Perspectives on the Wilderness Therapy Process and Its Relation to Outcome

Keith C. Russell
University of Idaho

Dianne Phillips-Miller
University of Montana

ABSTRACT: This study examined the wilderness therapy process in order to better understand how the intervention effects change in problem behavior of adolescent clients. A review of literature reveals multiple definitions of wilderness therapy, numerous studies evaluating treatment outcomes, and a need to focus research on how the process facilitates change. This study investigated four established wilderness therapy programs using a multisite case study approach and a variety of qualitative data collection methods to carefully examine the wilderness therapy experience of 12 clients in four wilderness therapy programs. Findings indicate that physical exercise and hiking, primitive wilderness living, peer feedback facilitated by group counseling sessions, and the therapeutic relationship established with wilderness guides and therapists were key change agents for adolescents. These factors helped adolescents come to terms with their behavior and facilitated a desire to want to change for the better.

KEY WORDS: adolescent substance abuse; innovative treatment; peer relations; problem behaviors; wilderness therapy.

Wilderness therapy is an emerging intervention in the field of mental health child and youth care designed to assess and treat emotional and behavioral problems of adolescent clients. Though an array of definitions and terminology are found in the literature, wilderness therapy typically involves immersion in wilderness or comparable lands, group living with peers, individual and group therapy sessions, and educational and therapeutic curricula, including backcountry travel and wilderness living skills, all designed to reveal and address problem behaviors, foster personal and social responsibility, and enhance the emotional growth of clients (Davis-Berman & Berman, 1994; Russell, 2001). Wilderness therapy programs are becoming increasingly

Correspondence should be directed to Keith Russell, Resource Recreation and Tourism, University of Idaho, Moscow, ID; e-mail: keithr@uidaho.edu.

popular because they offer an alternative to outpatient and inpatient treatment approaches for resistant adolescents unwilling to commit to treatment due to a variety of factors, including the stigma associated with traditional approaches. Despite this appeal, as evidenced by the growth in the number of programs serving adolescents, a lack of research exists on how the wilderness therapy process effects change in adolescents, and how these change agents are similar or different from accepted treatment approaches that have been shown to be effective in treating problem behavior in adolescents. The purpose of this study was to thoroughly examine the wilderness therapy process in order to identify key change agents and how these relate to reported outcomes for treatment.

Defining Wilderness Therapy

Wilderness therapy has evolved from outdoor- and wilderness-based treatment programs that have been in existence for over 50 years, with strong influences found in the Outward Bound wilderness challenge model brought to the U.S. in the early 1960s (Howard, 1984), and therapeutic camping, established in 1946 with programs like the Dallas Salesmanship Club (Loughmiller, 1965). Wilderness therapy lacks a common and accepted definition and is variously referred to in the literature as wilderness therapy (Davis Berman & Berman, 1994), therapeutic wilderness camping (Loughmiller, 1965), adventure therapy (Gass, 1993), wilderness adventure therapy (Bandoroff, 1989), wilderness treatment programs (Kimball, 1983), and wilderness experience programs (Winterdyk & Griffiths, 1984). These multiple titles create confusion on the part of parents, mental health professionals, and others as to what wilderness therapy is, how it works, and for whom the intervention is most appropriate.

In examining the various definitions of wilderness therapy found in the literature, Russell (2001) developed an integrated definition that addressed common theory, processes, and reported outcomes found in the literature. The integrated definition developed by Russell contained the following key ideas: "a) the design of the program should be therapeutically based, with the assumptions made clear and concise, in order to best determine target outcomes and evaluate the effectiveness of treatment (Bandoroff & Scherer, 1994), b) the careful selection of candidates should be based on a clinical assessment and should include the creation of an individual treatment plan for each participant (Davis-Berman & Berman, 1994), c) the provision of individual and group psychotherapy should be facilitated by qualified professionals, with an evaluation of an individual's progress a critical component of the

program, and d) at the conclusion of the program, qualified staff should work with appropriate professionals to create an aftercare plan that is best suited for the individual to maintain any therapeutic progress that has been made" (p. 76). Though it is recognized that theory and process vary across programs, this integrated definition was used in this study to more accurately describe the wilderness therapy intervention.

Despite research interest and reported benefits, the process of wilderness therapy largely remains a mystery. Arthur and Repucci (1993) conclude in their review of research on wilderness therapy effectiveness that the "nature, extent, and conditions under which positive outcomes occur is unknown" (p. 154). The purpose of this study was to address this gap in research on wilderness therapy by employing a multi-site case study approach to investigate the wilderness therapy process in order to explore how it affects change in problem behavior of adolescent clients.

Research Methods

Participants

Participants in this study were adolescents, ages 13–17, whom exhibited problem behaviors severe enough for them to enroll, or be enrolled, in wilderness therapy by parents, custodial authorities, or the judicial system. To gain a broader understanding of the wilderness therapy process, four wilderness therapy programs were selected based on their inclusion in the Outdoor Behavioral Healthcare Industry Council (OBHIC), a national association of clinically supervised wilderness therapy programs. These four programs in no way constitute a representative sample of wilderness therapy. Rather, they provide a starting point to begin examining key change agents of the wilderness therapy process and how these may relate to outcomes. Each program was staffed with clinically trained professionals supervised by licensed psychologists. Master's-level counselors, social workers, or certified drug and alcohol counselors accompanied each group or provided clinical supervision through weekly visits to the field to carry out individual treatment plans. Program treatment length averaged 38 days in wilderness.

Three client case studies were chosen at each program based on a randomly selected admittance date. Each program has a careful admissions process to ensure that the program is suitable for the families' needs. The process usually involves a series of phone calls to the program by parents or custodial authorities, where trained staff work with the parents to determine if the intervention is suitable for the client. The specified admittance date was identified at each program and a

list of enrollees was established. When the client list reached three, those clients were included in the study. Clients and their parents were asked if they would participate in the study, at which time consent forms were signed. The average age of the clients was 17 years old; nine were male and three were female. They came from a variety of socio-economic backgrounds and were from California, Texas, Oregon, Illinois, and Washington.

Data Collection

A period of seven-to-ten days was spent in the field observing the three client cases at each program as participant observer. Because observing the entire duration of treatment was not possible at each program, the first phase of one program was observed, the middle phases of two programs were observed, and the final phase at one program was observed. The researcher served as an observer, yet because of personal experience working with adolescents in outdoor settings, attempted to fit in and become a member of the group. As noted by Adler and Adler (1994) researchers in this role "feel that an insider's perspective is vital to forming an accurate appraisal of human group life, so they observe and interact closely enough with members to establish an insider's identity" (p. 380). This insider's identity was established by eating the same foods, using the same gear, and participating in individual and group activities as much as possible to be considered a group member, while at the same time remaining removed enough to observe the dynamics of the group. Daily field notes were made that focused on the interaction between client case studies, as well as interaction with staff. A total of 21 days was spent gathering data at each individual program, which occurred between May 1998 and March 1999.

Clients were each interviewed immediately following treatment in an unstructured interview format. Questions asked were based on reviews of literature and were presented in a way as to encourage thought and reflection on their experience. Guided by broad questions, the interview consisted of a discussion with each client as to why they believed they had come to wilderness therapy, what they thought of the process, and what they believed they might have learned from the process. Also referenced in the interview were notes made by the researcher during the participant observation experience. Rapport established during participant observation was utilized to help the respondent feel more at ease in discussing personal problems, and served to facilitate more informed responses. However, this rapport also had the potential to cause problems by tempting the researcher to become an advocate for the respondents and stray from the academic role.

Attempting to strike a balance, the goal was to place the researcher in the "role of the respondents and attempt to see the situation from their perspective, and to not impose the world of academia and any preconceptions upon them" (Fontana & Frey, 1994, p. 367). Each interview was recorded and transcribed.

A clinical debriefing utilizing group interview techniques was also conducted with staff responsible for the care of each client case study. These included the wilderness leaders, wilderness therapists, clinical supervisor and program director. In debriefing, staff were asked to examine whether the client had benefited from the experience and what aspects of the process had helped the client realize those benefits. The clinical debriefing focused on the inherent phases of the program and asked the treatment team to reflect on key periods of the treatment process that were exemplary of the experience for the client. This could have been an extremely positive experience (coming off of solo time and revisiting the group) or negative (managing anger in an inappropriate manner). The treatment team was also asked to provide their recommendations as to the most appropriate aftercare placement for clients. Each clinic debrief was also recorded and transcribed.

Parents at this time were also contacted either at the program or by telephone and asked if their child had received any benefits from treatment. They were also asked to describe their perspective of the wilderness therapy process and how that process worked. The interview asked parents to reflect on conversations with therapists, letters written and received from their child, and time spent with their child while attending graduation ceremonies which lasted from one to three days. These multiple data sources served as a form of triangulation to corroborate client responses, participant observation notes, and staff and parent perspectives of the process, on how the process related to outcomes from treatment.

Data Analysis

The structured interviews with youth participants and parents, participant observation notes, and clinic debrief constituted data gathered in the study. Approximately one month was allotted to "digest" the data from each wilderness therapy program and to conduct initial analysis and summary writing. This process consisted of organizing data files, determining the order each data source would be analyzed and interpreted, and initial review of each interview, where notes were written in the margins and a reflective notebook was maintained. To identify constructs inherent in the process, and outcomes of wilderness therapy, a constant comparative method was used (Glaser & Strauss, 1967). Data were stored and analyzed using the theory-building pro-

gram for qualitative data NUD IST (non-numerical unstructured data indexing, searching, and theorizing) (Richards & Richards, 1994). This program allows: (a) storage and organization of document files, (b) theme searches, (c) crossing and matching themes, (d) diagramming, (e) creation of templates, and (f) analyzing and reporting data (Creswell, 1998).

Data was analyzed in two phases. Phase one included analyzing all data for each of the three 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 clients and why these effects occurred (Miles & Huberman, 1994). Clients in each wilderness therapy program were considered independently of others and consistent coding procedures were used to maintain reliability of data. For example, data analysis began with a: a) analysis of the client's responses to why they entered treatment, b) analysis of daily treatment notes maintained by the treatment team during the process, c) analysis of the responses by the client as to why they believed this experience may have helped them want to change, d) analysis of the clients responses as to any outcomes, positive or negative, they may have experienced as a result of treatment; e) analysis of the clinical debriefing process held with the treatment team, f) analysis of interviews with parents describing outcomes and why they believe those outcomes may have occurred, and g) analysis of participant observation made by the researcher throughout the process. This process was repeated for each client using consistent open and pattern coding procedures.

Phase two involved merging data from the twelve client case studies in order to identify core process factors and common outcomes. In this process, the "building blocks" of analysis are variables and their intercorrelations, rather than the cases (Miles & Huberman, 1994). The variables in question were analyzed by examining the process factors and outcomes that were in the form of pattern codes across all clients to look for similarities and differences. The goal of such inquiry is to develop more sophisticated descriptions and, thus, more powerful explanations of the wilderness therapy process and its relation to outcomes. This was done by combining the twelve individual client case study databases into one common database. Various search techniques in NUD IST were used to identify common processes and conditions of the wilderness therapy process, and common treatment outcomes.

To establish credibility in the study's findings, member checks and reviews of coded responses were utilized. Credibility refers to the ability to communicate the various constructions of reality in a setting back to the persons who hold them in a form that will be affirmed by them (Erlandson, Harris, Skipper, & Allen, 1993). In the member checking process, each respondent was sent a list of codes with associated mean-

ings that asked him or her to verify and "check" the interpretation. Client member checks were conducted over the phone four months post treatment during the follow-up interviews. Their various responses were read to them and they were asked whether they remembered these statements and if they still believed they were true. Notes were made as to their responses to specific codes and statements. Staff involved in the clinic debrief were also sent a list of their coded responses at two stages of the data analysis process and were asked to make notes in the margins and provide feedback. Participant observation notes also served as a check, specifically when examining the process stage in which the researcher was present during any client reported incidences. Finally, colleagues familiar with qualitative research methods were asked to review code definitions and the associated text that comprised the code to verify if the meanings inherent in the responses were reflected in the code or if alternative meanings constituted a new code. These member checks and alternative perceptions increased the credibility and richness of the data analysis process by confirming, and in places refuting, any interpretations the researcher may have made in the data to more accurately reflect the meaning embedded in the responses by study participants.

Results: Wilderness Therapy Process Related to Outcomes

Responses from the 12 client case studies are presented as themes, which are clusters of like pattern codes that emerged from analysis of each individual case (Creswell, 1998). Each theme is presented from the perspective of the client, and are displayed by the number of clients who noted this phenomena of interest. To increase the confirmability (reliability) of the data, a corroborating data source needed to be present from another perspective (researcher, parent, treatment team) for the code to be included in these findings. For example, if a reason for change was noted by the client but was not identified in participant observation notes, the clinic debrief, or by parents, it was not included in the presentation. Therefore, the results are presented from the perspective of the client, but there was also a corroborating reference made by the researcher, therapist, or parent. To better illustrate the results, example responses are provided. The limitations to this approach are addressed following the presentation of results. These resultant trends in the adolescents' perception of the wilderness therapy process and how it related to outcomes provides insight into how the wilderness therapy process worked to help troubled adolescents.

Why Clients Enrolled in Wilderness Therapy

After his or her experience was complete, each client was asked to describe how she or he became enrolled in wilderness therapy. Five themes emerged: (a) school problems (n = 12/12), (b) drugs and alcohol (n = 10/12), (c) resistance to other forms of counseling and treatment (n = 9/12), (d) suppressed anger and emotions (n = 8/12), and (e) statement from the client saying they "needed help" (n = 7/12). It is important to note that most clients stated multiple reasons for having enrolled in treatment and reported a general resistance to other forms of counseling and treatment prior to wilderness therapy. This theme emerges throughout the discussion of these trends and forms a critical theoretical element in the wilderness therapy process—the intervention and treatment is often used as an alternative for adolescents in serious trouble who are not being reached by traditional forms of counseling. Most clients entering into treatment have a history of counseling, and thus are "therapeutically savvy," requiring wilderness therapists to try a different approach to break through any resistance to treatment or change put in place by the adolescent.

How the Wilderness Therapy Process Helped Effect Change

Client case studies were asked their thoughts of wilderness therapy and if they believed the process helped in some way. Each responded that the process had helped, which prompted a question as to why. Client-reported benefits are addressed in subsequent sections. Key pattern codes that were clustered into themes were: (a) relationship established with counselors and leaders, (b) peer dynamic, (c) facilitated reflection on life through use of solo, and (d) challenge and structure of process (see Table 1). Each of these elements are reviewed from the clients' perspectives.

Relationship Established with Counselors and Leaders

A theme emerged referencing strong relationships that were established between clients and wilderness counselors and leaders (n = 12/12). It is noted here that the four programs have licensed counselors and wilderness guides who work as a team with clients. Wilderness guides may spend the majority of time in wilderness living with clients, while wilderness therapists either remain in wilderness or pay periodic visits to wilderness to conduct individual and group counseling sessions. Where a client specifically referenced a "counselor," it will be noted. If there is no specific reference other than "staff," it is assumed that the client is referring to any staff member, counselor or guide. An

example of a comment capturing the essence of this relationship is illustrated by this quote from a client.

> It's like they're human, they're not these machine people that are like getting paid some good money to talk to you when you know they don't care. Yeah, they talk in realistic terms. Like the other ones will just be like, "you need to fix this." Then I am sitting there and I'll be like "how the hell am I supposed to fix that," or "why should I." These people tell me how I can, why it would help me.

This client seemed to suggest that the wilderness counselor approached this relationship from a different perspective, a perspective that was more approachable and easier for her to feel.

To further explore why wilderness therapy was perceived as different from previous experiences in counseling and therapy, clients were asked whether they had tried counseling prior to wilderness therapy. Eleven out of twelve responded, "yes." During a background check, it was discovered that the client who responded, "no" had actually been in counseling prior to the experience. Asked in the follow-up interview why the client had said no, she responded that she did not believe this had helped her so she responded no, this was her first time in "therapy."

Each client was then asked to explore in more detail why the relationship established with wilderness counselors seemed different and what it was about their approach that helped them when past counselors had failed. The common coded responses presented as themes included: (a) client and counselor would just "sit and talk" (n = 7/12), (b) counselor helped me "work on substance abuse problems," (n = 7/12), and (c) counselors would use the wilderness to "provide metaphors relating to personal issues" (n = 12/12). Clients noted that the rapport established by the counselor with the client removed some of the stigma associated with counselors and allowed them to just "sit and talk." An example of this approach by therapeutic staff is captured in this reference made by a therapist describing his approach to working with a particularly resistant client,

> with [client] I just sat and talked with him and waited for him to open up to me. I let the wilderness do most of the work in the beginning and he slowly started to open up to me about his relationship with his father. We would just sit and skip rocks and talk, I had to be very patient with him because he was so resistant to authority.

Peer Dynamic

Another common response across clients referred to the interpersonal relationship dynamic with peers, or "peer dynamic" (n = 12/12). Clients talked about feedback that was shared in their groups and in casual

Table 1
Common Responses and Associated Descriptive Codes Across Twelve Client Case Studies to Interview Questions Asking Clients to Explore How They Believed the Wilderness Therapy Process Helped Address Their Problem Behaviors

Common Responses in Form of Theme	Definition	Pattern Codes Comprising Theme	Example of Response
Relationship Established with Wilderness Counselor or Leader (12/12)	Clients state that an important aspect of the wilderness therapy process was the relationship established with the wilderness counselor or staff	Sit and Talk Work on Substance Abuse Use Metaphors	She could just sit there and talk with me and relate to a lot of them. It was just like, I felt close to [wilderness counselor].
Peer Dynamic (12/12)	Clients state that an important aspect of the wilderness therapy process was the peer dynamic and relationships with other clients in the program	Peer Feedback Group Process Willing to Share Feelings No War Stories	They told me, there were a lot of issues with my dad and they told me, They told me to talk to him about it. Just get it out into the open and it would be better for me, and that helped solve a lot of my problems.

Facilitated Reflection on Life Through Use of Solo (12/12)	Clients state that an important aspect of the wilderness therapy process was that it facilitated reflection on their lives.	Solo Time Different Perspective Problems Sitting Reflecting Appreciate Things Have	And I just had so much time to think on the solo I had, you know, me and 20 square feet or whatever and that was all I had was my problems, so I faced them, dealt with them.
Challenge and Structure of the Process (11/12)	Clients state that an important aspect of the wilderness therapy process was that the process was difficult and challenging.	Needed Be Uncomfortable Adverse Conditions Physical Hiking Self Confidence Shocked Me	I think a person really does need to be uncomfortable to change. 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.

wilderness living and group counseling sessions, and about the fact that they were more willing to share their feelings with the members of their group. This quote from a client illustrates why he believed he was more willing to share in group.

> 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,[1] 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.

This client references the fact that clients were not "war storying," a rule that seemed to assist clients in being more willing to share in group. Why clients were more willing to share in group was further explored. In one reference to this dynamic, a client struggled to describe how groups and peer feedback helped him understand patterns of behavior in his life.

> I don't know, it just made me learn that it's not going to be fun if I get angry, and they [group] just helped me out with trying to do stuff and how to deal with it, especially in our groups, you know, at night. What was it called? The truth circle or something. Those were real good and I think that they really helped out a lot. They helped me by like, just telling me what they do so I could try it, I don't know, they helped me out, I can't really remember everything, but oh well.

This describes how other group members would share their experiences to help the client relate to his own experience. As a participant observer, the researcher found that groups were the most direct medium to observe direct process dynamics. These notes were taken while observing the peer dynamic at one group.

> This morning they read Jumping Mouse, a story and had to write what the story meant to them. They had to then pick out their favorite passage and explain to the group why. Again, it had to be initialed by the instructors. They talked about peer pressure, giving to others, trying something new, leaving old comfortable habits behind. Peer feedback was appropriate and intense. Each seemed comfortable in the process.

Clients referenced the importance of the group process illustrated in this theme which was also reinforced through participant observation notes.

Facilitated Reflection on Life Through Use of Solo

Another theme that emerged across all client responses was "facilitated reflection on life" ($n = 12/12$). Client statements described the opportunity to reflect on their lives through a variety of activities and

processes. Each program provided opportunities for clients to spend up to three days on solo, where the only contact they had was daily checks by staff for safety reasons. Clients were afforded a perspective in which they were not accustomed, as they were removed from the family life for perhaps the first time. Clients stated that the process allowed them to gain a different perspective on their problems, and gain a new appreciation for the things they had in life. These ideas are captured in this response from a client reflecting on the solo process.

> And I just had so much time to think and before then I had been really anxious and really everything was still running through my head, I was still panicking. Trying not to deal with my problems. And then on the solo I had, you know, me and 20 square feet or whatever and that was all I had was my problems, so I faced them, dealt with them.

This suggests that perhaps the solo process, one not common to traditional treatment, may be a crucial component for adolescents. Further evidence of this idea came from the participating therapist who reflected on the time he believed the client "broke through" to some of his core issues.

> For [client], it was definitely the solo that helped him come to realizations of the effect that his drug use had had on his family, I mean, he had this glow to him when he came off [solo] and he opened up in the solo debrief and I think it was the first time that I really thought that he was getting it, like he was breaking though his resistance.

An interesting theme that emerged was the unique way counselors and the program staff worked with clients before and after the solos. Leading up to the solo, groups were focused on helping clients reflect on why they were in treatment and what they believed they could do to better their lives, including their relationship with family. Once these problems were reflected on after the solo, counselors would work on the issues with the client. Here, a client recounted how the solos were "set up" and "debriefed."

> The whole way that they bring the solo up, what they talk about before hand and the assignments that they give you, really help to pry it out of you. It really makes you open up. Just the assignments, they have to do with challenges and rights of passage like in the Indian cultures. You were supposed to basically read a story about it and follow that and really think about it and that kind of draws you into it and makes you deal with what you have to.

Clients referenced solo time, and the reflective characteristics of wilderness, and how the solo time helped them reflect on their lives as a key component of the wilderness therapy process. They stated this was the

first time they had spent time alone like this at all, let alone for three days in a natural environment.

Challenge and Structure of Process

Finally, clients referenced the physical challenge of wilderness therapy in a theme defined as "challenging aspect of the process" (n = 11/12). Clients spoke of needing to be uncomfortable, the adversity and challenge of hiking and primitive living in wilderness conditions, and the shock of being placed in wilderness. Also included in discussion are references to the self-confidence that emerged from completing something as difficult as a wilderness therapy program. This theme is reflected in this comment made by a client relating this experience to past experiences in other treatment programs:

> Yeah, I really think it does. I think a person really does need to be uncomfortable to change. I was at this place called [program name] 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.

A parent reflected on this dynamic when asked to think back to a particular aspect of the process that may have helped her daughter, and stated, "I think it was the challenge of hiking and the physical exercise. That was the first time that [client] had ever really done anything like that and I think it boosted her self confidence." This dynamic, a focus of many outcome studies on wilderness therapy, was referenced by clients as being a factor that helped them want to change behavior.

Perspectives on the Benefits of Treatment

Each client was asked in the post treatment interview to describe the benefits of treatment. Clients spoke of treatment outcomes in terms of wanting to change their past behavior and make amends with family and friends (see Table 2). For those clients with drug and alcohol issues (10/12 clients), abstinence was the main topic of the interview, focusing on ways to prevent relapse and build a social network to support sobriety. In examining the client responses, three common themes emerged: (a) desire to "change behavior," (b) a desire to discontinue drugs and alcohol, and (c) a desire to be a "better person."

Table 2
Common Responses and Associated Descriptive Codes Across Twelve Client Case Studies to Interview Questions Asking Clients to Describe the Effects of the Wilderness Therapy Process

Common Responses in Form of Pattern Code	Definition of Code	Pattern Codes Comprising Theme	Example of Response
Change Behavior (12/12)	Clients state they want to change behavior as a result of the wilderness therapy process	Have Goals Have Direction Finish School Think College	I want to change lying. I don't, maybe I'll lie once and a while just because I'm stupid, like total dumb, but lying and stealing, I don't steal no more. Doing drugs or smoking or any of that.
No Drugs Alcohol (10/12 or all clients who were diagnosed as having a substance abuse problem 10/10)	Clients state they want to abstain from drugs and alcohol as a result of the wilderness therapy process	No Friends Who Use Quit Old Friends	I've made a promise to myself, which was to pretty much stay straight-edge, no drugs, I mean I don't, it's weird because I was totally atheistic before I came here.
Better Person (12/12)	Clients state they want to be a better person as a result of the wilderness therapy process	Respect Others Open Minded Positive Role Model Listen to Others Talk About Feelings	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.

Awareness of Behavior and Feelings

The wilderness therapy process fostered a personal evaluation of past behaviors by clients and prompted a desire to want to change behavior for the better (n = 12/12). Pattern codes that comprised this theme included client statements that they "have goals" and "have direction," that they would like to return to and "finish school," and that they would like to "build a stronger relationship with their family," especially their parents. Clients having goals and direction are an important treatment outcome and were used in establishing relapse prevention plans and building a support network with families or custodial authorities. An example is captured here when a client is discussing a goal to focus on developing a relationship with his parents.

> I don't really talk to them [parents] 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.

Embedded in this finding is an important dynamic that emerged when asking clients to elaborate on what they meant by changing their behavior and how that is accomplished—the conversation quickly turned to relationships, particularly with the family, and a desire to want to communicate better through expression of feelings. A client addressed this idea when talking about how he addressed this issue during the wilderness therapy process when he stated:

> So I wrote a letter to my mother explaining my feelings, telling her in detail the reasons why I wanted to come home and what I would do to make that possible and how I would work to do it. It basically, I had to come out of my shell for that, I had to really make some decisions and really start working. And that kind of got me going a little more.

As clients voiced desires to change behavior, including learning to express feelings and work to communicate with parents and family more effectively, another dynamic in this theme emerged as an outcome of treatment. Clients and their parents realized that it was not just the adolescent that needed to change, parents also had to take an active role. A client states

> I'm afraid of him [father] going back to the same thing. Of him going back to the same way he is . . . he has a power trip and he does things for no reason and I'm afraid he's going to do that. And I'm afraid that they're going to, because I pick some of my friends they get mad at me for it and they're not going to believe me about what I do.

Here the client is worried that his father may not want to change, but he feels he is willing to make an effort. Illustrating the learning process

that a parent may undergo as a result of their child's experience in wilderness therapy is captured in this statement made by a parent reflecting on his son's experience. He stated, "he said that the most important thing he learned out there was the importance of his family and he wants to relate to me differently now. I learned too that I need to let him make some decisions on his own and talk to him about things that are bothering me in a way that is less confrontational." Letters were exchanged back and forth between clients and families and processed with the help of counselors. In this way, clients stated they were able to tell parents their feelings in a way they had not been able to prior to wilderness therapy.

Abstain from Drugs and Alcohol

Clients also indicated their goal post-treatment was to "abstain from using drugs and alcohol." Pattern codes comprising this theme included "no friends who use drugs and alcohol" and "quit old friends." A response that captures the essence of a client's desire to abstain from using drugs and alcohol post-treatment is

> 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.

When clients spoke of a desire to remain abstain from drugs and alcohol, they all did so to varying degrees. This is an important finding and may reflect the level to which many had thought about their issues. Some would simply say, "to remain sober" while others would elaborate. This comment reflects a deeper description of how one client would remain sober.

> 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 who'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. 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.

Although clients talked in this way, therapists wondered if such resolve could be maintained. Therapists offer interesting insight into these statements by clients to remain sober, because they have experienced clients who do well in wilderness therapy where there are no temptations, and relapse when they return to familiar environments. This

therapist response assessed a client's conviction and resolve to remain sober and offers insight into how therapists in wilderness therapy programs view the intervention in the context of the continuum of care. He states "I worry that he still hasn't truly committed to sobriety, and you can hear it in the way he talks about it and his resolve to keep the same friends. We have a serious relapse prevention plan in place and are working with an outpatient counselor to help them maintain his progress."

A critical aspect of these wilderness therapy program approaches was the implicit treatment focus on drugs and alcohol. Clients reported that the process had helped them come to terms with their use. The degree to which wilderness therapy successfully treats these symptoms can and should be a focus of continued research.

Be a Better Person

A third common reported outcome was to be a "better person" (n = 12/12 clients). This included clients wanting to "respect others," be a "positive role model" for siblings and friends, to "help out family more," and to be more "open minded" and "listen to others." This theme seemed to be connected to clients recounting remorse for past behaviors. Clients stated that they came to a better understanding of their behavior in a variety contexts. By understanding this behavior, adolescents appeared to feel a desire to make amends for past wrongs. This idea is captured in this quote from a client reflecting on his desire to be a better person.

> 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 combination of being away from their family and spending time removed from various accustomed social environments appeared to have created a desire to want to make amends. Illustrating this idea of wanting to be a better person was a client elaborating on this idea when he stated,

> Yeah, and though I don't believe in a higher power, but I do strongly believe in karma. If you're creating negative energy, you're going to feel it, but if you're creating positive energy, then you're also going to feel it. It's the domino effect . . . and that's helped me out quite a bit.

Clients referenced a desire to want to change through an understanding of the impacts their past behaviors may have had on their lives.

Summary and Discussion

The implications of this study need to be considered within the paradigm of a qualitative research effort, which is limited to generalizations to the four programs studied. These generalizations are not made to a population, but, rather, are termed "analytical generalizations," in that they focus on past research and identified constructs, and attempt to generalize to these findings and are used to expand on existing theory associated with wilderness therapy (Guba & Lincoln, 1993).

The four key process findings (Relationship with Counselor and Therapist, Peer Dynamic, Facilitate Reflection on Life Through Use of Solo, and Challenge and Structure of Process) that emerged through analysis of data have theoretical and practical links to research in counseling and psychotherapy. The results of this study suggest that wilderness therapists, utilizing a non-confrontive and nurturing approach, seemed to effectively establish a therapeutic alliance with these clients, and that it was an important process variable that contributed to outcomes for clients. The fact that clients perceived the therapeutic alliance as a key factor that helped create a desire for change in wilderness therapy is an important finding given the well documented importance of the therapeutic alliance (Bordin, 1979; Howard, 1984; Kokotovic & Tracey, 1990).

The peer dynamic established through wilderness living, communal tasks, and various group counseling sessions throughout the experience was also an important finding. Living and traveling in wilderness develops a strong sense of group identity that has been found to be important predictors of outcomes for wilderness therapy program participants (Ewert & Heywood, 1991). Little research has been done to find out how this development of the group contributes to group cohesion in group therapy sessions in wilderness therapy, an important predictor of outcome in the group psychotherapy literature (Hoag & Burlingame, 1997). For example, wilderness therapy groups lives together and perform daily tasks in wilderness in an intense social unit. A future research question may be How does this socialization contribute to group cohesion during the group counseling session?

The finding that wilderness therapy facilitates reflection on life, especially through the use of the solo, has not been studied in the psychotherapeutic literature or the literature on wilderness challenge programs. Several evaluations of the effects of wilderness programs include the solo as a component of the program but it has yet to be isolated as a process variable to understand it's contributions to outcome. Cultures throughout the world have practiced rites of passage initiatives for young people transitioning into adulthood that involve spending long periods of time alone to reflect on their lives and their future (Van

Gennep, 1960). Many of these practices are now absent in Western Industrialized culture. Perhaps this process factor in wilderness therapy fills this void left by society—a void that results in conflicting messages for adolescents about their role as an adult and when adulthood really begins.

Finally, clients noted the challenging aspect of wilderness therapy as an important factor in wilderness therapy that helped create a desire for change. This finding has been well documented in the wilderness program literature, particularly in studies done on the effects of Outward Bound, a 28-day wilderness challenge program brought to the U.S. in the 1960s (Hattie, Marsh, Neill, & Richards, 1997; Marsh, Richards, & Barnes, 1984; Marsh, Richards, & Barnes, 1986). Most of the research done in this area has examined the effects on measures of multiple dimensions of self-concept and conclude that wilderness challenge programs have significant effects on these measures. This suggests that wilderness therapy, which is in essence a wilderness challenge program with an integrated clinical model of treatment, through a physical challenge, which in conjunction with other process factors linked to the therapeutic alliance, reflection through solo time, and an intense peer dynamic, can create a powerful medium to effect change in adolescent's lives.

Implications for Residential and Day Treatment of Adolescents

Several implications emerged from this study. The wilderness therapy process contains therapeutic factors which are relevant to conventional treatment approaches aimed at helping troubled adolescents change problem behaviors. Adventure therapy (see Gass, 1993) utilizes many of these ideas and concepts by fusing adventure experiences, such as ropes courses, rock climbing, and other brief outdoor adventure activities, with traditional counseling approaches to provide lessons that can be used as grist for counseling sessions with adolescents. Several studies have shown that this approach can be effective in counseling troubled adolescents (see Hattie, Marsh, Neill, & Richards, 1997).

In a similar manner, the difficulty of the wilderness therapy process and its ability to facilitate reflection on life, the development of a unique peer dynamic, and the relationships established with counselors, could be mimicked in outpatient or residential settings. For example, residential treatment centers might impose a physical exercise regime and a more healthy diet to reflect the physical activity and eating habits

inherent in wilderness therapy. Therapists could suggest activities to encourage spending time alone to help adolescents reflect on their lives and the counseling process. Clients could also keep a journal to write down important thoughts or ideas developed outside counseling sessions.

This study supports previous research on wilderness therapy that suggests unique dynamics of wilderness living can lead to enhanced therapeutic relationships between therapists and clients (Bandoroff, 1989; Davis-Berman & Berman, 1994; Gass, 1993). Because these programs are often seen as wilderness challenges, clients feel less like they are in "treatment" (Berman & Anton, 1988). By meeting in wilderness, wearing hiking boots, sitting under a tarp, and eating nuts and raisins, the counselor is perceived as being more approachable and the therapeutic relationship is altered. Capturing this dynamic in an outpatient or residential setting is a continuing challenge for counselors trying to reach adolescents in order to help them change. Perhaps this study can shed light on different ways to realize this goal.

A final implication in this study is the critical role aftercare services play in wilderness therapy. Many clients go on to aftercare environments because structure is still needed to maintain the therapeutic progress they have made in wilderness. If residential treatment centers and other aftercare services become more aware of the treatment process and benefits of wilderness therapy, it is possible the transition can be smoother for clients and families. For example, the client who had a serious relapse in this study lacked structure after wilderness therapy and could have benefited from aftercare. The client addressed this topic and stated that he felt "bored" and experienced a "major let down" after completing such a formidable task. Increasing communication and relationships between residential treatment centers and wilderness therapy programs could be beneficial to the adolescents and their families.

The findings and methods used in this study can be revised, adapted, or strengthened through further qualitative-quantitative mixed method studies, or through quantitative assessments to test the relationship between process factors and outcomes. Further studies can test process factors and their relation to outcomes across multiple counseling approaches to better determine if one approach may be more suitable for certain types of adolescents. For example, adolescents exhibiting depression may identify different process factors, which may yield different outcomes. In this way, research can explore how wilderness therapy is being used more prescriptively for clients to maximize outcomes from the intervention. Finally, research could focus on the difference in treatment outcomes between wilderness therapy programs and

residential treatment centers, as well as intense outpatient interventions, across a variety adolescents exhibiting different emotional and behavioral problems.

Appendix A. Interview Format Immediately Following Treatment

1. What did you like best about the experience? Least? Why?
2. Why did you come to be enrolled in this program? What problems did your parents and others feel you needed to address?
3. Will you try to change anything as a result of this experience? What will you change? Why? What was it about the wilderness program experience that made you want to change?
4. 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?
5. What did you think of the leaders on your trip? Do you think they helped you? Why or why not?

Note

1. War storying occurs when adolescents in treatment recount their stories of past drug and alcohol use, often times glorifying these actions to their peers.

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