



Brat camp, boot camp, or? Exploring wilderness therapy program theory

Keith C. Russell

To cite this article: Keith C. Russell (2006) Brat camp, boot camp, or? Exploring wilderness therapy program theory, Journal of Adventure Education & Outdoor Learning, 6:1, 51-67, DOI: [10.1080/14729670685200741](https://doi.org/10.1080/14729670685200741)

To link to this article: <https://doi.org/10.1080/14729670685200741>



Published online: 06 Aug 2007.



Submit your article to this journal [↗](#)



Article views: 825



Citing articles: 24 View citing articles [↗](#)

Brat Camp, Boot Camp, or? Exploring Wilderness Therapy Program Theory

Keith C. Russell

University of Minnesota, USA

Abstract

Wilderness therapy program theory is reasoned to be, as Weiss (1997) describes, a tacit theory, or one which is implied and not clearly articulated. This is evidenced by several meta-analyses which have consistently found either very limited or no detailed descriptions of the wilderness therapy programs under investigation. The purpose of this paper is to address this lack of articulated and empirically grounded theory by empirically examining the practice of four established wilderness therapy programs, all licensed by their respective state agencies and accredited by national accreditation organizations. A multi-site case study approach was used to elicit program theory that included interviews and focus groups with key staff at each program, participant observation of the process in the field, and interviews and observation of client case studies. An emergent theory is presented that consists of elements of program impact theory (who the programs serve and anticipated outcomes) as well as program process theory (how the programs are organized and how they deliver services). Implications and potential uses of the emergent theoretical framework are discussed.

Introduction

Wilderness therapy appears to be more popular than ever in the United States. With television shows ("Brat Camp" United Kingdom and "Brat Camp" United States) and print media again showing interest in the intervention, several questions and assumptions about wilderness therapy theory and practice have resurfaced in these mediums. The *Toronto Star* (2005) headline on the television show "Brat Camp" reads "Boot Camp for Teens Abusive," while the *New York Post* (2005) affirms "The Brat Camp—Boot Camp for Kids," creating an instant image of a military boot camp where poor misguided kids are marched to exhaustion in hopes of unearthing their lost souls. The *Edmonton Journal* (2005) writes "Brat camp tracks nine reckless teens whose desperate parents ship them off to a wilderness boot camp to shape up." These headlines and accompanying stories all reference wilderness therapy as a boot camp intervention and question the ethics of such practices.¹ The boot camp approach referenced in these stories reflects a military model that is designed to break down individuals through aggressive physical and emotional confrontation and humiliating punishment, in order to eventually build them back up to be more compliant in post-treatment environments or society in general (Mitchell, MacKenzie, Gover & Styve, 1999).

This perception and caricature is critical to address because research has shown that boot camp approaches are not effective in treating adolescent problem behaviours, including substance use disorders (Pearson & Lipton, 1999), and that practices used in boot camps can be considered cruel and unusual (Lutz & Brody, 1999). Current estimates, depending on definition, reference approximately 60–100 wilderness therapy programs operating in the United States, annually serving more than

12,000 clients and their families (Cooley, 1998; Russell, 2003). Given that more than 12,000 families actively engage in this treatment every year in the United States, and the intervention is being adopted in other countries, discussion of these issues is prudent and timely. By simple logic, what these media portrayals signify is that wilderness therapy, as a boot camp, is ineffective and unethical. It is reasonable to think that the popular media may lack a strong empirical description of wilderness therapy as an intervention as evidenced by the above headlines and ensuing stories. However, this lack of understanding of wilderness therapy program theory is also reflected in academic and practical literature, compounding the issue and providing justification for a review of existing research and the need for this inquiry.

This paper seeks to present a balanced discussion of wilderness therapy program theory to examine these popular perceptions and proposed lack of understanding as to what wilderness therapy is, how it works, and what are the reasonable outcomes. This is accomplished by critically examining four established wilderness therapy programs, each licensed by their respective state agencies, clinically supervised by licensed professionals, and accredited by national accreditation organizations. The illustrated program theory is then used as a framework to compare and contrast boot camp program theory identified from the literature. The goal will be to empirically examine whether wilderness therapy, as it is practiced by these providers, reflects a boot camp approach. Implications from the results of the exercise are discussed in a socio-political context of mental health needs for youth. Wilderness therapy program theory is reasoned to be, as Weiss (1997) describes, a *tacit theory*, or one which is implied and not clearly articulated. This is because attempts have been made to define wilderness therapy (Bandoroff & Scherer, 1994; Crisp, 1998; Davis-Berman & Berman, 1994; Kimball, 1983; Powch, 1994), as well as integrate these definitions (Russell, 2001), yet empirical and corroborated program theory has not yet been identified in the literature, nor has it been empirically documented across multiple providers. Meta-analyses have consistently concluded that studies on wilderness therapy process and outcomes contain limited descriptions of program theory, making it difficult to compare theory and replicate findings (Cason & Gillis, 1994; Gillis, 1992; Hattie, Marsh, Neill & Richards, 1997; Wilson & Lipsey, 2000; Winterdyk & Griffiths, 1984). Empirically examining wilderness therapy program theory can: (a) facilitate discussion and research on the theoretical basis of wilderness therapy as a practice, (b) adequately situate wilderness therapy within the lexicon of adolescent behavioural healthcare services, which in the United States are not meeting an ever-increasing demand (U.S. Surgeon General, 2001), (c) improve understanding and facilitate dialogue among state licensing bodies, accreditation agencies, insurance companies, and related mental health practitioners, and (d) help to inform and assist families in need of such services.

Eliciting and Illustrating Program Theory

Rossi, Lipsey, and Freeman (2004) divide “a complete program theory” into two components: (a) program impact theory (consisting of an action hypothesis and a conceptual hypothesis) and (b) program process theory (consisting of a service utilization plan and the organizational plan) (pp. 139-141). Program impact theory describes the cause and effect sequence which is reasoned to bring about change in the social and human conditions it addresses. In wilderness therapy program theory, this includes helping parents, guardians and adolescents who have a demonstrated need for treatment through the use of an alternative approach that includes a wilderness expedition led by qualified professionals. Program process theory provides an account of how the program intends to accomplish this task through the provision of planned services. According to Rossi et al (ibid),

the most effective approach to document program theory is to (a) review literature and program documents, (b) conduct interviews and focus groups of personnel, and (c) conduct interviews and site visits of program functions and circumstances. This conceptual framework and process guides the inquiry of wilderness therapy program theory.

It is important to note that there exists great diversity in theory, practice and outcome of any therapeutic application, including what is defined in this study as wilderness therapy. It is not the purpose of this research to imply that any one theory can capture the breadth of contemporary wilderness therapy practice. Rather, the intent here is to capture common elements of wilderness therapy program theory that are reasoned to be present in a licensed, accredited, and professionally staffed wilderness therapy program and use conclusions and recommendations from this study as a framework which may be used in future research.

Background Research on Wilderness Therapy Program Theory

Adolescents ages 14–17 are the typical client, though there are programs identified that now serve young adults over 18–years of age. Wilderness therapy has been defined as an integrative treatment model that incorporates well-established therapeutic modalities (e.g. cognitive behavioural and humanistic) within the context of wilderness group living and backcountry travel (Davis-Berman & Berman, 1994; Gass, 1993; Russell, 2001). Through the incorporation of established principles of psychotherapy the approach has evolved from its origins in outdoor and adventure-based education to include client assessment, development of an individual treatment plan, the use of established and evidence-based psychotherapeutic practice, and the development of aftercare plans (Bandoroff & Scherer, 1994; Russell, 2003).

Several reviews of literature have examined outcomes associated with the effects of wilderness therapy and related wilderness programs on participants (Hans, 2000; Hattie et al., 1997; Moote & Wadarski, 1997; Wilson & Lipsey, 2000; Winterdyk & Griffiths, 1984). Two findings are generally reported as outcomes from participation and have been corroborated in meta-analyses: a) personal development, including enhanced self-concept and a more internalized locus of control (Hans, 2000; Hattie et al., 1997), and b) interpersonal development and the development of appropriate and adaptive social skills (Hattie et al., 1997). These meta-analyses have also shown that programs with therapeutic intentions for troubled adolescents also have shown larger effect sizes than wilderness programs for recreation or personal growth (Hans, 2000).

Research Methods to Elicit Wilderness Therapy Program Theory

A collective case study approach of four wilderness therapy programs was conducted to evaluate and assess wilderness therapy program theory, which is also reasoned to be the primary unit of analysis (Stake, 1994). Program theory “explains why a program does what it does and provides the rationale for expecting that doing things that way will achieve the desired results” (Rossie et al. 2004, p. 134). Programs were selected as cases using a combination of operational construct and criterion sampling because they were reasoned to most accurately reflect wilderness therapy as defined in this study. Criteria for each program included: (a) state licensure, (b) national accreditation, (c) clinical supervision, (d) documented use of individual treatment plans, and (e) documented use of aftercare plans. Two of the programs were 8–weeks in length, and two were 3–weeks in length to include varying time periods spent in treatment. The goal in selecting four programs that varied

in length was to determine if there were core theoretical elements across programs that may allow for a merging of common themes generated from this inductive approach to warrant a “common program theory.” Programs are referred to anonymously.

Data Collection

The most straightforward approach to explicating program theory is to obtain it from program personnel, other stakeholders, and through observation of practice (Rossie et al., 2004, p. 162). Structured and informal interviews were conducted and recorded with key staff (program director, clinical director, admissions director, and lead experienced wilderness guide) at each program. The interview process began with the program director at each program, who was asked to supply the names of other interview candidates based on the position descriptions. The goal of this approach was to elicit multiple perspectives on the program. For example, a clinician will perceive the program very differently from an admissions person who has daily interaction with interested parents. Interviews were then transcribed into textual documents. After each individual interview was complete, responses were reviewed for key topic areas that emerged. These were written up in phrases and referenced to each respondent. These were then presented to the group of respondents in a focus group format. The focus group method allowed for clarification and group discussion of each other’s perspectives, and was seen as a valuable exercise to participants. Each focus group was recorded and transcribed. The purpose was not to arrive at consensus, but rather to allow staff to exchange ideas and clarify for themselves exactly what they communicated in their interviews through interaction with other staff members (Greenbaum, 1993). Any changes or clarifications were noted to more accurately reflect each respondent’s key ideas, and to capture any new ideas or concepts which may have emerged from the discussion.

Participant–observation was also conducted on-site at the base facility of each wilderness therapy program and in the field during trips observing leader and client interaction. Participant–observation data collection described here was applied to and assumed to be ongoing in all phases of research. Extreme care was taken not to intrude on situations which were deemed too sensitive or inappropriate. Clients and their parents were provided with a description of the proposed research and given every opportunity to decline participation if they were not comfortable with all or any components of the research. Notes were kept in a reflective journal to capture comments, interactions, perspectives, and meaning of wilderness therapy program theory and reviewed periodically to clarify context and meaning. These were then transcribed into textual documents for analysis.

To triangulate perspectives, client case studies were also selected at each program. A criterion sampling technique was used to identify client cases based on their enrolment in the program on a specific date (Creswell, 2003). Clients and their parents were asked if they would participate in the study, at which time consent forms were signed. Participants ranged in age from 14–17; nine were male and three were female. Their perspectives on wilderness therapy were used to reinforce and triangulate findings elicited from staff perceptions. This was done using recorded unstructured and structured interviews while in the field and notes kept in a reflective journal.

Data Analysis

Data from formal and informal interviews and focus groups of key staff and clients were analyzed using the theory-building program for qualitative data called NUD•IST (non-numerical unstructured data indexing, searching, and theorizing) (Richards & Richards, 1994). Open and pattern coding of data followed guidelines proposed by Miles and Huberman (1994), and was driven by questions related to eliciting wilderness therapy program theory. Consistent coding procedures were used

throughout the analysis phase to maintain reliability. Member checks and reviews of coded responses by qualified academicians and practitioners were used to establish credibility in the data (Erlandson, Harris, Skipper & Allen, 1993).

Developing the Program Theory

Wilderness therapy program theory elicited from the four programs was developed by merging coded interview and focus group data into a database to determine core theoretical elements across all four programs. A synthesized approach "...allowed for analysis of parts in a way that did not obscure the whole, while allowing whole cases to be compared as a configuration of the parts..." (Miles and Huberman, 1994, p. 177). Though a model of common concepts and ideas emerged from the data, it is noted that great variety exists within each program's approach to wilderness therapy. This will be discussed in more detail in the discussion of results. If an idea in the form of a code was found to be similar across all four programs, the code was included in the theory.

Results

Results are presented based on the outline provided by Rossi, Lipsey, and Freeman (2004) eliciting: (a) program impact theory, and (b) program process theory. Program impact theory consists of descriptions of adolescent clients who engage in treatment and associated outcomes (i.e., cause and effect sequence) (see Figure 1). The program process theory describes the account of how the program attempts to accomplish this and the organizational structure around the services (see Figure 2)

Program Impact Theory

Wilderness therapy program participants.

The typical wilderness therapy program participant was described as a Caucasian male (estimated 1/3 females and 1/3 non-Caucasian), aged 14–17 and perceived as being "...out of control and in immediate crisis." Such perceptions were typically based on the abuse of drugs and alcohol, violent outbursts, getting into trouble with the law, and behaviour that resulted in expulsion from school. These behaviours were expressed as symptoms of more serious psychological, emotional, or neurological issues that would become the focus of treatment. Moreover, it was not only the adolescent who was in crisis, but the entire family. This is captured in the Immediate Crisis emergent code illustrated in this quote by a staff member: "...they are just clinging to you because they now have a voice on the other end of the phone who is willing to respond, who is willing to care, and who is willing to listen, but maybe can't solve this problem, can't just literally reach out and take their child from them and say we got them safe now and we're going to give it" [01–04cc].

Staff perceived the typical adolescent entering wilderness therapy feeling frightened and angry, with a deeply rooted resistance to authority. This resistance is expected in the initial process, where staff wait for this resistance to subside before "...any real therapeutic work can begin..." [02–01ab]. Staff also referenced the therapeutic approach in wilderness therapy as having to be fundamentally different to other forms of therapy which are believed to have become familiar or routine. This is reflected in the Not Manipulate code. One staff member described the students as "...well, our students are masters at, as many of us are as well, is they're very clever, very observant, and they're very good at manipulating their surroundings and circumstances, or at least the people in them. We put them in an arena, and they can even manipulate us" [03–04a]. Finally, a reference was made to what staff called an "innate goodness" in participants; this was a consistent construct discussed by staff at each program. They believed participants in their programs had had temporarily lost

Figure 1.
Program Impact Theory Emergent and Descriptive Codes with Illustrated Examples.

PROGRAM THEORY ELEMENT <i>Program Impact Theory</i> Emergent Code			Descriptive Codes	Illustrated Example
Clients Common characteristics of typical wilderness therapy clients	◦ Clients Appropriate	◦ Attention Deficit Disorder ◦ Alcohol and Drug Problems ◦ Behavioural Problems ◦ Committed Parents ◦ Depression ◦ Oppositional Defiant	We do well with kids who have either had a very difficult time in school, because they got learning disabilities or something like that going on. Or kids who are so smart that school stopped being interesting. They're almost too clever for their own good.	
	◦ Clients Not Appropriate	◦ Anorexic or Eating Disorder ◦ Client Suicidal ◦ Violent Client ◦ Younger Client	We won't take them if they're too obese. It all comes down to safety, it all comes down to health issues, and see that's something that's almost totally under the realm of a nurse.	
	◦ Perception of Client	◦ Client Resistance ◦ Immediate Crisis ◦ Innate Goodness ◦ Not Manipulate Treatment Process ◦ Tried Counselling in Past	One of the things we struggle with, is trying to find a way that we can plug in the positive and constructive things the kids have got going in their lives and allowing the kids to use them.	
	Goals and Objectives Goals of a wilderness therapy program realized by clients and families	◦ Physical Health	◦ Able Access Emotions ◦ Accomplishment	And their different on relationships with their bodies and what they've been doing to it.
◦ Development of Self		◦ Empowered Resilient ◦ Identify Personal Strengths ◦ Self Confidence ◦ Desire to Change	We'll get the kids thinking about what do they want, and when there's some clarity about that then we'll go into with the kids exploring why they don't have that already. What's gotten in the way, the obstacles, the problems.	
◦ Psychosocial Learning		◦ Communication Skills ◦ Drug and Alcohol Use Awareness ◦ Understand Consequences of Behaviours ◦ See Other Perspectives ◦ See Their Problems in New Light ◦ More Appreciative	When you ask me, "What does a child leave here with, or what he takes home with him?" Hopefully, he will take some of those principles and then internalize them when he leaves the trail and the wilderness of the world	
	◦ Strengthened Family Relations	◦ Desired Better Relationship with Parents ◦ Parents Also Developed Skills ◦ Parent See Child Differently	So it would look like the family is working together. If the child does return to some old behaviour, the family would look at them in a different way than they did before. Parents learn a great deal through the seminar and through the therapists talking to them about their children	

their way and made some bad decisions in their lives. One staff member elaborated on this idea in a focus group. He said:

I just went out and just told her straight up that I was going to relate to her like she was magnificent and was very powerful and had all the tools she needed, the capability that she needed to make a difference for herself. And she may not be doing that at any given time, I just let her know when I thought she was or was not being magnificent and I just sort of waited around until she was interested in being magnificent again [03-fg-12ac]

Wilderness therapy program objectives

Staff members at each program were asked to think of the effects or anticipated outcomes of wilderness therapy. Emergent codes were: (a) physical health, (b) development of self, (c) psychosocial learning, (d) desire to strengthen family relations, and (e) wilderness living skills. The emergent codes and example comments are illustrated in Figure 1.

Staff spoke of the very real and concrete physical health and wellness outcomes associated with participation in wilderness therapy, with the primary mode of backcountry travel being backpacking. Participants received regular exercise, slept 8–12 hours a night, ate healthy foods, and abstained from drugs, alcohol, and tobacco due to the inherent nature of wilderness travel and living. This alone was seen as an invaluable outcome given the poor physical state of the majority of kids upon admittance to the program. Paralleling several meta-analyses in the literature (Hattie et al., 1997; Hans, 2000) staff noted that wilderness therapy facilitated an enhanced sense of self for participants that is concrete and real and can be used to draw strength from in the future. A key goal for wilderness therapy process is a better functioning family. Wilderness therapists used various techniques to help parents and the family better understand any role they have in perpetuating the client's problem behaviours. This included seminars after the client went into treatment on-site, on-line resources, regular phone calls, and reading resources. An aftercare plan guided various approaches for integration back to home or alternate aftercare environments like foster homes, alternative schools, or residential treatment centres.

Wilderness Therapy Program Process Theory

Rossi et al. (2004) describe program process theory as "...an account of how the program intends to bring about the desired interactions with the targeted audience and provide the plan services..." (p. 149). Two core elements were identified in eliciting process theory and are depicted in Figure 2 as the program organization and the program process. Program organization reflects core theoretical understanding of the program and a discussion of how staff approach working with adolescent clients. The program process element consists of three phases that guide the intervention, and are defined as a cleansing phase, a personal and social responsibility phase, and a transition and aftercare phase.

Program organisation

While each program drew upon unique theoretical influences to guide their wilderness therapy process, several common variables were uncovered. Many of these concepts are based on traditional wilderness programming theory dating back to the 1960s in programs such as Outward Bound, but which are now integrated with an eclectic therapeutic model (Bacon, 1983). References were also made to the programs serving as a rites of passage experience for participants, and that time alone through the use of solo was critical to facilitate reflection. The common theoretical model that emerged is based on a family systems perspective with a cognitive behavioural treatment emphasis. Though this was a common approach, the theoretical psychotherapeutic orientation was the area where the greatest variability in program theory was noted. Each program believed their

therapeutic work was influenced by a variety of different psychotherapeutic “models” of treatment, which varied from neuro-linguistic programming to family structural therapy.

The family systems perspective described by staff referenced that the adolescent’s behaviour is best understood within the context of family dynamics, and that a crisis experienced by one member of the family becomes a crisis for the entire family. If wilderness therapy is used as an intervention, the entire family will be influenced in some way by the process. Staff also commented that the adolescent is more likely to sustain positive change if significant family support is evident throughout the process and aftercare phases. Many staff spoke of the effort made by therapists to provide resources, training, and specific skills to help parents facilitate structure for the adolescent which enhances the likelihood of a successful therapeutic outcome.

Staff perspectives of how they approach working with their clients are illustrated in four codes that were characterized as requiring a balance of patience, support, and structure. Staff recognized that clients were upset, angry, and resistant to change and authority in general. Participant observation notes reflected this idea that staff approached the therapeutic relationship with patience to allow the client sufficient time to work through resistance and anger. This idea is captured in the author’s research notes; “I am amazed at the level of patience that some of these staff have, they simply are not fazed by acting out kids, which really throws them [clients] off.” Staff waited until the anger and resistance subsided and then worked to build trust and rapport to develop the foundation for a strong therapeutic relationship. If the client was not ready for change, staff stepped back and let other factors work, such as time away from family, physical exercise, and peer interaction and support. Thus, staff approached the client in a way that was different from most therapist-client relationships the clients had in the past. This is captured in this quote by a clinical supervisor at one program:

Its not as though there is this removed sort of person who sits in a chair an hour at a time, it is also that those people providing you guidance and giving you suggestions and giving you clear feedback are also living through the same experience with you [003-02ea].

One client, referencing the client therapist relationship said “They would just sit down and talk sometimes, you know, like it wasn’t really therapy. It wasn’t like you are having, like a problem... they just had an understanding of what we were going through and stuff” [003-001ad].

Program Process

The initial goal of the treatment process was to address client behavioural and emotional issues and where relevant, associated substance use issues. This “cleansing process” reasoned to be at work in the initial phase of treatment and involved a minimal but healthy diet, intense physical exercise, and the teaching of basic survival and self care skills. The client was also removed from intense cultural stimuli, such as dress, music, and food. Leaders stepped back and let natural consequences teach basic lessons of wilderness living. This cleansing process prepared the client for more in-depth emotional work to occur later in the program.

After the initial cleansing phase, natural consequences and peer interaction helped clients learn and accept personal and social responsibility. Natural consequences occur when tarps are not set up correctly, packs are loaded wrong, or emotional outbursts are addressed by peers in a group setting. In this way, staff are allowed to remove themselves from positions of authority, which adolescents are accustomed to resisting. A goal is to help clients generalize metaphors of self care and natural consequences to situations in their families, often a difficult task for adolescents.

Figure 2.*Program Process Theory Emergent and Descriptive Codes with Illustrated Examples.*

PROGRAM THEORY ELEMENT <i>Program Impact Theory Emergent Code</i>			Descriptive Codes	Illustrated Example
Program Organisation How programs theoretically and practically organize their program to meet the client's needs	◦ Program Theory		◦ Integrate Wilderness and Treatment ◦ Family Systems ◦ Alone Time ◦ Use of Metaphor ◦ Rites of passage	Everything in the wilderness allows you to do that. We have no control over the weather, they have to learn to live if it's cold, or if it's raining. They learn to live under those circumstances. The hiking, we need to motivate them and build up their self-worth and make them believe they can accomplish this.
	◦ How Approach Client		◦ Nurturing and Empathy ◦ Not Force ◦ Restructures Client Relationship ◦ Time and Patience	So I think that they can step up off the ground, kick, and toss, and throw themselves around and nobody is going to get hurt and nothing is going to get destroyed. That is the kind of situation that the staff can just calmly sit down and watch and wait until it's done.
	◦ Program Phases		◦ Cleansing ◦ Social and Personal Responsibility ◦ Transition and Aftercare	We'll have an individual phase during the first week, but then the latter two phases, and the majority of the course is focused on expanding that self oriented world into an awareness of others.
	◦ Therapeutic Tools		◦ Wilderness Expedition Skills ◦ Educational Groups ◦ Therapeutic Groups ◦ Letters to Parents ◦ Ceremony and Ritual ◦ Individual and Group Therapy ◦ Solo Reflection Time	We call the food pack a therapeutic tool because they learn to ration food, and learn to make gratifications, and if they run out we don't supply them right away. We wouldn't let any child starve, but we do teach them all those type of things so they do learn to deal with natural consequences of them not taking care of their food.
Program Process Description of the key elements of the program process	◦ Role of the Treatment Team		◦ Assess Client ◦ Establish Rapport ◦ Patience and Support ◦ Challenge and Push Therapeutically ◦ Individualize Process ◦ Communicate Progress ◦ Help Prepare Aftercare Plan	And then finally after four or five iterations of this, he finally just showed up and actually wrote something that was great that was really something that expressed what he was up to, what he was capable of. I said, great I've been waiting for this and thank you for finally doing it. We go through this for the next exercise, or you could just do it the first time if you like.

The groups were very intense social units (usually six clients and three leaders) making cooperation and communication essential for maintenance of safety and comfort. Effective skills and techniques for managing anger, sharing emotions, and processing interpersonal issues within the group were modelled and practiced in an intensely managed and safe environment. Thus, wilderness therapy provided hands-on learning of personal and social responsibility as part of a group, with the modelling and practice of appropriate social skills, all reinforced by logical and natural consequences from wilderness conditions and direct leader facilitation.

The final weeks of the process involved clients preparing to return to home and or transition to other post-treatment environments. Staff worked with clients to process what they had learned and why certain lessons were important to specific situations. Preparation for this challenge was facilitated by therapists through intense one-on-one counselling and group sessions with peers. One goal for a client was to “communicate better with parents;” the therapist helped her develop strategies to accomplish this goal. Another client desired to abstain from drugs and alcohol; the therapist worked with the client to develop a behaviour contract and strategy with clear expectations including weekly visits to Alcoholic Anonymous (AA) meetings.

Reinforcing Elicited Wilderness Program Theory with Case Studies

There were thirteen identified client case studies across the four programs. Key questions asked of each case study in an unstructured interview toward the end of the experience were: (a) What did you like best and least about the program? (b) Why do you think you came to the program? (c) What did you think of the program in general? (d) Did you get anything out of participation in the program? (e) If anything, what did you get or learn? and (f) What was it about this program that helped you learn these things? Figure 3 illustrates points of convergence between staff and client perspectives. For client codes to be included in the analysis, at least two case studies from each program had to make reference to the idea or phenomena comprising the code.

Clients made reference to nearly every major code developed in the program impact and process theory based on staff responses, with the exception of referencing clients who are not appropriate for wilderness therapy (understandable given the nature of the question asked them, which was: Why do you believe you came to this program?) and referencing wilderness expedition skills as an outcome from the experience. Particular points of convergence that were of importance to this study were the role of natural consequences and wilderness living, the therapeutic approach used by staff and the range of outcomes from treatment. Each of these is reviewed in more detail.

Reflecting the staff description of the role of natural consequences, clients described needing to be uncomfortable, to experience consequences for their behaviour that were real, and the structure afforded by the program as beneficial factors of treatment. One client who had been in two treatment programs prior to wilderness therapy reflected on his experience, saying “Yeah and you know, people have been telling me that for a long time and I guess I really needed to be uncomfortable to sort of change, you know, I needed to be uncomfortable and this is what I really needed” [03-02-e]. Participants also referenced the relationship many had with staff. An example is illustrated by the Strong Relationship Staff code when a client succinctly said: “Yeah and I guess it’s like basically being there with them 24 hours a day for three weeks, you also get really close to them and it’s just a lot easier to talk to them” [04-01-aaf]. A reference was also made to staff not forcing individuals to change, that the change had to come from within when the client was ready and willing. One

Figure 3.

Program Impact Theory Emergent and Descriptive Codes with Illustrated Examples.

EMERGENT STAFF CODES	Point of Intersection Through Client Corroboration	EMERGENT CLIENT CODES
Program Impact Theory		
Clients Common characteristics of wilderness therapy clients ° Clients Appropriate ° Client Not Appropriate ° Perception of Client	Came to program because of their problems with anger and school and/or the law, and didn't have a choice Had tried other forms of counselling services and were forced to come	<i>Anger</i> <i>Trouble in School/Law</i> <i>No Other Options</i> <i>Tried Other Counselling</i> <i>Forced to Come</i>
Goals and Objectives Goals of a wilderness therapy program ° Physical Health ° Development of Self Awareness ° Psychosocial Learning ° Strengthened Family Relations ° Wilderness Expedition Skills	Helped them feel better physically and created a desire to want to quit or reduce substance use Developed a more open mind from experience and helped them frame their direction in life Helped them learn to talk about their feelings and listen and respect others Developed a desire to want to re-establish communication with parents and family	<i>Feel Good</i> <i>Desire to Quit Substances</i> <i>Open Minded</i> <i>Have Direction and Goals</i> <i>Talk About Feelings</i> <i>Better Listener</i> <i>Respect Others</i> <i>Communicate Parents/Family</i>
Program Process Theory Program Organization How programs are organized ° Program Theory ° How Approach Client	These factors helped them come to realizations from participation in the program Staff helped them work on issues in this way that clients said helped them for the better	<i>Needed Be Uncomfortable</i> <i>Consequences for Behaviour</i> <i>Peer Feedback</i> <i>Hiking Living Wilderness</i> <i>Strong Relationship Staff</i> <i>Did Not Force</i> <i>Patient and Caring</i>
Program Process Program process to achieve goals ° Program Phases ° Therapeutic Tools ° Role of the Treatment Team	Needed and liked the structure of the program and mentioned metaphor with family Because of the structure of the program clients were more willing to share in group and believed solo time was good for them Said that treatment team helped them understand their emotions	<i>Needed Structure</i> <i>Family Metaphor</i> <i>Willing to Share Group</i> <i>Solo and Reflection</i> <i>Helped Understand Emotions</i>

client said: “The first week, they seemed to get on my nerves and everything. They were so nice. Nothing was negative no matter what you did and they tried to help you no matter what and they were always there for you if you needed anything [03–05-f].” These codes support the assertion that staff utilize the time afforded by wilderness therapy and the unique dynamic of being able to interact with clients without time or institutional constraints in a variety of very real and concrete situations. Finally, a range of outcomes from treatment were described by clients that included feeling better about themselves physically, to a desire to respect others. These outcomes in general reflected anticipated outcomes referenced by staff, though again a great variety of outcomes existed that were often very client-specific. A desire to communicate with parents and family members was also seen as an important result of the experience.

Variance in Client and Staff Perspectives

On a larger scale, staff and participants appear to be similar in their perspectives of the process, but as noted above, variance was also evident. One way to explore this phenomenon is to illustrate several instances when a staff member directly responsible for the care of a case study was asked specific questions about the client. Questions were mostly about their progress and associated outcomes from their experience. Interestingly, many of these perspectives differed a great deal. For instance, one client talked about hiking one day and that, somehow, he had come to a realization that things might be easier for him if he started to care a little more. This incident occurred fairly late in the experience, and helped him to shift his behaviour to wanting to repair broken relationships with parents and a good friend and start caring a little more about what he wanted to do with his life. The therapist mentioned that this particular client had responded very well to group discussions about family, and that this environment was the primary beneficial factor in the experience. This example is elaborated on to reinforce that this proposed framework does not assume to capture the nuances of the organization, process and outcomes of wilderness therapy. Rather it hopes to frame appropriate concepts in such a way as to lend increased understanding to what wilderness therapy is, and what it seeks to accomplish.

Discussion

Several points of discussion emerged from the results of this study and should be considered within the paradigm of qualitative research. The central research question posed in this study was to identify wilderness therapy program theory, and to determine if key elements were evident across four programs to justify a common program theory. Though a reasoned common program theory emerged from the data, care should be taken interpreting these results for several reasons. First, there exist several points of variance across program impact and process theory that were lost or “washed-out” in this exercise given the study’s focus. For example, though each program relies on the treatment team for programmatic implementation, each treatment team works in slightly different ways. One program may have the team together with the group for consecutive weeks, including the therapist, lead guide, and assistant guide. While another may have the lead and assistant guide with the program for the majority of the experience, and include visits from clinical personnel 2–3 times weekly. Second, as mentioned above, there exists a great deal of variance within the clients’ experiences and outcomes, which can never be captured through common descriptive codes. Finally, this study only examined four wilderness therapy programs. Other programs meeting the criteria used to select cases for this study could be used to conduct a more thorough examination of programs on a broader scale to make further inferences. This is simply beyond the scope of this study.

Despite these obvious limitations, this common wilderness therapy program theory may be useful for future discussions as a framework which can be used for clarity in describing what wilderness therapy is and is not. The model developed in this study may be most useful as a framework to explore programs which define themselves as “wilderness therapy.” The pattern codes developed herein and illustrated in Figures 1 and 2 could be considered a “theoretical framework” to explore how programs reflect these ideas or differ. This may serve as a useful tool to move beyond the consistent findings in meta-analyses and other studies that wilderness therapy can be considered tacit theory, and that it lacks a theoretical framework.

Another important aspect of this study was to address references made by the popular press as to wilderness therapy reflecting a “boot camp.” The goal of a boot camp is to force participants into strict compliance to authority and break them down physically, psychologically, and emotionally, in order to build their sense of selves back up. This is accomplished through punishment that is physically demanding (marathon hikes) and psychologically demeaning (severe criticism). Based on the results of this study, the theoretical orientation of these four wilderness therapy programs does not reflect that of a boot camp approach. Key distinctions in broad theoretical orientation as well as in the tools used in treatment were found between the two approaches.

Boot camps reflect basic military training, and are used primarily with adjudicated youth, and typically run between 30 and 180 days. They are highly structured in their day-to-day activities, and require rapid compliance and obedience to authority through military drills (recreation and reflective time in any form is banned) (Tarolla *et al.*, 2002). Throughout the typical 16-hour day, youth engage in marches, drills, group punishment, and work details that are interwoven with intense scrutiny of conduct, dress, body language, communication, and hygiene (Polsky & Fast, 1993). There is considerable controversy surrounding the use and relative effectiveness of boot camps. Proponents of boot camps typically tout their cost-effectiveness and believe they appease the public’s desire for punishment (Flash, 2003).

In an article exploring the ethical boundaries of boot camps, Lutz and Brody (1999) conclude that boot camps do indeed violate basic rights and can be considered cruel and unusual punishment for participants. Moreover, in perhaps the most widely recognized study of their effectiveness, Peters, Thomas and Zamberlan (1997) concluded that boot camps had no certain effect on recidivism. They also found that there are several components of boot camps that are not appropriate when working with youth. For example, the authors note that youth respond to encouragement more than they do criticism and punishment and the very nature of adolescence is to reject rules and structure imposed by adults and authority figures. These two factors form the theoretical basis for a boot camp approach. The controversy surrounding boot camps and their constant comparison to wilderness therapy should be considered quite serious. This is because boot camps are considered to embody cruel and unusual punishment, are not developmentally appropriate for adolescents, and research has shown that boot camps are ineffective in reducing recidivism.

The results of this study suggest that these four wilderness therapy programs do not appear to reflect the central facets of a boot camp approach. In direct contrast to boot camps, consequences of client actions while on the trail were not met with harsh and cruel punishment in the form of marathon hikes and food deprivation, but are experienced through natural cause and effect associated with wilderness living and often mediated in a group context. Moreover, staff in these programs did not force participants to change their behaviour for their betterment. Staff were seen as patient and let natural consequences first work to help clients work on self care, and then when the client

was ready, engaged them in uncovering the reasons for their being in treatment. Each of these points was also supported with client references. Finally, staff were not viewed as the enemy or commander, as would likely be the case in a boot-camp environment. Rather, they are seen as patient, supportive, easy to talk to, and caring.

If such differences exist, why are wilderness therapy programs consistently referred to as boot camps? The answer to this question may be based on societal perceptions of: (a) wilderness, (b) adolescence or (c) lack of understanding of the severe psychological trauma many adolescents face. Wilderness means many things to many people. For many, wilderness is a dark, mysterious, and foreboding place where people go to suffer the harsh consequences of the natural world. Most cannot imagine spending 40 to 50 days in a wilderness environment without the comforts of modern culture. This suggests by its very nature that wilderness therapy could be considered cruel and unusual.

Society also has an unsettled perception of adolescence. At first glance, adolescents are adults and can fight and die in the military in their teens, yet we do not trust them enough to drink alcoholic beverages until they are 21 years old in the United States. When we read about adolescents in the popular press, their troubles and faults are often highlighted, depicted as symbols of all that is wrong with modern culture. Images of out-of-control teens abusing drugs, committing violent crimes, and listening to dark music are often projected to the public. When combined with our desire to both provide protection for young people and respect them as autonomous young adults, society has developed several myths and stereotypes of the typical adolescent. The story seems to go that these youth who are “brats” might just need a wilderness boot camp intervention to shape them up and teach them a little respect.

Finally, another answer for why wilderness therapy might be mischaracterized as a boot camp may be our lack of understanding of mental illness experienced by youth in need of treatment. The 2001 Report of the Surgeon General on Mental Health in the United States reported that four million American youth have a major mental illness that results in significant impairment at home, at school, and with peers. The prevalence of emotional, behavioural, and mental disorders among children in foster care or juvenile justice facilities are significantly higher than among youth in the general population. The problem is that only a third of the children who need mental health treatment receive any at all, and a smaller percentage receive appropriate care (U.S. Public Health Service, 2000). This lack of appropriate mental health services can produce disrupted social and emotional development, failure in school, substance abuse problems, or juvenile justice system involvement. Society perceives these youth as “acting out” and “brats” in need of discipline, as opposed to youth in need of treatment for a disorder that may be underlying the negative behaviour.

Finally, captured in the descriptions of each wilderness program’s theory was a subtle paradox that deserves attention, and may also directly reflect the difficulty of distinguishing wilderness therapy and boot camp approaches. The paradox is characterized by the apparently opposing or incongruous elements of: (a) the inherent challenge of wilderness living and its associated natural consequences, which can create “stress” on participants, and (b) the stress created by marches, drills, group punishment, and work details that are interwoven with the intense scrutiny of conduct, dress, body language, communication, and hygiene by staff in a boot camp program. This discussion may be best understood when considering the end goals of each intervention. Wilderness therapy, or any therapy for that matter, hopes to help adolescents learn to deal with life’s occurrences in an appropriate manner. Whether it is the divorce of one’s parents, or dealing with bullying from peers,

life unfolds on a daily basis that challenges adolescents and requires the use of a variety of skill sets in a variety of situations. Boot camps prepare participants to strictly conform to authority, which helps them thrive in a regimented system of rules and regulations. This regimented adherence to a system often times does not reflect social institutions in civilian life, which, for example, may necessitate a considerable amount of flexibility and creativity. This is substantiated in the difficulty many military personnel have in re-integrating into civilian life after completion of their service duty. In summary, the natural consequences experienced by adolescents in wilderness therapy are used therapeutically to mimic the random occurrence of real-life events and are a major factor in the process of wilderness therapy as an intervention. Conversely, boot camps consist of direct consequences handed down from a strict authoritative structure that are designed to force individual compliance of the participant. These factors could not be in more direct contrast to one another, and are reasoned to constitute a clear philosophical and theoretical distinction between wilderness therapy and boot camps.

This study indicates key theoretical influences and developed an empirical description of wilderness therapy program theory that may be useful for understanding how it can be better incorporated into a range of services for adolescents in need. The answer provided for why the popular media considers wilderness therapy to utilize a boot camp approach is conjecture on the part of the author. Open discussion and dialogue on this issue is important as many parents and adolescents are served by wilderness therapy programs. The results of this study suggest an important distinction between the two approaches that should be tested by other interested researchers. As greater numbers of youth are identified as at-risk for addiction, mental health problems, school failure, gang activity, and legal problems, treatment providers must collaborate in providing an effective continuum of care for these children.

Note

I. It is not the purpose of this paper to explore the ethical issues surrounding the presentation of the Brat Camp program. Though a critical and needed discussion should and most likely will follow, the purpose of this paper is to address perceptions of the intervention through empirical evidence gathered in a study of wilderness therapy as a practice.

References

- Bacon, S. (1983). *The conscious use of metaphor in Outward Bound*. Denver, CO: Colorado Outward Bound School.
- Bendoroff, S., & Scherer, D. G. (1994). Wilderness family therapy: An innovative treatment approach for problem youth. *Journal of Child and Family Studies*, 3(2), 175–191.
- Boedeker, H. (2005, July 12). ABC's brat camp should be titled "quease factor." *Edmonton Journal*, p. C3.
- Cason, D. R., & Gillis, H. L. (1994). A meta analysis of adventure programming with adolescents. *Journal of Experiential Education*, 17, 40–47.
- Cooley, R. (1998). Wilderness therapy can help troubled teens. *International Journal of Wilderness*, 4(3), 18–22.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Crisp, S. (1998). International models of best practice in wilderness and adventure therapy. In C. Itin (Ed.), *Exploring the Boundaries of Adventure Therapy; International Perspectives*. International Adventure Therapy Conference, Perth Australia. Boulder CO: Association for Experiential Education
- Davis-Berman, J. S., & Berman, D. (1994). *Wilderness therapy: Foundations, theories and research*. Dubuque, IA: Kendall/Hunt Publishing.

- Erlandson, D. A., Harris, E. L., Skipper, B. L., & Allen, S. D. (1993). *Doing naturalistic inquiry - a guide to methods*. Newbury Park, CA: Sage Publications.
- Flash, K. (2003). Treatment strategies for juvenile delinquency: Alternative solutions. *Child and Adolescent Social Work Journal*, 20(6), 509–527.
- Gass, M. A. (1993). *Adventure therapy: Therapeutic applications of adventure programming*. Dubuque, IA: Kendall/Hunt.
- Gillis, H. L. (1992, January). *Therapeutic uses of adventure-challenge-outdoor-wilderness: Theory and research*. Paper presented at the Coalition for Education in the Outdoors, State University of New York, Cortland, NY.
- Greenbaum, T. L. (1993). *The handbook for focus group research*. New York: Lexington Books.
- Hans, T. A. (2000). A meta-analysis of the effects of adventure programming on locus of control. *Journal of Contemporary Psychotherapy*, 30(1), 33–60.
- Hattie, J., Marsh, H. W., Neill, J. T., & Richards, G. E. (1997). Adventure education and Outward Bound: Out-of-class experiences that make a lasting difference. *Review of Educational Research*, 67(1), 43–87.
- Kaplan, D. (2005, June 14). The brat pack: Boot camp for kids. *The New York Post*, p. 91.
- Kimball, R. (1983). The wilderness as therapy. *Journal of Experiential Education*, 6(3), 7–16.
- Lutz, F., & Brody, D. (1999). Mental abuse as cruel and unusual punishment: Do boot camps violate the eighth amendment? *Crime and Delinquency*, 45(2), 242–255.
- Menon, V. (2005, July 14). Boot camp for teens is abusive. *The Toronto Star*, p. A22.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: A sourcebook for new methods*. (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Mitchell, O., MacKenzie, A. R., Gover, A. R., & Styve, G. J. (1999). The environment and working conditions in juvenile boot camps and traditional facilities. *Justice Research and Policy*, 1(2), 1–22.
- Moote, G. T., & Wadarski, J. S. (1997). The acquisition of life skills through adventure-based activities and programs: A review of the literature. *Adolescence*, 32(125), 143–167.
- Pearson, F. S., & Lipton, D. S. (1999). A meta-analytic view of the effectiveness of corrections-based treatment for drug abuse. *The Prison Journal*, 79(4), 384–410.
- Peters, M., Thomas, D., & Zamberlan, C. (1997). *Boot camps for juvenile offenders*. Washington DC: Office of Juvenile Justice and Delinquency Prevention, US Department of Justice.
- Polsky, H. W., & Fast, J. (1993). Boot camps, juvenile offenders, and culture shock. *Child and Youth Care Forum*, 22, 403–415.
- Powch, I. G. (1994). Wilderness therapy: What makes it empowering for women? *Women & Therapy*, 15(4), 11–27.
- Richards, T., & Richards, L. (1994). Using computers in qualitative analysis. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research*. Thousand Oaks, CA: Sage Publications.
- Rossi, P. H., Lipsey, M. W., & Freeman, H. E. (2004). *Evaluation: A systematic approach* (7th ed.). Thousand Oaks, CA: Sage.
- Russell, K. C. (2001). What is wilderness therapy? *Journal of Experiential Education*, 24(2), 70–79.
- Russell, K. C. (2003). A nation-wide survey of outdoor behavioural healthcare programs for adolescents with problem behaviours. *Journal of Experiential Education*, 25(3), 322–331.
- U.S. Department of Health and Human Service. (2000). *Report of the surgeon general's conference on children's mental health: A national action agenda*. Washington, DC: Department of Health and Human Services.
- Stake, R. (1994). Case studies. In N. Denzin, Lincoln, Y. (Ed.), *Handbook of qualitative research*. Thousand Oaks: Sage Publications.
- Surgeon-General. (2001). Report of the surgeon general's conference on children's mental health: A national action agenda. Retrieved October 6, 2005, from <http://www.aacap.org/training/workforce.htm>

- Tarolla, S. M., Wagner, E. F., Rabinowitz, J., & Tubman, J. (2002). Understanding and treating juvenile offenders: A review of current knowledge and future directions. *Aggression and Violent Behavior*, 7, 125–143.
- Weiss, C. H. (1997). How can theory-based evaluation make greater headway? *Evaluation Review*, 3, 501–524.
- Wilson, S. J., & Lipsey, M. W. (2000). Wilderness challenge programs for delinquent youth: A meta-analysis of outcome evaluations. *Evaluation and Program Planning*, 23, 1–12.
- Winterdyk, J., & Griffiths, C. (1984). Wilderness experience programs: Reforming delinquents or beating around the bush? *Juvenile and Family Court Journal*, 35(Fall), 35–44.

Author Biography

Keith C. Russell PhD is an Associate Professor in Outdoor Education and Experiential Learning at the University of Minnesota. He is also currently the Director of the Outdoor Behavioural Healthcare Research Cooperative. He has recently completed a major longitudinal study across six outdoor treatment programs examining the role the therapeutic alliance plays in effecting depression and substance use changes in adolescents. E-Mail: krussell@umn.edu.