

Chapter 49

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The Use of Adventure-Based Programs With At-Risk Youth

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Adventure-based programs are often utilized with adolescents, many of whom are labeled as "at risk." In this chapter, we will briefly discuss this population, focusing on teens at risk for both mental health and delinquency problems. Next, we will examine a few examples of adventure-based programs, and comment on their effectiveness. Finally, we will close this chapter by discussing the appropriateness of these programs for at-risk youth, and by discussing critical issues in the field.

Adolescence

Adolescence is often described as both an exciting and tumultuous time. The first psychological theory of adolescence was posited by G. Stanley Hall in 1916. He suggested that the dramatic physical changes that occur during this phase of life lead to related psychological stress and change. It was his belief that adolescents emerged from this stage morally stronger.

Others, like Erikson (1968), supported this *Sturm und Drang* (storm and stress) conceptualization of adolescence. He suggested that the conflicts of adolescence must be successfully resolved for healthy adult functioning to emerge. The primary adolescent crisis according to Erikson involves the resolution of the identity versus role confusion dilemma. During this period, adolescents try to make sense of physical changes and incorporate them into a coherent identity. They also experiment with a variety of dif-

ferent roles, often modeling the behaviors of significant others (Erikson, 1968).

The adolescent challenges of girls are explored in the bestseller, *Reviving Ophelia* (Pipher, 1994). In this book, a therapist recounts cases and analyzes the stress placed on teenage girls, and the symptoms and disorders that they express as a result. In particular, she discusses depression, substance use, and body image distortion in teen girls. In the end, Pipher (1994) characterizes early adolescence in girls as a hurricane that most survive, although it is difficult.

In a perfect world, we would hope that all teens would successfully weather the storms of adolescence, would optimally complete their developmental tasks, and come away with a solid sense of security and positive identity. Those who work with adolescents, however, know that this is often not the case. While some young people seem to sail through this life period, others really struggle. These are often the kids whom we end up seeing in adventure-based programs. Before one decides that they are simply bad or troubled or even at risk, it is important to quickly reflect on some of the stressors encountered by young people today.

At-Risk Youth

Simply put, life is hard, and it is especially hard for certain groups, including adolescents and children. Poverty is a devastating problem for children. From the late 1980s

to the early 1990s, the number of children aged six and under in poverty grew by one million, representing the largest rate in 25 years. Sadly, 57 percent of these children live in families where one or both parents work full time (Knitzer and Aber, 1995).

Young people of color are even more likely to be poor, with 33 percent of poor children being Black, and 21 percent being non-White Hispanic (Connell, 1994). Needless to say, poverty causes family instability, and its effects are profound on the youth of this country. From this stressful beginning, we see kids move to the streets, to delinquency and to some often serious mental health problems. It is beyond the scope of this chapter to address the alarming poverty and present assault on the social welfare system. However, social workers and other human service professionals are struggling with how to do more with less. With recent changes in the welfare system, these efforts must intensify. Interested readers are referred to an issue of *Social Work* that focuses on this crisis (National Association of Social Workers, 1996).

Within this societal context, adolescents suffer from mental health problems, become delinquent and are often labeled as at risk. Although it is difficult to accurately determine the scope of the problem, it is considerable. Estimates suggest that about 15 percent of the adolescent population suffers from a diagnosable mental health disorder (Brandenburg, Friedman, and Silver, 1990), and that over the past 30 years, the suicide rate for this group has tripled, now representing the third leading cause of death (Berman and Jobes, 1991). Unfortunately, children and adolescents tend to be an underserved population in the mental health system. It has been estimated that less than one-third of children and adolescents needing services actually receive them. Additionally, when services are provided, they are often inappropriate (Children's Defense Fund, 1994). In fact, it has been suggested that there is a real lack of intermediate level mental health services for children and adolescents. As a result, there is an overreliance on the more restrictive, inpatient option (Collins and Collins, 1994).

Similar to the mental health impact on vulnerable adolescents, the interface of the court system with adolescents has rapidly increased over the past few years. In fact, studies have shown that the number of violent offenses committed by juveniles is on the rise, and that excluding rape and prostitution, 19 percent of the sex offenses in 1993 were committed by juveniles (U.S. Bureau of the Census, 1995). In response to these increases in violence, dollars were allocated under the Violent Crime Control and Law Enforcement Act of 1994 for the establishment of military-like boot camps for youthful offenders (U.S. Department of Justice, 1995). Many of these camps use strict discipline combined with outdoor experience to work with delinquent kids. Perhaps in these days of diminished federal responsibility and family instability, these "boot camp" approaches will gain popularity as alternatives to previ-

ously ineffective traditional approaches to rehabilitation and treatment.

These approaches, however, are not new. Rather, the use of the out-of-doors as treatment for at-risk adolescents dates back to the early 1900s, with Camp Ahmek. This program served adolescent boys, and had as one of its stated goals the socialization of the camper's behavior (Dimock and Hendry, 1939). Early writings (e.g., Harms, 1947) extolled the virtues of the use of the out-of-doors in a therapeutic fashion with youth. Numerous outdoor programs geared toward working with "at-risk" teens are described in the literature (see Davis-Berman and Berman, 1994), which clearly establish a historical precedent for the development and implementation of programs today.

Programs

During the process of writing a book on wilderness therapy, we had the opportunity to talk with representatives of hundreds of programs throughout the United States. The types of adolescents served in mental health programs varies widely. Some may be experiencing family problems, while others suffer from low self-esteem. Others are struggling with anger control issues, and some are diagnosed with depression. Often, adolescents who are experiencing delusions or hallucinations are excluded. The court-related programs, of course, serve adolescents that are in the criminal justice system. Other programs attempt to prevent delinquency in high-risk adolescents. The following section of this chapter reports on the findings of some of this research describing mental health and court-related programs (Davis-Berman and Berman, 1994; Davis-Berman, Berman, and Capone, 1994).

Mental Health Programs

We began our survey of adventure-based therapeutic programs by compiling a list of current programs. These programs ranged from intensive mental health programs to enrichment programs for those who were very high functioning. Sources for identifying programs included the professional literature, and the referrals of other program operators.

In order to more fully understand the operations of these adventure-based programs, telephone surveys were done with the program administrators. Through these interviews, the structure, funding and staffing patterns of the programs were described. Other issues like program evaluation, cost, and type of treatment were also discussed. The following represents some of the findings of this research.

Generally, mental health programs serving at-risk youth are usually outpatient, inpatient, or residential in design. Additionally, many programs that identify themselves as therapeutic are focused on the problem of youth substance abuse. Not surprisingly, many of the residential

or inpatient programs are privately sponsored, with some for-profit and some nonprofit facilities. Most of the outpatient programs are also privately sponsored, again, with a mixture of for-profit and nonprofit sponsorship. The fee schedules for these programs vary widely, dependent on sponsorship type, program design, and type of client served. Based on these variables, fees ranged from zero to almost \$10,000 for a 30-day experience.

The type of outdoor experience offered in the treatment programs also varies widely. Many of the inpatient programs offer a rather restricted experiential therapy component, with the most popular modality being ropes courses. Other programs do offer a more extensive outdoor component, including wilderness expeditions and wilderness base camp experiences. Outpatient programs generally offer more intensive, lengthier wilderness experiences, sometimes involving up to a month in wilderness settings.

In terms of therapy, the approaches reported are as diverse as the clients served and the program designs. Interestingly, the majority of programs examined failed to specifically describe their therapeutic modalities. Some mentioned group therapy, the use of metaphors, and cognitive approaches. However, more specific information was usually not given.

Finally, the majority of the programs appear to collect evaluation data in a very informal fashion. Questionnaires are sent to families and participants after the program for the impressions of the participants and families. Some programs, however, do administer quantitative evaluation materials before and after the outdoor experience.

An interesting outpatient program in the Midwest provides services at no cost to clients, as the Department of Human Services supports the program. While enrolled in this program, participants live at home and engage in outdoor activities throughout the year. During their time in the program, participants experience individual, group and family therapy. Thus, in this program, the outdoor activities serve as an adjunct to more traditional therapy services.

Another program example is a longstanding residential camp in Texas. Adolescents reside at this camp for a period of usually six to nine months. In this program, small groups are formed, and participants engage in backpacking and canoeing activities. Students must attend an on-site school and must participate in both group and family therapy while involved in the therapeutic experience (Davis-Berman and Berman, 1994; Davis-Berman, Berman, and Capone, 1994).

Court-Related Programs

Although a number of the mental health programs include clients with court-related issues, there are some wilderness programs devoted strictly to the treatment of delinquents. Interestingly, however, the number of court-related programs is far fewer than those devoted solely to mental health.

The severity of the difficulties experienced by the delinquent clients truly makes these court-related programs distinct from those solely focused on mental health. Adolescents sent to the court programs have often been in numerous outpatient and inpatient settings, and have failed to change in meaningful ways in these programs. Thus, adventure-based programs for delinquents sometimes serve as an alternative to traditional incarceration, or as an adjunct to some kind of residential care. Similar to the mental health offerings, there is a great diversity in the funding of court-related programs. However, some interesting public-private joint programs do exist. There is also a tremendous variety in the extensiveness of the adventure or wilderness experience between programs. Some programs offer limited experiences, such as low and high ropes. Others offer more in-depth backpacking and camping expeditions.

One of the more interesting court-related programs is based in the West, and has been operating for more than 20 years. This program is rather controversial, as it has been criticized for being very survivalist in its orientation. Utilizing a multistage format, this program includes base camp, counseling, and the choice of participating in a number of different outdoor activities.

A residentially oriented program in the East begins with participants embarking on a wilderness trip. At the conclusion of this trip, some are ready to leave the program. Others continue to live in the camp-oriented base camp, going to school and engaging in school, work, and service.

The court-related programs seem to have done a better job with program evaluation than some of the other types of programs. This might be due to the requirements of some of the federal and state funders more likely to be involved with the court-related programs (Davis-Berman and Berman, 1994).

A Look at Effectiveness

It is clearly beyond the scope of this chapter to comprehensively cover the relevant research that has been done to support the efficacy of the mental health and court-related programs. However, we will highlight some of the classic findings, and whenever possible, refer the reader to reference sources. Those interested in further evaluation research are referred to studies done on the Outward Bound program (e.g., Bacon, 1988; Shore, 1977) and to a more recent meta-analysis of data (Cason and Gillis, 1994).

Mental Health Programs

The mental health programs often try to document self-concept or self-esteem change as a result of program participation. As early as 1973, Krieger found significant increases in self-concept in campers as opposed to a control group. Similarly, Chenery (1981) found significant increases in self-concept after the adventure program, with a decrease in what were identified as negative behaviors.

As part of our work and interest in wilderness therapy, we reported on the results of four wilderness therapy trips. All participants in these groups were adolescents with family problems, depression, and/or anger and impulse control problems. At the conclusion of the treatment program, a significant increase in both self-efficacy and self-esteem were found. Participants also experienced a general decrease in symptomatology at posttest (Davis-Berman and Berman, 1989).

Cason and Gillis (1994) presented a meta-analysis looking at 43 adventure-oriented studies of programs serving adolescents. Basically, it was concluded that the adventure programs were associated with increased self-concept, attitudes and grades. Adolescents were also found to become more internal in their locus of control following treatment.

Continued discussion of the need for research on program effectiveness has occurred both informally and in the literature. In fact, this issue has taken such precedence that it was highlighted in an issue of the *Journal of Experiential Education* devoted solely to adventure therapy (Berman, 1995).

There are a few classic outcome studies done on delinquency programs that continue to be frequently cited, and even set the standard for future research. Kelly and Baer (1968) were pioneers with their evaluation of an Outward Bound program in Massachusetts. They found significant changes in characteristics such as asocial behavior, aggression, and social maladjustment. Additionally, the recidivism rate for the treatment group after nine months was 20 percent, as compared to a rate of 34 percent in the comparison group.

Similarly, Willman, and Chun (1973) evaluated an Outward Bound program geared toward delinquents. Fourteen months after the end of the program, the recidivism rate of the treatment group was 20.8 percent, as compared with a rate of 42.7 percent for the control group. For further discussion of the effectiveness of adventure-based programs for delinquents, the reader is referred to reviews by Wichmann (1983) and Roberts (1988).

It appears that adventure-based programs are most effective in promoting change in self-esteem levels in participants. It also seems that programs geared toward delinquents do seem to reduce the recidivism rates among this population. Obviously, more research needs to be done to evaluate the effectiveness of adventure-based programs. This is especially important in these days of managed care, if programs are to rely on insurance reimbursement.

Due to the innovative nature and design of adventure-based programs, they are difficult to evaluate. Often activities are taking place in wilderness or other outdoor environments. Other programs are so intense that evaluation would seem to detract from the treatment process. Some programs do not have well-developed treatment methods, thus, evaluation is difficult. Finally, small sample sizes and

the difficulties in securing comparison groups add to the challenge of evaluating adventure-based programs (Davis-Berman and Berman, 1994).

Why Adventure-Based Programs Work

It is usually in the best interest of the child or adolescent to be treated in what is generally called *the least restrictive environment*. In other words, an effort is made to maintain as much personal freedom and control for clients as possible. Many times, adolescents can be treated outside of the hospital even for fairly serious disorders. Adventure-based programs provide an adjunct to treatment, which may intensify the experience, thus avoiding the need for more restrictive hospitalization. This was illustrated on a wilderness therapy trip with hospitalized adolescents. Interestingly, the majority of the participants did very well outside of the restricted hospital environment, with some experiencing faster change than would be expected during a typical hospitalization (Berman and Anton, 1988).

In addition to the restrictions of the traditional therapy setting, therapy requires that the adolescent be attentive, introspective and verbal. It also requires that the client trust and confide in the therapist fairly rapidly (Saffer and Naylor, 1988). This can be very difficult for many adolescents, and may be frustrating for those unable to be verbally expressive. Adolescents with attention deficit disorder (American Psychiatric Association, 1994) may not respond very well to traditional therapy. Finally, the traditional therapy notion of the "50-minute hour" may not fit well with the personality and experiences of the adolescent, and in fact, may become a deterrent to progress in therapy.

The use of adventure-based methods and outdoor environments opens the possibilities for change. Adolescents can be exposed to methods that are active rather than passive. Although there surely will be talk therapy in wilderness therapy programs, action-oriented methods will also abound. For some, these experiences serve as a catalyst to encourage further exploration and growth. For other adolescents, these experiences in and of themselves are all that they can handle at the time. Others may become quite sophisticated with the use of the metaphor in therapy (Gass, 1993).

It is beyond the scope of this chapter to detail the use of metaphors in adventure-oriented therapy. The interested reader is referred to Gass (1993). Others (e.g., Handley, 1992; Pinkard, 1995; Priest and Gass, 1993) have presented in-depth discussion of the use of metaphor in adventure therapy, and serve as resources in the field.

In addition to the use of metaphor as a more novel approach to therapy, placing adolescents in adventure-based programs puts them outside of their comfort zones. For some, this involves engaging in activities in which they are not familiar, and that threaten their security. For

others, this means being in an unfamiliar wilderness environment—feeling the insecurity that comes with that experience. Nadler and Luckner (1992) among others have suggested that our greatest change and growth can occur when participants are at the edges of these comfort zones. Another element of adventure-oriented programs for adolescents that may facilitate change is the notion of perceived risk in programs. Although there has been debate in the literature regarding the appropriateness of the perception of risk (e.g., Mitten, 1996), it appears to be a common element. Many programs attempt to create a perception of risk, with the actual risk to the participants being quite low (Davis-Berman and Berman, 1994).

Finally, the characteristics of wilderness environments which are often used in adventure-based programs contribute to the efficacy of this approach with adolescents. First, the outdoor environment provides natural and direct consequences for the behaviors of adolescents. Thus, acting out or lack of cooperation need not be dealt with by staff as closely; rather, the natural consequences of these acts take over. As a result, adolescents sometimes begin to cooperate more easily, and may even relate to the leaders of the trip in a more healthy fashion. According to this model, trip leaders are positive role models, directing behavior and encouraging both cooperation and leadership in the participants (Davis-Berman and Berman, 1994).

Critical and Emerging Issues

Throughout this chapter, we have looked to the past and have discussed the present as related to adventure-oriented programs for at-risk youth. In closing, we turn an eye to the future and detail some of the issues that are being identified as critical to the development of this field.

The need for well-designed and analyzed research studies has been previously discussed for a number of years. However, this lack of research continues to plague the field. Recent authors continue to call for refined research on the effectiveness of adventure-oriented programs (e.g., Berman and Davis-Berman, 1995; Gillis, 1995). It has been suggested that this need for research is even more important due to the influence of managed care companies in the provision of mental health services. If adventure-oriented programs are to be accepted as legitimate therapy, outcome research must support this contention (Davis-Berman and Berman, 1994).

Of course, the transfer of learning and the permanence of change continues to be a critical issue in this field. It is important to question the ethics of providing adventure-oriented programs if the “high” that one might experience and the great insights gained are temporary. It might even be true that the elements of these programs that contribute so much to their effectiveness may, themselves, set adolescents up for a crisis (Berman, Davis-Berman, and Gillen, 1997). Practitioners in the field must continue to think about

developing methods to facilitate the transfer of learning and therapeutic progress (Gass, 1993; Nadler and Luckner, 1992).

The fairly recent public attention to tragedies in “wilderness therapy” programs (e.g., Carpenter, 1995; Griffin, 1995; Matthews, 1991) highlights the need for the continued development of program standards and regulations. The advent of accreditation by the Association for Experiential Education has been a big step in the right direction.

However, in addition to examining programs, it is important to think about the credentials of the staff working in the programs. Some have called for the development of standards or achieved competencies. Others have taken a more stringent approach and called for education and licensing requirements for program staff (Davis-Berman and Berman, 1994). This debate is far from over, and forms the basis for one of the most critical issues in the field.

The continued growth of the managed care industry makes this issue even more compelling and pressing, as most of these companies credential individual practitioners. We would also assert that this individual credentialing is critical because of the need for emotional safety. It is interesting that so much is written in the field of adventure therapy on physical safety and technical skill. Although certainly critical, we would assert that emotional safety and skill in counseling and therapy is as essential as the skills that are labeled as “hard” (Berman et al., 1997; Vincent, 1995). At the present time, the best and most consistent way of acquiring this skill is through the appropriate education and licensing processes.

Summing Up

This chapter has introduced the use of adventure-based approaches in therapeutic programs for at-risk youth. Unfortunately, this task has been made more difficult due to the lack of a well-conceived definition of adventure-based programs. There is also no clear agreement on the distinctions between therapy and therapeutic programs (Davis-Berman and Berman, 1994).

Despite these shortcomings, the application of adventure-oriented programs to adolescents in need continues to occur. In support of this contention, we described a few representative programs in the field, with existing research studies suggesting program effectiveness. Finally, we concluded by trying to identify elements of adventure-based programs that make them especially applicable to troubled adolescents. This chapter ended with a discussion of salient issues in the field.

The use of adventure-based programs for at-risk youth is exciting, creative, and efficacious. There is much more work to be done, and critical discussions still need to take place. Those of us who are committed to the continued care and treatment of children and young people look forward to these debates and to the further definition of the field.

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