

Investigative Paper: Wilderness Programs

Leah Barsher

School of Social Work, Barry University

SW-687 SW Policy Practice

Dr. Kolby

November 7, 2023

Introduction to Wilderness Programs

Wilderness programs are a broad spectrum of residential placements, situated in rural or natural environments. They are designed to prevent or decrease delinquent behavior and/or mental health issues in youth and teenagers by engaging them in challenging physical outdoor activities.¹ Common program activities include camping, rock climbing, wagon train trips, overnight solo experiences, alternative schooling, base camps that focus on substance use and clinical treatment, and individual, group, and/or family therapy. Some programs also include survivalist treks including building shelters, cooking over fires, and hiking.² Typically, participants are placed in wilderness programs by their parents, community agencies, schools, or the police to address defiance, substance use, school problems, and/or truancy issues.³

Wilderness Program Operations

Wilderness programs have many names including outdoor behavioral health, wilderness therapy, adventure programs, wilderness camps, wilderness experience programs, adventure-based counseling, therapeutic camping, challenge programs, and youth camps.⁴ The programs vary widely in terms of setting, eligibility criteria, operation, regulation and accreditation, oversight, types of activities, duration, safety standards, licensure, professionalism, therapeutic framework, involvement of family members, and therapeutic goals.⁵ Some programs operate under state licensure and participants are guided by professionally licensed clinical staff

¹OJJDP. (2011, March). *Wilderness camps*. Literature review a product of the model programs guide.

https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/Wilderness_Camp.pdf² Beck, N., & Wong, J. S. (2022). A meta-analysis of the effects of wilderness therapy on delinquent behaviors among youth. *Criminal Justice and Behavior*, 49(5), 700-729.

<https://doi.org/10.1177/00938548221078002>

³Id.

⁴OJJDP. *Wilderness camps*.

⁵Id.

3

such as social workers, counselors, psychologists, physicians, and other therapists.⁶ These programs typically operate on a theoretical basis of treatment and include clinical supervision, individual and group therapy, family participation in treatment, and tailored treatment plans. Other programs consider ‘the wilderness’ itself and challenging physical activities to be the therapeutic interventions. These programs are typically for-profit residential treatment programs that are not governed by federal laws, operate without state licensure, and sell treatment provided by staff that are not trained or licensed to provide the treatment, and do not include targeted therapeutic processes.⁷ At worst, reports from participants of some programs claimed that they operated like a military boot camp in a wilderness environment, utilizing various forms of

punishment, aggression, and abuse to elicit compliance.⁸

Therapeutic Impact of Wilderness Programs

Research from 2000 to 2012 highlighted positive feedback from program participants, which was summarized in a 2016 synthesis study.⁹ However, it is important to note that these participant reports are documented exclusively from programs that specialized in a wilderness approach to mental health treatment for clinical populations specifically. Programs included in the studies utilized targeted therapeutic methods to treat adolescent emotional, behavioral, psychological, and substance use issues. Programs that selectively treated delinquency or substance use, and programs that did not explicitly offer a clinical, therapeutic component were excluded from the study. Results demonstrated an increase in multiple markers including

⁶Beck, N., & Wong, J. S. A meta-analysis of the effects of wilderness therapy on delinquent behaviors among youth.

⁷Id.

⁸OJJDP. *Wilderness camps*.

⁹Ferne, C. R., Gabrielsen, L. E., Andersen, A. J. W., & Mesel, T. (2017). Unpacking the black box of wilderness therapy: A realist synthesis. *Qualitative Health Research*, 27(1), 114-129. doi:10.1177/1049732316655776

self-confidence, awareness of self, nature, and others, personal insight and self reflection, self-efficacy, perceived competence, mental resilience, willingness to engage in treatment, positive interpersonal relationships with adult staff and peers, social skills, self-evaluation and self-esteem, and more.¹⁰

In a comprehensive meta-analysis from 2013, adventure therapy was found to effectuate moderately positive, significant short-term changes in measured outcomes, especially psychological state and perceptions of self, and were sustained in the longer-term.¹¹ However, many recidivism studies were not included in this meta-analysis. A review completed in 2015

assessing whether wilderness therapy leads to a reduction in recidivism rates post-intervention resulted in mixed results, some non-significant and some positive, as well as questionable credibility, rigor, and methodology of many of the studies.¹² Further, every program utilized different activities, interventions, and approaches, making it impossible to isolate effects of differing wilderness therapy components. The meta-analysis concluded that there is little empirical evidence to demonstrate whether wilderness therapy programs effectively reduce recidivism and claimed that the scarcity of recidivism outcome studies is concerning given the extensive number of programs.¹³

¹⁰ Fernee, C. R., Gabrielsen, L. E., Andersen, A. J. W., & Mesel, T. Unpacking the black box of wilderness therapy: A realist synthesis.

¹¹ Bowen, D. J., & Neill, J. T. (2013). A meta-analysis of adventure therapy outcomes and moderators. *The Open Psychology Journal*, 6, 28-53.
<https://doi.org/10.2174/1874350120130802001>

¹² Clem, J. M., Prost, S. G., & Thyer, B. A. (2015). Does wilderness therapy reduce recidivism in delinquent adolescents?: A narrative review. *Journal of Adolescent and Family Health*, 7(1).¹³
Bowen, D. J., & Neill, J. T. A meta-analysis of adventure therapy outcomes and moderators.

Negative Impact and Risks in Wilderness Programs

On the other end of the spectrum, investigations have discovered thousands of cases and allegations of human rights violations within wilderness programs.¹⁴ Ineffective management and negligent operating practices, including child abuse, neglect, youth deaths, inhumane and degrading discipline practices, dangerous use of seclusion and restraint tactics, medical and nutritional neglect, severe restrictions of communication with parents and other advocates, ineffective psychotherapeutic interventions, and education provided by unqualified staff, are

some of the many documented issues. In addition to the mistreatment of youth, reports from victims, parents, and former staff of wilderness programs have pointed to issues of financial opportunism and misrepresentation of the programs to vulnerable parents desperately seeking help for their teen. There are claims of parents being manipulated to believe that the medical, psychological, and separation practices conducted by the wilderness programs are the best and most effective way to deal with their child's issues.¹⁵ Wilderness therapy is generally not covered by insurance companies.¹⁶ And, costs are typically not reported on program websites. With many privately-run programs, costs are typically around \$558 per day, which amounts to about \$20,000 per person for a 30-day program.¹⁷

¹⁴ Behar, L., Friedman, R., Jones, H. W. G., Katz-Leavy, J., & Pinto, A. (2007). Protecting youth placed in unlicensed, unregulated residential "treatment" facilities. *Family Court Review*, 45(3), 399-413.

¹⁵ Behar, L., Friedman, R., Jones, H. W. G., Katz-Leavy, J., & Pinto, A. Protecting youth placed in unlicensed, unregulated residential "treatment" facilities.

¹⁶ AXIS insurance revenue growth. *How wilderness programs affect insurance benefits*. <https://axisirg.com/wilderness-programs-and-insurance/>

¹⁷ Cramer, J., & Wanner, P. (2022). *Wilderness therapy programs: A systematic review of research* Washington state institute for public policy. https://www.wsipp.wa.gov/ReportFile/1748/Wsipp_Wilderness-Therapy-Programs-A-Systematic-Review-of-Research_Report.pdf

Limitations in Wilderness Program Research

The last meta-analysis review of wilderness therapy was completed over 10 years ago. With no updated reviews available, the effectiveness of wilderness therapy remains elusive.¹⁸ Limitations in studies, such as the range of program models, populations, and outcomes, makes it difficult to determine efficacy of wilderness therapy as a treatment model. Many studies do not include participant demographics, and historically, many studies focus on white males. BIPOC

participants are largely unstudied, resulting in a lack of understanding as to who may or may not benefit from the programs.¹⁹ Further, it is unknown how and if wilderness therapy actually stimulates positive change, and what specific components are responsible for such change. Many studies do not provide detailed information about what actually takes place within the wilderness therapy programs, nor their guiding theories and interventions. Further, many studies themselves are methodologically limited.²⁰ Some focus on recidivism outcomes exclusively, and do not explore how these outcomes are produced. Others do not include comparison groups leading to results that are not causal. To produce more rigorous studies, more controlled quantitative studies and randomized trials are necessary.²¹ Additionally, more studies that seek to analyze particular components of wilderness programs and their outcomes are crucial.²²

Addressing Solutions

While organizations and third-party accrediting bodies like the Outdoor Behavioral Healthcare Center are seeking to regulate the safety and quality of care of wilderness therapy

¹⁸ Fernee, C. R., Gabrielsen, L. E., Andersen, A. J. W., & Mesel, T. Unpacking the black box of wilderness therapy: A realist synthesis.

¹⁹ OJJDP. *Wilderness camps*.

²⁰ Clem, J. M., Prost, S. G., & Thyer, B. A. Does wilderness therapy reduce recidivism in delinquent adolescents?: A narrative review.

²¹ Id.

²² OJJDP. *Wilderness camps*.

programs, only 14 programs are listed out of hundreds throughout the United States.²³

Disturbingly, less than 1% of wilderness programs undergo empirical program evaluation.²⁴ The Alliance for the Safe, Therapeutic and Appropriate Use of Residential Treatment (A START) was created and passed a resolution in 2007 concerning unregulated residential programs. The resolution urged “state, territorial, and tribal legislatures to pass laws that require the licensing,

regulation, and monitoring of residential treatment facilities that are not funded by public or government systems, but are otherwise privately operated overnight facilities for troubled and at-risk youth under the age of 18”.²⁵

Since 2007, every attempt to pass federal legislation had failed until 2016 when California passed a law requiring residential treatment programs to operate as nonprofits to ensure finances do not impact standards of care.²⁶In 2019, Montana passed a law that led to the closure of several programs. In 2021, Oregon passed a law that sought to regulate the transport companies that forcefully capture youth and take them to the wilderness programs. In 2021, for the first time in 15 years, Utah passed a law that would regulate more than 100 programs that operate in the state.

The law banned chemical sedation and mechanical restraints, required programs to allow uncontrolled communication with family members and report the use of physical restraints and incidents of seclusion, and increased the volume of inspections conducted

²³ Outdoor Behavioral Healthcare. (2023). *OBH council member programs*.
<https://obhcouncil.org/members/>

²⁴ Bowen, D. J., & Neill, J. T. A meta-analysis of adventure therapy outcomes and moderators.

²⁵ Behar, L., Friedman, R., Jones, H. W. G., Katz-Leavy, J., & Pinto, A. Protecting youth placed in unlicensed, unregulated residential “treatment” facilities.

²⁶ Evans, C. (2022, January 1). *State laws aim to regulate ‘troubled teen industry,’ but loopholes remain*. KFF health news.
<https://kffhealthnews.org/news/article/state-laws-aim-to-regulate-troubled-teen-industry-but-loop-holes-remain/>

yearly. However, the law did not actually ban the harmful practices of seclusion, restraint, medication, and demeaning forms of punishment and behavioral interventions such as food deprivation. While these laws are a step in the right direction towards necessary reform, they are not comprehensive enough to keep all youth safe. Further, there are still many states that provide no oversight of their wilderness programs. Efforts to pass a federal law that includes a measure

called the Accountability for Congregate Care Act is also underway. This act would allow the Department of Justice to research and report best practices for youth care settings, consult with states to determine the closure of facilities that don't meet standards, establish a bill of rights for the youth in the care facilities, define terms of "treatment" and "institutional abuse", and require states to take action against abuse.²⁷

Future Solutions, Abolishments, and Reforms

Some intentional measures are necessary to advance wilderness programs. Firstly, malpractice must be eliminated to prevent future harm. This includes prohibiting unlicensed, unregulated wilderness programs from operating, and identifying states where programs remain unregulated and requiring them to address policy changes to strengthen program oversight and ensure high standards of care and safety for the youth involved.²⁸ Secondly, more rigorous research studies are necessary to better understand whether wilderness therapy is efficacious and evidence-based, and if so, what specific components create positive change and for whom. Important information could be gained from developing rigorous studies that provide data about the long and short term effects of wilderness therapy, which mental health and behavioral

²⁷ Evans, C. *State laws aim to regulate 'troubled teen industry,' but loopholes remain.*²⁸ Behar, L., Friedman, R., Jones, H. W. G., Katz-Leavy, J., & Pinto, A. Protecting youth placed in unlicensed, unregulated residential "treatment" facilities.

outcomes are achievable, whether the interventions are cost effective or can be made so, and what factors moderate these effects.²⁹

Conclusion

Wilderness programs vary widely and the standards of care within each program can, at best,

provide a therapeutically-enhancing experience for youth, and at worst, severely traumatize youth or lead to their premature death. The variations in programs are so severe that state and federal laws, regulations, and licensure are crucial in order to develop a foundation of safety for youth attending such programs. Finally, increased quality and quantity of research is needed to validate the efficacy of wilderness therapy as a viable mental health treatment option.

²⁹ Mohan, A., Malhotra, S., Narayanan, M., White, H., Gaffney, H. (2022). Protocol: The effectiveness of wilderness therapy and adventure learning in reducing anti-social and offending behavior in children and young people at risk of offending. *Campbell Syst Rev.*, 18(3). 10.1002/cl2.1270

10

References

AXIS insurance revenue growth. *How wilderness programs affect insurance benefits.*

<https://axisirg.com/wilderness-programs-and-insurance/>

- Beck, N., & Wong, J. S. (2022). A meta-analysis of the effects of wilderness therapy on delinquent behaviors among youth. *Criminal Justice and Behavior*, 49(5), 700-729.
<https://doi.org/10.1177/00938548221078002>
- Behar, L., Friedman, R., Jones, H. W. G., Katz-Leavy, J., & Pinto, A. (2007). Protecting youth placed in unlicensed, unregulated residential “treatment” facilities. *Family Court Review*, 45(3), 399-413.
- Bowen, D. J., & Neill, J. T. (2013). A meta-analysis of adventure therapy outcomes and moderators. *The Open Psychology Journal*, 6, 28-53.
<https://doi.org/10.2174/1874350120130802001>
- Clem, J. M., Prost, S. G., & Thyer, B. A. (2015). Does wilderness therapy reduce recidivism in delinquent adolescents?: A narrative review. *Journal of Adolescent and Family Health*, 7(1).
- Cramer, J., & Wanner, P. (2022). *Wilderness therapy programs: A systematic review of research* Washington state institute for public policy.
https://www.wsipp.wa.gov/ReportFile/1748/Wsipp_Wilderness-Therapy-Programs-A-Systematic-Review-of-Research_Report.pdf
- Evans, C. (2022, January 1). *State laws aim to regulate ‘troubled teen industry,’ but loopholes remain*. KFF health news.
<https://kffhealthnews.org/news/article/state-laws-aim-to-regulate-troubled-teen-industry-but-loopholes-remain/>
- Ferneer, C. R., Gabrielsen, L. E., Andersen, A. J. W., & Mesel, T. (2017). Unpacking the black box of wilderness therapy: A realist synthesis. *Qualitative Health Research*, 27(1),

114-129. doi:10.1177/1049732316655776

Mohan, A., Malhotra, S., Narayanan, M., White, H., Gaffney, H. (2022). Protocol: The effectiveness of wilderness therapy and adventure learning in reducing anti-social and offending behavior in children and young people at risk of offending. *Campbell Syst Rev.*, 18(3). 10.1002/cl2.1270

OJJDP. (2011, March). *Wilderness camps*. Literature review a product of the model programs guide.https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/Wilderness_Camp.pdf

Outdoor Behavioral Healthcare. (2023). *OBH council member programs*.
<https://obhcouncil.org/members/>