Wilderness Therapy Models

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Wilderness therapy is founded on the philosophies of educator Kurt Hahn's Expeditionary Learning and is now world-renowned as the Outward Bound model, where value is imparted by group participation, embracing challenge and immersing into the natural world. Wilderness therapy adds to this foundation by including professional therapists responsible for attending to participants' treatment plans. In more explicit terms, Dr. Keith Russell's brilliant 1999 dissertation defined wilderness therapy as including "a sense of adversity and challenge confronting the client; the use of natural reward and punishment allowing authority figures to step back from the role of the provider of consequences; a peer mentoring process; a feeling of group development; physical exercise from hiking and wilderness living; time for reflection; an emphasis on self-care and personal responsibility; skill mastery, particularly primitive skills and the making of fire; and a strong therapeutic relationship between the client and staff." There remains inconsistency in the research of what precisely does or does not constitute wilderness therapy, but programs continue to objectively analyze and bolster anecdotal claims of what is happening "in the woods."

In fact, individual programs and the industry's associations now seek to prove which experiences, lengths of immersion, models, specific diagnoses, etc., are the critical aspects that generate "efficacy."

And why does this matter to you? Well, for therapeutic independent educational consultants (IECs), despite the wide variation in delivery models of wilderness therapy, the daily presentation of the model, the program's academic/emotional curriculum, and your deep knowledge of the client are the three key aspects to making a recommendation to the "right" wilderness therapy program.

NOMADIC MODEL

Nomadic means that a group intends to remain self-sufficient, works toward group accomplishments and that the student will be responsible for packing his/her own equipment in a fitted backpack for the duration of their wilderness experience. Hygiene occurs in the field. Food (and often, "city" water) is resupplied periodically for the group and, unless a medical emergency comes up, the student is immersed in as complete a "wilderness experience" (24/7 for the entire enrollment) as the program can manage.

The therapist for the student drives out to the field for formal weekly group and individual therapy sessions. The therapist may or may not stay overnight with the group. The model and training matter, however, when the therapist leaves since much of the therapeutic tension and treatment plan challenges occur outside of therapy days and during the experiential aspects, beyond the direct observation of the therapist. For this reason, the instructors/field staff act as critical contributors in the treatment team.

Nomadic wilderness therapy programs might have adventure therapy aspects (ropes course, rappelling, mountaineering, whitewater rafting experiences) built in as brief interventions or as part of the natural progression hiking from one location to another but use the routine and friction that naturally develops in small group living to enhance a challenging, safe therapeutic milieu.

BASE CAMP

In a base camp model, the adolescent or young adult will return to a base camp, generally weekly for a shower, to meet with the therapist and to replenish food supplies. This is a place for the student and the group to refuel, metaphorically and literally. The base camp usually has modern plumbing (including toilets,

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showers), rudimentary beds, and a location-specific programming. Base camps usually provide time and logistical convenience for written work and are often the locale for visits from parents and other professionals (e.g., psychological evaluators).

There are three different subtypes of base camp wilderness: adventure therapy, backpacking, and horticulture therapy. All three of these different models use the wilderness in different ways to effect change. Adventure therapy might involve different experiences where the student will be in a car getting from point A to point B to have the mountain biking, skiing, hiking, or climbing experience. Most base camp backpacking programs will have the student come back to the base camp for hygiene and programming that is tied to the base camp specifically. Horticulture therapy allows the participant to experience and see change using a sustainability and botanical parallel. In this model, students practice stewardship, develop practical skills focused very clearly on a community's future benefit, and do not move out of the camp for the duration.

Many base camp programs provide excitement via peak experiences to invite self-reflection. Several programs report that their base camp model becomes a home-like experience for the adolescents and young adults, meaning their maladaptive behaviors from home emerge and become overt at the base camp.

INTEGRATED

A less discussed model of wilderness therapy includes programs that incorporate wilderness as the first phase of their model. There are not a lot of these programs, but they are an option to consider for clients who may not transition well or just need less time in the interventional wilderness therapy program to effect necessary changes. It is always hard, before the intervention, to predict the length of time needed. Programs that have a wilderness component can always resend the student to the wilderness therapy portion of the program if they need a tune-up during their process.

Therapeutic IECs understand the nuance and differences between these models in general; the expertise comes in constantly assessing the therapist and model specialization related to their client's need. IECs must stay informed about the new wilderness diversity available for treating autism spectrum disorder, sensitively helping with trauma assessment, programs designed to work with whole family systems or clinically complex clients, and those trained to confront substance abuse and assessment. Knowing how to tease out what is needed for the client and family and speak about why a model (therapist and program) is being recommended is the expertise that therapeutic IECs bring to an initially confusing and complex dynamic.

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