilderness just does that.*
More Honest	Clients learn to be more honest as a result of the wilderness therapy process.	*Well I think there's no guaranteeing with human beings how they're going to turn out, but I think if you look at some of our model kids, I guess, some of the kids that have been most successful, I think they come out of the program learning how to be honest and real.*
Opportunity to Change	Clients have an opportunity to change past behavior and start fresh	*He leaves with the world is more full of possibility than predictability. There's openings for him or her to create things in areas where they've struggled and in areas where they've been successful that they weren't even going to take on before.*
Realizations to Change	Clients realize they need to change past behaviors	*"this is what they look like at the beginning and this is what they look like at the end" and you can see how are they able to take what that child has learned in these 21 days and actually face them with saying to them "I want this from you mom or I want this from you dad and I've learned and I'm going to do this", or (mom and dad) "I don't like this that you do", and have them change that.*
Recognize Continue Therapy	Clients want to continue with therapy after program is complete	*Yes, I certainly hope so because we recommend that all of our kids continue in therapy. Many of our kids go on to therapeutic boarding schools, but at the very least, to return home and continue in outpatient family therapy. If they had substance abuse issues, to take 12-step groups..*

Freer Parent and Family Outcomes

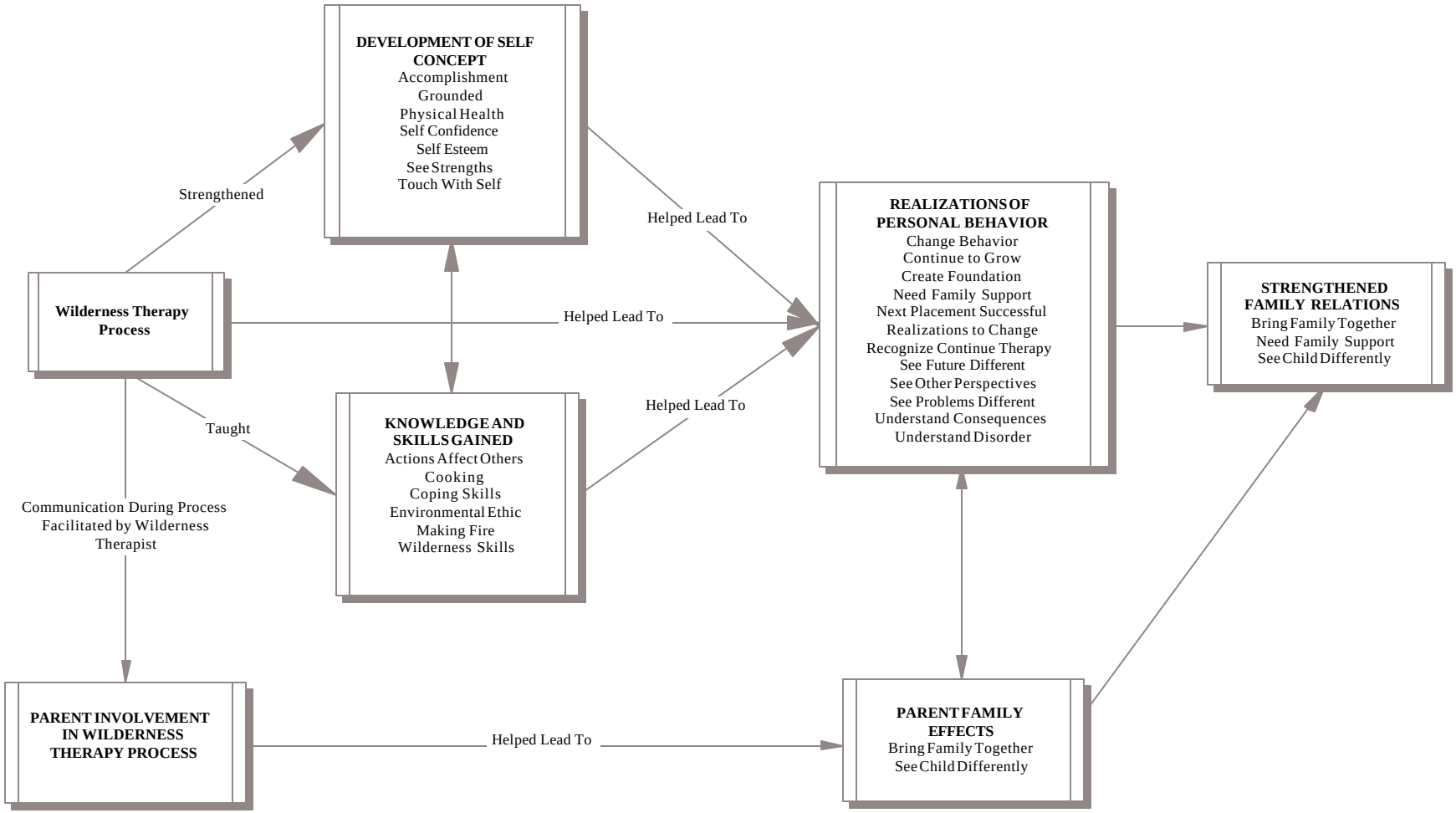
Freer will not take a client unless the parents commit to counseling of their own and are invested in the process. This idea frames the goal for the Freer wilderness therapy process: a better functioning family and a supportive structure to help the client continue the work that has begun. Although parents do not participate in a seminar that teaches parenting skills and better family functioning, the clinical supervisor works with the family throughout the process to ensure the family is establishing structure in the home to help clients continue personal growth that has begun at Freer. Bringing the family together that has been torn apart by the client's problem behaviors and reintegrating the family structure around the client's and parent's needs form the outcomes of the wilderness therapy intervention. Freer believes wilderness therapy has opened a window of opportunity for the client and family to change, and work very hard with families to take advantage of that window.

SUWS Wilderness Therapy Process Outcomes

SUWS believes the wilderness therapy process helps clients identify their core limiting beliefs about themselves and to come to an understanding of why they have been acting out. This understanding is then used to help motivate the client into using healthier coping patterns. This motivation stems from a feeling of self-confidence and accomplishment from completing a very demanding three-week wilderness experience in the desert. Combined with improved physical health, clients are able to see their strengths and understand their emotional needs, allowing them to be better in touch with who they are. This is a central outcome for SUWS clients, and is the focus of the therapeutic work done with the wilderness therapist on the trail. Development of self is facilitated through the teaching of primitive skills and educational groups designed to help clients understand their coping patterns and the effect these patterns have on their lives.

Clients live this metaphor in weeks two and three of the wilderness therapy process where the focus shifts from a metaphor self responsibility to a metaphor of family and search and rescue. By living these dynamics and experiencing a process in which they rescue others in need, SUWS believes that clients come to understand their actions affect others, and that they have resources to help others in times of need. The outcomes and effects of the wilderness therapy process on the client are presented in Figure 33 and are framed by pattern codes which emerged from analysis of staff responses to the question *What are the outcomes of the wilderness therapy process for clients with problem behaviors?*

Figure 33. SUWS reported outcomes of the wilderness therapy process based on patterns codes and associated descriptive codes.



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The development of self facilitated through teaching primitive skills and clients understanding their actions affect others leads to a realization of personal behavior and creates a desire to want to change for the better. These realizations guide the client and the wilderness therapist into exploring how the client wants to change. Through this process, clients understand they may need to continue therapy to sustain the changes that have begun at SUWS, often times meaning the client will attend a follow-up institution, such as a therapeutic boarding school. Many schools will not accept a client unless they have gone through a wilderness program similar to SUWS because they are not ready to handle the structure and discipline. SUWS believes that wilderness therapy increases the likelihood that the next placement in a follow-up institution will be successful, and thus, are used as a first step by many therapeutic boarding schools throughout the country. SUWS understands this role, and actively works to prepare clients to successfully make that transition.

Coupled with this readiness for transition into a follow-up institution is the realization by the client that they need the family support they have been taking for granted prior to wilderness therapy. Although SUWS does not have an active parent component to the wilderness therapy process, clients leave the program wanting to make amends for past behaviors and strengthen investment in the family. Because these realizations of personal behavior are a major component of the reported outcomes of the wilderness therapy process, they are presented in Figure 34 with examples of coded text from staff responses and definitions of each descriptive code. These descriptions are used as a guide and reference point when examining the reported outcomes of client case studies presented in the following chapter.

Figure 34. SUWS pattern code Realizations of Personal Behavior with descriptive codes, definitions and examples of coded responses.

Pattern Code Realizations of Personal Behavior		
Descriptive Code	**Definition**	**Examples of Coded Response**
Change Behavior	Clients change behavior after completing wilderness therapy	*What we're looking for is, it just kind of comes back to really looking for a shift in perception. And a shift in their investment and desire for growth. As evidence of that, a shift in behaviors. So we're not kind of doing the more critical route of, OK we're going to go after this behavior, this is what we're going to do in this behavior and this is the plan for that..*
Continue to Grow	Clients have a desire to continue to grow	*Greater awareness of personal issues and the desire to keep working on those issues after completion of the program*
Create Foundation	Clients come to an understanding of their behavior which creates a foundation for them	*We go all the way down until they see, what I call, the truth about themselves. Until they see an essential self that is inherently good and they see the positive intentions of themselves. Until they see the strengths of that self. It's not like we're going back to excuse the bad behaviors, but to create a foundation..*
Next Placement Successful	The next placement for client is successful	*Capability to make the next placement successful.*
Realizations to Change	Clients realize they need to change behavior	*It gets them excited about, I think when you go after those core issues, and they have a really powerful experience around that, then that whole filter of perception shifts. They see their future in a totally different way, they see themselves in a totally different way, their family. The whole sense of reality shifts and once you have that shift in perception, then work can happen very fast. Our goal here is to begin the work..*
Recognize Continue Therapy	Clients want to continue with therapy after wilderness therapy is complete	*My goal, I think I can probably speak for most people here, in this program for a student to reconnect to their desire for growth. Because then where ever they're going later, whether it's home to an individual therapist or to a long term therapeutic program, that program is going to be able to work with them.*
See Future Different	Clients begin to see their future different	*They see their future in a totally different way, they see themselves in a totally different way, their family. The whole sense of reality shifts and once you have that shift in perception, then work can happen very fast. Our goal here is to begin the work.*
See Problems Different	Clients sees their problems differently	*Get them to tell their story and hear their story-challenge the story/help them see it differently and look carefully at the form or structure of the story*

Understand Consequences	Clients learn to understand the consequences of their behavior	*Truth Circles-focused on specific topics related to home/allows them to practice their skills before they leave-see cause and effect/see how their change in behavior will affect other lived ones*
Understand Disorder	Clients comes to an understanding of their presenting disorder	*So our goal is to try and provide them, we're not going to take the ADD or ADHD away, that's theirs to keep forever, I don't want it. So it's learning to live with that and cleaning, ...all this other stuff that they don't have to carry around. They've already got this one piece and it's difficult and yet you can do it. You can provide a lot of stuff for them to show that they can be a functioning, happy, socially accepted person in our lives.*

7. RESULTS: APPLICATIONS OF THE WILDERNESS THERAPY PROCESS

Introduction

Client case studies are presented to illustrate the wilderness therapy process within the context of the four wilderness therapy programs in this study. This rich description of the wilderness therapy process illustrates: (1) assessment of the client's reporting issues, (2) wilderness therapy process applied to the client's presenting issues, (3) reported effects and proposed client changes as a result of the process, and (4) follow-up on presenting issues of the client four months after completing the wilderness therapy. The case studies are presented for each program in alphabetical order. All names and references to the client's identity have been removed to ensure client anonymity. Clients are referred to with fictitious names.

Case studies were chosen for this section based on pre-established criteria and guided by a purposive sampling strategy. Purposive sampling involves a process whereby client case studies are chosen because they offer insight into an evolving theory of wilderness therapy process presented to this point (Creswell, 1998). The goal was to identify clients who would offer a rich and layered description of the wilderness therapy process for each program. There was no attempt to present the biggest success story, or identify the most significant failure, rather, a thick description of a client case study was selected which would best illustrate the wilderness therapy process. This "theory-based" approach utilized criteria sampling in that the clients had to enroll in the wilderness therapy program on a selected date for each program, and intensity sampling, in which client participation in the wilderness therapy process is manifest intensely, but not extremely (Creswell, 1998). The goal was to identify clients who represented a range of problem behaviors, experienced various applications of the wilderness therapy process, and thus provided rich descriptions of reported outcomes and aftercare placements.

The different clients applied to the wilderness therapy process and the range of aftercare recommendations and placements create a spectrum of how wilderness therapy is hypothesized to work, and to what ends, given certain types of clients. This spectrum was

examined across the four programs and clients were identified who manifested points on the spectrum. For example, a client case study was chosen (Billy) who had a history of drug and alcohol abuse, because an estimated 70 percent of clients in wilderness therapy have treatment of drug and alcohol issues as a primary focus. To explore the continuum of care dynamic present in wilderness therapy, a client was chosen (Johnny) who exhibited behavioral problems severe enough to warrant a referral to a very structured follow-up institution on the recommendation of clinical staff. To better understand how wilderness therapy works for more severe emotional problems, a case study was chosen (Ricky) with a diagnosis of depression, in which the client went on to a very structured lock-down facility to continue the work instigated by wilderness therapy. Finally, a client was chosen (Bobby) who went home to work on family dynamic issues, experienced a relapse, and worked through the problems, to illustrate how families work to integrate the client back into existing family, peer and school environments after completing wilderness therapy.

Data Sources and Methods of Presenting Client Case Studies

Data from each client case study is presented and structured by key components of the wilderness therapy process. These data illustrate: (1) client presenting issues, (2) wilderness therapy process applied to these presenting issues, (3) reported effects and proposed client changes, (4) model to illustrate therapeutic progress, and (5) four month follow-up interviews to assess long term effects. Data for each component of the wilderness therapy process were gathered from at least two sources to methodologically triangulate the phenomena manifest in each component of the process. These multiple data sources reflect the various perceptions (client, wilderness therapy staff, and parent/family) of the applied wilderness therapy process given presenting issues and offer a rich description of the client case study. Each of these data sources and analysis procedures are reviewed.

Client Presenting Issues

Presenting issues were identified through a review of the social history questionnaire completed by parents prior to wilderness therapy, analysis of notes taken from the clinical debrief with the treatment team during the process, and from analysis of an open-ended

question (Why did you come to be enrolled in wilderness therapy ?) asked the client upon completing the wilderness therapy program. The social history questionnaire contained a history of the client's behavior from the parent's perspective. These were reviewed and key textual units identified and noted with a highlighter and reinforced with notes in the margins. These text units were entered into a text file and imported into each client case study project file in NUD•IST for coding. These data are presented in narrative form to provide background information on the client's presenting issues.

Upon completion of the program, the client was asked why he came to be enrolled in wilderness therapy. The question prompted the client to reflect on why he had enrolled in wilderness therapy after completion of the program because of the sensitive emotional state of clients at the onset of the process in order to be as non-intrusive as possible throughout the research process. These responses were recorded and transcribed and imported into NUD•IST for analysis and coding. These coded responses are presented for each client and represent an understanding by the client of why he was sent to wilderness therapy.

Wilderness Therapy Process Applied to Presenting Issues

The review of the client's social history and reasons given by the client for enrolling in the wilderness therapy program identify issues in the clients life, which are defined as problem behaviors, for which the wilderness therapy process is applied. In order to gain an understanding of how the wilderness therapy process addresses these problem behaviors, a review was conducted of the individual treatment plan and treatment notes maintained by the wilderness treatment team for each client. The individual treatment plan spells out the focus of the wilderness therapist during the process and is used as a guide to examine how the wilderness therapy process is applied.

Treatment notes guided by the treatment plan were kept on a daily basis by the wilderness leaders or treatment team (in the case of Freer) responsible for the daily care of the client, as well as the wilderness therapist, who visited the client on weekly basis. Any proposed goals and objectives of the process set by the client and wilderness therapist were noted, as were behaviors, negative comments, key realizations or changes in the client's affect or behavior. These notes form a valuable time line of therapeutic progress and

illustrate how the wilderness therapy process was applied to the primary issues the client and treatment team believed were important.

Treatment notes, either in the form of comments made by the client and captured by staff, or staff comments referring to the client's affect or behavior, were highlighted and placed into categories that represented the client's presenting issues. These codes are presented in figures and guided by time spent in the program. Where a comment is reasoned to reflect one of the client issues, it is noted and placed in the week in which it occurred. A negative sign is used in instances where negative comments or behaviors are noted by the client or staff in reference to a presenting issue. For example, if a client directed explosive anger at a peer in the second week, and a primary issue was to manage their anger, this comment would be placed in the manage anger category with a negative sign in the second week.

A second tool used to illustrate the wilderness therapy process was coded responses from the post-trip interview with the client and wilderness therapist. The client and wilderness therapist were asked to reflect on which aspects of the wilderness therapy process seemed to help the client address presenting issues. These reflections were captured in post trip interviews, transcribed and analyzed in NUD•IST. This perspective is a reflective one, going back in time to describe conditions and events which occurred during the wilderness therapy process. Coupled with the treatment notes, a rich description of the wilderness therapy process is presented.

Wilderness Therapy Effects and Proposed Changes

Each client case study was asked open-ended questions in an immediate post-trip interview on the effects of the wilderness therapy process and if there were any changes that he would like to make (see Appendix A for interview format). Clinical staff were also asked to reflect on the client's experience, and describe any effects and proposed changes in problem behaviors the client shared. Perceptions of their perspective on what the client learned and gained from the program were gathered in a clinical debrief immediately following completion of the program. It is noted here that because a variety of wilderness staff often worked with the client at Anasazi and Aspen, it was simply not possible to bring

these leaders all together. Thus, only the perspective of the wilderness therapist was captured in a recorded interview following the program. These effects and proposed changes identified through analysis in NUD•IST are presented as descriptive codes with definitions and examples of text from responses. In cases where the clinical debrief occurred in focus group format, and was not possible to record, notes were taken, placed in text format, and imported into NUD•IST for analysis.

A Model of Therapeutic Progress

A model is proposed to illustrate the how the wilderness therapy process worked to address the presenting issues and lead to the effects and proposed changes of the client. The model is offered as a illustrative tool to link presenting issues to process, and process to reported outcomes in order to traces the therapeutic progress of the client throughout the wilderness therapy process. The model theorizes: (1) how the wilderness therapy process worked to promote change in problem behaviors given presenting issues; (2) the relative degree to which presenting issues were resolved through the process, and; (3) a baseline set of conditions which are used as guide in follow-up interviews to reference clients therapeutic progress.

The model represents pathways of therapeutic progress based on identified client presenting issues. The pathways follow movements in upward or downward directions based on the coded comments illustrated in associated figures of therapeutic progress identified through analysis of treatment notes. The reported effects and proposed client changes represent the terminus of the therapeutic progress associated with the applied wilderness therapy process, and are compared to the client presenting issues to determine a "net therapeutic progress." Upon completion of wilderness therapy, clients return home or move on to aftercare environments. Because wilderness therapy is seen as operating in a continuum of care model, carefully illustrating the therapeutic progress of each client is an invaluable tool to in helping the client identify aftercare recommendations and placement. The model can also be used as a guide in follow-up interviews to assess wilderness therapy efficacy through time.

Four Month Follow-up Interviews

Phone calls were made four months after completing the wilderness therapy program asking the parents and client how the client was doing in making the transition and implementing the changes proposed (see Appendix A for interview format). The questions began open-ended, asking clients how they were doing in a general sense, and then focused more specifically on their presenting issues and therapeutic progress. For example, a question was asked the father of a client "I know that [client] was having difficulty with his anger prior to enrolling in wilderness therapy and worked pretty hard on that issue stating that he wanted to continue working on anger management issues, how is he doing now"? Any reported goals the client had established in the immediate follow-up interview were also revisited. For example, if a client stated that he wanted to not use drugs and alcohol, including quitting smoking cigarettes this was addressed in the interview with the question, "I know that you stated that you wanted to quit smoking cigarettes and stop using drugs and alcohol, how are you doing on those goals"? Because it was simply not possible to record each phone call, notes were taken in the interview and transcribed into a text file which was later imported into NUD•IST for analysis. Responses to these questions are presented with descriptive codes.

Application of the Anasazi Wilderness Therapy Process

Client Case Study Presenting Issues

Bobby is fifteen years old and is a junior in a public high school. He was adopted when he was five and lives at home with his adopted father, his adopted father's second wife, and three brothers and a sister. He came to Anasazi because of problems with his attitude, experimentation with drugs, explosive anger, signs of depression, and low self esteem. DSM-IV diagnoses for Bobby include Cannabis Dependence (304.30), Alcohol Dependence (303.90) and Oppositional Defiant Disorder (313.81).

At an early age, Bobby was physically abused by his biological mother and grandmother prior to being adopted. Bobby started acting out after the divorce of his adopted father to his first wife, at which time there was also a car accident in the family that took the

life of a younger sister with whom Bobby was very attached. More recently, he was having difficulty in school (a D average in his last year) and had been arrested once for running away from home and a curfew violation. He had been kicked out of two military schools for snorting Retelin and having sex. He was seeing a counselor and was participating in Narcotics Anonymous (NA) meetings prior to entering into wilderness therapy. Bobby and his father have also gone to counseling together, with Bobby stating that the counseling did "not help at all." He plays a tough guy role and is described as a "wanna be" gang member, acting out gang behavior through speech, dress and music.

Bobby has problems communicating with his father, and the relationship between the two hit its most difficult point when an explosive fight occurred three days prior to enrolling in the wilderness therapy program. The father stated that he was running out of options and feared for the well-being of the client and family. Figure 35 illustrates the presenting issues of the client from his perspective.

Figure 35. Anasazi client case study reported coded responses from the question: Why do you think you came to be enrolled in Anasazi?

Bobby—Why Enrolled in Program		
Descriptive Code	**Definition**	**Examples of Coded Response**
Help Self	Client states a reason for coming to program was to help himself	*A lot of it was because of the law, I got in trouble, but to help me, help my family, help me myself.*
Parents Needed Help	Client states parents and family needed help as a reason for coming to wilderness therapy program	*Why do I think I came? I was backwards walking. I was doing bad, drugs, abusing alcohol, stuff like that. So my parents wanted some help and it helped me a lot.*
Resistant to Program	Client was resistant to coming to program	*[Did you want to come?] No, I didn't want to come. No it wasn't court ordered. I just knew I had to come, they kind of made me come. If I ran, I would have been court ordered, so either way I was coming.*
Trouble with the Law	Client states they were having trouble with the law	*A lot of it was because of the law, I got in trouble, but to help me, help my family, help me myself.*

Wilderness Therapy Process Applied to Client Presenting Issues

Wilderness Treatment Team Perspective During Process

Based on analysis of wilderness treatment notes, Bobby seems to be struggling with four issues in his life. These issues are seen through the eyes of the wilderness leaders and wilderness therapist responsible for the primary care of Bobby, and are evident in the week two session with the wilderness therapist when the client identified individual goals for the program. Others were identified through trends in the treatment notes, and which related to the clients social history. The primary issues in which the client was struggling were: (a) his relationship with his father, (b) positive attitude and managing anger, (c) personal image and peer relations, and (d) issues of drugs and alcohol use, including cigarettes. Figure 36 presents these issues, indicating comments made by Bobby where appropriate, observations by wilderness staff, and reflections made by the wilderness therapist from time spent with the client.

Figure 36. Analysis of treatment notes referring to weekly therapeutic progress of client case study Bobby.

THERAPEUTIC PROGRESS OF BOBBY		
REFERENCE TO CLIENT PRESENTING ISSUES (A) RELATIONSHIP WITH FATHER (B) POSITIVE ATTITUDE AND MANAGING ANGER (C) PERSONAL IMAGE AND PEER RELATIONS (D) ISSUES OF DRUGS AND ALCOHOL USE, INCLUDING CIGARETTES		
CLIENT ISSUE	**WILDERNESS LEADERS TREATMENT NOTES TRACKING CLIENT PROGRESS**	**WILDERNESS THERAPIST TREATMENT NOTES TRACKING CLIENT PROGRESS**
WEEK 1		
Issue A RELATIONSHIP WITH FATHER		Anger towards father **(-1a)** Wants to live with sister **(-1a)** Wants to get away from dad **(-1a)**
Issue B POSITIVE ATTITUDE AND MANAGING ANGER	Wilderness leaders trying to establish rapport with client and just be with him **(1b)** Inviting client to change **(1b)**	Rather be in jail **(-1b)** Wants to get out of here **(-1b)**

Issue C PERSONAL IMAGE AND PEER RELATIONS		Talks of being suicidal **(-1c)** Altercation with other client **(-1c)**
Issue D SSUES OF DRUGS AND ALCOHOL USE		
WEEK 2		
Issue A RELATIONSHIP WITH FATHER	Still talks of anger with father **(-2a)**	More committed to being there **(2a)** Have family sister like me better **(2a)**
Issue B POSITIVE ATTITUDE AND MANAGING ANGER	Swears frequently **(-2b) (-2c)** Helps and gets water for others **(2b)**	Client did not want to talk much **(-2b)** More committed to being there **(2b)** Wants to control anger **(2b)**
Issue C PERSONAL IMAGE AND PEER RELATIONS	No talk of suicide **(2c)** Swears frequently **(-2c)** Helps and gets water for others **(2c)**	More committed to being there **(2c)** No talk of suicide **(2c)** Wants to look at future in different way **(2c)** Wants to think about consequences of actions **(2c)**
Issue D DRUGS AND ALCOHOL USE		Client did not want to talk much **(-2d)** More committed to being there **(2d)** Wants to stop smoking **(2d)**
WEEK 3		
Issue A RELATIONSHIP WITH FATHER	Wrote letter to dad **(3a)** Client--"I have a place in my heart for my dad" **(3a)**	Received mail from family **(3a)** Emotional response to mail—Tearful and stated "This place is changing me" **(3a)** Was surprised did not want to write dad before **(3a)** Wrote letter to dad and gave to therapist **(3a)** Sister told him to open his heart **(3a)** Said things would change with his dad **(3a)**
Issue B POSITIVE ATTITUDE AND MANAGING ANGER	More positive **(3b)**	Emotional response to mail—Tearful and stated "This place is changing me" **(3b)** Client--"I want to change how I look at life" **(3b)** Sister told him to open his heart **(3b)**

Issue C PERSONAL IMAGE AND PEER RELATIONS	Still talks about gang life **(-3c)** Realized while hiking--"Want to get a job after this" **(3c)**	
Issue D DRUGS AND ALCOHOL USE	Still talks about gang life **(-3d)**	Done smoking cigarettes **(3d)**
WEEK 4		
Issue A RELATIONSHIP WITH FATHER	Wants to go home--Not military school **(4a)** Talked about father--"Don't know why we can't get along" **(4a)** Gave client assignment on how to forgive **(4a)**	Talked positively about family **(4a)** Does not want to be like dad **(-4a)** States--"Does not like dad" **(-4a)** States--"Dad does not know how to deal with dad" **(-4a)**
Issue B POSITIVE ATTITUDE AND MANAGING ANGER	Better spirits and a change of heart since beginning program **(4b)**	Positive and is giving to others **(4b)**
Issue C PERSONAL IMAGE AND PEER RELATIONS	Wants to get good grades and play soccer **(3c)**	Still talks of gang life **(-4c)**
Issue D DRUGS AND ALCOHOL USE	States--"I can handle negative influences" **(4d)** Keep same friends--No drugs and alcohol **(-4d)**	Still talks of gang life **(-4d)**
WEEK 5		
Issue A RELATIONSHIP WITH FATHER	Stated—"Dad would be proud that I apologized and accepted responsibility for my actions" **(5a)**	Expressed feeling about father in wanting to understand one another **(5a)** Wants better relationship with mother and father **(5a)** Being away from dad for awhile helped relationship **(5a)**
Issue B POSITIVE ATTITUDE AND MANAGING ANGER	Upset split group up **(-5b)** Responding with patience **(5b)** Dealing with anger positively **(5b)** Stole food and then apologized **(-5b)** Expressed anger towards driver of car whom killed his sister **(5b)**	

Issue C PERSONAL IMAGE AND PEER RELATIONS	Still cursing around others **(-5c)**	Got into deeper areas—Told client to do something good for someone and note how it feels **(5c)** Talked about stealing food and admitting to it **(-5c)** Felt good that had accepted responsibility for action **(5c)**
Issue D DRUGS AND ALCOHOL USE		
WEEK 6		
Issue A RELATIONSHIP WITH FATHER		Working on specific goals for home **(6a)**
Issue B POSITIVE ATTITUDE AND MANAGING ANGER	Stated wanted to be good **(6b)** Wants to make right choices **(6b)** Not working on skills-workbook **(-6b)**	Good attitude **(6b)**
Issue C PERSONAL IMAGE AND PEER RELATIONS	Wants to get a job **(6c)** Still wants same friend **(6c)**	Wants to choose same friends and wear same clothes **(6c)**
Issue D DRUGS AND ALCOHOL USE	Stated no drugs alcohol **(6d)**	See a counselor when gets home **(6d)** Enroll in school right away **(6d)**
WEEK 7		
Issue A RELATIONSHIP WITH FATHER	Excited be with dad **(7a)** Wants better relationship with father **(7a)**	States--"Wants to treat father like I want to be treated" **(7a)** Nervous about returning **(7a)**
Issue B POSITIVE ATTITUDE AND MANAGING ANGER		Excited about going to public high school **(7b)** Said found himself this week on mountain overlooking sunset **(7b)**
Issue C PERSONAL IMAGE AND PEER RELATIONS	Conduct group circle **(7c)** Made negative comments to new group **(-7c)** Still image to protect **(-7c)**	Said found himself this week on mountain overlooking sunset **(7c)**
Issue D DRUGS AND ALCOHOL USE		

Discussion

Issue A—Relationship with Father. Prior to coming Anasazi, the client was involved in a fight with his father, marking the low point of a relationship that had been difficult and strained for years. The anger and resentment that had built up towards his father, and combined with the negative self image of the client, was perpetuating suicidal thoughts the client was having at the beginning of the wilderness therapy process. The anger towards his father persisted until week three, when the client made a statement that was captured by wilderness leaders "I have a place in my heart for my dad." In his session with the wilderness therapist, Bobby received mail from his family, including his father, and made the statement that "this place is changing me." During this week, he also wrote a letter to his father, further opening up the walls of resistance that he had built up through the years. These incidents mark a positive shift in week three of the client's feelings towards his father, and the beginning of a realization that he wants to improve this relationship.

By being away from his family and father for three weeks, the anger and pain had a chance to subside and the healing and forgiving could begin. In week four, the client states again that he "does not like his dad" and questions to the wilderness therapist in their weekly session why he and his father cannot get along. These comments reference Bobby trying to work through his emotions and begin to find ways to communicate with and accept his father. In week seven the client restates that he wants a better relationship with his father, and has worked with the wilderness therapist on how to forgive his father for the things he has done and to move forward. This was accomplished through reading assignments and discussions of what it means to forgive someone you love. Bobby has moved from anger and hatred for his father to forgiving him and wanting a better relationship.

Issue B—Positive Attitude and Managing Anger. By finding an outlet for his anger, and learning new ways in which to control his emotions, the client seems to have made progress on defusing his explosive anger and quelling his suicidal thoughts. Comments are made throughout the process that Bobby is going to "look at the future in a new way" and "think about the consequences of his actions" and "I want to change how I look at life." By changing his outlook on life, Bobby had made steps in the right direction.

Issue C—Personal Image and Peer Relations. Bobby's self image is very important

to him and he states periodically throughout the process that he has changed but he will not change his dress, appearance, music, or friends. Throughout the process, Bobby talks of gang life and hanging with his "homeys," using these stories and images for acceptance with his peers. Many of these self image problems stem from physical abuse endured in his childhood and the fact that he is adopted. He yearns for acceptance with his peers and has a tough guy image to protect. This idea is captured in week seven, when the wilderness leaders observed the client making negative comments to younger clients new to the program, where the leaders state "the client still has an image to protect." Coupled with the identified depression, self image and peer acceptance appears to be an issue for which Bobby will continue to need to work on.

Issue D—Drugs and Alcohol Use. Bobby brought cigarettes on the trail (Anasazi does not search clients, but asks them to give up illegal contraband) and smoked them during the first week. He quickly established the goal to quit smoking the second week and stated throughout the process that he was done smoking cigarettes. With regards to marijuana and alcohol however, the client seemed to be struggling with whether to quit using. In week four the client states that he wants to keep the same friends but does not want to use around them. This is a common pattern throughout the process for the client, stating that he wants to maintain his "gang" image and continue to hang out with his old friends. Stopping the drug and alcohol use and maintaining the same friends are directly in conflict, as a change in lifestyle is often a necessary step to being sober, and the client seems to be struggling throughout the process with this idea. The drug and alcohol education programs send a clear message that old friends and habits have to be dropped if clients are to maintain their sobriety, yet Bobby doesn't seem willing to do this. Bobby also states in week four that he "can handle the negative influences" suggesting that he is struggling with how to change his behavior in the same peer environment that perpetuated his use, sending out a message that his drug and alcohol issues have not been fully recognized or resolved.

Client and Wilderness Therapist Reflections on Process

Bobby was asked how the wilderness therapy process helped him deal with the issues in which he was struggling. Three main factors emerged from analysis of descriptive codes which helped the client work through their issues in the wilderness therapy process. These

factors are: (a) time alone, (b) the non-confrontational approach of the wilderness treatment team, and (c) the therapeutic relationship established between Bobby and the wilderness therapist. The wilderness therapist was also asked which factors in the process worked to help the client address presenting issues. The three primary factors which emerged from the perspective of the wilderness therapist were: (a) a non-intrusive approach to help client better relate to authority, (b) helping client understand meaning behind behaviors, and (c) helping client forgive and build a relationship his father. References to how wilderness therapy worked for Bobby are presented in Figure 37 in the form of descriptive codes with definitions and examples of coded responses.

Figure 37. Responses from client case study Bobby and wilderness therapist on how the wilderness therapy process helped lead to reported effects and proposed changes.

Bobby—How Wilderness Therapy Process Worked to Address Presenting Issues			
CLIENT PERSPECTIVE OF THERAPEUTIC FACTORS OF WILDERNESS THERAPY (A) TIME ALONE (B) NON-CONFRONTATIONAL NATURE OF THE WILDERNESS TREATMENT TEAM (C) THERAPEUTIC RELATIONSHIP BETWEEN BOBBY AND THE WILDERNESS THERAPIST		**WILDERNESS THERAPIST PERSPECTIVE OF THERAPEUTIC FACTORS OF WILDERNESS THERAPY** (A) NON-INTRUSIVE APPROACH TO HELP CLIENT BETTER RELATE TO AUTHORITY (B) HELP CLIENT UNDERSTAND MEANING BEHIND BEHAVIORS (C) HELP CLIENT FORGIVE AND BUILD A RELATIONSHIP HIS FATHER.	
CLIENT CODED PERSPECTIVE AND DEFINITION	**EXAMPLE OF RESPONSE**	**WILDERNESS THERAPIST CODED PERSPECTIVE AND DEFINITION**	**EXAMPLE OF RESPONSE**
(A) Time Alone Client states that alone time helped them address problem behaviors	*It was really peaceful and it helped me find out who I am and what I've done wrong..*	**(A) Relationship With Authority** Wilderness therapist states that they wanted client to deal with authority figures in a better way so approached relationship cautiously	*Trust was an issue with client and was difficult to establish.. Really wanted client to see and relate with authority differently than had in the past so approached the relationship very cautiously.*
(B) (C) Wilderness Therapist Did Not Force Me Client is asked to compare wilderness therapist to traditional counselor and stated that wilderness therapist did not force him to do anything	*Right. He didn't tell me things to do, he said think about it, in a way of maybe you could do this. Not you need to do this in order to, you know, he gave me options.[So you feel like he did not shove you somewhere you didn't want to be] Right. Yeah, they [other counselors] were kind of, you need to do this in order to have this happen. Like, he gave me an option.*	**(C) Non Intrusive Approach** Wilderness therapist states that related to client in a non intrusive way	*Wilderness therapist tried to be a friend and sling rocks and approach client very slowly and just talk in the beginning*
(B) Wilderness Staff Helped Me Out Wilderness staff helped client out which helped address problem behaviors	*Yeah, they helped me out.*	**(C) Help Client With Family Relationship** Wilderness therapist states that helped client process emotional issues concerning relationship with family	*States in third week that he does have a place in his heart for his adopted father. Began making things while on the trail for his adopted father and thought of it as a chance to start over*

(B) Wilderness Staff Not Negative Wilderness staff were not negative which helped client address problem behavior	*The first week, they seemed to get on my nerves and everything. They were so nice. Nothing was negative no matter what you did and they tried to help you no matter what and they were always there for you if you needed anything.*	**(B) Understand Meaning of Behavior** Wilderness therapist states that helped client to understand the meaning behind his behavior	***Tried to uncover the meaning and the focus of his relationship with gangs, his appearance and his friends.***
(C) Wilderness Therapist Better than Counselor Client is asked to compare wilderness therapist to traditional counselor and stated that wilderness therapist was better than traditional counselor	*I liked him best out of any counselor I've ever had. I don't know, he just knew, he knew what he was talking about*	**(C) Helped Client Write Letter** Wilderness therapist states that helped the client write a letter expressing feelings to parents	*Based on these realizations and through talks with the wilderness therapist client wrote a letter to parents stating this and asking them to accept him for who he was.*
(C) Wilderness Therapist Explained Things Better Client is asked to compare wilderness therapist to traditional counselor and stated that wilderness therapist explained things better	*Yeah. He made me understand what he said. He put things in a simple way to where I understood and it was real meaningful. We'd be looking at bug swimming on the water and from there he'll make it something about life. One of the bugs is swimming against the current, instead of going with it. He said, you can either swim against it or let ourselves open up and go with the flow*		
Let Go Anger Client states that could let go of anger which helped address problem behaviors	*He has this stuff, the same, I know he's going to be different because I know I'm going to be, and he says the same stuff that made him the way he was. It's the same thing, feeling that I have we forgave each other and that's why I had so much anger because I had so much resentment for him and he had the same thing.*		

Client Reported Therapeutic Factors of Wilderness Therapy

A. Time alone. Bobby enjoyed and found useful time alone to reflect on his life and think about the things he has done wrong and come to an understanding of the consequences of these actions. Through this alone time, Bobby came to an understanding of the nature of his relationship with his dad and the pain he had caused his family. He slowly began to let go of the anger that had been built up for years, evidenced by the statements made by the wilderness therapist in the treatment notes and through admissions of the client. Through processing of these emotions with the wilderness therapist, Bobby stated that he was able to let go of his anger and start to forgive his father.

B. Non-confrontational approach of wilderness treatment team. Bobby makes reference to the non-confrontational approach the wilderness staff used with him while out on the trail. He states that "They were so nice. Nothing was negative no matter what you did and they tried to help you no matter what and they were always there for you if you needed anything." This reflects the Anasazi approach designed to help clients learn to relate to authority in a different way. Clients are presented opportunities but are given the choice whether they want to engage in those processes. They accepted him and did not judge him for his behaviors, but remained consistent in asking him to open his heart and begin to "walk forward" in the Anasazi tradition. Bobby also stated that the wilderness therapist did not force him into accepting things, or understanding things in which he was not prepared. He states "He didn't tell me things to do, he said think about it, in a way of maybe you could do this. Not you need to do this in order to, you know, he gave me options." Bobby refers to this non-confrontational approach as a factor in helping him work through his issues.

C. Therapeutic relationship between wilderness therapist and client. The work done with the wilderness therapist is captured in the codes which reference the comparison of the wilderness therapist to traditional counselors Bobby has had in the past. He states that the wilderness therapist was better than the counselor, could explain things better and that he understood him as a person. This approach, when combined with the fact that the wilderness therapist did not force the client into realizations or admissions in which he was not ready, helped Bobby forgive his father and let go of his anger and resentment. The wilderness therapist helped the client write a constructive letter to his father explaining that he would

like to be accepted for the person he is. Bobby also states that wilderness leaders were not negative and forceful, accepting him for who he was no matter his behavior. These factors helped push the therapeutic progress noted by the wilderness treatment team and reported by the client, suggesting a fresh start for Bobby and his father to begin to put the past behind them and move forward on a path of personal growth.

Wilderness Therapist Reported Therapeutic Factors of Wilderness Therapy

A. Non-intrusive approach to help client better relate to authority. The client's social history profile, including being kicked out of two structured military schools and gang appearance and behavior, indicated to the wilderness therapist that he needed to approach the therapeutic relationship with the client very cautiously. Using this non-confrontational approach, the wilderness therapist was able to relate to the client in a positive way, and not set up further walls of resistance. The wilderness therapist believes this approach helped the client come to an understanding of his behavior, and the effects this behavior was having on aspects of his life.

B. Helping client understand meaning behind behaviors. The wilderness therapist worked with the client to understand the meaning behind his gang image and choice of friends and his drug use. By helping the client explore his desire to "fit in" with his peers and use drugs, the wilderness therapist believes that the client has the tools to make better decisions in the future and avoid negative peer influences.

C. Helping client forgive and build a relationship his father. A lot of time was spent with the father on the phone, and with the client in the field, helping them break down the walls they had built up that framed their relationship. The wilderness therapist worked with the client to help him forgive his father, and worked with the father to help him accept Bobby for who he is. This process gave Bobby and his father a chance to start fresh and continue to build their relationship through understanding of one another, open lines of communication, and trust. The wilderness therapist believed that this process played a role in helping the client grow as a result of the wilderness therapy process.

Wilderness Therapy Effects and Proposed Client Changes

Client Reported Effects and Proposed Changes.

Bobby stated that as a result of the wilderness therapy process, he now has set some goals and he is more happy with the moment. Prior to enrolling in wilderness therapy, Bobby was diagnosed with depression, talking of suicide, and by his own admission, had no established goals. These self reported effects are a step in the right direction, and reflected how he viewed himself after the experience. He also stated that he wants to be a better person and respect others. "I want to be a better person. I care about myself more and I want to look at people and respect them for who they are no matter what. I want to look at life more importantly, go to school." The wilderness therapist reinforced these ideas indicating that he has increased his sense of self worth from the accomplishment. He also noted that Bobby had quit smoking, indicating a shift towards a more healthy self-image and lifestyle.

A major proposed change for Bobby was to establish a better relationship with his father. He stated "I can tell it's going to be different already in a better way. It's the same thing, feeling that I have, we forgave each other and that's why I had so much anger because I had so much resentment for him and he had the same thing. Try to tell him what you feel and then listen to what he has to say without interrupting and getting angry." There appears to be a desire by the client to express his feelings and respect others, including his father. He understands that he had a lot of anger built up inside him and resented his father, and his father told him that he was feeling the same anger and resentment. By coming to an understanding of these issues, Bobby would like to communicate more openly with his father and better their relationship. Included in these proposed changes is the desire to finish high school and recommit to working hard in school, and to stop smoking cigarettes and using marijuana with his old friends.

Wilderness Therapist Perceived Client Effects and Proposed Changes.

Analysis of responses made during the clinical debrief with the wilderness therapist who worked with Bobby throughout the wilderness therapy process show that the client gained a sense of self worth from a feeling of accomplishment. The client also began to show a gentleness about him and a more caring side, breaking though the "tough guy" image

that Bobby perpetuated. The wilderness therapist also stated the client became more appreciative of the things he has in life and was more accepting of himself, his father, and others. The client stated that he was invested in improving his relationship with his father and felt good about the changes they could make. The wilderness therapist believed that Bobby will have to continue to focus on the relationship with his father, as there is an opportunity to continue the lines of communication that have been opened as a result of wilderness therapy. He will also have to continue to recognize his self worth, which will be an important source of strength to help deal with negative influences in his life.

The perceived effects and proposed by Bobby and the wilderness therapist are presented in Figure 38 as descriptive codes with associated definitions and examples of coded responses.

Figure 38. The reported effects and proposed changes by Bobby as a result of the wilderness therapy process.

Bobby—Effects and Proposed Changes of Wilderness Therapy			
EFFECTS			
CLIENT CODED PERSPECTIVE AND DEFINITION	EXAMPLE OF RESPONSE	WILDERNESS THERAPIST CODED PERSPECTIVE AND DEFINITION	EXAMPLE OF RESPONSE
Have Goals Client states they have goals now as a result of the wilderness therapy process	*[So you've got some goals made?] Yeah.[Did you feel like you had goals before?] No I didn't really have any.*	**Self Worth** Wilderness therapist states client has enhanced self worth as a result of the wilderness therapy process	*Bobby really gained a sense of self worth through the accomplishment but moreover, through wilderness leaders and clients liking him and accepting him as a person*
Happy With Moment Client states they are going to be happy with the moment and deal with issues as they come	*Don't think too much in the future, if you're happy now in the present time. I think being afraid of the future is what makes us fear all the time. You should just be happy at the moment, wait until it comes.*	**Feel Gentleness** Wilderness therapist states that client has a feeling of gentleness as a result of the wilderness therapy process	*He began to feel a gentleness about life and began to care more about life and relationships, he had been taking advantage of some of the things he has.*
		More Appreciative Wilderness therapist states that client is more appreciative of things has as a result of the wilderness therapy process	*Learned he had been taking advantage of some of the things he has, and began to appreciate others more, not just his family but other clients and wilderness leaders*
		More Accepting of Self Wilderness therapist states that client is more accepting of self as a result of the wilderness therapy process	*He was not so self focused and also became more accepting of himself*

PROPOSED CHANGES			
Better Relationship Parents Family Client states they want to improve their relationship with parents and/or family	*I can tell it's going to be different already in a better way. It's the same thing, feeling that I have, we forgave each other and that's why I had so much anger because I had so much resentment for him and he had the same thing. Try to tell him what you feel and then listen to what he has to say without interrupting and getting angry. Just try to come to a compromise..*	**Better Relationship Parents Family** Wilderness therapist states they client and family wants to improve their relationship with parents and/or family	***He was going home and to a public highschool and wilderness therapist states that his father is going to have to work through some issues still and is actually more concerned about the father than the client. Dad needs to relax a little but felt good about the where the client was heading***
No Drugs Alcohol Client states wants to quit using drugs and/or alcohol	*Yeah...I quit smoking*	**No Drugs Alcohol** Wilderness therapist states that client wants to quit using drugs and/or alcohol	***Client states wants to quit smoking cigarettes***
Finish School Client states wants to finish school as a result of the wilderness therapy process	*I want to look at life more importantly, go to school*	**Finish School** Wilderness therapist states that client wants to finish school as a result of the wilderness therapy process	***Client states wants to finish school***
Better Person Client states they want to be a better person as a result of the wilderness therapy process	*I want to be a better person. I care about myself more and I want to look at people and respect them for who they are no matter what. I want to look at life more importantly, go to school*	**Better Person** Wilderness therapist states that client wants to be a better person as a result of the wilderness therapy process	*Client will work on feelings of self worth to get him through the times of negative influences, knows what is right now and has to test it*
Respect Others Client states they want to respect people as a result of the wilderness therapy process	*I care about myself more and I want to look at people and respect them for who they are no matter what*		

These stated effects and proposed changes occurred during the wilderness therapy process and are used as a baseline condition to explore how the client is doing four months after completing the wilderness therapy program. When compared with the client presenting conditions, they can be used as a check to see if the wilderness therapy process addressed problem areas identified in the social history questionnaire and the assessment completed by the wilderness therapist.

A Model Linking Presenting Issues, Process, and Effects and Proposed Changes

Figure 39 illustrates how the wilderness therapy process worked to address the presenting issues and lead to the effects and proposed changes of Bobby. The model contains pathways of therapeutic progress based on the primary issues in which the Bobby was struggling: Pathway A. Relationship With Father; Pathway B. Positive Attitude and Managing Anger; Pathway C. Personal Image and Peer Relations, and; Pathway D. Drugs and Alcohol. The pathways follow movements in upward or downward directions based on coded comments. Effects and proposed changes related to Pathways A, B, C, D are also presented.

Figure 39. Therapeutic progress of client case study Bobby including presenting issues, stated client goals, and treatment note exerts.

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Discussion of Model

Bobby displayed considerable resistance for the first few weeks of the process and stated that he was suicidal. Thus, the downward trend in all four pathways at the beginning of the program. Bobby voices considerable anger and resentment towards his father in the beginning of the wilderness therapy process and believes he has been sent as a punishment. By the third week however, the client states that he "has a place in heart for his father, causing Pathway A to rise steadily with new realizations by the client to establish a better relationship with his father. This pathway is reasoned to have the highest relative therapeutic progress given the steady and positive work the client seems to be making in resolving this issue. The next highest pathway is Pathway B, following the same upward trend with evidence throughout the process that Bobby has found an outlet for his anger and is responding to situations with patience and understanding. This pathway was reasoned to be less resolved than the Pathway A because the stated goal does not refer specifically to the issue, and there is a lack of reference to the issue in later weeks of the program. It can be reasoned that the lack of information reveals that the client was dealing effectively with this issue. This is presumptuous however, and for these reasons the therapeutic progress of Pathway B was lower than that of Pathway A.

Pathway C is placed lower on the resolution scale, although progress has been made, because of the repeated statements made by the client that he does not want to change his appearance or image and continues to make negative comments throughout the process. Wilderness staff noted these negative comments and to his "tough guy" image that he perpetuates. For these reasons, Pathway C was placed lower on the spectrum of therapeutic progress. And finally, the client seemed to be struggling with his commitment to wanting to stop using drugs and alcohol throughout the process. Although he states that he wants to abstain from using, it is reasoned that the client has made less relative progress on this issue compared to others. Bobby states time and time again that he does not want to change his friends or appearance but cannot seem to make the correlation between this belief and how it will affect his drug and alcohol use. He believes he can stay sober yet does not seem to have all the necessary things in place to maintain his sobriety, such as a change in environment, school, friends, and/or a resolved commitment to attend AA and NA meetings. For this

reason, Pathway D was placed lowest on the spectrum of therapeutic progress and this issue should be a warning sign to his parents, counselor and teachers involved in his aftercare.

Four Month Follow-Up Client Assessment

Phone calls were made four months after completing the wilderness therapy program prompting parents and the client to discuss how the client was doing in making the transition and implementing the changes proposed (see Appendix D for interview format). In the case of Bobby, the father was reached by telephone and responded to the interview questions. The client was living at home with his father and older brother and attending a local high school.

Father Perspective Four Month Follow-Up Interview

Pathway A. Relationship with Father. The client made a statement to his father that the most important thing he learned from the experience was to talk to his father and share his feelings, and their communication has improved. A good example of how things have improved was offered by the father when referring to trouble the client had gotten into since returning home from the program. Bobby received a violation for a minor in possession of alcohol and has to appear in court to answer to the charge. He talked about the issue with his father openly and they both agreed that the client will have to deal with the consequences his actions. The father felt good about their discussion and said that things would have been handled poorly prior to wilderness therapy. The father feels good about the progress he and his son have made in strengthening their relationship.

Pathway B. Positive attitude and managing anger. The father stated that Bobby is regularly attending school and now understands the consequences of his actions. His positive attitude is also seen in the way Bobby is dealing with family issues. With a more positive outlet for his emotions, the father believes Bobby has much better control over his anger. There have been no violent outbursts, where before there were many. Although there are "typical teenage incidents," the father believes that the open lines of communication established as a result of wilderness therapy make handling these situations easier. Bobby is also doing much better in school, where no negative incidences have occurred and no

disciplinary actions taken. The father feels that Bobby has continued his positive attitude launched at Anasazi.

Pathway C. Personal image and peer relations. The clients' desire to continue to spend time with his old friends, and maintain the "gang" image and lifestyle is the area of greatest concern for the father. He would like Bobby to get a job to cut down on free time and the time he spends with his old friends, which he believes are negative influences on the progress he has made. The times that Bobby have gotten into trouble after wilderness therapy are related to these friends. He believes that Bobby wants to change his behavior, but peer influences are putting pressure on him to do things he knows are not right, given the goals and direction he now has identified through wilderness therapy.

Pathway D. Drug and alcohol use. The father states that the client smoked marijuana once and drank alcohol twice since returning from wilderness therapy. Given past drug and alcohol use, the father was concerned about the relapse, but felt good that he and Bobby had talked about the incident in a productive and open manner. He states that Bobby will have to deal with the consequences of his actions by appearing in court and paying the fine. With less free time and time spent with Bobby's old friends, the father believes that drug and alcohol use will be less of a factor and feels good about the progress Bobby has made in dealing with his use.

Client Perspective Four Month Follow-Up Interview

Pathway A. Relationship with Father. The client believes wilderness therapy gave him a fresh start to begin building his relationship with his father. He also stated they were communicating better. He felt good about the progress he has made and wants to spend more time with his father "just doing stuff." He did note that he is frustrated with his father, because he feels he is trying hard change and be more open, but says his dad is not responding with the same effort. He feels like his father could expend more effort, so he was not the "only one wanting to change and grow." His main concern was to maintain the lines of communication established with his father, and have his father learn to accept him for who he is.

Pathway B. Positive attitude and managing anger. Bobby stated that things were

going well and that he was attending school regularly. He also noted that now that school had started and he was getting settled in, he was actively looking for a job to earn some spending money. He says that he has outlets for his pent-up anger and feels like he and his father communicate more freely now.

Pathway C. Personal image and peer relations. Bobby stated that he was still hanging out with his old friends, and that his parents were upset but it was his decision. He also said that he dropped a few of his old friends that smoke and gained some new ones. He still wants to dress the same because he has changed on the inside and that does not mean he has to change on the outside, and his father should respect that.

Pathway D. Drug and alcohol use. He talked about his relapse with drinking and smoking, and said he made a dumb choice and got in trouble for it. Other than those noted times, he states that he has been drug and alcohol free and wants to stay that way. The difference for him this time was that he talked to his father about it openly and honestly and felt good about that. His dad was mad but understanding, and punished him accordingly. He has had to change some friends because "all they did was smoke" but kept most of his old friends which are "understanding about him wanting to change." He said that he thinks about the program all the time, about the hiking and the scenery and was glad he went through the process.

The coded responses from notes taken in the four month interview are presented in Figure 40 and include both perspectives and examples of coded responses.

Figure 40. Responses from client case study Bobby and parent regarding how the client is doing four months past wilderness therapy program completion.

How Bobby is doing four months past program completion.			
CLIENT CODED PERSPECTIVE AND DEFINITION	**EXAMPLE OF RESPONSE**	**PARENT CODED PERSPECTIVE AND DEFINITION**	**EXAMPLE OF RESPONSE**
Getting Along Family Client states they are getting along with their family four months post program	*Feels is communicating better and it is a lot better than before Smoked marijuana once and drank twice and did a have a relapse but was aware of it and talked about it with his father States the most important thing he has learned from the experience is to talk to his father and believes he is communicating better with him. Feels like he is trying and wants his father to begin trying also*	**Communicate Well Parent** Parents of client state that the client is communicating well with parents four months post program	*Feels they are communicating better and it is a lot better than before. Client smoked marijuana once and drank twice and did a have a relapse but was aware of it and talked about it with his father States the most important thing he has learned from the experience is to talk to his father and believes he is communicating better with him*
Thins About Program All the Time Client states they think about the program all the time four months post program	*He misses the hiking and thinks about [wilderness therapy program] all the time. Feels like is doing better and still thinks about the program a lot*	**Doing Well in School** Parents of client state that the client is doing well in school four months post program	*Is doing well in school and hopes will get a job to cut down on some of the free time*
Trying Get Job Client states they are trying to get a job four months post program	*Client sates is going to get a job now that school has started*	**Had Relapse** Parents of client state that the client had a relapse four months post program	*Client smoked marijuana once and drank twice and did a have a relapse but was aware of it and talked about it with his father*
Stay Old Friends Client states they are hanging out with their old friends four months post program	*Still wants to hang with old friends and dress the same, doesn't feel like has to give up who he is.*	**Really Well** Parents of client state that the client is doing really well four months post program	*Feels they are communicating better and it is a lot better than before. Feels like is doing better and is thankful for the program*

Going School Regularly Client states they are going to school regularly four months post program	*Is going to school regularly and doing well and hopes will get a job*	**Same Friends** Parents of client state that the client is still with the same friends four months post program	*Client still wanted to hang with old friends and dress the same. Was worried because then friends would perceive him the same and thus, client would slip back to old ways*
Had Relapse Client states they had a relapse four months post program	*Got a misdemeanor possession for drinking alcohol at a party. Smoked marijuana once and drank twice and did a have a relapse but was aware of it and talked about it with his father*	**Current Concerns—No Old Friends** Parents of client state that the client still is spending time with old friends whom are negative influences four months post program	*Still feels as though client has too many negative influences around him but feels is doing better and making better decisions*
Current Concerns—Communicate With Parents	*Feels like he is trying and wants his father to begin trying also. Doesn't feel like his father wants to change just him and that is frustrating*		

Summary and Conclusions of Anasazi Client Case Study

Bobby was adopted when he was five and lives at home with his adopted father, his adopted father's second wife, and three brothers and a sister. He came to Anasazi because of problems with his attitude, experimentation with drugs, explosive anger, signs of depression, and low self esteem. DSM-IV diagnoses for client include Cannabis Dependence (304.30), Alcohol Dependence (303.90) and Oppositional Defiant Disorder (313.81).

Bobby has problems communicating with his father, and the relationship between the two was very difficult prior to enrolling in wilderness therapy. The father stated that he was running out of options and feared for the well-being of the client. In order to track how process related to the effects of wilderness therapy it is first important to identify the effects. Bobby struggled with four issues identified in the wilderness therapy process issues which were identified in treatment notes kept by wilderness leaders and wilderness therapist responsible for the primary care of Bobby, and were reflected in the presenting issues of the client. These were: (1) his relationship with his father, (2) issues of drugs and alcohol, including cigarettes, (3) personal image and peer relations, and (4) controlling anger and sustaining positive emotions.

Bobby stated that the effects of wilderness therapy were that he now had goals in life, was happy with the moment, had a changed attitude, and had quit smoking. The goals set included continuing to build a better relationship with his father, to quit smoking cigarettes and marijuana, to finish school, to be a better person, and to respect others. The wilderness therapist who worked with Bobby stated the client gained a sense of self worth from a feeling of accomplishment. The client also began to show a gentleness about him and a more caring side which began to break though the "tough guy" image that Bobby perpetuated. The wilderness therapist also stated the client became more appreciative of the things he has in life and was more accepting of himself, his father, and others.

When asked to relate the effects and proposed changes to the wilderness therapy process, the client identified three things that helped him address his issues of concern. These factors are: (a) time alone, (b) the non confrontational approach of the wilderness treatment team, and (c) the therapeutic relationship established between Bobby and the wilderness therapist. The combination of the time alone, and the non confrontational approach used by staff, with a strong therapeutic relationship between the client and the wilderness therapist helped Bobby work through his presenting issues and change the direction his life was taking.

Phone calls were made four months upon completion of the wilderness therapy program asking the parents and client how the client was doing in making the transition and implementing the changes proposed. The father was reached by telephone and responded to the interview questions. The client was living at home with his father and older brother and attending a local high school. The father said that things were going pretty well although the client did have consume alcohol twice and had to appear for a court date for possession of alcohol. The client also admitted to smoking marijuana once, but on both occasions approached him to talk about the incidences. The client made a statement to his father that the most important thing he learned from the experience was to talk to his father and share his feelings, and their communication has been much improved. He states that Bobby is regularly attending school and he now understands the consequences of his actions. His chief concern is that Bobby gets a job and stays away from his old friends, which he believes are a negative influence on the progress he has made.

In talking directly with Bobby, he said that things were going well and that he was attending school regularly. He and his father had been getting along well and that he wanted to get a job to earn some spending money. He was still hanging out with his old friends, and made it quite clear that it was his decisions and his parents were upset about that but it was his decision. He talked about the relapse, and said he made a dumb choice and got in trouble for it. The difference for him this time was that he talked to his father about it openly and honestly and felt good about that. He said that he thinks about the program all the time, about the hiking and the scenery and was glad he went through the process. His main concern was to continue to maintain the lines of communication with his father.

Application of the Aspen Wilderness Therapy Process

Client Case Study Presenting Issues

Johnny presented with DSM-IV diagnoses of Marijuana Dependence (305.3) and Oppositional Defiant Disorder (313.81). He had been regularly using marijuana for months but thought nothing was wrong with his lifestyle. He is an excellent communicator, and uses humor and wit to manipulate situations, especially with his parents. Johnny was very resistant to wilderness therapy and did not want to enroll in the program because he thought nothing was wrong. His parents were tired of the manipulation, fighting, and drug use and felt that wilderness therapy was a good option for breaking the barriers put up through his manipulation and drug use.

Upon completion of the program, the client was asked why he came to be enrolled in Aspen. The responses to this question are presented in Figure 41 and capture the presenting issues of the client from his perspective.

Figure 41. Aspen client case study reported coded responses from the question: Why do you think you came to be enrolled in Aspen?

Johnny—Why Enrolled in Program		
Descriptive Code	**Definition**	**Examples of Coded Response**
Drugs and Alcohol	Client states a reason for coming to program was because of problems with drug and alcohol use	*I did a lot of drugs that created school problems, work problems, problems with my family, just an unproductive lifestyle. Well I was on and off drugs since I've been 13 or 14, but like I started really using hard-core every day my second half of my junior year. And that resulted in me dropping out of school. [What were you doing, just doing drugs?] Yeah, that's about it..*
Parents and Family Needed Help	Clients states parents and family needed help as a reason for coming to wilderness therapy program	*I did a lot of drugs that created school problems, work problems, problems with my family, just an unproductive lifestyle.*
Client Resistance	Client was resistant to coming to program	*I had no idea, two big guys woke me up at like 4:30 and I was like shocked because it was out of the blue and I had no clue. At the time I would have opted for a shorter program.*
School Problems	Client states they were having trouble in school	*Well I was on and off drugs since I've been 13 or 14, but like I started really using hard-core every day my second half of my junior year. And that resulted in me dropping out of school. Yeah it was more like a withdrawal for a year than totally dropping out you know, just so it wouldn't affect my GPA...*

Wilderness Therapy Process Applied to Client Presenting Issues

Wilderness Treatment Team Perspective During Process

Johnny was struggling with two issues: (a) drug and alcohol use, particularly marijuana, and (b) defiant and manipulative behavior towards parents and authority. Figure 42 presents the analysis of the treatment plan and notes, including observations by wilderness staff and reflections made by the wilderness therapist.

Figure 42. Analysis of treatment notes referring to weekly therapeutic progress of client case study Johnny.

THERAPEUTIC PROGRESS OF JOHNNY		
REFERENCE TO CLIENT PRESENTING ISSUES (A) DRUG AND ALCOHOL USE (B) DEFIANT AND MANIPULATIVE BEHAVIOR		
CLIENT ISSUE	**WILDERNESS LEADERS TREATMENT NOTES TRACKING CLIENT PROGRESS**	**WILDERNESS THERAPIST TREATMENT NOTES TRACKING CLIENT PROGRESS**
WEEK 1		
Issue A DRUG AND ALCOHOL USE	Tells major war stories about drug use **(-1a)**	Does not want to be here and shows it **(-1a)**
Issue B DEFIANT AND MANIPULATIVE BEHAVIOR	Hikes well, fits in well **(1a)**	Client brought by escort **(-1b)** Manipulating and lying in letters trying to go home **(-1b)** Says in sessions will change, then lies and says exact opposite to peers **(-1b)** Will watch his manipulation with parents and get [Johnny] to go deeper into issues **(-1b)**
WEEK 2		
Issue A DRUG AND ALCOHOL USE		Working on hard skills and participates in individual and group therapy **(2a)** Working 50% internal things and 50% manipulating parents to leave program **(-2a)**
Issue B DEFIANT AND MANIPULATIVE BEHAVIOR	Been fairly positive all week **(2b)** Working on fire and taking feedback from group **(2b)** Once done with chores and tasks just stops—doing barley enough to get by, want to see more effort **(-2b)** Knows when he breaks a rule and accepts all the consequences **(2b)**	Beginning to adjust to the program **(2b)** Working on hard skills and participates in individual and group therapy **(2b)** Working 50% on internal things and 50% on manipulating parents to leave program **(-2b)** Need to work with parents to maintain consequences of actions to stop manipulation **(-2b)**
WEEK 3		
Issue A DRUG AND ALCOHOL USE	Has not opened up emotionally to the group **(-3a)**	Client has figured out how to work most programs and situations so is saying all the right things, but he is not made internal change **(-3a)** He is dealing on a surface level **(-3a)**

Issue B DEFIANT AND MANIPULATIVE BEHAVIOR	Has not opened up emotionally to the group **(-3b)** Thinks he may be sliding through the program **(-3b)** Accepts consequences with few questions **(3b)** Given rock which symbolizes burden is placing on group for not opening up **(-3b)** Used to getting his way at home, is manipulative, and may try to continue here but have not seen it fully manifest though **(-3b)**	Compliant with the program **(3b)** Beginning to take his hard skills seriously **(3b)** Client has figured out how to work most programs and situations so is saying all the right things, but he is not made internal change **(-3b)** He is dealing on a surface level **(-3b)** Work with parents to help client realize the seriousness of his behavior to get emotional response **(3b)**
WEEK 4		
Issue A DRUG AND ALCOHOL USE		Great changes in his attitude regarding acceptance of program **(4a)** Says has changed but is only making superficial changes **(-4a)** Saying the right things and not making internal changes will not help him dealing with his drug use **(-4a)**
Issue B DEFIANT AND MANIPULATIVE BEHAVIOR	Accused a lot by the group, some of it unjustified **(4b)** Opened up a bit and is interacting more positively with group **(4b)** Still engaging in sneaky behaviors and is dishonest (or so [wilderness leader] believes **(-4b)** Carried burden of chores because was bringing group down **(-4b)**	Great changes in his attitude regarding acceptance of program **(4b)** Client is angry because cannot manipulate father and/or program **(-4b)** Says has changed but is only making superficial changes **(-4b)** Saying the right things and not making internal changes will not help him dealing with his drug use **(-4a)**
WEEK 5		
Issue A DRUG AND ALCOHOL USE	Improved attitude this week **(5a)** Had a good solo, needs to confront his issues more **(-5a)**	Accepted the fact that will be going to [therapeutic boarding school] **(5a)** They are following through on what they say and client is becoming more healthy because of that realization **(5a)** His drug issue needs to get to a deeper level **(-5a)**

Issue B DEFIANT AND MANIPULATIVE BEHAVIOR	Improved attitude this week **(5b)** Had a good solo, needs to confront his issues more **(-5b)** Shared a letter in group and accepted feedback well **(5b)** Complained during Monday hike **(-5b)**	Accepted the fact that will be going to [therapeutic boarding school] **(5b)** He is beginning to handle being at Aspen **(5b)** He is reducing manipulation towards his father **(5b)** Realizing that his parents are enforcing consequences no **(5b)** They are following through on what they say and client is becoming more healthy because of that realization **(5b)**
WEEK 6		
Issue A DRUG AND ALCOHOL USE		Talked to him about drugs and the role they filled in his life **(6a)** Used anger from not being able to go home to nudge client out of cognitive role and into feeling more about issues **(6a)**
Issue B DEFIANT AND MANIPULATIVE BEHAVIOR	Decent week, still working on behavior **(6b)** Does chores well and takes care of personal issues very well and participates in group **(6b)** Needs more motivation and to be more serious about groups and activities **(-6b)** Slightly manipulative **(-6b)**	

Discussion

Issue A—Drug and Alcohol Use. Prior to enrolling in Aspen, the client had dropped out of school and was using marijuana on a daily basis. It took several weeks to break through the clients resistance to the program and attempts to manipulate his parents. In week two, the wilderness therapist states that the client was spending 50 percent of his time working on internal issues and the other 50 percent working on manipulating his parents into letting him go home. The manipulation took a lot of effort for the client, and distracted him from dealing with his issues and captures well the trend in comments by wilderness leaders up to week five in stating that the client was just skating through the program. The client finally accepts that he will finish the wilderness therapy program, and is not returning home, but rather, will be enrolled in a therapeutic boarding school. The wilderness therapist uses this reality as a shock to "nudge the client out of the cognitive realm" and into a more

affective domain to deal with his drug use and to explore his manipulative behaviors. This appears to be the beginning of the client accepting the consequences of his behaviors, accepting that he cannot manipulate his parents and that his drug use is a problem. The notes do not indicate the client stating he will remain sober after completing the program.

Issue B—Defiance and manipulative behavior. This issue is remains the central focus of treatment by the wilderness therapist throughout the entire wilderness therapy process. The clients has a history of manipulating his parents and spent the first four weeks expending a great deal of effort in continuing these behaviors. By week five, the client has finally accepted the fact that he will not be able to manipulate his parents, and the parents, through work with the wilderness therapist , have remained consistent in leaving the client in the program and establishing aftercare plans. This was a important lesson for both parents and Johnny in not letting him get his way and to suffer the consequences for his actions. With the news that he was to go directly to a therapeutic boarding school upon completion of the program, the client realized that he must accept these consequences and engage in the process. He had exhausted all his other options, and had to turn and face his issues. This process took considerable time, as the client spent the first 4-5 weeks manipulating those around him, skating through the program, and not investing in his growth. This lead to the recommendation by the wilderness therapist that a follow-up institution would be necessary for Johnny to continue the growth begun with wilderness therapy.

Client and Wilderness Therapist Reflections on Process

Johnny was asked how the wilderness therapy process helped him deal with the issues which brought him to wilderness therapy. Three main factors emerged from analysis of descriptive codes which helped the client work through their issues in the wilderness therapy process. These factors are: (a) chance to reflect on his life from an objective position, (b) the caring and friendly nature of the wilderness staff, and (c) the therapeutic relationship established between Johnny and the wilderness therapist. The wilderness therapist reported that the following factors helped the client address his presenting issues: (a) group process to confront manipulating behavior, (b) cognitive therapy to confront manipulative behaviors and address substance abuse. These perspectives of how wilderness therapy worked to promote changes in the client's life are presented in Figure 43 in the form of descriptive

codes with definitions and examples of coded responses.

Figure 43. Responses from client case study Johnny and wilderness therapist on how the wilderness therapy process helped lead to reported effects and proposed changes.

Johnny—How Wilderness Therapy Process Worked to Address Presenting Issues			
WILDERNESS THERAPY PROCESS FACTORS WHICH HELPED CLIENT ADDRESS PRESENTING ISSUES (A) OPPORTUNITY TO REFLECT (B) CARING AND FRIENDLY NATURE OF WILDERNESS TREATMENT TEAM (C) THERAPEUTIC RELATIONSHIP OF JOHNNY AND WILDERNESS THERAPIST		**CLIENT PERSPECTIVE OF THERAPEUTIC FACTORS OF WILDERNESS THERAPY** (A) GROUP PROCESS TO CONFRONT MANIPULATIVE BEHAVIOR (B) COGNITIVE THERAPY TO CONFRONT MANIPULATIVE BEHAVIOR	
CLIENT CODED PERSPECTIVE AND DEFINITION	**EXAMPLE OF RESPONSE**	**WILDERNESS THERAPIST CODED PERSPECTIVE AND DEFINITION**	**EXAMPLE OF RESPONSE**
(A) Sitting and Reflecting Client stated that being able to sit and reflect on his life helped him deal with presenting issues	*Just sitting and reflecting on my life really. [Let me summarize: You got a chance to be away from your life and look back on it and say whoa, I was making a mess of things] Yeah, totally.*	**(A) Group Process** Wilderness therapist states that group process helped client process emotional issues	*The groups worked well for client because other clients would not let him manipulate them. Towards the end of the experience began to go to groups and contribute to the process*
(B) (C)Wilderness Therapist Helped Me Realize Strengths and Weaknesses Client states that wilderness therapist helped him identify his strengths and weaknesses	*He helped me realize my strengths, my weaknesses, what I need to work on, a lot of the substance abuse he helped me with, my relationship with my parents he helped me with.*	**(B) Cognitive Therapy** Wilderness therapist states that used cognitive therapy in working with client	*Worked with him to deal with the future after the [wilderness therapy program] and client thought was going to get to go home but therapist had a good feeling that client was not going home.*
(C) Wilderness Therapist Helped Deal Family Client states that wilderness therapist helped him deal with his family issues	*…what I need to work on, a lot of the substance abuse he helped me with, my relationship with my parents he helped me with*	**(B) Confront Manipulation** Wilderness therapist stated that he would not let the client manipulate him and confronted him when client tried	*Used the news as a shocker piece to nudge the client out of the cognitive role. Client got very upset with wilderness therapist because he could not manipulate or coerce him into anything. This was not working, wilderness therapist did not care if client was mad and pissed off, would just say OK*

(B) Wilderness Staff Were Like Friends Wilderness staff were like friends which helped client address presenting issues	*Friends, definitely. I was actually considering coming back to work here as a matter of fact.*	**(B) Parents Expressed Feelings** Wilderness therapist states that helped the parents express feelings to the client which helped client address presenting issues	*Wilderness therapist worked with the parents and helped establish a contract with client. Parents needed as much work as client if not more, wilderness therapist spent a lot time with parents on the phone.*
(B) Wilderness Staff Cared About Us Wilderness staff cared about clients which helped client address presenting issues	*Staff was really cool, they cared a lot about the kids and you can tell they like being out here with us, otherwise they wouldn't come back.*	**(B) Worked on Substance Abuse** Wilderness therapist states that worked on substance abuse issues with client	*His responses were real quick, almost too perfect and therapist new that the client was skating. Talked to him about drugs and what they fulfilled in his life. Substance abuse type of approaches.*
(C) Drug and Alcohol Process Client states that the program focus on drug and alcohol use helped him deal		*Just overall, I guess kind of wisdom about drugs in my life.[That's kind of an education piece. Did you go through five steps? Did you work on a five-step model?] Yeah..*	
(B) Wilderness Staff Were Cool Wilderness staff were cool which helped client address presenting issues		*Staff was really cool, they cared a lot about the kids and you can tell they like being out here with us, otherwise they wouldn't come back.*	
(C) Wilderness Therapist Helped Deal With Problems Client states that wilderness therapist helped him deal with problems in his life		*Yeah exactly. He just sort of, he'd talk and like he'd say, this is how you're affecting your parents in a negative way, this is how you could have affected them in a positive way and things like that.*	
Good Output Emotions Client states that wilderness therapy was a good output for his emotions		*I would always bottle up my pains and emotions and stuff, so this helped me get them out, more of a healthy out put..*	

Client Reported Therapeutic Factors of Wilderness Therapy

A. Opportunity to reflect. Johnny stated that sitting and reflecting on his life from an objective viewpoint helped him come to realizations about past behaviors. He believed that this reflection allowed him to identify how he was on a path of self destruction concerning his drug use which lead to him dropping out of school, and that things needed to change. He stated that he had gained "a wisdom about life, and about drugs in his life." By having the opportunity to sit and reflect, Johnny realized that his drug use was affecting his life and that he would have to deal with the consequences of his past behavior.

B. Caring and friendly nature of wilderness treatment team. Johnny stated that the wilderness leaders responsible for his treatment were "cool," fun to be around, and like

"friends." He also stated that staff cared about the clients, and stated that this was reason that staff work in wilderness therapy. This genuine and caring approach was noted by Johnny as a factor which helped him throughout the program, and lead to the statement that he wants to return to Aspen to eventually work as staff.

C. Therapeutic relationship between wilderness therapist and client. Johnny stated that the wilderness therapist helped him realize his strengths and weaknesses in his character. He related these strengths and weaknesses to his drug use in order to better understand the meaning behind his drug use; the therapist did not just tell him to stop. The wilderness therapist offered insight into how his behavior was affecting his family, and worked with him to create solutions to these issues. Through this combined understanding of why he was using drugs, and that his behavior was affecting his family, Johnny began to recognize the manipulative behavior that had gone on for years with his father. The wilderness therapist also worked with the parents to develop structure and consistency in parenting, helping Johnny realize that he could not continue to manipulate those around him and that there were consequences for his actions. This was an important realization for the client.

Wilderness Therapist Reported Therapeutic Factors of Wilderness Therapy

A. Group process to confront manipulating behavior. The wilderness therapist believed that peer feedback received by the client in group processes helped him deal with manipulating behaviors. Johnny could perpetuate the manipulation with authority figures and the wilderness therapist, but found it difficult with his peers; it meant more to be confronted by his peers. This environment later came to be a place where Johnny could open up more and feel comfortable when he began going deeper into issues surrounding his drug use.

B. Cognitive therapy to confront manipulative behaviors and address substance abuse. The wilderness therapist used the reality of the client being sent to a follow-up institution to "nudge" him out of his manipulation and resistance to change. This was a time when the client saw, perhaps for the first time, the consequences of his actions. He had no other choice but to deal with the reality that he was going to a therapeutic boarding school upon completion of the wilderness therapy program. This moved the client into a deeper level of understanding of his behavior, and he became more invested in the process. The

wilderness therapist was very blunt with the client, in directly confronting the surface approach to the wilderness therapy process in which Johnny had been engaged. This was a major turning point and helped the client begin to address his substance abuse and the effects it was having on his life.

Wilderness Therapy Effects and Proposed Client Changes

Client Stated Effects and Proposed Changes.

Johnny states that the wilderness therapy process has provided him with maturity and wisdom about his behavior, including his drug use, and the importance of his relationship with his family. He came to an understanding of his drug use, and now wants to quit using drugs and alcohol and stay sober. The program cleaned him out physically and mentally. He believed that the wisdom from the program and combined with the opportunity to reflect on his life helped him have a different perspective on his drug use. He stated "also another thing I like about the program is, it's taught me maturity, wiseness, wisdom. I think it's going to keep me sober because now that I can look back with a sober mind at my life, I can see what a mess my life was becoming when I was doing drugs every day." He also stated that he has a renewed interest in school, and would like to return to school and put out more effort. And finally, he indicated that he would also like to build better relationships with his family and friends.

Wilderness Therapist Perceived Client Effects and Proposed Changes.

A major focus of the intervention from the perspective of the wilderness therapist was that of the client's propensity to manipulate his parents and his surroundings. By identifying this behavior, and working hard with the parents to set and maintain consistent expectations and rules for Johnny , the wilderness therapist believed the client has finally learned there are consequences for his actions. He can no longer work the system or have his parents come rescue him when he makes poor choices. The wilderness therapist stated "the parents had to understand that if a rule or expectation had been set, then they needed to stay with that. By learning this, the parents helped the client break the rut of manipulation in trying to get his way." The wilderness therapist also believed the client understands the meaning behind his

drug use and the effects it was having on his life. The wilderness therapist recommended that the client attend a therapeutic boarding school with appropriate structure to ensure he will receive the support needed to maintain the personal growth realized as a result of the wilderness therapy process.

These effects and proposed changes from the perspective of Johnny and the wilderness therapist responsible for Johnny are presented in Figure 44 as descriptive codes with definitions and examples of text from responses.

Figure 44. Johnny effects and proposed changes as a result of the wilderness therapy process.

Johnny—Effects and Proposed Changes of Wilderness Therapy			
EFFECTS			
CLIENT CODED PERSPECTIVE AND DEFINITION	EXAMPLE OF RESPONSE	WILDERNESS THERAPIST CODED PERSPECTIVE AND DEFINITION	EXAMPLE OF RESPONSE
Maturity Client states that he learned maturity as a result of the wilderness therapy process	*Also another thing I like about the program is, it's taught me maturity, wiseness, wisdom. I think it's going to keep me sober because now that I can look back with a sober mind at my life, I can see what a mess my life was becoming when I was doing drugs every day.*	**Cannot Manipulate Authority** Wilderness therapist states that client learned he cannot manipulate authority	*Client has now learned that there are boundaries in relationships and cannot manipulate authority and just do whatever you want.*
Wisdom Client states they are more wise as a result of the wilderness therapy process	*Also another thing I like about the program is, it's taught me maturity, wiseness, wisdom. I think it's going to keep me sober because now that I can look back with a sober mind at my life, I can see what a mess my life was becoming when I was doing drugs every day.*	**Consequences for Actions** Wilderness therapist states that client has learned that there are consequences for his actions	*He could not manipulate authority and learned that there are consequences to his actions and that there are boundaries and rules that must be followed sometimes. This time he was not getting bailed out by his parents, but was going to have to sleep in his own bed..*

Good Physical Shape Client states that is in good physical shape as a result of the wilderness therapy process	Well being sober obviously. My work ethic, having good relationships with friends, good relationships with my parents, and try and excel in school, and stay in good shape.	**Parents Needed Work to Help Client** Wilderness therapist states that had to work with parents to enforce rules and remain consistent to help client learn to not manipulate	*Parents had to understand that if a rule or expectation had been set, then they needed to stay with that. By learning that the parents helped the client break the rut of manipulation in trying to get his way.*
PROPOSED CHANGES			
Better Relationship Parents Family Client states they want to improve their relationship with parents and/or family	*My work ethic, having good relationships with friends, good relationships with my parents, and try and excel in school, get in good shape.*	**Therapeutic Boarding School** Wilderness therapist states that the client needs to enroll in a therapeutic boarding school with structure to continue the therapeutic progress made	***[Johnny] needs to be in a structured environment to continue his progress and keep working on his drug and alcohol issues. His parents are worried that he will soon be an adult and want to make sure he is OK before he is an adult.***
No Drugs Alcohol Client states wants to quit using drugs and/or alcohol	*Well being sober obviously.*	**No Drugs Alcohol** Wilderness therapist states that client plans to remain sober as a result of the wilderness therapy process	*He understands reasons behind drug use and can now work to stay sober.*
Try Harder School Client states wants to finish school as a result of the wilderness therapy process	*My work ethic, having good relationships with friends, good relationships with my parents, and try and excel in school, get in good shape.*		
Better Relationships Client states they want to have better relationships as a result of the wilderness therapy process	*My work ethic, having good relationships with friends, good relationships with my parents, and try and excel in school, get in good shape.*		
Work for Program Client states they want to work for program as a result of the wilderness therapy process	*I was actually considering coming back to work here as a matter of fact.*		

A Model Linking Presenting Issues, Process, and Effects and Proposed Changes

Figure 45 illustrates how the wilderness therapy process worked to address the presenting issues and lead to the effects and proposed changes of Johnny. The model is offered to link presenting issues to process, and process to reported outcomes in order to trace the therapeutic progress of the client throughout the wilderness therapy process. The model contains pathways of therapeutic progress based on the primary issues in which the client was struggling: Pathway A. Drugs and Alcohol, and Pathway B. Defiant and Manipulative Behavior. The pathways follow movements in upward or downward directions based on the coded comments illustrated in Figure 42.

Figure 45. Therapeutic progress of client case study Johnny including presenting issues, stated client goals, and treatment note exerts.

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Discussion

For Johnny, considerable resistance to the process and demonstrated manipulative behaviors towards his parents is illustrated in the therapeutic pathways remaining steady or on a downward trend through the first half of the wilderness therapy process. This continued until the fifth week of the program when the wilderness therapist indicated that Johnny had accepted that he is going to remain in the program, and has also accepted the aftercare plan of attending a therapeutic boarding school.

This acceptance of his current situation lead to Johnny realizing that his parents were going to enforce the consequences of his actions. This allowed Johnny to shift some of the focus and effort that went into manipulating his parents to the deeper work regarding his drug use in which the wilderness therapist and staff referred to throughout the process. It is at this point that the pathways both start rising, ending at the stated client goals to remain drug free and to improve the relationship with his parents. Through this process, the wilderness therapist believes that the parents, with whom had expended a great deal of time and effort, now understood how not enforcing rules and expectations were perpetuating Johnny's manipulation and defiant behavior. Once this issue was identified and resolved, the client began to engage in the process, focus on his drug use and arrive at the goal of sobriety.

Four Month Follow-Up Client Assessment

Phone calls were made four months after completing the wilderness therapy program and asked parents and the client how the client was doing in making the transition and implementing the changes proposed (see Appendix D for interview format). In the case of Johnny, the father was reached by telephone and responded to the interview questions. The client is enrolled in a aftercare facility similar in which students stay in structured living environments and are bussed to a nearby school. The father was asked how the client was doing given the reports he receives from the school and the contact he has with the counselor responsible for the primary care of Johnny. The counselor at the therapeutic boarding school was also contacted and was asked how the client was doing. This is an important perspective and is presented along with the perspective of the father and client.

Father Perspective Four Month Follow-Up Interview

Pathway A. Drug and alcohol use. The father stated that the client was doing well in the therapeutic boarding school environment, and was receiving favorable reports from counselors and staff responsible for his primary care. The father believed Johnny needed structure to maintain the progress begun at Aspen. It would have been too difficult for Johnny to resist the temptation of drugs and alcohol if he returned to the same peer group and public high school. Although the therapeutic boarding school is a very structured environment, Johnny is bussed to a school in a separate environment than his living situation. This does offer negative influences for Johnny in terms of drug use, but the father felt confident that he was appropriately dealing with these influences. The father stated that Johnny had relapsed, but it did not involve marijuana and/or alcohol. Johnny was caught chopping and snorting ibuprofen. The incident was processed with the counselors at the therapeutic boarding school, and the father felt good about what Johnny learned from the experience and the progress he has made since this incident.

Pathway B. Defiant and manipulative behavior. Given the history of manipulative and defiant behavior of Johnny, the father was grateful for the structure afforded by the therapeutic boarding school. On the way to the school, immediately following the wilderness therapy process, the client again attempted to manipulate his father into returning home. The wilderness therapist warned the father that this was expected behavior. He stated that they both began slipping into old behavioral patterns and immediately felt he had made the right decision to follow-up the wilderness therapy with a therapeutic boarding school. Upon arriving at the school, Johnny again displayed manipulative and defiant behavior to authority and was almost demoted to a lower phase in the progressive approach. He eventually realized that it was pointless to fight the program, and engaged in the process and the resistance to authority diminished. At the time of the phone call the father stated that Johnny was doing very well relating to authority and was assuming responsibility for his actions. The father believed that wilderness was the first step in the personal growth process and the aftercare facility was definitely needed to ensure Johnny's continued growth. At the end of the interview the father said, "He is simply not the same kid."

Counselor Perspective Four Month Follow-Up Interview

Pathway A. Drug and alcohol use. The counselor stated that Johnny is doing quite well with his drug and alcohol issues, and aside from the one relapse there has been no incidences. He is tested daily while attending a public high school, and seems to be able to handle the negative peer and environmental influences. The relapse was actually viewed as a positive experience because of the lessons learned and how the counselor, parents, and the client processed the event. He is involved in individual and group counseling twice a week for his drug and alcohol issues.

Pathway B. Defiant and manipulative behavior. The counselor said Johnny was doing very well behaviorally, but still had some problems with authority and was aware of the problems and had made progress on resolving the issues. Without the structure and systematic care offered by the therapeutic boarding school, the counselor believed that Johnny would be still getting into trouble at home. The counselor stated that Johnny still wants to have fun and thinks only in the short term and is not dealing very well with the future. His sense of entitlement is damaging to Johnny and relates to the goals Johnny had set upon graduation, which are "sketchy" from the counselor's perspective. The experience had served as a wake-up call and he now has to deal with the future and begin to think of his life beyond his family. The counselor believed that Johnny's thinking and maturity level are not consistent with his age and that he still "has some growing up to do." Aside from these concerns, the counselors seemed pleased with Johnny's progress.

Client Perspective Four Month Follow-Up Interview

Pathway A.. Johnny stated that he was doing really well and was learning to take things more seriously as a result of his experiences in wilderness therapy and at the therapeutic boarding school. Other than the one relapse, Johnny said he was doing fine with drugs and alcohol. He is bussed to a public high school while at the therapeutic boarding school and stated that he has had plenty of opportunities to do drugs and alcohol, but has not done so. We talked about the relapse, and he said it was stupid and that he was acting out his anger in losing privileges to go home over Thanksgiving. Johnny believed he learned his lesson from the experience and feels comfortable with his progress on remaining sober.

Pathway B. Defiant and manipulative behavior. Johnny stated that he is still working on communicating with authority but believes he is getting better. He referred to the communication skills he learned in wilderness therapy, and believed that he uses them in peer interaction and talking to authority. He was regularly attending school, getting good grades (three A's and one B), and had completed his work chores and expectations at the therapeutic boarding school. He did not like the lack of freedom, but felt that he was ready for the structured environment, because everything is a "piece of cake" compared to wilderness therapy. He and his father were communicating well and had a nice winter break spending some time together. He wants to attend a junior college in the Fall, plans to take his SATs, and would like to study computer science.

The coded responses from notes taken in the four month interview are presented in Figure 46 and include parent, counselor, and client perspectives with examples of coded responses.

Figure 46. Responses from client case study Johnny, parent, and counselor regarding how the client is doing four months past wilderness therapy program completion.

How Johnny is doing four months past program completion.					
CLIENT CODED PERSPECTIVE AND DEFINITION	**EXAMPLE OF RESPONSE**	**PARENT CODED PERSPECTIVE AND DEFINITION**	**EXAMPLE OF RESPONSE**	**COUNSELOR CODED PERSPECTIVE AND DEFINITION**	**EXAMPLE OF RESPONSE**
Getting Along Family Client states they are getting along with family four months post program	*Father-he is doing really well with his father, things went really well with his last break and they had a good time*	**Really Well** Parents of client state that the client is doing really well four months post program	*Very well, could not expect much better*	**Needs Set Clear Goals** Counselor of client state that the client needs to set clear goals four months post program	*He graduates in May and he needs to set some clear goals and get his thinking in line.*

Going School Regularly Client states they are going to school regularly four months after wilderness therapy program	*He is attending school regularly and is doing well in school (three A's and one B).*	**Not Same Kid** Parents of client state that the client is not the same kid four months post program	*He realized it was time to straighten up and grow up and it hit him hard and he is just not the same kid*	**Fine With Drugs** Counselor of client states he is doing well with drug issue four months after wilderness therapy program	*Is doing fine with the drug issue other than the slight relapse even though has had opportunities with other public school students*
Had Relapse Client states they had a relapse four months post program	*He relapsed by snorting chopped up ibuprofen*	**Group Counseling** Parents of client state that the client still is involved in group counseling four months post program	*There is intense individual and group therapy weekly.*	**Grown Up From Experience** Counselor of client state that the client has grown up from the experience four months post program	*He has grown up quite a bit from the experience and it has served a serious wake-up call for him.*
Really Well Client states they are doing really well four months after wilderness therapy program	*Is doing really well*	**Communicate Well Parent** Parents of client state that the client is communicating well with parents four months post program	*Worked out two issues well and father felt like he held is ground which was a main challenge for him, and client got upset and told his father he was upset but they dealt with it*	**Really Well** Counselor of client states he is doing really well four months after wilderness therapy program	*Is doing really well and had a good visit with his family over break*
Stay Clean Aftercare Client states they are staying clean from drugs and alcohol in aftercare four months post program	*He is sober-other than the 1 relapse he is doing fine with drugs and alcohol even though I have had plenty of times he could have used*	**Had Relapse** Parents of client state that the client had a relapse four months post program	*He was really upset with this and acted out a few days later by grinding up some ibuprofen and snorting it, thus losing his privileges to go home for thanksgiving break*	**Had Relapse** Counselor of client state that the client had a relapse four months post program	*He ground up some ibuprofen and snorting it, and lost his privileges to go home for thanksgiving break. Taught him a valuable lesson.*

Wants to Go To College Client states they want to go to college four months post program	*He states that he wants to attend a junior college and study computer science*	**Seeing Therapist** Parents of client state that the client is seeing a therapist four months post program	*There is intense individual and group therapy weekly.*	**Still Problems Authority** Counselor of client state that the client still has some problems with authority four months post program	*He still has some problems with authority but is aware of it and is making progress. His sense of entitlement can be damaging.*

Summary and Conclusions of Aspen Client Case Study

Johnny presented with DSM-IV diagnoses of Dependence on Marijuana (305.3) and Oppositional Defiant Disorder (313.81). He had been using marijuana daily for months but thought nothing was wrong with his lifestyle. He is an excellent communicator, and uses humor and wit to manipulate situations, especially with his parents. Johnny was very resistant to wilderness therapy and did not want to enroll in the program because he thought nothing was wrong. His parents were tired of the manipulation, fighting, and drug use and felt that wilderness therapy was a good option for breaking the barriers put up through his oppositional defiance and worsening drug use.

Johnny was struggling with two issues in his life identified in analysis of the individual treatment plan and treatment notes: (a) drug and alcohol use, particularly marijuana, and (b) defiant and manipulative behavior towards parents and authority. Johnny was asked how the wilderness therapy process helped him deal with these issues. Three main factors emerged from analysis of descriptive codes: (a) chance to reflect on his life from an objective position, (b) the caring and friendly nature of the wilderness staff, and (c) the therapeutic relationship established between Johnny and the wilderness therapist. The wilderness therapist reported the following factors helped the client address his presenting issues: (a) group process to confront manipulating behavior, (b) cognitive therapy to confront manipulative behaviors and address substance abuse. These factors are reasoned to lead to effects and changes identified in analysis of post trip interviews with the client and wilderness therapist.

Johnny stated that the wilderness therapy process gave him maturity and wisdom about his behavior, including drug use, and the importance of family. He has came to an

understanding of his drug use, and wanted to quit using drugs and alcohol and stay sober. The program cleaned him out physically and mentally and he believed that the wisdom from the program and combined with the opportunity to reflect on his life helped him have a different perspective on his drug use. He stated "also another thing I like about the program is, it's taught me maturity, wiseness, wisdom. I think it's going to keep me sober because now that I can look back with a sober mind at my life, I can see what a mess my life was becoming when I was doing drugs every day." He also stated that he has a renewed interest in school, and would like to return with a renewed effort. And finally, he indicated that he would also like to build better relationships with his family and friends.

The wilderness therapist reported that Johnny has finally learned that there are consequences for his actions. He can no longer work the system or have his parents come rescue him when he makes poor choices. The wilderness therapist stated "the parents had to understand that if a rule or expectation had been set, then they needed to stay with that." By learning this, the parents helped the client break the rut of manipulation in trying to get his way." The wilderness therapist also believed the client understands the meaning behind his drug use and the effects it was having on his life. Believing that he still needs structure and support to maintain this the personal growth realized as a result of the wilderness therapy process, the wilderness therapist and parents recommended that the client attend a therapeutic boarding school with the necessary structure needed by the client initiate and carry out the changes he plans to make.

A model was offered which related Johnny's presenting issues to process and effects and proposed changes. The model contains pathways of therapeutic progress based on primary issues in which the client was struggling: Pathway A. Drug and Alcohol Use, and; Pathway B. Defiant and Manipulative Behavior. The pathways follow movements in upward or downward directions based on the coded comments illustrated in Figure 42. The model is used as a tool for illustrating therapeutic progress of the client and as a guide for follow-up interviews four months after completing wilderness therapy.

The father stated that the client was doing well in the therapeutic boarding school environment, and was receiving favorable reports from counselors and staff responsible for his primary care. The father believed the client needed the structure afforded by the school

to maintain the progress that had begun at Aspen. It would have been too difficult for Johnny to resist the temptation of drugs and alcohol if he returned to the same peer group and public high school. The father believed that wilderness was the first step in the personal growth process and the aftercare facility was definitely needed to ensure Johnny's continued growth. At the end of the interview the father said, "He is simply not the same kid."

The counselor reported that Johnny is doing quite well with his drug and alcohol issues, and aside from the one relapse, there has been no incidences. He is tested on this issue daily attending a public high school, and seems to be able to handle the negative peer and environmental influences. The relapse was actually viewed as a positive experience because of the lessons learned and how the counselor, parents, and the client processed the event. He is involved in individual and group drug and alcohol counseling twice a week. The experience has served as a wake-up call and he has had to deal with his future and begin to think of his life beyond his family. The counselor believed that Johnny's thinking and maturity level are not consistent with his age and that he still "has some growing up to do." Aside from these concerns, the counselors seemed pleased with Johnny's progress.

Johnny states that he doing really well and is learning to take things more seriously as a result of his experiences in wilderness therapy and at the therapeutic boarding school. He stated that other than the one relapse, he is doing fine with drugs and alcohol. Johnny stated he is still working on communicating with authority but believes he is getting better. He does not like the lack of freedom, but felt that was prepared for the structured environment because everything is a "piece of cake" compared to wilderness therapy.

Application of the Freer Wilderness Therapy Process

Client Case Study Presenting Issues

Billy is a sixteen year old who most recently was expelled from an outpatient drug and alcohol treatment program for sexually acting out and breach of contract. After being discharged from treatment Billy relapsed within several days. Billy has a long history of drug and alcohol abuse, having been to three prior drug and alcohol rehabilitation programs; a residential treatment program when he was 14, a one-month outpatient program, and his

most recent, a half-way house which he was expelled from for inappropriate behavior . His reported behavior in the home was angry and defiant. DSM-IV diagnoses upon admittance into Freer include Polysubstance Dependence (304.80) (hallucinogens, heroin, amphetamines), Cocaine Dependence (304.20), Alcohol Dependence (303.90), and a reference but no diagnosis for Oppositional Defiant Disorder.

Billy has a lack of structure in the home and a negative peer group. He has an 18 year-old brother who is an alcoholic and an addict and has been sober for two years after treatment. He has had multiple brushes with the law. Wilderness therapy is being used as a last resort by his parents who are running out options for treatment, as well as time, as Billy is fast approaching adulthood. Upon completion of the program, Billy was asked why he came to be enrolled in Freer. The responses to this question are presented in Figure 47 and capture the presenting issues of the client from his perspective.

Figure 47. Freer client case study reported coded responses from the question: Why do you think you came to be enrolled in Freer?

Billy—Why Enrolled in Program		
Descriptive Code	**Definition**	**Examples of Coded Response**
Drugs and Alcohol	Client states his problems with drugs and alcohol were the reason for coming to wilderness therapy program	*I got out there when I was 14 and I was out for like a little over a year and I relapsed on, I started, my drug of choice when I went in there was just smoking pot, and then I started doing cocaine a whole lot, like every day.*
Help Self	Client states the reason for coming to program was to help himself	*Well I knew I needed help with my addiction and everything. I thought this would, it worked for my brother real good, my brother went to [another wilderness therapy program]. So that worked for him so I asked for something like that and this is what they gave me..*
Kicked out Rehabilitation Program	Client states he was kicked out of another rehabilitation program as a reason for coming to program	*Yeah I graduated. I got out of that one, it was only a one month program, and then I asked to go to a half way house thing, and I got kicked out of there.[For what?] Having sex.*

Wilderness Therapy Process Applied to Client Presenting Issues

Wilderness Treatment Team Perspective During Process

Based on analysis of the individual treatment plan and wilderness treatment notes, Billy was struggling with two issues in his life as seen through the eyes of the wilderness leaders and wilderness therapist responsible for the primary care of Johnny. The primary issues with which the client was struggling were: (a) drug and alcohol abuse, (b) inability to manage anger, (c) problems with authority, and (d) family problems. Figure 48 illustrates observations by wilderness staff and reflections made by the wilderness therapist throughout the wilderness therapy process.

Figure 48. Analysis of treatment notes referring to weekly therapeutic progress of client case study Billy.

THERAPEUTIC PROGRESS OF BILLY	
REFERENCE TO CLIENT PRESENTING ISSUES (A) DRUG AND ALCOHOL USE (B) INABILITY TO MANAGE ANGER (C) PROBLEMS WITH AUTHORITY (D) FAMILY PROBLEMS	
WILDERNESS TREATMENT TEAM NOTES TRACKING CLIENT PROGRESS	
WEEK 1	
Issue A DRUG AND ALCOHOL USE	Discussed his level of drug and alcohol use and the consequences of his use and expressed an honest interest in working on drug issues **(1a)** Was supportive of peers and was able to relate a peer's negative behavior to his drug use and was focused and motivated in group **(1a)** Glorifies his drug use and treatment history among peers **(-1a)** Makes statement "I want to still be able to do drugs occasionally" and said "I'm scared" **(-1a)** Was given Step 1 of the 12-step recovery process and identified numerous characteristics and behaviors associated with his drug use **(1a)** Identified and documented presenting problems and discussed course of treatment with staff **(1a)** He is fully aware of drug education issues due to past treatment, but cannot internalize the concepts **(-1a)**
Issue B INABILITY TO MANAGE ANGER	Was able to express his feelings of anger appropriately towards peer with negative behavior and demonstrated patience on rough terrain **(1b)** Attended educational group on feelings and gave good input and feelings to generate a feelings list **(1b)**

	Followed staff instruction, expressed support to others, contained his feelings, and discussed his issues with staff **(1b)** Identified and documented presenting problems and discussed course of treatment with staff **(1b)** Participated in ed. group on levels of communication **(1b)**
Issue C PROBLEMS WITH AUTHORITY	Identified and documented presenting problems and discussed course of treatment with staff **(1c)** Participated in ed. group on levels of communication **(1c)**
Issue D FAMILY PROBLEMS	Wants to have a healthy relationship with parents **(1d)** Identified and documented presenting problems and discussed course of treatment with staff **(1d)** Participated in ed. group on levels of communication **(1d)**
WEEK 2	
Issue A DRUG AND ALCOHOL USE	Spoke with staff at length about family issues, drug use, failed attempts at rehab, and values **(2a)** Disclosed his history of violent interaction with father and brother and his rebellious behavior and his style of manipulating mom and dad at home **(2a)** While expressing remorse for behaviors and desire to return home his affect remain flat, staff remain doubtful of his sincerity. **(-2a)** Plays on any vulnerability he sees in others—reflects his denial and addiction **(-2a)** Completed chemical history and evaluation form and infectious diseases form **(2a)** Affect is flat, frustrated, unable to feel or express more real feelings **(-2a)**
Issue B INABILITY TO MANAGE ANGER	Disclosed his history of violent interaction with father and brother and his rebellious behavior and his style of manipulating mom and dad at home **(2b)** Attended ed. group on anger management and was able to identify for his different levels of anger and the point at which he loses control of his temper **(2b)** Became very frustrated with peer on trail and expressed feelings appropriately **(2b)** Affect is flat, frustrated, unable to feel or express more real feelings **(-2b)** Good social skills with peers and appropriate boundaries and gave and received feedback from peers **(2b)**
Issue C PROBLEMS WITH AUTHORITY	Flashes of temper and testing of staff resolve and responded defiantly to confrontation and tried to manipulate with blaming and finger pointing **(-2c)** Was intentionally rude so that he would be kicked out of group so he could go to bed **(-2c)** Affect is flat, frustrated, unable to feel or express more real feelings **(-2c)**
Issue D FAMILY PROBLEMS	Spoke with staff at length on family issues, drug use, failed attempts at rehab, values **(2d)** Disclosed his history of violent interaction with father and brother and his rebellious behavior and his style of manipulating mom and dad at home **(2d)** While expressing remorse of behaviors and desire to return home his affect remain flat,

	staff remain doubtful of his sincerity **(-2d)** Participated in ed. group on family roles and dynamics and identified his role as "scapegoat" **(2d)** Stressed the importance of valuing his sobriety in discussing his drug use **(2d)** Affect is flat, frustrated, unable to feel or express more real feelings **(-2d)**
WEEK 3	
Issue A DRUG AND ALCOHOL USE	Participated in post-solo group and expressed that he will "do anything to stay sober" **(3a)** Discussed his sobriety plans and appears to have a motivated and cheerful affect **(3a)** Was angry and expressed feelings of betrayal about parents plans to send him to a long term treatment program **(-3a)**
Issue B INABILITY TO MANAGE ANGER	
Issue C PROBLEMS WITH AUTHORITY	Some increased negative behaviors and is anxious **(-3c)** Inappropriate behaviors in van and accepted consequences for actions **(3c)**
Issue D FAMILY PROBLEMS	Was angry and expressed feelings of betrayal about parents plans to send him to a long term treatment program **(-3d)** Angry and resentful and expressed feelings of betrayal towards parents **(-3d)** Participated in closure group and was cheerful and excited about going home **(3d)**

Discussion

A. Drug and Alcohol Use. Billy seemed ready to address his drug issue from the onset, identifying the level and negative consequences of his drug use. Because of his history in drug treatment, staff appeared worried that Billy could deal with the cognitive issues associated with abuse, but lacked affect and remorse for the pain he had caused his family. Coupled with this flat affect, Billy glorified his drug use among his peers adding to staff remaining doubtful of his sincerity through week two of the process. The breakthrough for Billy appeared to be after completing his three-day solo when staff noted that Billy stated "he will do anything to stay sober" and displayed a cheerful and motivated affect in making these remarks. His mood quickly turned however, as staff relayed to Billy that they were recommending long term residential treatment aftercare, causing anger and resentment from Billy who was told that he could go home after completing wilderness therapy. Affect again shifted to positive when he was told in the closing group that his father would be taking him

home, and that he was being given a final chance to stay sober.

B. Inability to Manage Anger. Billy was cooperative with staff wishes throughout most of the process, with very few marked negative incidents. In the first week of the process, he engaged in groups, was compliant to staff wishes, and followed staff instructions well. He responded with patience and understanding when other clients were not hiking well. The most pressing issue by staff was actually a demonstrated flat affect when discussing drug issues and remorse towards parents for past behaviors. This shifted in week three when Billy heard the news that he may be going to long term treatment. He handled the news without significant incident and responded with positive affect when given the news that he was going home. Billy seemed to make progress on managing his anger.

C. Problems with Authority. In the beginning of the process, Billy was compliant to the program and did not show great resistance towards staff or authority. In the second week, there were three marked incidents which slowed the progress he was making on this issue. He displayed "flashes of temper and testing of staff resolve and responded defiantly to confrontation" and responded to staff in a rude manner in the evening group in order to get kicked out so he could go to bed. Although he appears to be willing to accept the consequences for his actions when reprimanded by authority, Billy seemed to still be struggling with this issue and resorts to old patterns of manipulation and confrontation when he wants something from authority..

D. Family Problems. Billy seemed ready to approach his history of family problems in the beginning of the process, but staff begin to doubt his sincerity due to flat affect. In the second week staff stated that Billy was "expressing remorse for his behaviors and desire to return home," but staff still doubted his sincerity and believed this flat affect was related to history of drug use. The solo effected Billy in a positive way, providing him with a positive attitude and momentum in his sobriety plans and his desire to strengthen his relationships with family. This quickly shifted after hearing the news that he may attend a long term aftercare program, when Billy turned angry and resentful towards his parents who promised him he would be allowed to return home. When he was told he was going home, his positive affect returned and he was excited and happy. With the years of emotional pain and anguish surrounding Billy's drug use, the family and Billy appears to still have work to do to resolve

some of these issues.

Client and Wilderness Therapist Reflections on Process

Billy was asked how the wilderness therapy process helped him deal with the issues which brought him to wilderness therapy to explore how wilderness therapy addressed these issues from the client perspective. Billy provided a unique opportunity to compare wilderness therapy to previous residential treatment centers which failed to reach Billy. Many of the comments provided by Billy are in reference to other treatment programs. Four main factors emerged from analysis of descriptive codes which helped Billy work through his issues in the wilderness therapy process: (a) time spent alone to sit and reflect on life, (b) the physical and challenging nature of wilderness therapy, (c) interpersonal peer dynamics, including group therapy, and (d) the structured and consistent approach used the wilderness treatment team. The wilderness treatment team in the clinical debrief reported the following factors helped the client address his presenting issues: (a) time alone, and (b) peer dynamics including leadership opportunities.

Billy and the wilderness therapist responsible for his care were asked how wilderness therapy worked to promote changes in his life and is presented in Figure 49. Descriptive codes which refer to the three primary issues identified by the client and wilderness therapist stated above are also noted. .

Figure 49. Responses from client case study Johnny and wilderness therapist on how the wilderness therapy process helped lead to reported effects and proposed changes.

Billy—How Wilderness Therapy Process Worked to Address Presenting Issues			
WILDERNESS THERAPY PROCESS FACTORS WHICH HELPED CLIENT ADDRESS PRESENTING ISSUES (A) TIME ALONE (B) INTERPERSONAL PEER DYNAMICS (C) PHYSICAL AND CHALLENGING (D) STRUCTURED AND CONSISTENT APPROACH		**CLIENT PERSPECTIVE OF THERAPEUTIC FACTORS OF WILDERNESS THERAPY** (A) TIME ALONE (B) INTERPERSONAL PEER DYNAMICS	
CLIENT CODED PERSPECTIVE AND DEFINITION	**EXAMPLE OF RESPONSE**	**WILDERNESS THERAPIST CODED PERSPECTIVE AND DEFINITION**	**EXAMPLE OF RESPONSE**
(A) Sitting and Reflecting Client stated that being able to sit and reflect on his life helped him deal with presenting issues	*I liked the solo, get to be alone and just internalize a lot of stuff and think about what you were doing, you know.*	**(A) Time Alone** Wilderness therapist states that the time alone helped client process emotional issues	*Giving him a time-out to calm his anger and then he is more willing to listen, and the solo-he came off solo with a smile that would not quit.*
(A) Time Alone Client states that time alone in wilderness therapy helped him work through presenting issues	*Well [residential institution] you're always with other people and you know you weren't doing all of the stuff like this.*	**(B) Leadership Opportunity** Wilderness therapist states that giving client leadership opportunities helped him address presenting issues	*Giving him a leadership role.*
(B) Peer Feedback Clients states that peer feedback helped client address presenting issues	*Just giving them advice on how it's not worth it and everything, you know, telling them, answering their questions really made me feel better. They had questions about it, and I don't know, it just made me feel sort of good about myself that I sort of touched them, you know..*	**(B) Willing to Share Feelings** Wilderness therapist stated that the process helped client be willing to share feelings which helped address presenting issues	*Needed a lot of structure in group and then he felt more comfortable opening up and expressing himself and then supporting him in working to express his thoughts and feelings.*
(B) Willing to Share Client states that was willing to share in group which helped him deal with presenting issues	*I was a lot more willing to share. At my other places I'd be with them and I'd be talking all of the time, we'd be war storying, and then we'd get in group and no one would say anything. Well most nobody would say anything and we'd just sit there and just mess around. Here everybody was just wanting to share their experiences, no war stories, and when it was it was confronted and I liked that.*		

(C) Physical Hiking Client states that the physical hiking in wilderness therapy helped him deal with his presenting issues	*Well all that hiking and everything, you know, you get a lot of time to yourself and thinking, and what I really did to myself, spending all that time, you know, doing drugs and hurting everybody's feelings, and hurting myself in the process. I just thought you know, that's not worth it and that's not a way to live your life all the time.*
(C) Needed Be Uncomfortable Client states that being uncomfortable helped him address presenting issues	*Yeah and you know, people have been telling me that for a long time and I guess I really needed to be uncomfortable to sort of change, you know, I needed to be uncomfortable and this is what I really needed.. [Was it one of the harder ones you've gone though?] Physically.*
(D) Needed Structure Client states that he needed structure which helped him address presenting issues	*I was at this place called [residential treatment center]and it was like such a resort. I mean you're just so free to do what you want there and you know everybody is goofing around, you know, it's a bunch of teenagers together. I like all of the structure and everything this place had, and all the strict, you know can't talk during a group. I like that and all of the other places, everybody's just cussing every five seconds, putting each other down. And I think that's what I needed.*
(D) Staff With Client All Time Client states that wilderness treatment team was with them all the time which helped him address presenting issues	*[Did that help out, being with them all of the time?] Yeah. I think it helped out on the trust a little bit. They thought I was huffing gas, because I wouldn't wake up one morning, and I don't know, being with them more they noticed that well he must have been tired because it was only one day, or something.*

Client Reported Therapeutic Factors of Wilderness Therapy

Issue A—Time Alone. Billy made reference to residential treatment centers he had tried in the past, and how he was always with other people. In wilderness therapy, he was afforded alone time which allowed him to internalize a lot of issues and reflect on his life.

Issue B—Physical and Challenging. Billy liked the physical hiking and stated that it helped reflect and think about his drug use. He thought about how it affected his family, and how he was hurting himself in the process. He again referred to other residential treatment centers, and thought of them as “resorts” and stated that he had heard all of the same things that Freer was talking about in past treatment, but he needed to be uncomfortable. He stated “people have been telling me that for a long time and I guess I needed to be uncomfortable to sort of change you know.”

Issue C—Interpersonal Peer Dynamics. Billy was looked up to by the other clients because of his age and history of treatment. He played a valuable role in groups in being

able to offer feedback and advice on drug use. He stated "They had questions about it, and I don't know, it just made me feel good about myself that I sort of touched them you know." He also mentioned the willingness of group members to share in group because of staff expectations, including the rule that no war stories were allowed. He noted that the group was willing to share their experiences which helped him want to express his feelings as well.

Issue D—Structured and Consistent Approach. Again, Billy refers to residential treatment centers he had been to in the past and stated that he needed the structure that Freer provided. Staff were with Billy for the duration of the trip, and he stated that it helped with trust issues, and when combined with the structure, provided a consistent approach. Billy believed that this approach helped him work through his drug use issues.

Wilderness Therapist Reported Therapeutic Factors of Wilderness Therapy

A. Time Alone. The wilderness treatment team believed that time alone was beneficial to the therapeutic progress of Billy in that it gave him a chance to calm his anger and reflect on key issues in his life. Statements were made that Billy had returned from solo with a "smile that would not quit," marking a turning point in the process for him. Staff believed that the solo experience helped break down the walls Billy had built around his emotions from his drug use.

B. Interpersonal Peer Dynamics. Billy was given a leadership role by staff because of his history of substance abuse treatment. Billy was also willing to share his feelings in group when he deemed it safe, which helped him identify and work through his feelings. By practicing expressing these thoughts in group, Billy was coming to terms with his emotional side, which alleviated a key concern that staff throughout the first half of the wilderness therapy process. Peer interaction played a major role in helping Billy process these feelings.

Wilderness Therapy Effects and Proposed Client Changes

Client Stated Effects and Proposed Changes.

Billy identified the effects of wilderness therapy as realizations of his drug use and wanting to strengthen his family relationship. Billy stated that he is learning to access his

emotions, and that he needs to communicate these emotions to his parents in a more positive way. He had also done some thinking about his drug and alcohol issues. Given the fact that this was his fourth drug and alcohol treatment center, it is obvious he has a history of relapse, and has made these declarations before. He believed he had come to an understanding about his peer relationships however, indicating that he needed to drop his old friends and recognized that the pressures to relapse will be too great. He also made the claim that he wanted to identify his real friends who have stayed with him through his treatment and want to support his endeavors sobriety. This realizations are positive and suggest that Billy is moving in the right direction.

Wilderness Therapist Perceived Client Effects and Proposed Changes.

The wilderness treatment team stated in the clinical debrief that they recommended a long term residential treatment center for Billy. They did not think that he could handle the pressures to stay sober given his past. By allowing Billy to go home, they feared they were losing an opportunity to maintain the therapeutic progress that Billy had made. They believe that Billy had come to a realization of how drugs have affected his life and had begun to access emotions that were blocked off by drug use and dormant for years. They also think that Billy had made strides in learning to express these feelings in a more positive way and that he had learned how to manage his anger.

It is noted here that because the wilderness staff at Freer remained with Billy for the duration of the process and are perceived of as a team, comments were captured and reported in the clinical debrief from that perspective. Thus, comments illustrate the perspective of the wilderness treatment team. Because there were no reported effects as they have been defined to this point, Billy's proposed changes are presented as well as those of the wilderness treatment team in Figure 50.

Figure 50. Billy proposed changes as a result of the wilderness therapy process.

Billy—Proposed Changes from Wilderness Therapy			
Client Coded Perspective and Definition	**Example of Response**	**Wilderness Therapist Coded Perspective and Definition**	**Example of Response**
Identify Real Friends Client states wants to identify real friends as a result of the wilderness therapy process	*It was just thinking about, you know, my true friends and if I really have any. I know I had one, because I've had one friend [name], he's been sticking beside me and he doesn't do drugs or anything, and he's just been trying to help me and when I go back home, trying to help me not relapse and do good and make sure I'm doing good. I know that he's a true friend, he gets me out of tough situations a lot. He bails me out.*	**Learn to Express Himself** Wilderness treatment team states that client has learned to express himself as a result of the wilderness therapy process	*It took him awhile but he learned to express himself and access his feelings*
No Drugs Alcohol Client states wants to quit using drugs and/or alcohol as a result of the wilderness therapy process	*Like changing, to do stuff to stay sober. Like changing, like get away from friends, you know. Change my outlook on life in some aspects, like the drugs. I don't need drugs anymore to be happy, you know, I can find some other ways to do recreational things.*	**Manage Anger** Wilderness treatment team states that client has learned to manage anger as a result of the wilderness therapy process	*Identified and worked with him to recognize when he needs to take a time-out and calm himself when angry and then he is more willing to listen.*
No Friends Who Use Drugs and Alcohol Client states that he does not want any friends who use drugs and alcohol as a result of the wilderness therapy process	*I just thought about, you know, last time I was put in a real tough situation, I relapsed by a person that I thought was a friend, you know, he was like oh we won't be around them all day. And you know it's my fault to for letting me hang around there, but he just kept offering it to me and offering it to me and finally I said yes.*	**Realized How Drugs Affected Him** Wilderness treatment team states that client has learned how drugs have affected his life as a result of the wilderness therapy process	*Realized that he had lost something because of his drug use—the ability to empathize and care for others. He has verbalized and became aware of that and wants to change.*

Relationship Parents and Family Client states that he wants to improve his relationship with his parents and family as a result of the wilderness therapy process	*And the way I treat my parents, you know. Those are basically the three things. I was hoping I helped somebody because that's really not the path you want anyone to go down. Now I see how my parents feel about me and they didn't, they never experimented with drugs or anything, and I couldn't stand watching my kids do it.*	
Talk About Feelings Client states they want to talk about feelings as a result of the wilderness therapy process	*I don't really talk to them about what makes me mad, I yell at them about it. I need to learn how to use I feel statements and stay calm, and just express my feelings to them about what made me mad and stuff. I know that sounds dorky, express my feelings, but it's true..*	

A Model Linking Presenting Issues, Process, and Proposed Changes

A model is presented (Figure 51) to illustrate pathways of therapeutic progress based on the primary issues with which Billy was struggling. These are: Pathway A. Drug and Alcohol; Pathway B. Inability to Manage Anger; Pathway C. Problems with Authority; and Pathway D. Family Problems. The pathways follow movements in upward or downward directions based on the coded comments from staff observations of behavior illustrated in Figure 48.

Figure 51. Therapeutic progress of client case study Billy including presenting issues, stated client goals, and treatment note exerts.

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Discussion

Billy was making steady progress for the first week and appeared actively involved the process. This is illustrated with steady increases in therapeutic progress for all pathways in the first week, with Pathway A and Pathway B beginning slightly higher on the axis because of the noted focus on these issues by Billy, the treatment team, and through analysis of social history. The breakthrough for Billy appeared to be after completing his three-day solo at the beginning of the third week when Billy stated "he will do anything to stay sober" and displayed a cheerful and motivated affect in making these remarks. All pathways then take a dip after this increase because Billy's mood swings drastically when he is told he will not be going home, but must enroll in a residential treatment center. This seems to affect Billy in a negative way, thus the slight downward trends noted in all pathways except Pathway B. This is because Billy handled the news in a managed and controlled manner and did not act out in explosive anger, but rather, talked with staff about how he was feeling and his disappointment. At the mention of his returning home, the pathways tend upward again until they arrive at the realizations and proposed goals set forth by Billy.

Four Month Follow-Up Client Assessment

Phone calls were made four months after completing wilderness therapy and Billy and his parents were asked how he was doing in making the transition and implementing the changes proposed (see Appendix D for interview format). Billy's father was reached by telephone and responded to the interview questions. Billy was living at home with his mother and father and was involved in outpatient drug and alcohol treatment, counseling, and Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings.

Father Perspective Four Month Follow-Up Interview

A. Drug and Alcohol Use. The father stated that Billy had not relapsed four months after completing the wilderness therapy program and was very pleased with Billy's progress. He was involved in group counseling three times a week and was seeing a psychiatrist every other week for behavioral counseling. He was worried about some of Billy's friends and wishes he would better use his support network of AA and NA meetings. Overall, the father

was pleased that Billy had not relapsed and was proud of him for the progress he had made.

B. Inability to Manage Anger. The father stated that Billy goes up and down with his anger, which he referenced as "normal teenage things." He had seen progress as a result of the wilderness therapy process regarding his anger management and noted that Billy was seeing a psychiatrist to continue working on ways to manage his anger. He said that Billy still had vocal outbursts, with which he was concerned, but were nothing like before.

C. Problems with Authority. Billy was doing fine in school, with A's and B's with the only problem in Spanish class. There had been no negative issues in his school behavior, and he seemed to be dealing with authority issues in a positively. He wanted Billy to pick his grades up a little more.

D. Family Problems. The parents were also involved in counseling but thought that the sessions could be more intense, and stated he could be more involved in these efforts. Other than the "normal teenage things" mentioned before, the family was doing much better than before and were communicating effectively.

Client Perspective Four Month Follow-Up Interview

A. Drug and Alcohol Use. Billy was excited to report that he had not relapsed and attributed his success to a few key factors. He believed the difference this time was that he was not just saying he wanted to quit, but that he was willing to quit. He also took the necessary steps to sobriety in that he quit hanging out with his old friends who used and had found other ways to recreate and have fun. He claimed that he was having a better time now going to movies and going on dates with his girlfriend. He found quiet alone time by going on drives in his car and reflecting on where he was and where he wanted to go with his life. He had had plenty of opportunities to relapse but had not, and was attending group counseling and AA and NA meetings regularly. He was still fearful of relapse, and had to continue to stay away from negative influences and not let his guard down.

B. Inability to Manage Anger. Billy described a few incidents with his parents but stated that it is nothing like before and he had learned to talk to his parents about what he was feeling. When he got too upset to talk, he would take "time outs" by driving in his car or

taking walks to calm down.

C. Problems with Authority. Billy stated that he understands the rules and expectations from his parents, and was more invested in his relationships with his parents and friends. He was going to school regularly and getting good grades (A's and B';s with the only problems being in Spanish class). The only time he got in trouble at school was because he had a pager and he received detention.

D. Family Problems. He felt like he was making the effort to get along with his family and the effort has paid off. He had learned to express his feelings and knew when and how he gets angry and was taking the necessary steps to controlling his anger when he felt out of control. He felt like he owed his family a debt of gratitude for the trouble and grief he had caused and expressed remorse for the things he has done.

The coded responses from notes taken in the four month interview are presented in Figure 52 and include parent and client perspectives with examples of coded responses.

Figure 52. Responses from client case study Billy and parents regarding how the client is doing four months past wilderness therapy program completion.

How Billy is doing four months past program completion.			
CLIENT CODED PERSPECTIVE AND DEFINITION	**EXAMPLE OF RESPONSE**	**PARENT CODED PERSPECTIVE AND DEFINITION**	**EXAMPLE OF RESPONSE**
Getting Along Family Client states they are getting along with their family four months post program	*Getting along with my family well now. Now is doing for himself and his family instead of drugs and his old friends*	**Right Track** Parents of client state that feels like they are on the right track regarding client's progress four months post program	*Feels they are on the right track*
No Trouble Client states that he has not gotten into any trouble four months after completing wilderness therapy	*Only time I got in trouble was because had pager and got detention for three days but other than that have been doing well*	**Doing Well in School** Parents of client state that the client is doing well in school four months post program	*Is doing well in school with A's and B's with Spanish the only class he is having difficulty in and he is flunking that*

Having Better Time Client states that he is having a better time than before four months after completing wilderness therapy	*I am having a better time than when I was doing drugs, going to movies and on dates with girls. I take drives in my car with no music on and just think, about where I have been and where I want to go*	**No Relapse** Parents of client state that the client has not had a relapse four months post program	*He has not relapsed*
Quit Old Friends Client states that he has quit his old friends four months after completing wilderness therapy	*Quit hanging out with my old friends which helped a out*	**Really Well** Parents of client state that the client is doing really well four months post program	*Is doing very well*
Going School Regularly Client states they are going to school regularly four months post program	*Doing OK in school, have to pick up the Spanish grade but other than that going regularly and doing well*	**Normal Teenage Stuff** Parents of client state that communication with the client is normal teenage stuff four months post program	*He goes up and down, kind of normal teenage things*
No Relapse Had Chances Client states they have not relapsed and had chances four months post program	*Staying clean even though I have had opportunities and some temptations. And I was willing to quit, you have to be willing*	**Current Concerns—No Old Friends and Relapse** Parents of client state that the client still is spending time with old friends whom are negative influences four months post program	*Worried about relapse and some of the friends he is hanging out with and could take more advantage of support network and needs to learn to ask for help*

Summary and Conclusions of Freer Client Case Study

Billy is a sixteen year old who most recently was expelled from a drug and alcohol treatment program for sexually acting out and breach of contract. Billy has a long history of drug and alcohol abuse, having been to three prior drug and alcohol rehabilitation programs. DSM-IV diagnoses upon admittance into Freer include Polysubstance Dependence (304.80) (hallucinogens, heroin, amphetamines), Cocaine Dependence (304.20), Alcohol Dependence (303.90), and a reference but no diagnosis for Oppositional Defiant Disorder.

Billy was struggling with two issues in his life as seen through the eyes of the wilderness leaders and wilderness therapist responsible for his primary care. They were: (a) drug and alcohol abuse, (b) inability to manage anger, (c) problems with authority, and (d) family problems. Billy was asked how the wilderness therapy process helped him deal with the issues which brought him to wilderness therapy to explore how wilderness therapy

addressed these issues from his perspective. Billy provided a unique opportunity to compare wilderness therapy to previous residential treatment centers which failed to reach Billy. Four main factors emerged from analysis of descriptive codes: (a) time spent alone to sit and reflect on life, (b) the physical and challenging nature of wilderness therapy, (c) interpersonal peer dynamics, including group therapy, and (d) the structured and consistent approach used the wilderness treatment team. The wilderness treatment team in the clinical debrief reported the following factors helped the client address his presenting issues: (a) time alone, and (b) peer dynamics including leadership opportunities.

Billy came to a realization of his past drug use as a result of the wilderness therapy experience. Billy stated that he is learning to access his emotions, and that he needs to communicate these emotions to his parents in a more positive way. In doing this, he believed he could and wanted to have a better relationship with his parents. He had also done some thinking about his drug and alcohol issues. Given the fact that this was his fourth drug and alcohol treatment center, it was obvious he had made these declarations before. He had come to a new understanding about peer relationships, indicating that he needs to drop his old friends because he recognized that the pressures to relapse would be too great. He also made the claim that he wanted to identify his real friends who had stayed with him through his treatment. These realizations are positive and suggested that Billy was moving in the right direction.

The wilderness treatment team stated in the clinical debrief that they recommended a long term residential treatment center for Billy. They do not think that he could handle the pressures to stay sober given his past. By allowing Billy to go home, they feared they were missing an opportunity to maintain the therapeutic progress that Billy has made. They believe that Billy had come to a realization of how drugs have affected his life and had begun accessing emotions that were dormant for years. They think Billy had made strides in learning to express these feelings in a more positive way and that he had learned to manage his anger.

A model was presented to illustrate the wilderness therapy process applied to Billy. The model contains pathways of therapeutic progress based on the primary issues in which the client was struggling: Pathway A. Drug and Alcohol; Pathway B. Inability to Manage

Anger; Pathway C. Problems with Authority; and Pathway D. Family Problems.

In four month follow-up interviews. Billy's father stated that he had not relapsed and was very pleased with Billy's progress. He was involved in group counseling three times a week and was seeing a psychiatrist every other week for behavioral counseling. He was worries about some of Bill's friends. Overall, the father was pleased that Billy had not relapsed and was proud of him for the progress he had made. Billy was excited to report that he had not relapsed and attributes his success to a few key factors. He stated the difference this time was that he was not just saying he wanted to quit, but that he was willing to quit. He was still fearful of relapse, and had to continue to stay away from negative influences and not let his guard down. Billy was going to school regularly and getting good grades (A's and B's with the only problems being in Spanish class). He said he had learned to express his feelings and knew when he was getting out of control. He feels like he owed his family a debt of gratitude for the trouble he had caused and expressed remorse for the things he had done.

Application of the SUWS Wilderness Therapy Process

Client Case Study Presenting Issues

Before coming to SUWS, Ricky exhibited defiance in the home, theft, dishonesty, self-mutilation, abnormal eating and sleeping patterns, suicidal ideation, fatigue, isolation from family, alcohol and substance abuse, school failure, and poor anger control resulting in violence. He was arrested in 1997 and convicted of arson and vandalism and arrested again in 1998 for breaking and entering. He was diagnosed with Dysthymia and ADD and met the criteria for severely emotional disturbed in August of 1997.

Upon completion of the program, Ricky was asked why he came to be enrolled in SUWS. The responses to this question are presented in Figure 53 and capture the presenting issues of the client from his perspective.

Figure 53. SUWS client case study reported coded responses from the question: Why do you think you came to be enrolled in SUWS?

Ricky—Why Enrolled in Program		
Descriptive Code	**Definition**	**Examples of Coded Response**
Depression	Client states he was depressed as a reason for coming to program	*Yeah, I realized that I was typically close-minded and would look at the negative side of everything, and I've kind of done that pretty much all through my life, so I think it was a metaphor because now, back at home I am really taking everything in and noticing everything and you know, I'm staying open-minded with it, no matter what it might be.*
Drugs and Alcohol	Clients states his problems with drugs and alcohol were the reason for coming to wilderness therapy program	*[Then that led to the legal troubles, and led to some other stuff too, you had some drug and alcohol issues as well?] Yeah.*
Out of Control	Client states he was out of control as a reason for coming to program	*Now I realize this, it was for more than-to kind of get this for a punishment, because I was off track.*
Problems With Authority	Client states he has problems with authority as a reason for coming to program	*Yeah, I wouldn't listen to my parents or my teachers, or the police. Yeah, I have problems with authority. That could have been why I did not like [staff]. You know, just because he was the higher power in the situation, and maybe, well I didn't like it.*
School Problems	Client states he was having problems with school as a reason for coming to program	*I'd take all of the information in, but I wouldn't put it out on paper. My grades were pretty low.*
Trouble with Law	Client states a reason from coming to program was because he had trouble with the law	*Well there's like the obvious court, legal stuff, but other than that I was just lost and selfish and very negative. I mean, and secluded.*

Wilderness Therapy Process Applied to Client Presenting Issues

Wilderness Treatment Team Perspective During Process

Ricky was struggling with four issues in his life. They were: (a) depression , and (b) eating disorder, (c) self image, and (d) drug and alcohol issues. Figure 54 illustrates observations by wilderness staff and reflections made by the wilderness therapist throughout the wilderness therapy process.

Figure 54. Analysis of treatment notes referring to weekly therapeutic progress of client case study Ricky.

THERAPEUTIC PROGRESS OF RICKY	
REFERENCE TO CLIENT PRESENTING ISSUES (A) DEPRESSION (B) EATING DISORDER (C) SELF IMAGE (D) (D) DRUG AND ALCOHOL	
WILDERNESS TREATMENT TEAM NOTES TRACKING CLIENT PROGRESS	
WEEK 1	
Issue A DEPRESSION	Receives the light "Angel Card" and says he needs to open is eyes more to what is around him **(1a)** He notices the snowy the snowy mountains to the north and wants to capture the image for his parents **(1a)** He has a love for nature and speaks passionately about it **(1a)** He is very excited about his talk with the [wilderness therapist] and he cannot believe how much he shared with her and how good it feels **(1a)** Approached learning the skills with little motivation and zero perseverance **(-1a)** Often escalated into tears and dramatic episodes, asking his instructors to take his knife for fear of intentionally hurting himself **(-1a)**
Issue B EATING DISORDER	Struggled with filling the nutritional requirements of the program **(-1b)** He often gagged and required a great deal of external motivation to complete a meal **(-1b)**
Issue C SELF IMAGE	He needs encouragement because he does not believe he can make fire **(-1c)** Struggles with the hike and expresses that he does not want to ask the other clients for help because he is afraid they will think he is pathetic **(-1c)** Is asking less questions and finding ways on his own to solve problems **(1c)** Is finding success with his skills and is beginning to enjoy his time out here **(1c)** Only reason tried skills at all was because he was afraid the others would think he was pathetic **(-1c)** Often escalated into tears and dramatic episodes, asking his instructors to take his knife for fear of intentionally hurting himself **(-1c)** Talked of taking care of himself was a profound experience and talked of wanting to take responsibility for his self care **(1c)**
Issue D DRUG AND ALCOHOL USE	

WEEK 2	
Issue A DEPRESSION	During his solo experience, he ate very little and did not complete his tasks and was removed from the group **(-2a)**
Issue B EATING DISORDER	After first session with the wilderness therapist his gagging disappeared **(2b)** During his solo experience, he ate very little and his investment diminished quickly and was removed from the group **(-2b)** He is feeling homesick and does not want to eat his breakfast **(-2b)**
Issue C SELF IMAGE	After first session his skills and hiking increased and was eager to engage in the current phase of the program **(2c)** Reverted to self-pity and self-serving when confronted with the stress of the high elements course **(-2c)** When strongly confronted recovered to work with his partner and come down form the ropes course with success **(2c)** During his solo experience, he quickly reverted and his investment diminished quickly and was removed from the group **(-2c)** Wants to be an active member of the family and doesn't want to seclude himself **(1c)** The family is tied together and he feels like he is afraid to let the group down if he trips and stumbles **(-2c)**
Issue D DRUG AND ALCOHOL USE	
WEEK 3	
Issue A DEPRESSION	Identified an internal conflict between a part of him that seeks escape and a part that sees connection **(3a)** He identified these perceptions as the root cause of his depression, his acting out, and his detachment from self and others **(3a)** Felt if he could give and receive love he could feel confident that he is worthy of the life he has and safe enough to alleviate the need for attention **(3a)** As he integrated these beliefs his motivation and follow-through rose considerably **(3a)**
Issue B EATING DISORDER	He identified these perceptions as the root cause of his depression, his acting out, and his detachment from self and others **(3b)**

Issue C SELF IMAGE	Identified an internal conflict between a part of him that seeks escape and a part that sees connection **(3c)** Relates death of sister to his life and feels responsible for her death and believes he is a "monster" **(-3c)** He identified these perceptions as the root cause of his depression, his acting out, and his detachment from self and others **(3a)** Felt if he could give and receive love he could feel confident that he is worthy of the life he has and safe enough to alleviate the need for attention **(3c)** As he integrated these beliefs his motivation and follow-through rose considerably **(3c)** He successfully completed a solo, although the sedentary and solitary nature proved to be a slight setback **(-3c)**
Issue D DRUG AND ALCOHOL USE	He identified these perceptions as the root cause of his depression, his acting out, and his detachment from self and others **(3a)** He admitted to using alcohol weekly and marijuana daily, and mostly when he was alone to escape his problems **(3a)**

Discussion

Issue A—Depression. Despite brief captions indicating progress by Ricky in the first few weeks of the program, Ricky was struggling with the process until his furst session with the wilderness therapist. In this session they explored Ricky's sisters death and his perceptions of that death, uncovering what was believed to be the root cause of his depression. This realization had a dramatic impact on Ricky and seemed to improve his motivation and resolve. This was the first step for Ricky, and the wilderness therapist noted that there was still much work to be done to help Ricky integrate these understandings and perceptions into his life.

Issue *B—Eating Disorder.* Ricky struggled with eating problems well into the third week of the program. They seemed to emerge in bouts of self-doubt and depression. After the success of the ropes course element in week two, he quickly relapsed during his solo, and was removed for the group because he was not eating. Again, by identifying the root cause of his issues as his perceptions' on the death of his sister, he seemed to be make positive strides in connecting the eating disorders to his self sabotage, but had only begun to manifest these realizations into changed behavior.

Issue *C—Self Image.* Ricky had a major problem with self image, and which related to his drug and alcohol use, eating disorders, and depression. By learning to take care of himself in the desert and to be accepted by his peers, Ricky had made positive strides in

changing this negative self perception. By completing the experience and identifying the root cause of his depression, Ricky had begun to perceive himself in a more positive light.

Issue *D—Drug and Alcohol*. Ricky and the wilderness therapist identified that drug and alcohol issues were related to his negative self image and depression, and were used to "escape his problems." By identifying the driving factor behind his use, Ricky seemed to make positive strides in coming to a realization to change his drug and alcohol use. There was no mention of any 12-Step processes, relapse prevention plans, or other issues surrounding drug and alcohol recovery. This suggests that the Ricky would have to continue to address his drug and alcohol use after wilderness therapy and complete these necessary steps in aftercare to remain sober.

Client and Wilderness Therapist Reflections on Process

Ricky was asked how the wilderness therapy process helped him better understand and resolve issues which brought him to wilderness therapy. Two main factors emerged from analysis: (a) therapeutic relationship with the wilderness therapist, and (b) interpersonal peer dynamics. The wilderness therapist in the clinical debrief reported the following factors helped the client address his presenting issues: (a) accomplishing tasks and enhancing self esteem, and (b) identifying the root cause of the problems.

References to how wilderness therapy worked from Ricky's and the wilderness therapist are presented in Figure 55 in the form of descriptive codes with definitions and examples of coded responses.

Figure 55. Responses from client case study Ricky and wilderness therapist on how the wilderness therapy process helped lead to reported effects and proposed changes.

Ricky—How Wilderness Therapy Process Worked to Address Presenting Issues			
Wilderness Therapy Process Factors Which Helped Client Address Presenting Issues (A) Therapeutic Relationship with Wilderness Therapist (B) Interpersonal peer dynamics		**Client Perspective of Therapeutic Factors of Wilderness Therapy** (A) Accomplish Tasks Enhance Self Esteem (B) Identify Root Cause of Problems	
Client Coded Perspective and Definition	**Example of Response**	**Wilderness Therapist Coded Perspective and Definition**	**Example of Response**
(A) Wilderness Therapist—More Feeling Oriented Client states that wilderness therapist was more feeling oriented which helped him deal with presenting issues	*My counselor was like, it wasn't as, it was more thought oriented, you know, and with [wilderness therapist] it was like how do you feel about this and it was really just weird starting off like that with [wilderness therapist] because I wasn't used to feeling, I'm used to thinking and she started stopping when I moved back up to my home.*	**(A) Met Challenges** Wilderness therapist states that the client met the challenges that were in front of him	*He had very low self esteem so we continually challenged him to meet the tasks that were in front of him By meeting these challenges his self esteem gradually was enhanced.*
(A) Locate Core of Problems Client states that wilderness therapist helped him locate core of problems which helped him work through presenting issues	*Well, she just, it's so hard to explain. She just talked to me about my depression and how long it's been going on. She kind of made it more like a physical diagram. She made kind of like a timeline along the dirt road, about where I am now and where I was 2 years ago and 10 years ago. She had me walk it and just describe my feelings at those different periods of time. And that was probably the most knowledgeable experience for me in my life, because it just totally lifted this huge weight off my shoulders. It was really cool.*	**(B) Identified Core Problems** Wilderness therapist states that client identified core problems in his life history which helped him address presenting issues	*He identified these perceptions as the root cause of his depression, his acting out, and his detaching from himself and others.*

(A) Learn Trust Feelings Client states that wilderness therapist helped client learn to trust feelings which helped him address presenting issues	*Right, she made me realize that I should feel, not think, because I'm a thinker, and everything that is 100 percent right is going to feel right. I mean, the mind can be deceiving. If it's right, you're going to feel it in your heart, and there's no other way to judge it with your mind, I don't feel. So I am really starting to you know, not think anymore or at least feel instead of think.*	**(B) Helped Him Feel Worthy of Life** Wilderness therapist states that by identifying the root causes of his problems the client believed he was worthy of life which helped address presenting issues	Began to see that the ability to give and receive love and sense of belonging he could feel confident that he is worthy of the life he has and not feel the blame for his sister's death. After illustration of these beliefs, motivation and resolve improved dramatically.
(A) Role Playing Client states that wilderness therapist used role playing which helped him deal with presenting issues	*We were role playing stuff, where I could step into other peoples shoes. Something that I had never really thought about was, well I had a sister who died when I was four. She was born physically and mentally retarded and she died when she was seven and I was four, and I had never thought that that was the root of my depression. You know I had never even looked at it. I had never even thought about it, and she had me do this exercise and I realized that's when the feelings of depression started.*		
(B) Emotional Rescue Other Group Client states that an en emotional rescue from another group helped him deal with his presenting issues	*Just to hear other kids say that it was like really -you know, we hadn't been around anyone that knew. And even had the instructors told us this I don't think we would of believed them, but hearing it from other kids who were actually kind of like us, it was really motivating. That was one of my big turn around points.*		
(B) Peer Feedback Client states that peer feedback helped him address presenting issues	*Just that, like I know that when it was my day five they came and it really boosted my hope. You know, I was really down and looking really dark, and it was just really nice to hear people come and say "yeah, we were in your exact same position and it gets so much better."*		
(B) Family Phase Client states that the family phase of wilderness therapy helped him address presenting issues	*I really liked the family week. I really liked the emotional rescue. I think that that's really good for the first week group. I think that it's really fun for the group that gives it.*		

Client Reported Therapeutic Factors of Wilderness Therapy

A. Therapeutic Relationship with Wilderness Therapist. Ricky identified the therapeutic relationship established with the wilderness therapist as the most important factor in helping him address his presenting issues. He stated "what really helped me was my talk with [wilderness therapist], because that really helped me realize the root of my depression."

Once this was understood, Ricky increased his motivation and resolve and began to engage in the process. Ricky had tried counseling before and claimed that no one had helped him tap the root of his depression, and that by locating the core of his problems he felt like a huge weight had been lifted from his shoulders.

B. Interpersonal Peer Dynamics. Ricky stated that he enjoyed the family phase of the wilderness therapy process as well as the encounters with other groups doing emotional rescues. Emotional rescues occur when a first-week group is having difficulties and a third-week group shows up to pick up their spirits and convey the message that things are going to get better. This reinforcement from peers and peer interaction helped him work through his depressive states and motivated him to persevere. When confronted with periods of alone time, Ricky would retreat into himself and become depressed and would not eat. With the peer feedback and interaction, his moods picked up and he was more able to engage in the process.

Wilderness Therapist Reported Therapeutic Factors of Wilderness Therapy

A. Accomplish Tasks and Enhance Self Esteem. The wilderness therapist believed that Ricky made progress in the program when he was on task and being challenged. The empowerment he received from learning to take care of himself in the desert was an indicator that accomplishing tasks was a good way at getting through the defense system that Ricky had built up through the years. This was noted in examples of Ricky getting his first fire and the sense of accomplishment he had after completing the ropes course.

B. Identify Root Cause of Problems. Helping Ricky understand the causes of his depression and self depreciating behavior was a major turning point for Ricky. It was at this point that he began to show improvements in his presenting issues. With this understanding, the wilderness therapist believed that Ricky had made the first steps down a path to discovering ways to address his drug and alcohol use, eating disorders, and self depreciating behavior.

Wilderness Therapy Effects and Proposed Client Changes

Client Stated Effects and Proposed Changes.

Ricky referred to the wilderness therapy process lifting a weight from his shoulders and opening his mind to a positive view of life. His experience gave him direction and a new found sense of self-confidence. The weight lifted from his shoulders was in reference to his awareness of the root causes of his depression and he stated "And that was probably the most knowledgeable experience for me in my life, because it just totally lifted this huge weight off my shoulders." This led to reported changes of sobriety, trying harder in school, and dropping his old friends whom were negative influences on him. And finally, Ricky stated that he was going to change the music he listened to because he thought that it might be putting some aggressive and negative thoughts in his head.

Wilderness Therapist Perceived Client Effects and Proposed Changes.

The wilderness therapist believed Ricky had a better understanding of his emotional needs and had demonstrated healthier coping skills. His depression, eating problems, and drug and alcohol use were all examples of poor coping skills. With the increased self-confidence from his sense of accomplishment, Ricky now understands more clearly what he needs to be happy. The wilderness therapist recommended an intense aftercare plan including a 24-hour therapeutically secure lock down environment for Ricky given the complexity of his presenting issues and his history of experiencing success and then followed by a sharp decrease in motivation.

The reported effects and proposed changes are presented from Billy's perspective and that of the wilderness therapist in Figure 56 as descriptive codes with definitions and examples of text from responses.

Figure 56. Ricky reported effects and proposed changes as a result of the wilderness therapy process.

Ricky—Reported Effects and Proposed Changes			
EFFECTS			
CLIENT CODED PERSPECTIVE AND DEFINITION	EXAMPLE OF RESPONSE	WILDERNESS THERAPIST CODED PERSPECTIVE AND DEFINITION	EXAMPLE OF RESPONSE
Have Direction Client states that has direction now as a result of the wilderness therapy process	*Because I think I was there for so long, it had a big impact on my whole life and it just, that just changed everything, just my life has actually changed a lot. It's actually helping me a lot.*	**Enhanced Self Esteem** Wilderness therapist states that client has an enhanced sense of self esteem	Client accomplished a series of difficult tasks and through this accomplishment developed an enhanced self esteem.
Have Self-confidence Client states they have self-confidence as a result of the wilderness therapy process	*Hiking. But now looking back on it I mean that just boosted my self-confidence even more. It was hell at the time but I mean, towards the end I really got used to it and started to enjoy it..*	**Healthier Coping Skills** Wilderness therapist states that client has learned more healthy coping skills	*Client understands core problems and through examination of personal behavior has developed a set of healthier coping skills.*
Lifted Weight Problems Client states that wilderness therapy lifted the weight of his problems as a result of the process	*Yeah, exactly. And that was probably the most knowledgeable experience for me in my life, because it just totally lifted this huge weight off my shoulders. It was really cool. It was kind of like the relief of the depression. I mean, because it totally changed my view, I mean talking with [wilderness therapist] for two hours changed my view on myself, on my parents, on the whole world. It was incredible.*	**Identified Emotional Needs** Wilderness therapist states that client identified his emotional needs	*Client learned to identify his emotional needs through the process to better articulate what he is feeling and what he needs*
Open Minded Client states that is more open minded as a result of the wilderness therapy process	*Yeah, I realized that I was typically close-minded and would look at the negative side of everything, and I've kind of done that pretty much all through my life, so I think it was a metaphor because now, back at home I am really taking everything in and noticing everything and you know, I'm staying open-minded with it, no matter what it might be.*		

PROPOSED CHANGES			
Change Music Listen To Client states wants to change the music he listens to as a result of the wilderness therapy process	*This is weird because I never thought I'd say this, but the music I used to listen to I think triggered some mind aggression. I'm starting to like more of the mellow stuff that I used to like, with some other bands, like--you've heard of the Cure, right? [Oh yeah] I'm really liking the Cure, I'm really liking the Legendary Pink Dot, and the Tear Garden..*	**Beware of Relapse** Wilderness therapist states that client has a history of setbacks following success	*[Ricky's] pattern of experiencing a success, the a sharp decrease in motivation has been long-standing and will be hard to replace. The pattern could be neurological driven and an assessment for a chemical imbalance may shed some light on this.*
Drop Old Friends Client states wants to drop old friends as a result of the wilderness therapy process	*Yeah so far it has been going all right, but I realize that some of my friends aren't doing anything good for me. And it is going to be hard to break away from them, or even just tell them they're screwing up. I have my sister and I have my girlfriend and I have my best friend, who he actually came over yesterday, and he's very straight edge, and I think I could do fine with just them.*	**Therapeutically Secure Environment** Wilderness therapist recommends that the client be placed in a secure therapeutic environment to continue the therapeutic progress made	***It is my strong recommendation that [Ricky] be placed in a clinically therapeutic and secure environment with 24-hour supervision and structure*** *that will hold him accountable and reward positive behavior and deal with negative consequences.* ***His drug and alcohol use will need to be addressed in the treatment plan***
Try Harder School Client states they want to try harder in school as a result of the wilderness therapy process	*And when it starts again or if I end up going to a boarding school, because of the whole court thing coming up, I really want to do well.*		
No Drugs Alcohol Client states wants to quit using drugs and/or alcohol	*It's the domino effect. And that's helped me out quite a bit, and I've vowed to myself no drugs, nothing -I don't want to do anything that perpetuates negative behavior or actions or emotions. I mean, drugs I would steal money. Anything like that. I don't even want to have sex.*		

A Model Linking Presenting Issues, Process, and Proposed Changes

Figure 57 illustrates the therapeutic progress Ricky made at SUWS and how the

wilderness therapy process worked to address his presenting issues. The model contains pathways of therapeutic progress based on the primary issues with which the client was struggling. They are: Pathway A. Depression; Pathway B. Eating Disorder; Pathway C. Self Image; and Pathway D. Drugs and Alcohol.

Figure 57. Therapeutic progress of client case study Ricky including presenting issues, stated client goals, and treatment note exerts.

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Discussion

The therapeutic progress of Ricky was slow through the first two weeks of the wilderness therapy process. Ricky's pathways are reasoned to be very interconnected given his social history and presenting issues, thus they follow a similar trajectory. They decline at the onset of the process because Ricky was angry for being sent to SUWS, felt as though it was a punishment, and was being challenged considerably by the skills and self care requirements of wilderness living. He had difficulties finishing a meal, had very little motivation with primitive skills such as fire-making and was progressing only because others would "thought he was pathetic."

His progress changed towards the end of the second week with a sense of accomplishment gained by completing the ropes course, illustrated by the slight turn upward of the pathways. This was followed by a negative experience with the solo and Ricky being removed from the group and placed in an "individual group." This experience set Ricky back and challenged him further. It was a this time that he experienced his talk with the wilderness therapist who helped him identify the root cause of his problems, thus the upward trend in the four interrelated pathways. Note that Ricky did not make significant progress overall in the program, evidenced by the clinical debrief with staff noting effects given presenting issues and the aftercare recommendations of the wilderness therapist.

Four Month Follow-Up Client Assessment

Phone calls were made to Ricky and his parents regarding his status in making the transition and implementing the changes proposed (see Appendix D for interview format). Ricky's father was reached by telephone and responded to the interview questions. Ricky had been in a 24-hour lock-down therapeutic facility for about three months and had not had any home visits. Access was not granted to the counselor, and the father reported that he was doing fine and that he did not have much more to add. For these reasons, the interview will only contain self reports made by the client.

Client Perspective Four Month Follow-Up Interview

A. Depression. Ricky stated that he was doing OK and that the experience at the

aftercare facility was very hard and demanding. Other than SUWS, he had not been away from home that long and he felt like he was missing out on normal teenage things. He had been involved in intense one-on-one therapy sessions with a psychiatrist to retrace his memories and feelings associated with his childhood and come to a better understanding of his depression and suppressed feelings. He stated that SUWS brought it up for him the first time and that his experience at the aftercare facility was allowing him to continue that work. He brought up the death of his sister and how it triggered his childhood behaviors, such as killing small animals and chemical abuse. He stated that he was just now beginning to understand his past behaviors.

B. Eating Disorder. His eating problems were currently stabilized and he was eating a healthy diet. He was coming to an understanding of where his eating problems were stemming from, and found out they were related to his depression. He was aware of the issue and had been working hard to eat healthy.

C. Self Image and Drugs and Alcohol. The fourth night after returning home from SUWS, Ricky relapsed on alcohol and three weeks after that he began heavily smoking marijuana. School was out, he wasn't working and he really wasn't doing much and he started to feel depressed. Soon after, he came down with mononucleosis and became even more depressed, his self image worsening. The pain caused by the extreme high felt from accomplishing something like SUWS and then sinking to the low experienced from his relapse in such a short time was devastating for Ricky. He started smoking marijuana two times a day and realized what he was doing but said he could not stop his use. He stole money from his parents and is now working with the psychiatrist to identify why he relapsed and how he can prevent it in the future. He was noticeably shaken when talking about his experiences.

The coded responses from notes taken in the four month interview are presented in Figure 58 with examples of coded responses.

Figure 58. Four month follow-up interview with descriptive codes, definitions and examples of coded responses

Ricky—How Doing Four Months After Wilderness Therapy Program		
Descriptive Code	**Definition**	**Examples of Coded Response**
Bad First Month	Client states he had a bad first month after completing wilderness therapy program	*It was both good and bad when I left [wilderness therapy program]. I relapsed pretty heavily, was feeling really good about myself when I left [wilderness therapy program] but then I just fell. I got mono and felt bad.*
Had Relapse	Client states he had a relapse after completing wilderness therapy program	*He relapsed pretty heavily, was feeling really good about himself when he left [wilderness therapy program] but then just fell. Started drinking the 4th day left the program and started smoking pot 2x a day after about three weeks. He stole some money because he needed it to buy drugs. He recognized and was aware that did not want to be doing these things but could not stop it.*
Sad Missing Life	Client states he is sad that he is missing out on his life four months after completing the wilderness therapy program	*Realizes he is missing out on things in life and is sad*
Trying to Understand Behavior	Client states he is trying to understand his past behavior four months after completing the wilderness therapy program	*He is feeling a lot better about himself, [wilderness therapy program] helped him get out of the spiral he was in and begin to take proactive steps and now the aftercare facility has helped him turn it around again.*
Understand Why Relapsed	Client states that he is trying to understand why he relapsed at the aftercare facility	*One of the things he is working on at the aftercare facility is why he relapsed. Is trying to get all the pieces in place so he will not relapse when he leave the institution*
Trouble with Law	Client states a reason from coming to program was because he had trouble with the law	*Well there's like the obvious court, legal stuff, but other than that I was just lost and selfish and very negative. I mean, and secluded.*

Summary and Conclusions of SUWS Client Case Study

Before coming to SUWS, Ricky exhibited defiance in the home, theft, dishonesty, self-mutilation, abnormal eating and sleeping patterns, suicidal ideation, fatigue, isolation from family, alcohol and substance abuse, school failure, and poor anger control resulting in violence. He was arrested in 1997 and convicted of arson and vandalism and arrested again in 1998 for breaking and entering. He was diagnosed with Dysthymia and ADD and met the

criteria for severely emotional disturbed in August of 1997.

Ricky was asked how the wilderness therapy process helped him better understand and resolve the issues which brought him to wilderness therapy to explore the wilderness therapy process from the client perspective. Two main factors emerged from analysis of descriptive codes: (a) therapeutic relationship with the wilderness therapist, and (b) interpersonal peer dynamics. The wilderness therapist in the clinical debrief reported the following factors helped the client address his presenting issues: (a) accomplishing tasks and enhancing self esteem, and (b) identifying the root cause of the problems.

When talking about the effects of the process, Ricky referred to the wilderness therapy process lifting a weight from his shoulders and opening his mind to a positive view of life. His experience gave him direction and a newly found sense of self-confidence. The weight lifted from his shoulders is in reference to his awareness of the root causes of his depression and he stated "And that was probably the most knowledgeable experience for me in my life, because it just totally lifted this huge weight off my shoulders." This lead to reported changes of sobriety, trying harder in school, and dropping his old friends whom were negative influences on him. And finally, Ricky stated that he was going to change the music he listened to because he thought that it might be putting some aggressive and negative thoughts in his head.

The wilderness therapist believed Ricky had a better understanding of his emotional needs and was demonstrating healthier coping skills. His depression, eating problems, and drug and alcohol use were all examples of poor coping skills. With the increased self-confidence from his sense of accomplishment, Ricky gained an understanding of what he needs to be happy. The wilderness therapist recommended an intense aftercare plan including a 24-hour therapeutically secure lock down environment for Ricky given the complexity of his presenting issues and his history of experiencing success and then followed by a sharp decrease in motivation.

A model is presented to illustrate the therapeutic progress made by Ricky at SUWS and how the wilderness therapy process worked to address his presenting issues. The model contains pathways of therapeutic progress based on the primary issues in which the client was struggling: Pathway A. Depression; Pathway B. Eating Disorder; Pathway C. Self

Image; and Pathway D. Drugs and Alcohol.

Phone calls were made to Ricky and his parents regarding in status in making the transition and implementing the proposed changes (see Appendix A for interview format). Ricky's father was reached by telephone and responded to the interview questions. Ricky had been in a 24-hour lock down therapeutic facility for about three months and had not had any home visits since his stay began. Access was not granted to the counselor responsible for Ricky. Ricky's father was reached by phone and said that he was doing better but that is all he could really say.

Ricky stated that he was doing OK and that the experience at the aftercare facility was very hard and demanding. Other than SUWS, he had not been away from home that long and he felt like he was missing out on some things. He had been involved in intense one-on-one therapy sessions with a psychiatrist to retrace his memories and feelings associated with his childhood and arrive at an understanding of his depression and suppressed feelings. He stated that SUWS brought it up for him the first time and that his experience at the aftercare facility was allowing him to continue that work. He brought up the death of his sister and how it triggered childhood behavior, such as killing small animals and chemical abuse. His eating problems were currently stabilized and he was eating a healthy diet again.

The fourth night after returning home from SUWS Ricky relapsed on alcohol and three weeks after that he began smoking marijuana heavily. School was out, he wasn't working and he started to feel depressed. Soon after, he came down with mononucleosis and became even more depressed. He started smoking marijuana two times a day and stole money from his parents and is now working with the psychiatrist to identify why he relapsed and how he can prevent it in the future. He was noticeably shaken when talking about his experiences.

Summary and Conclusions from Applied Client Case Studies

Client case study presenting issues were illustrated for each client case study. These presenting issues were applied to the wilderness therapy process for each wilderness therapy program. Clients and wilderness staff responsible for the primary care of each client offered

perspectives on how the wilderness therapy process worked to address these presenting issues. Clients and wilderness staff were also asked the effects and the proposed changes the client planned to make. A model is presented to illustrate the therapeutic progress of each client to better understand how the wilderness therapy process worked to address presenting issues. The model contains pathways of therapeutic progress based on the primary issues in which the client was struggling, and is a useful too in illustrating how presenting issues relate to process, and how process relates to reported effects and client changes. The model can also aid in making aftercare recommendations and placements for the client, and can be used by clinical staff at each aftercare facility to better understand progress client's have made. Phone calls were made to clients and parents asking them to describe how the client was doing in making the transition and implementing the changes proposed. The four month follow-up assessment serves a valuable reference point to compare the effects of the process and proposed changes with current status and to test the model presented which theorizes various levels of therapeutic progress as a result of wilderness therapy.

8. A Comprehensive Model of Wilderness Therapy

Introduction

A model of wilderness therapy is presented based on key concepts and ideas found to be similar across the four wilderness therapy programs in the study. The model contains four key variables of interest which emerged in the analysis of the theory, process and reported outcomes of wilderness therapy. The key variables of interest are: (1) Theoretical Foundation, which represents the theoretical foundation upon which the model rests; (2) Therapeutic Factors of Wilderness , which addresses the role of wilderness in wilderness therapy; (3) Wilderness Therapy Process and Practice, which includes the phases and factors at work in the wilderness therapy process, and; (4) Common Reported Outcomes which looks at the effects of wilderness therapy. The model is reinforced with client case study perceptions of reported outcomes and how the wilderness therapy process facilitated reported outcomes. A discussion section presents justification for a concurrent model which further explores the interrelated and dynamic nature of therapeutic factors at work in wilderness therapy.

Methods Used to Shape the Model of Wilderness Therapy

A model of wilderness therapy is built on descriptive and pattern and codes which emerged from the analysis of responses made by key staff at each program to questions addressing the following aspects of wilderness therapy: (1) Theoretical Foundation; (2) Role of Wilderness, (3) Process and Practice of Wilderness Therapy; and; (4) Common Reported Outcomes. Each pattern code was reviewed for similar descriptive codes across programs which captured consistent concepts, ideas, and phenomena. For example, the pattern code *How Program Perceives Client* emerged from the analysis of the question asking staff to describe their theoretical basis of wilderness therapy. Within this pattern code, several descriptive codes were found to be similar across programs. For a descriptive code to be included in the model, it had to appear in three of the four programs.

If a descriptive code was represented by only three of the four programs, a textual

search was conducted in NUD•IST across the respective staff interviews for the program not represented to look for like words or phrases which are reasoned to capture the meaning of the descriptive code. This was done as a coding re-check to see if staff may have alluded to the meaning behind the descriptive code in an interview, but which may have been missed in the initial coding and analysis of the data. For example, in the first pattern code *How Program Perceives Client*, Anasazi did not have a code referring to the idea that clients had been in counseling before. Thus, a textual search was conducted with NUD•IST across the staff interviews and focus group documents to look again for words or phrases which might capture the meaning behind the descriptive code *Tried Counseling*. This was done using the phrase TREATMENT PROGRAMS, and in this case a passage was found referencing how clients often talk about their time spent in past treatment programs prior to enrolling in wilderness therapy. In cases such as this example, it is reasoned that such captions, if located, do not fully represent the code, but rather are supportive of the meaning behind the code. Therefore, they lend support to the inclusion of the code in question as something common across programs.

Client case study responses on how the wilderness therapy process helped them realize the reported effects and proposed changes in behavior further support a re-examination of the data at this stage of the analysis. These data allow for triangulation of therapeutic factors at work in wilderness therapy.

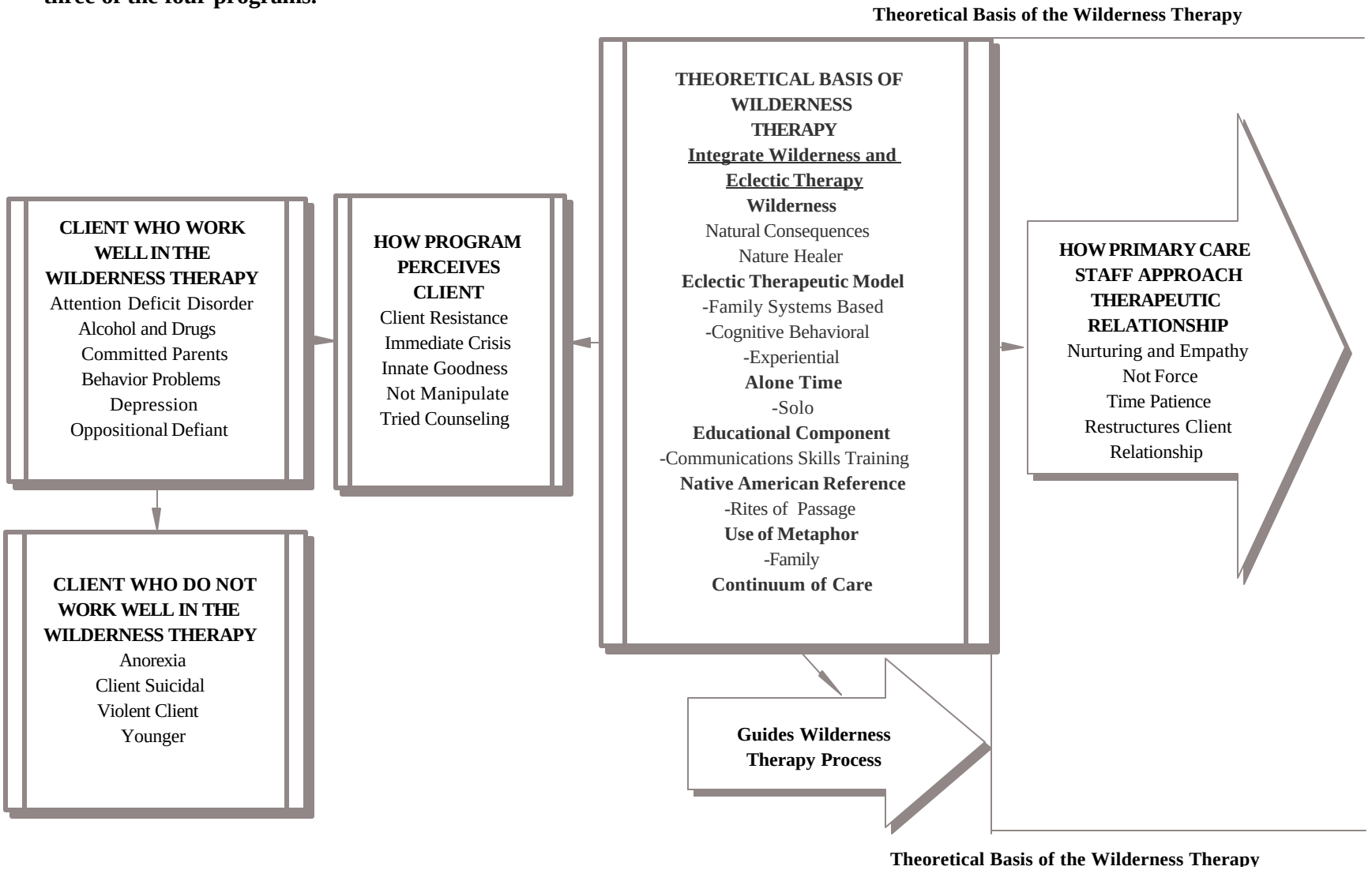
Variable 1. Theoretical Foundation of Wilderness Therapy

Introduction

The theoretical foundation of wilderness therapy is based on pattern codes (a) How Program Perceives Clients, (b) Theoretical Basis, and (c) How Primary Caregiver Approaches Therapeutic Relationship. Figure 59 shows the common pattern and descriptive codes found across all programs. It is reasoned that these common descriptive codes represent the theoretical basis that drives the wilderness therapy process at work. Figure 59 is followed by an explanation of the descriptive and pattern codes across the four wilderness therapy programs, including common diagnoses across programs perceived by staff as

working or not working well in the wilderness therapy process.

Figure 59. Variable 1. Theoretical basis of wilderness therapy based on pattern codes common descriptive codes across at least three of the four programs.



A. How Program Perceives Client

Staff at each program perceive clients entering treatment as being out of control and in immediate crisis. This can be due in part to problems with drugs and alcohol, depression, violent outbursts, trouble with the law, failing grades or getting kicked out of school. Moreover, it is not only the client who is in crisis, but the entire family. This is captured in the Immediate Crisis descriptive code by Freer (see Figure 12), "They [parents] are feeling so totally helpless, they try going to the police, try going to various centers, and they can't get anybody to help them, and they don't know what to do." Wilderness therapy staff initially work on the phone with distraught parents, trying to calm them down and determine if wilderness therapy is what the potential client and family need.

The typical client enters wilderness therapy scared, frightened, and angry, with a deeply rooted resistance to authority. Clients deem the intervention as being a punishment, and are angry with their parents. Staff expect such resistance, and embrace it, letting the process work slowly and with patience over time. Clients are also perceived as being therapeutically savvy, having been in treatment prior to wilderness therapy. Thus, the process and approach needs to be different from traditional forms of therapy, in which the client has become adept at manipulation. This idea relates to the Not Manipulate descriptive category, whereby staff believe that clients are not able to manipulate the process due to factors such as natural consequences. Finally, staff recognize that clients have an innate goodness, and that for some reason, they have lost their way and made some bad decisions in their lives. Wilderness therapy can be seen as a chance to change their problem behaviors, helping clients find their lost sense of goodness and get their lives back on track.

B. Theoretical Basis

While each of the programs had it's own unique approach to wilderness therapy, there were several common variables comprising the theoretical basis of each. Common variables found across programs (common descriptive codes) capture the theoretical basis of wilderness therapy. Many of these common concepts are based on traditional wilderness programming ideas dating back to the 1960's in programs such as Outward Bound, but which are then integrated with an eclectic therapeutic model based on a family systems perspective

with a cognitive behavioral treatment emphasis. This approach integrates the therapeutic factors of a wilderness experience with a nurturing and intense therapeutic process which helps clients access feelings and emotions which have been suppressed by anger, drugs and alcohol, and depression.

Each program proposes that problem behavior of clients stems from the various environments from which they come, with the most powerful influence being the family. Because of this, the family is expected to be actively engaged in the treatment process while the client is in wilderness therapy. For example, Anasazi conducts a parent seminar that all parents are strongly encouraged to attend and the wilderness therapist works with the parents throughout the process. Aspen also conducts a seminar for parents, encourages them to be involved in counseling, and has a two day graduation ceremony that parents attend. Freer uses family meetings at the beginning and end of the trek, and the clinical supervisor works directly with the family during the wilderness therapy process and also asks the family to commit to counseling. SUWS has a parent meeting at the end of the program to celebrate graduation, and bases a major phase of the program on family dynamics, teaching clients to understand their role in the family. A variety of therapeutic models are drawn on, including a cognitive behavioral and experiential therapeutic focus, and are integrated with a family systems approach to work with the entire family, with the goal being restored family functioning.

When confronted with anxiety and stress similar to that which is experienced in their day-to-day lives, client coping strategies surface and are observed by wilderness leaders and therapists in day-to-day wilderness living. The various therapeutic approaches based on a family systems perspective are used to help clients access and better understand emotions that lead to these strategies. This is done primarily through the use of natural consequences experienced in wilderness living, which allow staff to observe, rather than instigate, these experiences. This dynamic, which dramatically restructures the client's relationship with authority, is captured in a quote by a SUWS staff member (see Figure 17):

> "In getting them out in the field and letting the wilderness environment impact them, this is what creates distress, so we don't have to do that, we don't have to apply a set of rules or expectations on them that make them uncomfortable. We don't have to get face to face with them, because the environment does that."

Interwoven in the integration of wilderness and therapy are references to Native American ceremony and rituals, including a rites of passage experience for clients. Wilderness therapy reflects rites of passage experiences practiced by cultures throughout the world, such as clients spending periods of time alone in wilderness solos to reflect on their lives and to receive inspiration. Also included in the theoretical basis were references to the use of metaphor, especially to represent the family, and an educational component with a sophisticated curricula, which teaches communication skills training along with a variety of other traditional educational and psycho-educational lessons.

C. How Primary Care Giver Approaches Therapeutic Relationship

The primary care staff in wilderness therapy approach the therapeutic relationship in a nurturing, caring, and empathetic way. They understand that the clients are upset, angry, and resistant to change and to authority in general. This finding is in contrast to public perceptions of wilderness therapy based on highly publicized client deaths in Utah in the early 1990's, where wilderness therapy was depicted as a harsh "boot camp military approach", breaking clients down through forced marathon hikes and food deprivation, so as to then build them back up and "reshape them" (Krakauer, 1995). But in the organizations studied staff approach the therapeutic relationship in the initial stages of wilderness therapy with compassion and patience and let the client work through their resistance and anger. They do not force change, instead allowing the environment to force response through natural consequences.. They wait until the anger and resistance subside and then approach clients in a nurturing way to build trust and rapport. If the client is not ready, staff step back and let other factors continue to work, such as time away from family and physical exercise, until the client is ready.

Thus, in the wilderness therapy process, the therapist-client relationship is radically different from the previous experiences that most clients have in therapy. As Freer states (see Figure 12) "It's not as though there's this removed sort of person who sits in a chair an hour at a time, it's also that those people providing you guidance and giving you suggestions and giving you clear feedback are also living through the same experience with you." In wilderness treatment the stigma associated with therapy is reduced, and the leaders and therapists are seen in a different light. They are seen as role models, not the enemy, further

enhancing the relationship and allowing room for discussion and discourse without the stigma of traditional therapeutic roles and environments.

Variable 2. The Role of Wilderness in Wilderness Therapy

Introduction

Therapeutic factors of wilderness at work are presented to better understand the role of wilderness in wilderness therapy. The wilderness environment, characterized by naturalness and solitude, can be seen as a therapeutic environment in and of itself. The role of wilderness in wilderness therapy is referenced by the descriptive code, Nature Healer, which emerged from staff descriptions of the theoretical basis of wilderness therapy. The descriptive code contains reference to the therapeutic nature of wilderness acting alone as a healer for clients. For example, a SUWS staff member stated "And it is also I think a lot of things that you can't put your finger on, just being outdoors, getting back in touch with the earth and the outdoors is very healing, and it is a very subtle and slow process that happens over time."

Next, staff were asked to explore how the wilderness experience alone was therapeutic based on the question "What role does wilderness play in supporting the theoretical basis of wilderness therapy as practiced by [program name]?" The question asked staff to explore *why wilderness?,* or, in other words, could wilderness therapy be done in natural areas which are not wilderness, such as a state park or cabin retreat? The analysis and discussion (results) presented begins to separate theoretically wilderness therapy from conventional forms of therapy based on the role of the wilderness environment in promoting changes in problem behavior of adolescents. The therapeutic factors of wilderness appeared in common descriptive codes found across all programs in the description of how wilderness conditions of naturalness and solitude support the theoretical basis of wilderness therapy (Figure 60).

Figure 60. Variable 2. Coded responses to the question: What wilderness conditions support the theoretical basis of wilderness therapy?

Variable 2. Therapeutic Factors of Wilderness		
Descriptive Code	**Definition**	**Examples of Coded Response**
Appreciation	Client learns a sense of appreciation as a wilderness condition which supports the theoretical basis of wilderness therapy	*So the wilderness does a lot of things. I think first off, right up front, is that it teaches an appreciation from where things come from and what you have to give up to get what we get. There's an old saying that says, one half of knowing what you want in life is knowing what you must give up to get it. In the wilderness, the wilderness just does that.(Aspen)*
Cleansing Health	Wilderness cleanses the client and is a healthy environment as a wilderness condition which supports the theoretical basis of wilderness therapy	*It just seems to be a healthier environment, just sort of by design, and the more I sort of read and hear about, oh sanitariums that treat people tuberculosis, even hospitals that set up tents in New York City, just putting the tents made a difference. That has something to do with it.(Aspen)*
Out of Familiar Culture	Absence of familiar culture in wilderness supports the theoretical basis of wilderness therapy program	*So the things that seem so important in their life, what they look like, who their friends are, all those kind of normal developmental things for adolescents, suddenly they're thrust into a situation where those are completely unimportant.(Freer)*
Reduces Distractions	Wilderness conditions reduce distractions which supports the theoretical basis of wilderness therapy	*There's also the advantages I think of, in a lot of the treatment centers there's still distractions, and in the wilderness, that gets cut down.. (Freer)*
Simple Primitive Lifestyle	Wilderness conditions facilitate living more simply reflecting a primitive lifestyle which supports the theoretical basis of wilderness therapy	*I mentioned a little bit about the primitive lifestyle they lead while they are out there. I don't know if I can say a whole lot about this, but there is something more therapeutic about living in a primitive way, and it really twists your perspective on things. You're connected with how things used to be done. And it's not something that can be quantified, you can discuss it at length, but unless you have experienced it, have lived that way, it's very hard for you to grasp it.(Anasazi)*
Vast Open	Wilderness conditions are vast and open which supports the theoretical basis of wilderness therapy	*And to me that's what makes it powerful because there isn't nothing out here but you. You got to face you. It's an area that grows on you slowly. If you go further west they get bigger but we're not talking huge and there's nothing but sagebrush country. There's only one place that I know that even has cactus, a small area of prickly pears. But in general there ain't a whole, and all you have is you out there.(SUWS)*

Vulnerable Humbling	Wilderness conditions create a sense of vulnerability which is humbling which supports the theoretical basis of wilderness therapy	*And so I think it is very empowering for their self-esteem and yet humbling at the same time, that you know, when you're walking between these towering cliffs, you realize that you're not the center of the universe anymore. Obviously a lot of the kids, especially at this developmental stage, are very egocentric and I think this gives them a powerful dose of reality that they're not the center of the universe (Aspen)*

Discussion

The common descriptive codes of wilderness conditions which are inherent in wilderness therapy are present and act on the client to different degrees as the wilderness therapy process unfolds. To describe how these factors are reasoned to impact the client over time, the wilderness therapy process is referred to in terms of initial, intermediate, and concluding phases to account for the differences in program length (Freer and SUWS three weeks and Anasazi and Aspen eight weeks).

In the initial stages, the codes Out of Familiar Culture, Vulnerable Humbling, and Vast Open are reasoned to effect the client intensely. Because many clients come to wilderness therapy unwillingly, they have not been prepared for the experience. They are suddenly dropped in remote backcountry with very few possessions. Their wilderness living skills are limited, creating an intense feeling of vulnerability, compounded by the daunting realization that the usual comforts of home are nowhere to be found. Being removed from their immediate culture, dropped off in a desolate remote wilderness area, and being asked to hike and live in the desert for an unspecified period of time is a powerful experience for an adolescent. Because of this, these wilderness therapeutic factors are reasoned to be more powerful in the initial stages of wilderness therapy.

In the intermediate stage of wilderness therapy, the therapeutic factors reasoned to be working on the client are Appreciation and Reduces Distractions and presented in the form of common descriptive codes. In the initial phases clients feel a sense of appreciation for the things they do not have in wilderness, such as water and food, but have not yet moved beyond this thinking. In the intermediate phase of the process, clients begin to feel a greater sense of appreciation not just for tangible cultural items, but also for friends and family. In a similar manner, wilderness living offers fewer distractions than the typical cultural bombardment of noise and visuals, thereby allowing clients the opportunity to reflect on their

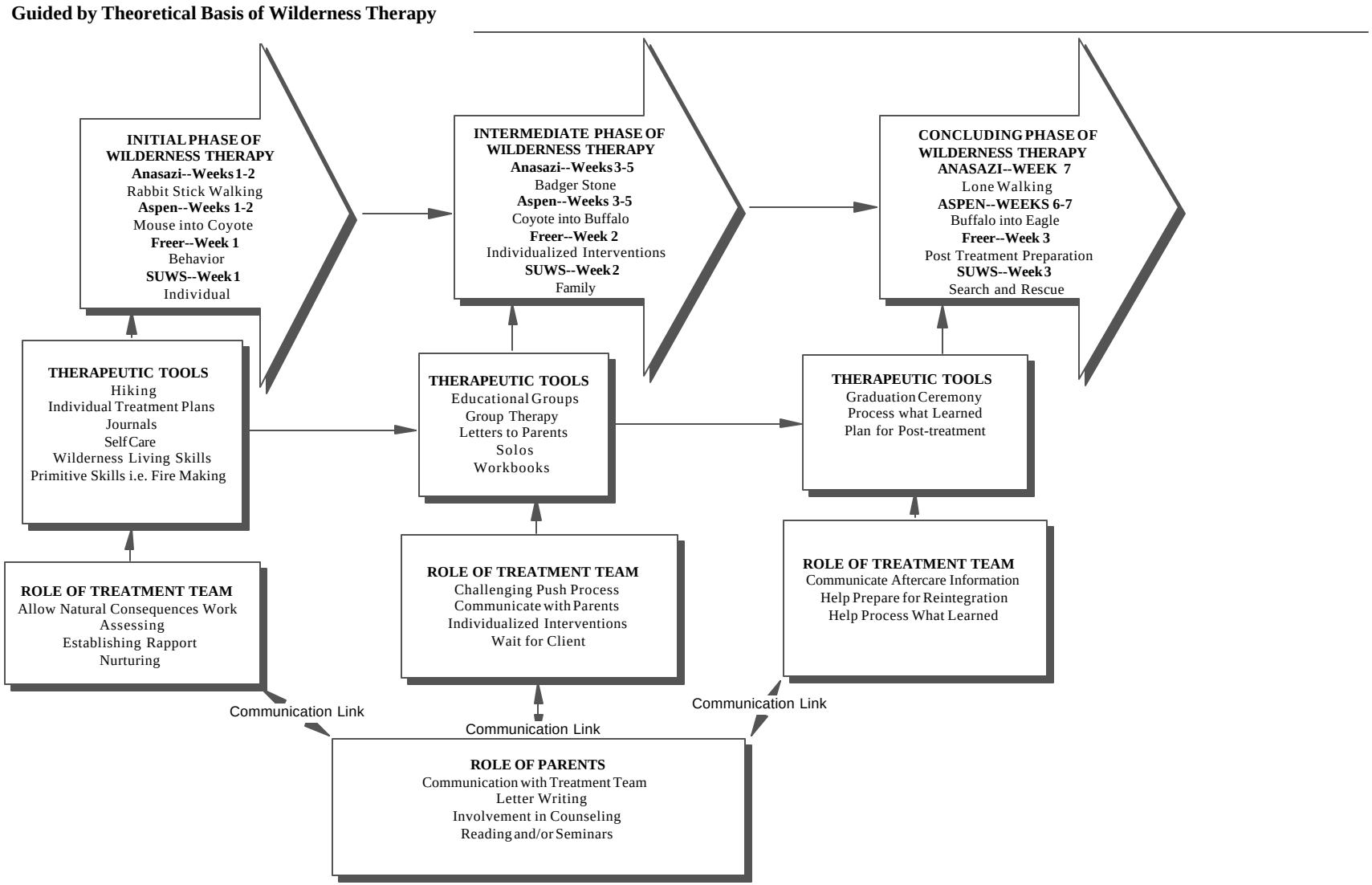
lives and how they are feeling. The sense of appreciation and reduced distractions facilitates reflection on their lives and what is really important to them. These two factors strengthen as time goes on, and are manifested intensely in the intermediate and concluding phases of wilderness therapy.

The common descriptive codes Cleansing Health and Simple Primitive Lifestyle are reasoned to manifest themselves more intensely in the concluding phase of wilderness therapy. As time goes on, the client is eating healthier foods, has not been doing drugs and or alcohol, and has been exercising regularly. Combined with the clean air and fresh water, wilderness is working to cleanse clients physically, helping them to feel better about themselves towards the end of the experience. In the concluding phases of wilderness therapy the client is finally able to appreciate living a simple and primitive lifestyle, and has come into balance and harmony with natural processes. This is a powerful therapeutic factor teaching lessons the client can take home after wilderness therapy. Both of these therapeutic factors, single and in combination are reasoned to gain intensity over time to be most fully manifested in the concluding phases of wilderness therapy.

Variable 3. Wilderness Therapy Process and Practice

Variable 3 of the wilderness therapy model presents pattern codes associated with the wilderness therapy process which emerged from the analysis of the question: *What is the process of wilderness therapy as practiced by [program name] to promote changes in problem behaviors of adolescents?* Pattern codes that emerged, and that are reasoned to comprise Variable 3 are: (a) phases guiding the process, (b) the role of the treatment team, (c) therapeutic tools applied, and (d) the role of parents and family. Figure 61 represents common descriptive codes found within each pattern code of Variable 3, the wilderness therapy process, and is followed by a discussion of each.

Figure 61. Variable 3. Pattern codes illustrating a model of the wilderness therapy process.



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A. Role of Wilderness Therapy Phases

Each phase represents a progression in time and reflects the therapeutic progress of the client, with natural consequences facilitated through wilderness living applied in the initial phase and more sophisticated tools and interventions being applied in the intermediate and concluding phases of the wilderness therapy process. In discussing the therapeutic tools and the role of the treatment team, the wilderness therapy process will be referred to in terms of initial, intermediate, and concluding phases to capture the similarities found in applying the wilderness therapy process across these phases, while maintaining the differences found in the two distinct program approaches (contained and continuous flow). The initial phases of Freer and SUWS (week 1) can then be compared with the initial phases of Anasazi and Aspen (weeks 1-2). Similarly, the intermediate phases of Freer and SUWS (week 2) is similar to weeks 3-5 for Aspen and Anasazi, with the concluding phases being week 3 and weeks 6-7, respectively.

B. Role of the Treatment Team

Initial Phase

In the initial phases of the wilderness therapy process, the treatment team is assessing the client's behavior and developing an individual treatment plan. Each program asks parents to fill out a social history questionnaire so staff are familiar with the presenting issues of each client. It is noted that wilderness leaders at Anasazi do not know the case histories of clients, as it is their belief that this will affect the way in which they work with that client. Thus, only the wilderness therapist responsible for the client is involved in the development of the individual treatment plan. Because in many ways the group represents a family unit (leaders are parents and clients are children and siblings) many of the client's behaviors and coping strategies in the home environment are manifest in wilderness living. Wilderness leaders are able to assess the client behaviorally in the initial phases of the program by observing these coping skills in a variety of day-to-day living situations and relay this information to the wilderness therapist. In this way, a thorough assessment of the client's presenting issues are completed, and an individual treatment plan for each client is

developed.

Wilderness leaders and the wilderness therapist work very hard in the initial phases of wilderness therapy to establish trust and rapport with the client. In being empathetic and compassionate about the client's disposition, over time they are able to establish a rapport with the client that goes much deeper than conventional therapeutic relationships. Complimenting this caring and nurturing approach in the initial phase is the fact that wilderness leaders are able to let natural consequences teach the initial lessons of the process, thus freeing them from traditional authoritative roles. Staff let clients struggle initially, allowing them to work through issues of self-care and responsibility on their own. The balancing act of challenging the clients by letting them struggle, and also being empathetic to their situation, is a tenuous one. But when a balance between challenge and empathy is accomplished, clients are not able to direct their anger towards staff, which enables staff to develop a unique rapport and build trust with clients.

Intermediate Phase

In the intermediate phase of the wilderness therapy process, the treatment team is continuing the balancing act of caring for and nurturing the clients, while at the same time challenging them and upsetting their various coping strategies. During the intermediate phase, each client has an individual treatment plan, and wilderness leaders and the wilderness therapist are working with this plan as a guide. Through continued communication with wilderness leaders, the wilderness therapist has developed individualized interventions for that client, and these interventions are being carried out by wilderness leaders in the field, as well as during weekly visits with the client. Again, wilderness therapy offers the unique opportunity to try an intervention and then assess the effects of the intervention through observation of subsequent behavior and affect of the client.

For example, if a client is having trouble expressing himself, the wilderness therapist might suggest to the client that he share how he is feeling in the group session that night. Wilderness leaders observe the interaction in group and relay the observations to the wilderness therapist. In no other therapeutic environment is this dynamic possible; in traditional therapeutic interventions, the counselor will give the client "homework" or a task, and then that task is discussed the next week based on self-reports by the client. In

wilderness therapy, the wilderness therapist hears the client's observations of a given intervention as well as observations of wilderness leaders. This unique dynamic allows the treatment team to try various approaches and tools to identify what might work for the client and observe the emotional and behavioral reactions to the intervention.

If the client is still showing resistance, staff wait for the client to be ready to engage, not wanting to force the client into change. At the same time, the role of the treatment team is to challenge and push the client to look inside himself and examine what it is he needs. In this way staff are challenging the client, but not forcing a process on them. For example, Anasazi does not force a client into doing anything and does not push a client into changing. However, in a unique way, they challenge the client by not doing anything. As a wilderness therapist stated at Anasazi "He [wilderness therapist] just lets them fuss and then he comes back to them when they are not fussing." The client learns to "not fuss" and engage in healthy conversation or his time with the wilderness therapist will again be cut short.

In this example, the wilderness therapist stated that he did this with this one particular client for three weeks until he was ready to talk. This approach is utilized by the continuous flow programs who have more time with the clients. For the contained programs, they may push clients into identifying why they are angry and upset, and what role they or their loved ones play in maintaining those feelings. It is noted that at this phase in the process, the greatest variation across program applications are found, each utilizing a variety of interventions in unique ways. The goal is the same, to help the client face past behaviors and create a desire to change for the better.

Concluding Phase

As the wilderness therapy process concludes, the role of the treatment team becomes one of preparing the clients for aftercare placements and helping them understand what it is they have learned from the experience. The goal is to take the lessons learned in wilderness therapy and make the transition into the next environment as smooth as possible for the client to ensure that the therapeutic progress made in wilderness therapy can be continued. For clients with drug and alcohol issues, this means talking about what it will mean to lead a sober life and the preparation of a relapse prevention plan. For clients with family problems, it will mean careful communication between the wilderness therapist and family to ensure

that rules and expectations are set to create the necessary structure for the client. Each program has a graduation ceremony which parents are encouraged to attend, where the lessons of the experience are articulated to family members. The role of the treatment team is to prepare the client to speak of these lessons, reintegrate them into appropriate aftercare environments, and put closure to the experience.

The treatment team at each program also plays a critical role in assessing the post program needs of each client, recommending to parents what they believe are the most appropriate aftercare placements. Parents are obviously not required to follow these aftercare recommendations, but in most instances, they heed the advice of the treatment team, even though the decision may mean sending their children to a follow-up institution and not having them return home. On occasion, the parents will not take the treatment team's advice, and, for example, have the client return home. If this is the case, each program works very hard to establish the necessary structure needed in the home to continue the progress made in wilderness therapy. If the client does go on to an aftercare facility, the treatment team establishes a line of communication with the counselor or therapist at the facility to convey their assessments of the client's progress. This role that the treatment team plays is invaluable for the client to continue the work begun in wilderness therapy and to make the transition into aftercare as smooth as possible.

C. Therapeutic Tools Used

Initial Phase

In the initial phase of each program, a combination of therapeutic tools are applied to draw out behaviors and emotions and break down the resistance and anger of the client. First and most prominent is the use of hiking in wilderness environments. This physical exercise tires the client out and the hard work and mental strain of long days on the trail keeps client's emotions on the surface and accessible to staff observing their coping strategies. The adversity and challenge of hiking is combined with basic wilderness living skills which teach self-care and responsibility by utilizing natural consequences. Finally, clients are also asked to engage in primitive skills, such as bow drill fire-making, and use minimum gear and equipment while in wilderness. This combination of tools in the initial phase facilitated by

natural consequences allows the treatment team to step back and let the wilderness be the teacher and enforcer of rules and regulations.

Individual treatment plans are developed and used as a guide to begin assessing the client's behavior in order to apply appropriate interventions for the client. Treatment plans are developed jointly by wilderness leaders who are able to observe daily behaviors while in the field, and the wilderness therapist, who is most familiar with the client presenting issues and associated DSM-IV diagnoses. The treatment plans consists of (1) the presenting problem, (2) the diagnoses in terms of DSM-IV, (3) specific problem behaviors of which the treatment team should be aware, (4) history and current use of medications, (5) short and long term goals, and (6) progress notes maintained by the primary care staff. Individual treatment plans guide the intervention and track the therapeutic progress of the client in a systematic and deliberate manner.

Intermediate Phase

As the wilderness treatment process unfolds, therapeutic interventions become more individualized and sophisticated to meet the client's specific needs. Communication skills and a variety of education curricula are taught, including natural history, first aid, and short stories with metaphorical messages are told, all designed to deliver a holistic educational experience while providing clients with tools to learn more appropriate interpersonal skills. Clients are asked to keep a workbook (separate from a journal) to catalogue what they are learning, with staff checking assignments and helping the client move through the various workbook phases. Group therapy and group wilderness living provides an environment to implement and practice these newly learned skills. Group is an environment in which clients bring up issues for peer feedback, to practice suggestions developed in conjunction with the wilderness therapist, and/or to work out issues in the group that are used metaphorically to relate to clients home and/or peer environments.

For example, a group is convened on the Aspen program because some of the boys are having difficulty with the leadership style of a newly adorned Eagle, who is responsible for getting the clients out of camp, assigning chores, and leading the group on hikes. The other boys do not like being ordered around, and they feel as though the newly adorned Eagle is not pulling his weight in the group. The Eagle becomes defensive at these accusations, and

claims that it is difficult being the leader and does not like the added responsibilities. One of the boys emotionally relates this dynamic to his father, and realizes that much of his resentment and anger towards his father stems from the position of authority that his father represents. A nice discussion is facilitated around the difficulties of leadership and the responsibilities that come with it, and the issue is resolved. The boys recognize and learn to respect how difficult it is to be put into a position of leadership, and ways in which leaders and followers can work better with each other to accomplish necessary tasks. Taking the experience one step further, they also relate the dynamic to family living and the trials and tribulations of parenting.

Clients also write and receive letters from their parents during this phase. Parents write an "impact letter" that communicates to the client the repercussions of their past actions and how their behavior has affected the family. The letters are often difficult for the clients and require processing with staff or peers in group therapy. This tool pushes the client to understand the consequences of his actions and start the process of remorse, forgiving, and healing for both parents and clients. Clients are also asked to write their parents letters describing past wrongs, and apologizing for what they have done. The letters are an important tool to begin healing families which have been torn apart by the client's past behaviors.

Alone time in solos is a powerful tool at this phase to balance the intense interpersonal learning which is taking place with the opportunity for deep personal introspection. Clients typically spend three days and nights on solo, completing journal assignments and curriculum tasks, reading a story with a hidden educational metaphor, and reflecting on their lives. These times alone are an integral part of the wilderness therapy process, and reflect rites of passage practiced by youth in indigenous cultures throughout the world. Upon completing the solo, the group is reconvened, and the solo experiences are processed by with client. Some hate the solo, some love it, each gaining from the experience what he needs. These solos are perhaps the only time in an adolescent's life when he has spent an extended period of time alone. The reflections and personal insight captured in journal writing and through communication with wilderness therapists are used to help the client better understand his history of problem behavior and the future he is creating.

Concluding Phases

In the concluding phases of wilderness therapy treatment, clients are finishing up educational curricula and skills check sheets, coming to an acceptance of their aftercare placement, and preparing for the graduation ceremony. Tools applied in this phase include asking clients to process what it is they have learned and to plan for their post-treatment placement. If they are going home, they are actively working with the wilderness therapist and their parents to establish an agreed upon behavioral contract which will guide the first few months of living at home. These contracts, which will be signed and agreed upon by the client prior to returning home, will contain curfews, agreements to see counselors, relapse plans and repercussions, and family dynamic processes. If referred to an aftercare facility, clients work to develop a plan which will help them operate in this environment. Clients are also processing what they have learned and writing particular goals to accomplish after wilderness therapy. Articulating these goals and lessons are important for clients to understand what they have learned, and for parents who are eager to understand changes and have the intervention be effective. By learning to articulate what it is they have learned, clients move closer to realizing these changes after treatment, and are able to communicate to parents what the experience has taught them.

Graduation is an important celebration for each program and is typically attended by parents and siblings. Each program approaches graduation a little differently, but all share common things. It is first an emotional reunion for the clients and parents. The parents walk down a trail or a path and are greeted half-way by their children, where they embrace in an emotional reunion. Graduation consists of clients and parents beginning the healing process by communicating emotions and feelings with the help of the treatment team. This is also a period where the client expresses remorse for past behavior, talks of things learned as well as goals established as a result of the wilderness therapy process. This may also be a time to practice communication skills , such as “I Feel” statements, and begin the process of forgiveness and recovery. Aspen and Anasazi have parents spend the night in a private camp which the client has prepared specially for them, demonstrating skills learned such as fire making; SUWS and Freer have ceremonies which parents attend but they do not stay overnight. It is a time of relief for the parents, joy for the clients, and is recognized as an opportunity for the client to begin anew.

D. Role of Client Parents

Because the role of the parents in the wilderness therapy process is somewhat consistent throughout the process, it is not presented in terms of initial, intermediate, and concluding phases. The role of the parents begins with the first phone call to the wilderness therapy program, and ends with continued communication with the wilderness therapist responsible for their client months after the program is complete. The anxiety felt by parents in the first phone call to a program is captured in this quote by the admissions director at Freer

> "They've tried counselors, and then they reach the point where the kid says, 'no I'm not going to go', and doesn't show up. And then you get the parents who say I don't know what to do, physically, I can'--I am afraid of him. What do I do? They are feeling so totally helpless, they try going to the police, try going to various centers, and they can't get anybody to help them, and they don't know what to do."

After the first phone call is made, parents are sent an application packet, which contains social history questionnaires and requests basic information about the client. If wilderness therapy is appropriate for the client, he is enrolled and a start date is determined (often as soon as possible).

If the parents are not invested in the process, staff believe wilderness therapy will not be as effective. Because of this, parents are encouraged to take an active role in the intervention, and in many cases this means committing to some type of counseling themselves while their child is in wilderness therapy. Parents have weekly communication with the wilderness therapist responsible for the care of their child. In these "telephone therapy" sessions, the wilderness therapist may communicate how the client is doing, talk with them about specific family dynamics, or suggest readings for the client. Parents also write, receive and process letters to clients with the help of the wilderness therapist. These letters help quell the anger and resentment of the client, and the anxiety and guilt of the parents. Each program recommends or provides a book on parenting (for example, Freer recommends *Back in Control* by Bodenhammer), and Aspen and Anasazi conduct seminars on parenting skills. Upon completion of the wilderness therapy process, parents are encouraged to attend the graduation ceremonies, or in the case of Freer, the final parent meeting.

Therapeutic Factors in the Process of Wilderness Therapy

Introduction

Therapeutic factors of the wilderness therapy process and based on common personal and interpersonal factors affecting the client through applied interventions are presented. These factors were uncovered through analysis of the question "What is the process of wilderness therapy to promote changes in problem behaviors of adolescents?" The question asked staff to explore *how wilderness therapy works?* Therapeutic factors of wilderness therapy were identified based on common descriptive codes found across all programs and are presented in Figure 62 with examples of staff responses.

Figure 62. Descriptive codes common to at least three of the four programs which emerged from responses to the question: How does the wilderness therapy process work to promote changes in problem behavior of adolescents?

Therapeutic Factors of Wilderness Therapy Process		
Descriptive Code	**Definition**	**Examples of Coded Response**
Adversity and Challenge	Wilderness therapy process provides adversity and challenges the client to promotes changes in problem behavior of adolescents	*We don't want you to be uncomfortable out here, that's not our goal. It's going to be hard and challenging. Part of our role here is to be in your face if need be about what's going on. We want to keep you safe, but we're here because clearly things aren't going OK in your life and we want to address those issues to so we're going to start recognizing what some of the problems are and talking to you about those things.(Freer)*
Group Development	Wilderness therapy process develops the group which helps promote changes in problem behavior of adolescents	*Then we go on to buffalo which is about community, about taking care of each other. It's more relational. It has some leadership aspects to it. The emphasis is connection to others and so during this phase, their letters are going to be more, to their parents, their therapeutic assignments are going to be more about how did I impact you, how did you impact me? Things like that. (Aspen)*
Natural Reward and Punishment	Wilderness therapy process utilizes natural reward and punishment to promote changes in problem behavior of adolescents	*Well not that they can't do anything about, it may rain on them, and no matter how clever they are, it still rained. So they can either do something about it, like wrap their stuff up in a poncho or get out of the rain and set up a shelter or not. And then whatever they say, whatever they do, will give them what they get next. They start getting connected to the consequences of their actions and their words. It becomes very clear as opposed to, oh like somebody else did this to me or I was just too busy. (Aspen)*

Peer Mentoring	Wilderness therapy process involves peer mentoring which helps promote changes in problem behavior of adolescents	*The students lets say for example, might come and blind fold the new student and they might lead them to a place and have them sit on the ground and then they might sit in a circle around the student. Maybe some student that's been there for a time might write a transition ceremony that would be unique and different. There are some suggested ones that we give them that they could go through, but typically students will sit around the new student and they'll say things like, my name is Mack and I've been here for three weeks now and the advise that I would give you is to use this opportunity to grow individually because it provides a wonderful opportunity away from all the influences of friends and family and we're your new family. (Aspen)*
Physical Exercise	Wilderness therapy process utilizes physical exercise to promote changes in problem behavior of adolescents	*Good physical exertion hiking 60-80 miles where the fitness is therapeutic in and of itself (SUWS)*
Reflection	Wilderness therapy process allows reflection to promote changes in problem behavior of adolescents	*What we're really trying to do in my opinion is to help individuals take a serious look at where they want to go with their life and where they are in that process right now. What changes they would like to make.(Aspen)*
Self Care	Wilderness therapy process emphasizes self care to promote changes in problem behavior of adolescents	*And when they get out in the field and realize they have to cook their own food, they have to keep themselves warm and dry, that they have to manage themselves, so the concept is they're rescuing themselves, and that is why we use a search and rescue metaphor, because in the first week they learn to rescue themselves or take care of themselves, because they are out of control, and they don't have the tools that they need to really take care of themselves.(SUWS)*
Skill Mastery	Wilderness therapy process encourages mastery of a variety of wilderness skills, including primitive skills, to promote changes in problem behavior of adolescents	*Because when you're working with the skills and the child is busy, instead of just sitting around, and he's creating, and he sees a creation in his hand, he's got control of that. And just like you mentioned a while ago about the fire, when you first got the fire there was something that just came over you, wasn't it? And you saw that spark burst into flame. And you knew that the child is gonna say "Whoa!" and that gives them, not self-esteem, but self-confidence. (Anasazi)*
Staff Rapport Relationship	Wilderness therapy process facilities a strong relationship between client and staff which helps promote changes in problem behavior of adolescents	*"I did my job because I became a friend." We have lots of friends in life, but if those friends aren't trying to keep their lives on the line with principles, it doesn't help much. So if we say we are out there to be their friend that's all we have to do. So essentially our philosophy is about being honest and real with ourselves. (Anasazi)*

Discussion

The client is actively engaged in a variety of physical and mental challenges. The primary therapeutic factor is that of self-care, where through the adversity and challenge of

wilderness living, skill mastery, including fire-making, and physical hiking, the client learns personal responsibility. This powerful lesson is facilitated by natural reward and punishment, encouraging the adolescent to comply and succeed at wilderness living without arbitrary rules and regulations. These therapeutic factors are manifest intensely in the beginning of the process, when the anxiety and stress caused by the challenge of self-care in wilderness living require the mastery of many skills. Because many adolescents are accustomed to parents and adult institutions caring for them, this is a powerful factor in learning to accept responsibility for their own actions. Clients are also reflecting on their lives, facilitated by the objective look they are provided by being away from their accustomed culture.

Clients are also involved in intense interpersonal relationships with their peers and staff responsible for their care. In the latter phases of the wilderness therapy process, clients are more comfortable with the skills necessary for appropriate self-care, shifting the emphasis of the intervention from a self-care focus to an interpersonal one. The group develops a strong bond and begins to represent dynamics similar to that of the family. Proper communication and emotional support for one another becomes crucial as the group is required to perform a number of tasks demanding cooperation and effective communication skills. Although these tasks are different across the various programs, group development and peer support play a critical role in helping clients to learn more appropriate social skills.

Peer mentoring also becomes a powerful factor, with each program utilizing it in different ways. In continuous flow programs, peer mentoring is a way for more experienced clients to mentor new clients and practice leadership skills. For contained programs, peer mentoring is more subtle. For example, at Freer, group sessions are held nightly and cover a wide variety of topics. If the topic happens to be drug and alcohol related, those students with histories of drug and alcohol abuse play a valuable mentoring role in sharing the trials and tribulations of their past drug use with clients who may still be in the experimental phases of their drug use. The lessons being taught by peers instead of authority figures become very meaningful for the other clients, as well as allowing clients to perform leadership functions.

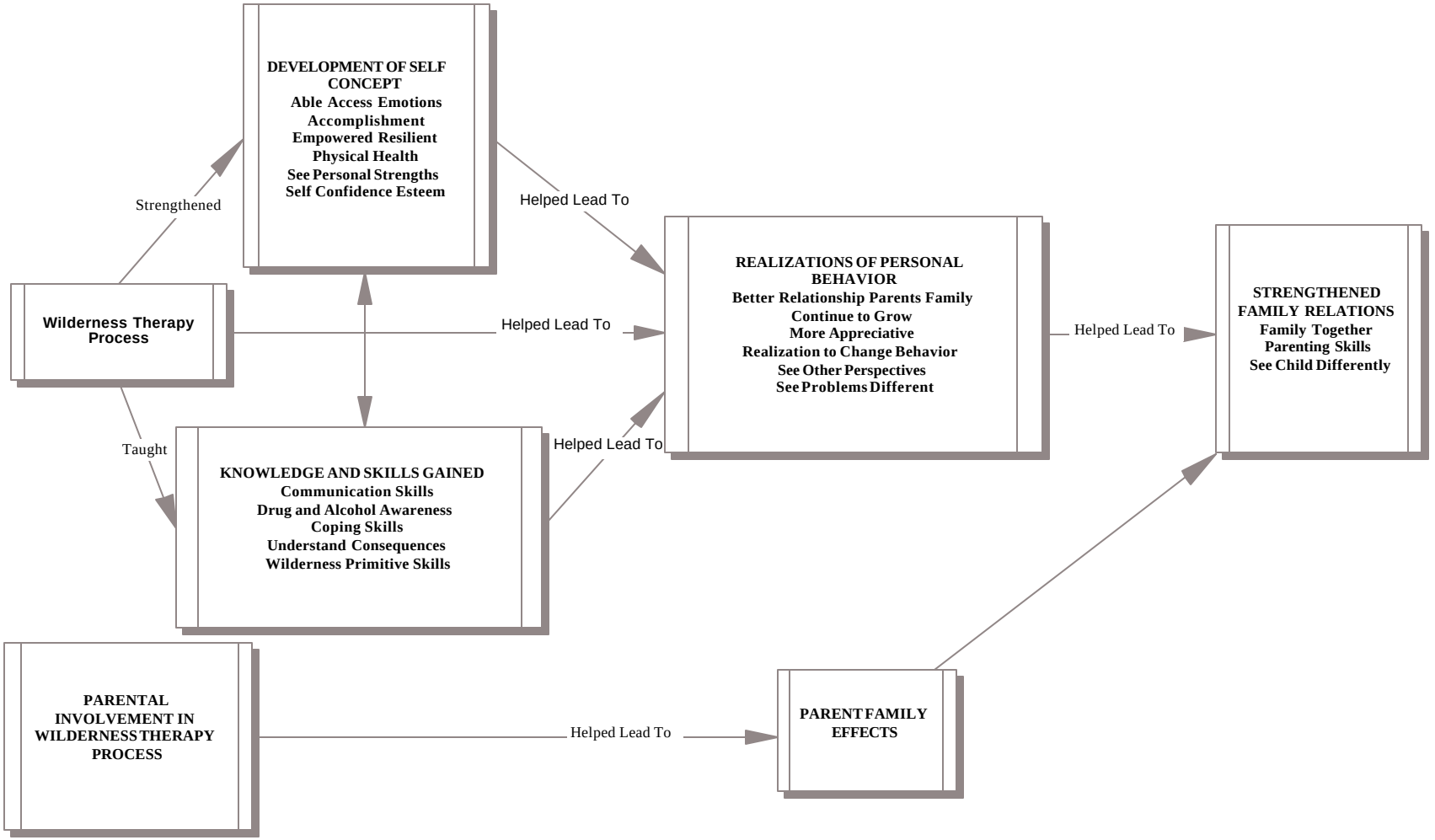
The relationship established with authority is also a powerful therapeutic factor in

helping clients restructure their relationships with authority, including their parents. Clients learn to see and respect authority figures in a new light, listening and learning from them not because they have to, but because they want to if they are to stay safe, warm, and dry. Later in the process, staff are seen as friends and role models who genuinely care about client's well-being.

Variable 4. Reported Outcomes of Wilderness Therapy

The common outcomes and effects of the wilderness therapy process identified across all four programs are presented. Staff at each program were asked to think of the effects of wilderness therapy in a broad sense in order to examine the underlying goals of wilderness therapy as an intervention for adolescents with problem behavior. The coded responses to this question are reasoned to be "meta-effects" representative of expected outcomes of wilderness therapy given a variety of problem behaviors. The pattern codes which emerged from analysis of the reported outcomes of the wilderness therapy process are: (A) *Development of Self-Concept,* (B) *Knowledge and Skills,* (C) *Realizations to Change Behavior (D) Strengthened Family Relations.* The descriptive codes common to at least three of the four programs within each of these pattern codes are presented in Figure 63. A discussion will follow.

Figure 63. Pattern codes representing reported outcomes of the wilderness therapy process by at least three of the four programs.



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A. Development of Self Concept

Wilderness therapy facilitates an experience for the client which provides a sense of accomplishment that is concrete and real and that can be used to draw strength from in the future. This accomplishment is combined with a sense of physical well-being, which helps the client feel better about themselves, leading to increases in self esteem and the first steps towards personal growth—which programs view as a never-ending journey lasting a lifetime. The process has taught clients how to access and express their emotions and why talking about feelings is important. Included in this development of self-concept is a sense of empowerment and resiliency, with clients believing that if they completed wilderness therapy, they can also complete other formidable tasks. Clients leave wilderness therapy knowing that they have only just begun the journey and need to continue to be engaged in their own personal growth process.

B. Knowledge and Skills Gained

Development of the self through the wilderness therapy process is combined with learning a multitude of personal and interpersonal skills, which include communication skills, drug and alcohol awareness, and coping skills. These skills help clients make better choices and when combined with the enhanced sense of self, help clients avoid negative peer and cultural influences. Clients with drug and alcohol issues complete the first steps of the 12-Step model of recovery and have begun the process of breaking the cycle of addiction. Being realistic about client relapse, parents work directly with clinical supervisors during the wilderness therapy process to help develop a relapse prevention plan to insure that the necessary support and structure is there if and when a relapse occurs. Clients have also learned to understand the consequences of their actions.

C. Realizations of Personal Behavior

Wilderness therapy helps clients understand changes they need and want to make after wilderness therapy. These realizations of past behavior, and proposed changes, are voiced to parents during graduation ceremonies and post-trip meetings and serve as a guide for parents, staff, and follow-up institutions use to help the client maintain and realize these

changes. The main realizations clients develop from the experience are the need and desire to change past behaviors, that they are being given an opportunity for a fresh start and they must want to continue to grow. They are more appreciative of the things they have in life, such as loving and caring parents, and have learned to see other perspectives, especially those of their parents. Clients express a desire to reconcile and strengthen relationships with parents. They also have a different perspective of their past problem behaviors, realizing that often their behaviors were symptoms of other issues which were going on in their lives.

D. Strengthened Family Relations

Wilderness therapy would not take a client unless the parents are committed to and take an active role in the process. This idea frames the goal for the wilderness therapy process--a better functioning family. Parents participate in seminars that teach parenting skills and skills to facilitate better family functioning. Wilderness therapists work very hard with families throughout the process to insure that the family understands their role in the clients problem behaviors, and will work on establishing a structure in the home to help clients continue the personal growth that has begun. Bringing the family back together that has been torn apart by the client's problem behaviors and reintegrating family structure around the client's and parent's needs are key outcomes of wilderness therapy intervention. Staff state that wilderness therapy has opened a window of opportunity for the client and family to change, and work very hard with families to take advantage of that window.

Reinforcing the Model with Client Case Studies

Client case studies were asked to explore how the wilderness therapy process worked to help them realize their reported effects and stated intentions to change. This perspective offers an opportunity to reinforce the wilderness therapy model developed through interviews with staff with the perceptions of clients who have gone through the process. The model is reinforced with client case study responses to two questions gathered in interviews upon completing the wilderness therapy process which asked them to describe outcomes of the wilderness therapy process, and what was it about the wilderness therapy process which lead to these outcomes. The two questions asked: (1) Did the wilderness therapy process teach

any lessons and help you understand your past behaviors? and [if yes] (2) What was it about the wilderness therapy process that helped teach these lessons?

Two variables in the model are reinforced by client case study responses to these questions. Variable 3, which illustrates the wilderness therapy process, and specifically the therapeutic factors of the wilderness therapy process, and Variable 4, which illustrates common reported outcomes. It is noted that responses by client case studies did not specifically refer to Variable 2, the role of wilderness. This is partly due to how the question was asked, which asked clients to focus on outcomes and how the process helped effectuate these outcomes. References to the role of wilderness are contained in these responses, and where appropriate, are noted.

Figures representing Variables 3 and 4 are again presented, and where appropriate, client case study responses which reflect the common descriptive codes are added to the figure to reinforce respective descriptive codes. For example, for Variable 3, therapeutic factors of the wilderness therapy process, one of the descriptive codes which was common across the four programs was Adversity and Challenge. A client case study (Billy) stated that one of the reasons why wilderness therapy was effective in helping them want to change was that they needed to be uncomfortable, captured in the code Needed Be Uncomfortable. Because of the similarities of the two codes, the Adversity and Challenge code developed from staff responses is reinforced with this client perception. Figures 64 and 65 represent Variables 3 and 4 respectively, and where appropriate, descriptive codes are reinforced with client case study responses. A discussion section follows each figure.

Figure 64. Common descriptive codes reinforced with responses from client case studies which emerged from responses to the question: How does the wilderness therapy process work to promote changes in problem behavior of adolescents?

Therapeutic Factors of Wilderness Therapy Process		
Staff Descriptive Code	**Definition**	**Client Descriptive Code**
Adversity and Challenge	Wilderness therapy process provides adversity and challenges the client to promotes changes in problem behavior of adolescents	**Needed Be Uncomfortable**
Group Development	Wilderness therapy process develops the group which helps promote changes in problem behavior of adolescents	**Family Week Phase** **Willing to Share Group**
Natural Reward and Punishment	Wilderness therapy process utilizes natural reward and punishment to promote changes in problem behavior of adolescents	**Consequences Behavior** **Needed Structure**
Peer Mentoring	Wilderness therapy process involves peer mentoring which helps promote changes in problem behavior of adolescents	**Emotional Rescue** **Peer Feedback** **No War Stories**
Physical Exercise	Wilderness therapy process utilizes physical exercise to promote changes in problem behavior of adolescents	**Physical Hiking**
Reflection	Wilderness therapy process allows reflection to promote changes in problem behavior of adolescents	**Sitting and Reflecting** **Time Alone**
Self Care	Wilderness therapy process emphasizes self care to promote changes in problem behavior of adolescents	**Let Go Anger** **Good Output Emotions** **Learn Trust Feelings**
Skill Mastery	Wilderness therapy process encourages mastery of a variety of wilderness skills, including primitive skills, to promote changes in problem behavior of adolescents	

Staff Rapport Relationship	Wilderness therapy process facilities a strong relationship between client and staff which helps promote changes in problem behavior of adolescents	**Staff Explained Things Better** **Staff Understood Me** **Staff More Feeling Oriented** **Staff Were Cool** **Staff Helped Me Problems** **Staff Were Friends** **Staff Not Negative** **Staff Did Not Force**

Variable 3 (Wilderness Therapy Process) Reinforced with Client Case Studies

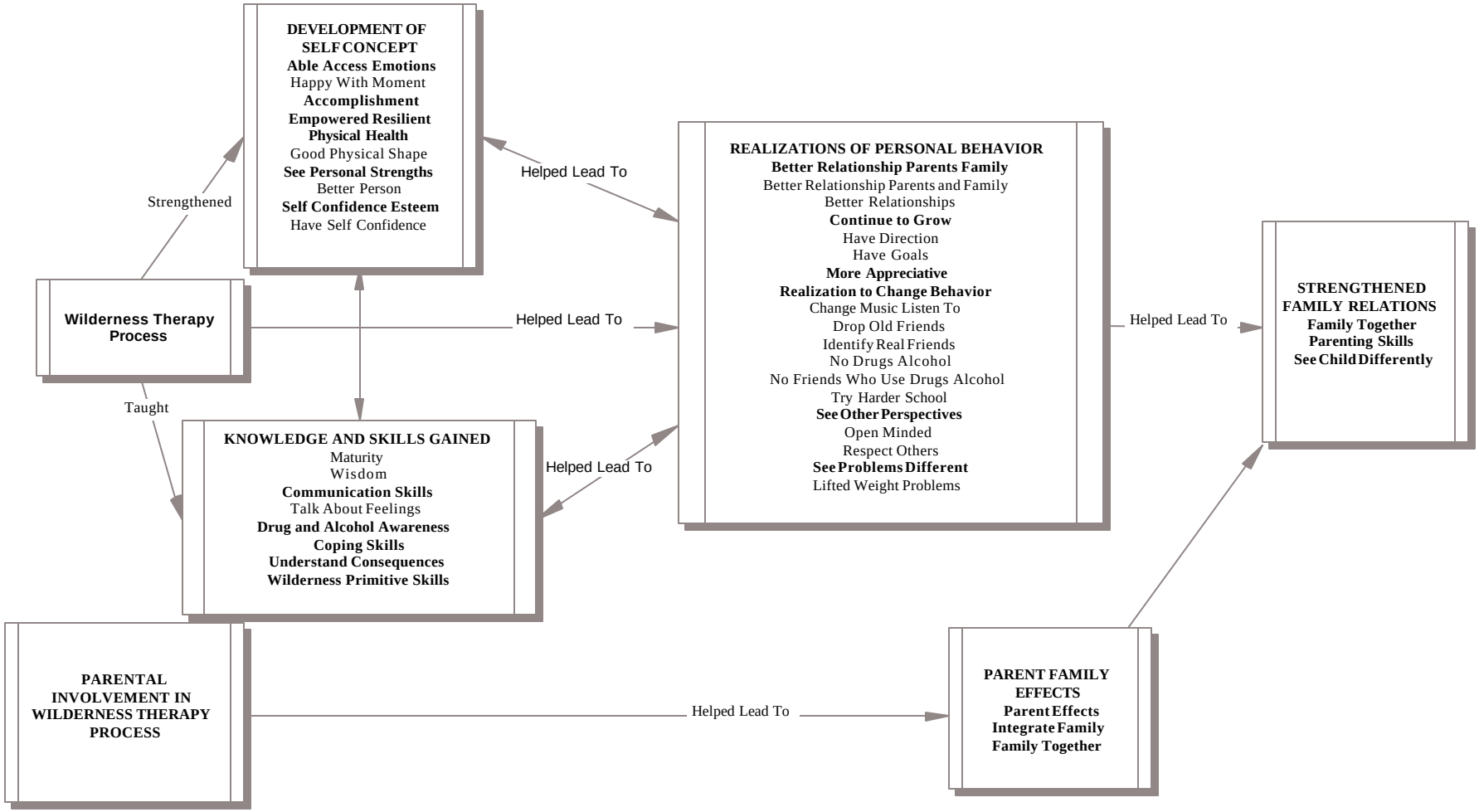
All but one of the descriptive codes (Skill Mastery) which represent the therapeutic factors of the wilderness therapy process were reinforced with client case study responses. Peer mentoring and self care were reinforced with three descriptive codes each. The code Emotional Rescue refers to a tool used by the SUWS program, where more experienced groups work with newer groups to help them in times of need, illustrate the peer mentoring process of wilderness therapy. Let Go Anger, Good Output Emotions, and Learn Trust Feelings all reflect the self care idea, but in a way different than expected. These descriptive codes provide strong evidence that wilderness therapy helped clients learn not just physical, but emotional self care as well, thus reinforcing the code. By learning self care through cognitive and behavioral means (physical exercise, diet, abstinence from drugs and alcohol), clients advance to an understanding of their emotional needs as well. Clients learning to access, let go of their anger, and trust their feelings is an important finding, and strengthens the Self Care code inherent in Variable 3, therapeutic factors of the wilderness therapy process.

The other noticeable code which is strongly reinforced is the Staff Rapport Relationship code. This is partly due to the interview format which addressed the role of the wilderness therapist and leaders in the wilderness therapy process. Each client was asked if they have been in counseling prior to wilderness therapy. If they responded yes, they were asked to compare traditional counselors they have had in the past to the wilderness therapist and leaders they worked with in wilderness therapy. The codes which emerged reinforce the staff and client rapport and relationship established during the wilderness therapy process. Codes Staff Explained Things Better, Staff Understood Me, Staff More Feeling Oriented

Staff Were Cool, Staff Helped Me Problems, Staff Were Friends, Staff Not Negative Staff Did Not Force all touch on a powerful relationship established between staff and client which fostered personal and interpersonal learning for the client. This is an important finding, and reinforces the importance of the role the wilderness leaders and therapist play in helping the client address their problem behaviors.

Figure 65 presents Variable 4, common reported outcomes of the wilderness therapy process, and where appropriate are reinforced with client case study responses. Staff responses in the form of descriptive codes are presented in bold, with client case study responses in the form of descriptive codes below the related code in plain text. A discussion will follow.

Figure 65. Variable 4. Common reported outcomes of the wilderness therapy process in bold with client case study responses in plain text beneath the related code.



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Variable 4 (Reported Outcomes) Reinforced with Client Case Studies

In the Development of Self-concept pattern code, client responses reinforce the Able Access Emotions, Physical Health, See Personal Strengths, and Self-confidence Esteem codes. In the Knowledge and Skills Gained pattern code, an enhanced sense of maturity and wisdom was noted by a client which reinforces the overall pattern code, with Communication Skills reinforced with the client code Talk About Feelings. The pattern code most reinforced was the Realizations of Personal Behavior. Clients were able to talk about changes they wanted to make as a result of the wilderness therapy process. Client responses reinforce all descriptive codes but one, More Appreciative. Clients stated that they wanted to improve their relationships with their parents and family, and wanted to change behaviors. Realizations to change behavior focused on issues of drugs and alcohol, dropping old friends and identifying real friends, and trying harder in school. Client responses also reinforced the code See Other Perspectives by stating that they are more Open Minded and have learned to Respect Others. Staff responses note that the combination of outcomes realized as a result of wilderness therapy lead to strengthened family relations. Given the realizations of behavior and stated goals by clients to establish better relationships with their parents and family, this would appear to be reinforced with the findings presented here.

Justification of a Concurrent Model of the Wilderness Therapy Process

A model of wilderness therapy is presented and is reasoned to contain four variables: Variable 1: Theoretical Foundation; Variable 2: Therapeutic Factors of Wilderness; Variable 3: Wilderness Therapy Process and Practice; and Variable 4: Common Reported Outcomes. Variable 1 represents the theoretical foundation upon which rests the process of wilderness therapy. The wilderness therapy process is represented by Variables 2 and 3, and which contain therapeutic factors of the wilderness and therapeutic factors of the wilderness therapy process, which are reasoned to be dynamic and interrelated. A concurrent model of the wilderness therapy process, one which captures the dynamic and interrelated nature of variables 2 and 3, may best represent the how wilderness therapy works to promote changes in problem behavior of adolescents. The therapeutic factors at work during the wilderness therapy process occur simultaneously, to varying degrees, over the duration of the process.

The goal is to take the conceptual model of the wilderness therapy process, which comprises sequential and discrete variables (2 and 3), and display them in a way that better illustrates how wilderness therapy works. It is noted that only Variables 2 and 3 are included in the concurrent model. Variable 1 establishes the theoretical foundation which guides the wilderness therapy process, and Variable 4 represents the common reported outcomes as a result of the wilderness therapy process.

A concurrent model of counseling was developed by Waehler and Lenox (1994) to more accurately conceptualize the counseling process and is used as a theoretical guide. They propose a model that visually displays various aspects of the counseling process in dimensions of degrees of emphasis through time in relation to one another. This was done to move away from prototypic phase models which fail accurately to depict the counseling process because they assume that phases are sequential and discrete.

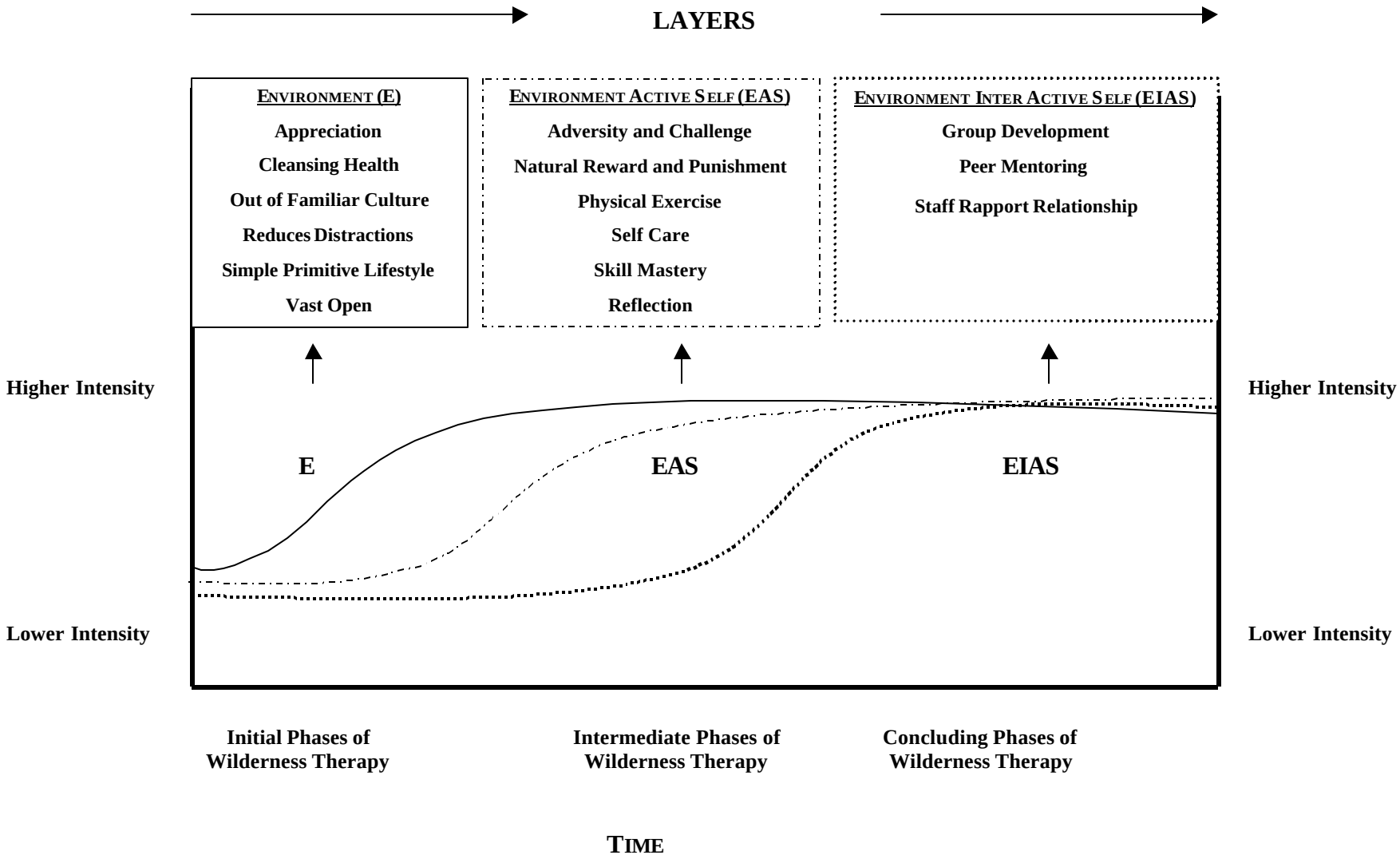
This schemata is justified as a reasonable theoretical guide to represent the interaction of the various aspects of the wilderness therapy process for two reasons. The first is that the emotional growth and learning process in wilderness therapy is similar to that of a counseling process, and is reasoned to be an alternative approach to counseling. This is evidenced by Bandoroff & Scherer (1994) and Gass (1993) who justify using models of counseling processes for developing objective-based wilderness therapy interventions and effectively communicating the change process. Second, traditional models of wilderness therapy have been presented as stage models which are sequential and contain discrete and mechanistic stages (Kimball & Bacon, 1993; McFee & Gass, 1993; Powch, 1994). The process of wilderness therapy is not a discrete and sequential process, but rather, a dynamic and interrelated one, with a multitude of factors at work at any one period of time. Moreover, the process phases do not always begin and end at distinct periods of time. A model of the wilderness therapy process illustrating dynamic and interrelated therapeutic factors will show how key concepts and variables of the wilderness therapy process relate to one another through time.

Theoretical Framework of Wilderness Therapy Process: Environment (E), Environment Active Self (EAS), and Environment Inter-Active Self (EIAS)

The theoretical framework of wilderness experience presented in Chapter 2 is used to better organize the therapeutic factors reasoned to be at work in the wilderness therapy process. The theoretical framework consists of three dimensions which combine three factors or layers reasoned to be at work in wilderness therapy process and which relate to one another sequentially. The first layer, which is termed the *Environment* (E), are benefits from wilderness working alone as healer of the subject of interest. The second layer, termed *Environment-Active Self* (EAS), consists of individual activities in wilderness which facilitate personal learning and growth. The third layer, termed *Environment Inter-Active Self* (EIAS), are those associated with client-to-client, and client-to-staff interaction, in a variety of interpersonal activities within wilderness. The layering of therapeutic factors can be viewed as a progression in which each layer does not begin where the other left off, but rather, builds on previous therapeutic factors. In this sense, they are theorized to gain momentum and intensity through time.

Descriptive codes which are reasoned to be at work in wilderness therapy are grouped into one of these three dimensions and are presented in Figure 66. The y-axis represents therapeutic intensity, with the x-axis representing time in wilderness therapy. As time progresses in wilderness therapy, the three dimensions act on the client simultaneously, but to varying degrees. The goal in presenting Figure 66 is to move the understanding of the wilderness therapy process to a deeper level, and to better illustrate how these dimensions relate to one another and impact the client through time. A discussion will follow.

Figure 66. Therapeutic factors in the form of descriptive codes of the wilderness therapy process grouped into E, EAS, and EIAS dimensions, representing layering effect of factors.



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Discussion

Figure 66 illustrates the E, EAS, and EIAS dimensions of the therapeutic factors at work in wilderness and the wilderness therapy process. In the initial phases of the wilderness therapy process, therapeutic factors at work are manifest in the E dimension. Clients feel vulnerable and humbled by their surroundings, having been thrust from their familiar culture and faced with the daunting task of living in wilderness for an unspecified period of time. Clients immediately engage in a healthy diet, that combined with hiking, begins to cleanse the body. The wilderness environment also facilitates a sense of appreciation for things clients have in their lives, such as everyday comforts of civilization like food and water, as well as family and friends. Lessons learned in the initial phases of wilderness therapy are facilitated by natural consequences.

As the process unfolds, the EAS dimension is manifest and is integrated with the E dimension. Clients are actively engaged in learning the necessary skills for self-care and survival in a wilderness environment. The adversity and challenge that comes with learning these skills is combined with physical hiking, challenging clients to achieve success in a variety of endeavors on a daily basis. As time goes on, clients become physically stronger and healthier, and fall into a routine of living a primitive lifestyle. Self-care in the intermediate phases of the process becomes old hat for clients who become more comfortable in their wilderness surroundings. Client begin to feel better about themselves physically and mentally, having routinely met the various challenges confronting them.

As self-care becomes routine for the client, the EIAS dimension is manifest and completes the wilderness therapy milieu. It is important to note that this factor has been present throughout the wilderness therapy experience. In the concluding stages of the wilderness therapy process, a change occurs in interpersonal interaction as a result of increased group cohesion. At this time, group development and peer relations and interaction become a powerful therapeutic factor to take this growing sense of self felt by clients to an interpersonal level through learning and practicing more appropriate social skills. As group cohesion develops, clients become willing to share their feelings and are provided a variety of opportunities to mentor peers. Lastly, clients develop a strong relationship and rapport with staff as the trust and respect that has been built through weeks of time spent together in

wilderness which allows them to interact with staff on a deeper and more meaningful level.

Summary and Conclusions

A model of wilderness therapy is presented and is reasoned to contain four variables: Variable 1: Theoretical Foundation; Variable 2: Therapeutic Factors of Wilderness; Variable 3: Wilderness Therapy Process and Practice, and; Variable 4: Common Reported Outcomes. The model is justified by identification of common phenomena and concepts across theory, process, and reported outcomes of the four programs in the study. The process and practice of wilderness therapy which springs from this foundation is guided by phases which mark passage by the client through the various stages of the process. The roles of the wilderness treatment team represent a common intervention with similar therapeutic tools applied. This model is reinforced with client case study perceptions of how the wilderness therapy process helped them address their presenting problem behaviors. Common outcomes are identified in wilderness therapy, and are also reinforced by client case study reported outcomes. A concurrent model is presented illustrating the layering effect of therapeutic factors of wilderness and the wilderness therapy process which illustrates the dynamic and interrelated nature of the wilderness therapy process.

9. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study explored the theoretical bases, processes and outcomes of four established wilderness therapy programs to better understand wilderness therapy as a treatment and intervention for adolescents with a history of problem behaviors. Two research questions were addressed. (1) What are the theoretical bases, processes, and reported outcomes of wilderness therapy as an intervention for adolescents with a history of problem behavior? and (2) What common variables found in theory, process, and outcomes across four wilderness therapy programs emerged to form a model of wilderness therapy?

A combination of data collection methods was used to triangulate in on how each program addresses problem behavior in their adolescent clients. Key staff were identified using a combination of chain and criterion sampling techniques and were asked to describe the theoretical basis, types of clients, process, and common reported outcomes of wilderness therapy (see Appendix A for interview format). A period of seven days was spent in the field observing and participating in the wilderness therapy process at each program. Interviews were also conducted with clients and the parents of clients immediately following the wilderness therapy process, and four months after completing the program, to check the clients progress.

The theoretical basis, process and common reported outcomes of each program is presented. A client case study for each program looked in-depth at how the wilderness therapy process worked to address the specific presenting issues of each client, and illustrate expected outcomes. A model of wilderness therapy is developed from all these data, based on common variables appearing in at least three of the four wilderness therapy programs included in the study.

Conclusions

Six conclusions emerged from the study regarding theoretical bases, processes, reported outcomes, the role of wilderness in the healing process, and implications for wilderness therapy.

Conclusion 1. A common theoretical basis guides the wilderness therapy process, with unique refinements used by each program.

A model of wilderness therapy is presented (see Figures 59-62) and is reasoned to contain four variables. Variable 1, Theoretical Foundation represents the common theoretical basis of wilderness therapy across the four programs studied, and is built on the integration of wilderness programming theory and a clinically-based, eclectic, therapeutic model guided by a family systems approach.

Included in the theoretical basis of each program is the way the client is perceived by staff prior to entering into wilderness therapy. They see clients as resistant to traditional authority, in immediate crisis, as possessing an innate goodness, and not able to manipulate the process of wilderness therapy. Staff also perceive clients as having been in counseling before (skilled in dealing with traditional therapy), requiring a unique approach to working with their problem behaviors. Staff approach the relationship with the client in a nurturing and empathetic manner, do not force the client into change, but rather utilize time and patience to wait for the client to be ready to change. This common approach restructures the therapist/leader and client relationship, and allows for meaningful therapeutic work and personal growth to take place. This theoretical basis guides each program's unique approach to wilderness therapy.

Conclusion 2. The wilderness environment is utilized to make specific contributions to the healing process in all four programs.

Variable 2, Therapeutic Factors of Wilderness, represents the common ways in which wilderness is utilized by each program to enhance the healing process. These include: facilitating a sense of appreciation for the client, the fact that wilderness is a cleansing and

healthy environment; it takes them out of their familiar culture and places each client on an equal basis; it reduces distractions of a modern day culture; it emphasizes a simple and primitive lifestyle which reduces life to the necessities of food, water, and shelter, it is a vast and open environment which helps the client to feel vulnerable and humbled by the vastness. Thus, the wilderness environment contributes to the wilderness therapy process and helps adolescents come to terms with their problem behaviors.

Conclusion 3. Common admission standards, processes, and anticipated outcomes of wilderness therapy emerged across the four programs.

The final two variables comprising the model of wilderness therapy are Variable 3, Wilderness Therapy Process and Practice, and; Variable 4, Common Reported Outcomes, which represents anticipated outcomes of wilderness therapy across the four programs studied. The process and practice of wilderness therapy is guided by phases which guide the client through the process. Parents are expected to be involved in the process, reflecting a family systems perspective. Included in each phase are common therapeutic factors of the wilderness therapy process which help adolescents come to terms with their problem behaviors. These include: a sense of adversity and challenge confronting the client; a feeling of group development which transpires, the use of natural reward and punishment allowing authority figures to step back from the role of the provider of consequences; a peer mentoring process; physical exercise from hiking and wilderness living; the time for reflection on the clients lives; an emphasis on self care and personal responsibility; skill mastery, particularly primitive skills and the making of fire, and; a strong therapeutic relationship established between the client and staff.

Common outcomes among all programs were identified in wilderness therapy. These outcomes relate to the development of self-concept by the client, and a variety of skills and knowledge gained from the experience. This combination of outcomes leads to a realization of personal behaviors by the client. These realizations lead to the client wanting to have a better relationship with parents, continue to grow, be more appreciative of the things in their lives, see other perspectives and their problems different. Because the process is driven by a family systems perspective, and parents are involved in the process, anticipated outcomes of the wilderness therapy process include a better functioning family, with parents learning new

parenting skills and the child being perceived differently by parents.

Conclusion 4. The model of wilderness therapy that emerged is supported and reinforced by client case studies.

Client case studies were asked to explore how the wilderness therapy process worked to help them realize their reported effects and stated intentions to change. This perspective offered an opportunity to reinforce the wilderness therapy model developed through interviews with staff with the perceptions of clients who have gone through the process. Processes, factors, and reported outcomes which were reasoned to be similar from staff and client perspectives were presented. Two variables in the model are reinforced by client case study responses: Variable 3, which illustrates the wilderness therapy process, and specifically the therapeutic factors of the wilderness therapy process; and Variable 4, which illustrates common reported outcomes (see Figure 64 and Figure 65).

Client reinforcement of how the wilderness therapy process helped them address problem behaviors included (staff codes reinforced appear in parenthesis): they needed to be uncomfortable (Adversity and Challenge); they were willing to share in group (Group Development); there were consequences for their behavior and they needed structure (Natural Reward and Punishment); peer feedback and not telling war stories about drug use (Peer Mentoring); physical exercise from hiking (Physical Exercise; sitting alone and reflecting on their lives (Reflection); letting go of their anger and having a good output for their emotions (Self Care); and, the relationship established with staff and their wilderness therapist which was nurturing and supportive (Staff Rapport Relationship). A variety of outcomes (see Figure 65) were also reinforced by client case studies; this reinforced the models illustration of an enhanced self-concept and knowledge and skills gained from the experience leading to realizations of personal behavior by the client. .

Conclusion 5. Therapeutic factors of the wilderness therapy process are dynamic and interrelated, and grouped into constructs of Environment, Environment Active Self, and Environment Inter-Active Self.

A concurrent model of the wilderness therapy process is presented (Figure 66) to

describe therapeutic factors at work during the wilderness therapy process. These factors are reasoned to occur simultaneously, to varying degrees, over the duration of the process, rather than independently in sequential, discrete, mechanistic stages as traditional models of wilderness therapy imply. The process of wilderness therapy is not a discrete and sequential process, but rather, a dynamic and interrelated one, with a multitude of factors at work at any one period of time. A concurrent model of the wilderness therapy process from this research shows how key factors of the wilderness therapy process are dynamic and relate to one another through time.

The model is built on the framework of wilderness therapy presented in Chapter 2, and is reasoned to contain three distinct "layers" of therapeutic factors. The first layer, which is termed the *Environment*, includes benefits from wilderness working alone as healer of the subject of interest. The "wilderness as healer" environment provides the setting for more in-depth and active healing to occur. The second layer, termed *Environment-Active Self* (EAS), consists of activities or processes within wilderness which facilitate learning and personal growth. The third layer, termed *Environment Inter-Active Self* (EIAS), includes those factors associated with at-risk youth interacting with one another in a variety of activities within wilderness. The layering of therapeutic factors can be viewed as a progression (rather than sequential) where each layer does not begin where the other left off, but rather, builds on the previous layers and it's therapeutic factors.

Conclusion 6. A growing wilderness therapy industry challenges wilderness use capacities and management standards; but with associated opportunities.

Our data indicate a substantial and growing amount of wilderness use from at least 38 wilderness therapy programs (Russell and Hendee, 1999), which is but a small part of the much larger wilderness experience program (WEP) industry that includes at least 500 WEPs (Friese et al., 1999). Wilderness managers recognize these increases; Gager and others (1998) found in a national survey that virtually all wilderness managers perceived increases of WEP use in areas they administered.

A key issue is whether or not WEP use, including wilderness therapy, depends on designated wilderness to meet their goals. Gager and others (1998) found that a majority of

wilderness managers believe that wilderness therapy program activities are *not* wilderness dependent, but two recent surveys of WEPs revealed that more than half the respondents say they operate in designated wilderness (Friese, 1996) and do regard their programs as depending on wilderness (Dawson, Friese, Tangen-Foster, & Carpenter, 1999). Manager's fears of WEPs identified by Gager (1998) include establishing new trails, overuse in areas already saturated, site impacts, large group size, lack of wilderness stewardship skills and knowledge, and conflicts with other users (p. 35). Demand for wilderness use may soon overwhelm the capacities established by managers, raising difficult questions. Can we, or should we lower standards for naturalness and solitude? Can enough new areas be brought into the wilderness system to expand capacity? Is the use of wilderness for personal growth and healing of young people more important from a social and economic standpoint than commercial recreation use, or casual use by the public?

The use of primitive skills as a wilderness therapy tool may expand normal impacts of wilderness use, and in some places adjustments may be needed. For example, if ten clients make two fires a day for 36 days it would equal 720 fires throughout the course of one program! Already aware of these potential impacts, many programs have begun self regulating the use of fire, striving to maintain it's therapeutic value while conserving the resource. For example, Anasazi which often operates on the Tonto National Forest in Arizona, now uses primitive methods to ignite a coal, which is then used to light propane stoves for cooking. This reduces fire scars, depletion of fuel wood, and other impacts. Catherine Freer Wilderness Therapy, which often operates in the Kalmiopsis Wilderness Area in Oregon, also uses primitive fire making in structured lessons in pre-established areas, but cooks over gas stoves to lessen their impacts.

Enhanced communication and cooperation is needed between agency managers and wilderness therapy leaders to coordinate use and address impacts with new strategies. For example, work projects might be completed by wilderness therapy programs with therapeutic effects for participants, crowded areas can be avoided during peak times, and strict leave-no-trace principles can be practiced. Better communication would also help close the gap in understanding between what are necessary and desirable practices for the benefit of wilderness. This a concern for wilderness therapy programs since they need wilderness to operate, as well as for wilderness mangers who are mandated to protect the ecological

integrity of wilderness. A strengthened relationship would help deal with misperceptions about wilderness therapy, minimize impacts on wilderness and maximize benefits from wilderness therapy as a positive intervention in the lives of troubled adolescents.

Recommendations

Recommendation 1. To enhance the credibility of wilderness therapy as an intervention, objective outcome and process studies are needed, with accompanying publication in peer reviewed journals.

As wilderness therapy gains acceptance as an alternative treatment choice for adolescents, outcome studies are needed to show efficacy to parents, counselors, medical and liability insurance companies, social service agencies, juvenile authorities and schools. These studies are needed so wilderness therapy can be compared with other treatment approaches on effectiveness and cost, such as outpatient counseling, residential treatment centers, and in-patient hospitalization. As a common definition and practice of wilderness therapy emerges, external outcome studies can be conducted and replicated. As wilderness therapy becomes validated and thus more accepted by mental health professionals, public agencies and insurance companies, co-pay will become more common, making the intervention more affordable for parents. This will also help reduce fears many parents and professionals have about wilderness therapy, brought on by past years of well-publicized incidents of neglect, negligence and inappropriate care of clients by a few programs.

Recommendation 2. Outcome studies need to recognize the family systems perspective that guides the wilderness therapy process, and the unique client and family outcomes which are expected from wilderness therapy.

Because wilderness therapy is guided by a family systems perspective and involves the parents in the treatment process, an evaluation component which addresses parent effects and family functioning would be appropriate. Also, wilderness therapy is based on an individualized treatment process developed by wilderness therapists and leaders to best address the unique presenting issues of each client. Because of this, each treatment could be viewed as being slightly different than the next. To account for this variability in treatment,

an evaluation component should focus on pre-during-and post-treatment changes of individual clients and their families. By incorporating a family systems component in evaluation, and addressing the fact that each intervention is unique based on the various presenting issues of each client, a more accurate assessment of the effect of wilderness therapy is possible.

For example, a client may enter the wilderness therapy process with drug and alcohol abuse and anger management issues identified in an individual treatment plan. Therapists and staff, and thus the wilderness therapy process, will work with the client in a completely different manner than a client who is severely attention deficit disorder and is having problems with authority, but exhibits no problems with drugs and or alcohol. An outcome for the client with drug and alcohol issues would be not to relapse, while the outcome for the other client may be better school functioning. If each were returning home, then the structure and functioning of the family system would also be an important outcome to evaluate. The outcome studies should be driven by the individual client treatment plans, which clearly define the issues with which the client and family are struggling. By assessing these issues pre-, during-, and post-treatment, an accurate evaluation of the effects of wilderness therapy is possible.

Recommendation 3. Wilderness therapy has implications for conventional therapies aimed at addressing problem behavior of adolescents.

Wilderness therapy contains processes and therapeutic factors which are relevant to conventional therapies who work with troubled adolescents. Specific lessons learned from this study on wilderness therapy processes could be harnessed by conventional therapies. For example, wilderness therapy is approached from a family systems perspective, in which the family is seen as the treatment focus. Conventional therapies could also develop ways to get the family more involved in treatment. Other therapies could also use wilderness therapy client outcome studies, including references clients make to why and how wilderness therapy worked for them. Residential treatment centers might impose a physical exercise regime and a healthy diet to reflect the physical activity and healthy diet inherent in wilderness therapy.

Recommendation 4. Wilderness therapy has implications for wilderness experience programs aimed at addressing problem behavior of adolescents.

Wilderness therapy also offers lessons for conventional wilderness experience programs (WEPs). For example, these programs could use educational components to help troubled adolescents learn more appropriate social skills, which do not need to be facilitated by licensed therapists and counselors. By adding skill training such as communication skills, anger management, and relapse prevention planning, WEPs could better prepare clients for the inevitable return to their family, peer, and school environments. It is important to note that although wilderness programs could effectively teach many of these skills, care should be taken not to implement lessons for which they are not qualified. For example, intense drug and alcohol counseling should be administered by qualified professionals, and care should be taken when addressing these types of issues. In these ways, the more conventional wilderness programs could tap lessons learned from wilderness therapy to help reach a broader population of adolescents and be seen as a preventive intervention, rather than a prescriptive one.

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APPENDIX A. STRUCTURED INTERVIEW FORMAT

Program:_____

Name of interviewee:_____

Position with program:_____

Years in position:_____

Educational experience:_____

Question 1: What philosophical or theoretical basis guides [program name]'s approach to changing problem behavior in adolescents?

Question 2: Could you describe specific problem behaviors that the wilderness therapy approach works well for?

Question 3: What types of problem behavior are not well suited for wilderness therapy? Why?

Question 4: What role does wilderness play in helping adolescents come to terms with their problem behavior?

Question 5: How does wilderness therapy as practiced by [program name] work?

Question 6: What type of qualifications are needed to be a wilderness leader or therapist in your program?

Question 7: What are the effects and outcomes of the wilderness therapy process on clients?

APPENDIX B. FOCUS GROUP AGENDA

Overview

The focus group process will facilitate the development of consensus responses for identified key components of the WT program philosophical foundations and methodology. Content analysis of individual structured interviews will uncover key phenomena and initial descriptive codes will emerge. The focus group method allows clarification of areas in which there seemed to be a number of different viewpoints in the individual responses. This will allow WT staff to exchange and clarify for themselves, through interaction with other staff, exactly what it is their opinion or behavior depends on. It is important to note that it may be impossible to arrive at a consensus with regard to issues. If this is the case, the range of responses will be noted.

Method

A modified delphi technique will be used. The group will provide responses to the question in round robin format. A discussion will then be facilitated around the responses to that question which are visibly recorded on large flip-chart paper. Question probes will be used after the first round robin of ideas to generate discussion. Probes are a crucial part of extracting information from focus groups, but should be done in a way as not to be suggestive and without making the respondents become defensive. The question probes are theoretical guides used in generating discussion designed to stimulate the sharing of knowledge from members of the group who were experts in a particular area. After the sharing of knowledge and ideas through facilitated discussion, a rating will be conducted, and a distribution generated pertaining to the issue in question. The ratings will be placed on the specific comment made regarding the issue. Sum totals of the ratings for each issue will be generated and a final discussion will explore the implications of their responses.

Round Table Discussion of Key Issues

Issue (Question 1 of Individual Interview): Please describe the philosophical or therapeutic

basis upon which the treatment approach is based?

Issue (Question 2 of Individual Interview): What type of problem behavior does [program name] best serve? Why? What type does it not serve well? Why?

Issue (Question 4 of Individual Interview): What role does wilderness play in helping adolescents come to terms with their problem behavior?

Issue (Question 5 of the Individual Interview): How does wilderness therapy work?

Issue (Question 6 of the Individual Interview): What type of qualifications are needed to be an effective wilderness leader in your program?

Issue (Question 7 of the Individual Interview): What are the effects and outcomes of the wilderness therapy process?.

APPENDIX C. FIELD NOTEBOOK

Overview

Records will include observation of environmental behaviors, descriptions of unstructured interviews and informal conversations, client-staff interaction, and environmental characteristics. The field notebook will also contain notes written on selected cases for each program to trace the evolution of behaviors both before and after treatment resulting in imbedded case studies of individual clients for each WT program. Every effort will be made to adhere to strict regulations followed by each program regarding confidentiality and anonymity of the client. The notebook and imbedded case studies will be invaluable in providing a rich context to interpret data gathered through other methods for the inductive generation of a theoretical framework describing the process of wilderness therapy.

Program:_____

Dates:_____

Participant-Observation Components

- Program Observations
- Organizational Structure
- Assessment and Evaluation Procedures

Wilderness Therapy Process Field Observations

- Leader Observations
- Unstructured Interviews of Staff
- Person
- Position

Environment

- Content

Selected Cases

- Client and Family
- Characteristics and Presenting Problem
- Treatment Plan
- Outcome and Evaluation

APPENDIX D. CLIENT CASE STUDY FOLLOW-UP PROTOCOL

Part I. Immediate Post-Trip Interview with Client

Q1. What did you like best about the experience? Least? Why?

Q2. Why did you come to be enrolled in this program?

Q3. What problems did your parents and others feel you needed to address?

Q4. Will you try to change anything as a result of this experience? What will you change? Why?

Q5. What was it about the wilderness program experience that made you want to change?

Q6. What kind commitments have you made to change?

Q7. Have you ever been in counseling or some type of treatment prior to this experience? If yes, please explain. Did it work well for you? why or why not? Why was this different?

Q8. What did you think of the leaders on your trip? Do you think they helped you? Why or why not?

Q9. Do you have any friends that would benefit from this program? Why? Would you then recommend this wilderness program to any of your friends?

Part II. Clinical Debrief Process

A focus group process will be conducted upon completion of the trip. The process will begin by establishing an appropriate time line for the phases of the wilderness therapy trip. Each client case study will then be reviewed as to: a) presenting problem, b) general interpretations of overall changes in behavior, c) more specific discussions of personal and interpersonal behavior exhibited throughout the trip, and d) a consensus of when a "breakthrough" occurred in the clients' realization of presenting problem behavior. The rationale for the process is based on the multiple perceptions of trip leaders and the clinical staff on the process of change, and what might have triggered a realization of needed change by the client. A similar format of round robin sharing of ideas and consensus building described earlier will be used to triangulate in on these five areas.

Task 1. Establish time line illustrating key phases of the wilderness therapy process.

Task 2. Review each client case study presenting problem behaviors.

Task 3. Review and discuss general interpretations of changes in problem behavior (When, How, Why).

Task 4. Review each client case study in more detail and develop therapeutic trajectory.

Task 5. Develop a consensus of when in the process and what factrs lead to a realization of the need to change problem behavior of client.

Task 6. Discuss post-trip recommendations and probability for success and failure, including potential barriers and difficulties to maintaining long term change

Part III. Client Case Study Four Month Post-Trip Interview

The four-month post trip questionnaire was developed from reviews of the literature, other outcome studies conducted on the efficacy of wilderness experience programs, including wilderness therapy, and proposed outcome studies being developed by various wilderness programs. The questions are based on school and work performance, peer relationships, family relationships, drug use, and overall program assessment.

Open Ended Questions

Q1. What do you think of the experience now that you are removed from it? How often do you think about it? What specifically do you think about most?

Q2. How do you think the experience has helped you address your previous behavior issues? (Review issues and discuss proposed changes made by client)

Q3. What was it about the wilderness therapy process that helped you overcome the difficulties you were having prior to the trip?

Q4. What commitments did you make at the end of the program that specifically addressed how you might change your problem behavior?

Q5. How are you doing on those commitments? If having trouble please explain. If doing well please explain.

Q6. What could the wilderness therapy process have done to make it easier for you once you left the program?

Post-Trip Interview with Parents of Client Case Study

Q1. What did your child think of the experience? How often do they mention the experience? What specifically they mention about the experience?

Q2. How do you think the experience has helped your child address their previous behavior?

Q3. What do you think it was about the wilderness therapy process that helped your child overcome the difficulties they were having prior to the trip?

Q4. What commitments did they make at the end of the program to you that specifically addressed how they might change their problem behavior when they completed the experience?

Q5. How are they doing on those commitments? If having trouble please explain. If doing well please explain.

Q6. How are they doing in school compared to before the program? Friends? Any other activities they are doing since the experience?

Q6. What could the wilderness therapy process have done to make it easier for your child once they completed the program?

APPENDIX E. HUMAN ASSURANCES COMMITTEE LETTER