

Wilderness therapy programs: A powerful intervention for adolescents

By Michael Conner, Psy.D.

“Wilderness Therapy Programs” are powerful and effective interventions for adolescents with behavioral, mental health and substance abuse disorders. As a practicing psychologist, I have referred hundreds of adolescents to these programs over the past eight years. I have also been involved in outcome research and publishing consumer protection information about Wilderness Programs on the Internet. Here is what I have learned.

Wilderness programs that treat adolescents are part of a broader field called outdoor behavioral health. Making referrals to wilderness therapy programs, providing concurrent family treatment and follow-up services represent a tremendous opportunity for adolescent and family psychologists’ practice development.

The term “wilderness therapy” can confuse those who are considering this intervention option. Wilderness therapy has two meanings: (1) introducing people to the wilderness “as the therapist,” and (2) “therapeutic activities” that take place in the wilderness. Wilderness therapy programs were developed as alternatives to adolescent inpatient and residential treatment programs.

The purpose of a wilderness therapy program is to separate youth from negative influences and place them in environments that are safe and support growth. Students are not merely thrown into the wilderness and made to suffer hardships. They are encouraged, challenged and given every opportunity to succeed in activities that are necessary, natural or reasonable. Children form bonds with each other, field staff and therapists while they endure adversity and struggle as a group to overcome natural challenges. Wilderness therapy is experiential, based on action methods and includes individual and group psychotherapy.

Activities

Common activities in a wilderness therapy program include (1) primitive living, (2) outdoor education, (3) structured daily activities, (4) team building, (5) leadership training, (6) challenge courses, (7) expeditions, (8) academic education and (9) facing natural consequences. Behavioral modification is based on environmental and social reinforcement.

Weather and terrain provide natural consequences. Teamwork and leadership provide choices and natural consequences. Social interaction and reinforcement is logical and necessary to the group’s comfort and effectiveness. Staffs are trained to interact as “authorities” but are not authoritarian. Therapists assess problems, provide therapy, monitor progress and reinforce effort and character development. Psychological assessment is available for children who cannot adapt, integrate or remain stable. Psychotropic medication monitoring is also available.

Progress

Progress in a wilderness program is typically measured using a level system. Levels in programs are usually based on “hard skill” and “soft skill” performance, psychoeducation assignments and staff recommendations. Hard skills are the adaptive and physical skills necessary to contribute to personal and group well-being. This may include the ability to create fire, build shelters, cook food, build a backpack, set up camp, follow a map or lead a hike. Soft skills include demonstration of empathy, openness, self-knowledge, self-regulation, teamwork, leadership, gratitude and optimism.

Wilderness therapy programs vs. wilderness boot camps

A “wilderness therapy program” is NOT a “wilderness boot camp.” These two approaches are incompatible and based on entirely different models. Boot camp programs trace their origins to the juvenile justice system and were created as alternatives to jail. Boot camp programs are designed and operate with a high degree of interpersonal confrontation as well as physical and psychological aggression toward students. Boot camps use psychological punishment including intimidation, threats, aggressive gesturing and challenges. Punishment might include being deprived of food, extra work, loss of privileges, isolation, strenuous exercise and corporal punishment.

By contrast the standards of care in wilderness therapy programs allow children to experience nature, use experiential action methods that create group bonds, involve licensed mental health professionals and avoid staff use of aggression, punishment and force.

Programs

Wilderness therapy programs are growing in response to an enormous lack of services for family and children. Parents seeking alternatives to medicating children for disruptive and delinquent behavior turn to wilderness therapy after outpatient therapy, residential treatment and criminal justice programs fail. Wilderness programs are becoming first-line interventions not just “last chance programs.”

There are at least 26 professionally operated wilderness therapy programs in the United States that offer licensed services to adolescents. Programs vary in terms of challenge, safety, duration, staffing, clinical focus, population served, evaluation services, academic credit and other unique characteristics. Psychologists and families can find consumer ratings of wilderness therapy programs at www.WildernessPrograms.org.

Research

In a recent three-year formative research study by Mentor Research Institute (MRI), 53 children were referred to three separate wilderness therapy programs. Of these children, 63 percent were admitted with severe mental health problems, 43 percent had complex diagnostic issues and 52 percent of the children were potentially suicidal. An estimated 58 percent used alcohol or drugs. Nearly 80 percent were high risk of dropping out of school. Virtually all had significant emotional and behavior problems.

Parents were involved in parent education, counseling and therapy based on program recommendations. Students returned home with discharge plans that included a parenting plan, individual therapy (group therapy in some cases) and family therapy with qualified mental health professionals.

The results of MRI's three-year study suggest that wilderness therapy programs can have a significant positive impact on adolescents. Nearly 95 percent of graduates had no significant problems within 30 days of graduation. Six months after completing the programs, 62 percent had no significant problems. This increase in problems is referred to as the “post-wilderness crash.”

However, by one year after treatment, and with appropriate follow-up care, most graduates had turned their life around with 82 percent doing well. Replication of this study to validate these results is in process. The study showed a significant reduction in the complexity and severity of problems reported after wilderness therapy. The risks of suicidal behavior, violence, drug abuse and school drop-out were significantly lower. While some of the treated children still had problems, their ability to live rewarding and successful lives improved.

There was also a completely unexpected finding in MRI's study. Many of the graduates had significant improvement in their ability to pay attention. Students with severe attention deficits appeared normal 30 days after graduation. But this did not last and returned to previous levels by six months.

Practice building

There is a tremendous opportunity for psychologists who want to augment or build their practice by learning more about wilderness therapy programs for adolescents. There are also many reasons why using wilderness therapy programs are sound practice options. First of all, psychologists are the most qualified professionals to screen, evaluate and refer adolescents to wilderness therapy programs. Psychologists can also provide consultation services to parents and facilitate appropriate referrals.

After admitting an adolescent, psychologists may consult with programs, monitor progress and counsel parents. Psychologists can also provide follow-up care as part of a discharge plan. This might include family therapy, individual therapy, parenting education or parent coaching.

There is a tremendous need for licensed psychologists who can provide parents with screening, evaluation, referral, support and follow-up services for adolescents participating in wilderness therapy. Psychologists provide services that are ethical and meet recognized standards of care. These attributes are desperately needed by parents. There are many unqualified people referring parents to wilderness programs because there is high demand for these services. Psychologists can offer comprehensive and professional services with the highest clinical effectiveness and lower overall cost to parents and families.

Training and consultation for psychologists

Professionals who want to expand practices to include work with wilderness therapy programs should obtain training or consultation with experienced professionals. Psychologists seeking comprehensive training about Wilderness Therapy referral and collaboration can find professionals and programs offered by Mentor Research Institute at www.OutdoorTherapy.org. Mentor Research Institute is approved by the American Psychological Association to offer continuing education for psychologists.

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