

The Healing Powers of Nature

*A Qualitative Study on the Influence of
Adventure-based Therapy on Adolescents
with Emotional and Behavioral Difficulties*

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Abstract

The purpose of this study is to investigate the influence of adventure-based therapy in the United States on adolescents with emotional and behavioral difficulties. This study focuses on exploring the idea of wilderness as a healing place, and why it has become a popular alternative for helping troubled youth and their families. There are four research questions which aid in this investigation. The first question explores how outdoor educators practice adventure-based therapy methods in their program, pertaining to the kinds of activities that are offered. The second question explores how outdoor educators characterize adventure-based therapy and how such characteristics can differ from other therapeutic approaches. The third question seeks to understand how adventure-based therapy can be beneficial to adolescents with emotional and behavioral difficulties, and the fourth question looks into the challenges.

The study is based on a qualitative design using semi-structured interview. Six outdoor educators working at adventure-based therapy programs located throughout the United States are involved in the investigation. Interviews are conducted using Skype, allowing for a similar face-to-face interaction to occur. The resulting sample of informants, along with their different roles in each program, the different regions in which they are located, and their various approaches to adventure-based therapy, are what make this study so unique.

The results reveal both correlations to the theoretical framework, as well as some interesting discoveries. The findings indicate that the kinds of activities offered can be both wilderness and non-wilderness related, despite the fact that most programs tend to take place predominately in wilderness settings. The findings also demonstrate a similarity in the characteristics of adventure-based therapy as outlined in the literature, thus contributing to their significance. The findings also express that adventure-based therapy can be beneficial for adolescents with emotional and behavioral difficulties, providing them with valuable and transferable experiences. Challenges are also presented as well to some adolescents, mostly in regards to being completely outside their comfort zones.

Writing this thesis has been an interesting process where I've discovered many different aspects of adventure-based therapy from the views of outdoor educators throughout the United States. My hope is that it can create an awareness on how wilderness experiences can provide therapeutic benefit to adolescents from all corners of the world.

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For any errors or inadequacies that may remain in this work, the responsibility is entirely my own.

Heather N. DiNapoli

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1 Introduction

With our constantly changing and rapidly developing society, it is no mystery that many people have become disconnected with nature. The era of playing outside before dinner, has become the era of sitting inside and staring at screens. Urbanization and new inventions and advances in technology have made it difficult for people to find the time to get back outside. Our growing separation from the natural world in which people have evolved has been argued to cause psychological symptoms, such as anxiety and stress (Gass, et al., 2012). Miles (1987), an early contributor to the research on the role wilderness has played in the United States, exclaimed that many people during the latter half of the twentieth century began to seek out contact with nature again. This came as a reaction to the beliefs of John Muir, an early conservationist in the United States. Muir believed that the outdoors could help a person learn and grown, but could also help to restore their overall mental and psychological well-being (Miles, 1987). Today, the outdoors has become a sort of industry, although sometimes underrated in our technologically and systematically driven world. The search for healing in wilderness settings has now become organized and institutionalized. Outdoor recreation now offers a therapeutic aspect, and programs have been developed in assisting people in following Muir's former ideas. For this reason, the idea of wilderness as a healing place has become a major topic of curiosity for researchers, educators, mental healthcare professionals and outdoor activists alike.

1.1 Background of the Study

In the United States, many adolescents are being labeled as 'at-risk' because of profound cultural changes which are emerging. Some of these changes include unstructured home environments, such as with the increase of divorce rates and one-parent families. Other changes include a lack of support from adult and authority figures, as well as a media culture based around sex, violence, and excitement (Russell & Hendee, 1999). Some adolescents tend to be more persuaded by the media, whether it's music, movies or video games, and as a result become more susceptible to high-risk behaviors. These behaviors can include substance abuse, pregnancy, delinquency, academic problems and severe emotional and behavioral difficulties. Traditional therapeutic approaches, like the typical sitting-in-an-office-talking-to-a-shrink scenario, are proving to provide less of a benefit on these adolescents (Hill, 2007).

Better options for helping troubled youth and their families have therefore been explored, and adventure-based therapy has become a popular alternative. According to Hill (2007), a contributor to the field of counseling and development research in the United States, most mental health care professionals would in fact agree that often the best solution for their clients is to “get out of the office”. Believers in the powers of the wilderness experience would also subscribe to the notion of the therapeutic healing properties that nature contains (Miles, 1987).

1.2 Purpose of the Study

The purpose of this study is to investigate the influence of adventure-based therapy in the United States on adolescents with emotional and behavioral difficulties. This study is based on a qualitative design using semi-structured interview. Six outdoor educators working at programs implementing an adventure-based therapy approach, located across the country, are involved in the investigation. Their perspectives and familiarity on the intervention provide the foundation to this study. The main research question of the study is as follows:

What are outdoor educators’ perspectives on the influence of adventure-based therapy on adolescents with emotional and behavioral difficulties?

The following sub-questions are also used to support the main research question:

- *How do outdoor educators practice adventure-based therapy methods in their program?*
- *How do outdoor educators characterize adventure-based therapy?*
- *How can adventure-based activities be beneficial to adolescents with emotional and behavioral difficulties?*
- *How can adventure-based activities be challenging for adolescents with emotional and behavioral difficulties?*

1.3 Personal Experience

Ever since my undergraduate years in the United States, the topic of adventure-based therapy has been a personal interest of mine. While studying toward my degree in outdoor leadership, I began to develop a fascination in the healing powers of nature and the therapeutic benefits

that the outdoors can offer. I became more involved with outdoor activities during this time and my passion for the field only grew. The field of psychology and working with at-risk youth also became an interest of mine during this journey, and it suddenly became clear to me the kind of career I'd like to pursue in the future. I find it interesting in learning how adventure-based therapy programs work, which ultimately led me to the conduction of this study. I believe that the advantage of basing my research topic on my personal interest and experience is motivation, which is key in finishing a dissertation such as this (Maxwell, 2013).

1.4 Structure of the Thesis

This dissertation is made up of five chapters which include Chapter 1: Introduction, Chapter 2: Theoretical Framework, Chapter 3: Research Methodology, Chapter 4: Results and Discussion, and Chapter 5: Concluding Remarks. Chapter 1 has presented the background and purpose of the study, as well as the researcher's personal experience on the topic of study. Chapter 2 will present the definitions and theoretical content regarding the diagnosis of emotional disturbance (EBD) and adventure-based therapy (AT). A brief history of AT, its educational value, potential benefits, characteristics, critical views, and research on effects will also be presented. Chapter 3 will present the study's research design and method, as well as introducing the study's sample. How data will be analyzed and how the study fulfills ethical considerations will also be recognized. Chapter 4 will present the findings of the study, which will include the break-down of each of the four sub-questions which support the main research question. The answers to how the six outdoor educators practice AT methods in their program, how they characterize AT and how they believe AT can be both beneficial and challenging will be exposed. The summary and discussion of each of these findings will then be proposed. Chapter 5, the last chapter, will provide a brief summary of the main findings of the study, followed by recommendations for future research and final remarks from the researcher.

2 Theoretical Framework

The systems of concepts, assumptions, expectations, beliefs, and theories that support and inform your research is a key part of the research design (Maxwell, 2013). Such systems serve as a model for the phenomenon being investigated. A theoretical framework helps to inform the rest of the research design as well as justifying it, especially with the use of an existing theory. The use of existing theory helps to shed light on relationships that might otherwise go unnoticed or misunderstood. Other perspectives of an existing theory, as in the review of other empirical studies on the same topic, should also be taken into account. Such perspectives shouldn't impose theory on one's study though. They should only be used to help guide one's own research in the appropriate direction (Maxwell, 2013). This chapter breaks down the theoretical concepts in which my study is based upon. These concepts include adventure-based therapy (AT), the phenomenon being investigated, and emotional disturbance (EBD), the diagnosis denoted to the population of youth in which my phenomenon influences.

2.1 Emotional Disturbance (EBD)

2.1.1 Defining EBD

Individuals with emotional disturbance have been defined as, “[exhibiting] inappropriate behaviors and poor interpersonal relationships with peers and adults across a variety of settings that includes school, home, and their community” (Curtin, 2010, p. 135). In the Individuals with Disabilities Education Act of 2004, under Paragraph 4 of Section 300.8: Child with a Disability, emotional disturbance is defined as, “A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.

- A tendency to develop physical symptoms or fears associated with personal or school problems.

Emotional disturbance also can include schizophrenia, but the term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance (ED, 2004).

Emotional disturbance is an umbrella term, with a wide range of specific disorders that fall under it. According to the National Dissemination Center for Children with Disabilities in the United States, disorders that tend to fall under the umbrella include, but are not limited to: anxiety-, bipolar-, conduct-, eating-, obsessive-compulsive-, and psychotic disorders.

Although these disorders don't share the same characteristics, or even the same forms of treatment, they do share in common a wide range of emotional and behavioral difficulties. Some of the characteristics that individuals with emotional disturbance can exhibit are hyperactivity, aggression, and/or self-injurious behavior, withdrawal, excessive fear of anxiety, immaturity and learning difficulties (NICHCY, 2010). It is important to note that many children from time to time can also exhibit certain behaviors as the ones noted above, but what separates children with emotional disturbance from their other peers is not the kind of behavior shown, but the intensity and long-lasting nature of the behavior (Kirk, 2012).

2.1.2 Challenges Facing Individuals with EBD

No one knows the actual cause of emotional disturbance, but there are several factors that are being researched. Some of these factors include diet, stress, biological factors like genetics, family factors such as family structure, and/or school factors from learning and social situations. Since there is not a simple explanation of what causes emotional disturbance, it makes it difficult to find appropriate interventions to help treat and control it (Zionts, et al., 2002). These individuals can be more susceptible to risk factors like bullying, fighting, violence in schools, being bullied themselves, substance abuse and developing feelings of helplessness, which can lead to suicidal thoughts. These individuals are also most often the students in school with the lowest grade point average, the highest rate of absenteeism and with the highest percentage of course failure. It is crucial for individuals with emotional and behavioral difficulties to feel like they are a part of a therapeutic community, where there is access to positive peer support systems (Curtin, 2010). Sometimes the learning environment can be considerably flawed, which is why it's so important that special education programs

take responsibility over changing the learning environment to better suit the needs of all students and individuals (Kirk, 2012).

2.2 Adventure-based Therapy (AT)

Even though the term ‘therapy’ is expressed differently all over the world, in the United States it can contain many educational components, especially in regards to the intervention investigated in this dissertation. This perhaps differentiates the term from the perspectives of other countries, like Norway for example, where therapy is generally associated with psychological and psychiatric treatment. It’s important to keep in mind that adventure-based therapy describes an educational process, as well as having therapeutic consequences. The abbreviation ‘AT’, standing for adventure-based therapy, will from now on be used to refer to the approach.

2.2.1 Defining AT

AT has been referred to by a variety of terms including ‘wilderness therapy’, ‘wilderness-adventure therapy’, ‘adventure-based counseling’, ‘wilderness challenge program’, and ‘wilderness experience program’. The term most often associated with AT is wilderness therapy (White, 2012). “Due to its multiple influences and varying applications,” the definition of AT still remains a well-debated topic (Gass, et al., 2012, p. 1). One definition expresses AT as being, “a less restrictive alternative for youth who may require intervention to address emotional or behavioral challenges.” Another definition suggests it to be, “residential programs that provide an intensive, therapeutic experience based on outdoor, educational, clinical, and other activities that involve physical and psychological challenges” (Gass, et al., 2012, p. 3). The reality of the matter is, AT is very diverse. The beauty of it is its plasticity, as programs can vary depending on their length and the kinds of activities that are offered (Gass, et al., 2012). Each program tends to abide by their own AT model, which affects the population of participants that they serve. Regardless of which definition is most accurate, most AT programs tend to have similar goals in mind.

AT programs can occur in both the front- and back country, or rather in the community, or in more remote wilderness areas. Most programs occur predominately in the wilderness, and use the term “wilderness therapy” interchangeably. Wilderness therapy programs are generally

broken into two intervention formats: wilderness base camping, and expeditioning.

Wilderness base camping establishes a base camp for groups, while expeditioning consists of small groups moving from one place to the next, using different modes of adventure pursuits to get to their destination. There are two types of expedition programs: continuous flow programs, and contained programs. Continuous flow programs are where therapists, as well as clients, rotate in and out of the field by joining existing groups. Contained programs consist of the same treatment team which remain with the group throughout the duration of the program. Because of the modality's activity based approach, AT can be used as either an entire intervention for a particular individual, or as a small part of an individual's overall education or treatment plan (Gass, et al., 2012).

Most AT programs tend to be typically guided by the phases. These phases include: cleansing, personal and social responsibility, and transition and aftercare. The cleaning phase begins the process of 'cleaning' clients from the inside out. Clients are introduced to a healthy diet, intense physical exercise, and the knowledge of basic survival and self-care skills. After the cleaning phase, clients are then ready for more in-depth work. The personal and social responsibility phase introduces peer interactions and natural consequences which help clients to learn personal and social responsibility. Clients learn quickly that sometimes their former patterns of behavior may not always be so effective when faced with problems in the field. For example, a tent becomes wet, if a tarp is not set up beforehand. Or, food will not be cooked, if a fire is not built. The formation of long-term cause and effect relationships is pivotal for clients. The transition and aftercare phase occurs after the completion of the program, when clients begin implementing their new skills into their home environments, or at another placement (Russell & Hendee, 1999).

2.2.2 Brief History of AT

The origins of AT can be traced back to the 1800's, when organized summer camps in the United States began to emerge for youth. Some of the first camps, including the Gunnery School (1861) and Camp Chocorua (1881), would shape the foundation and future thinking of the field (White, 2012). Camp Chocorua was the first organized camp to "intentionally [use] adventure to impact adolescents so that they would become responsible, independent and resourceful young adults" (White, 2012, p. 21). In 1922, Camp Ramapo became the first organized camp for emotionally challenged young people and in 1946, Dallas Salesmanship

Club Camp became the first long-term residential camp. The 1950's brought on the development of even more wilderness and adventure-based programs which provided rehabilitation and benefit for many groups including psychiatric patients, delinquents, and those involved in management training" (Hattie, et al., 2007). Organizations began to arise on both the country's coasts. In 1968, Brigham Young University in Utah offered an adventure course to university students becoming the first program to integrate primitive survival skills to adventure-based education. In 1971, Project Adventure in Massachusetts introduced the academic link to AT, which continues to influence the current AT movement today. Other programs and organizations, including Boys Scouts of America (1910), Outward Bound USA (1961), and the Association of Experiential Education (1980's), have also influenced the field in significant ways. The principles of AT are constantly being debated and discussed as researchers, educators, and professionals in the field meet annually to share techniques, opinions, and concerns (White, 2012).

2.2.3 Educational Value of AT

Using the outdoors as a mode of educating young people in the United States began with the introduction of the Outward Bound movement in the early 1960's. Josh Miner, the founder of Outward Bound USA, was inspired by the teachings of Kurt Hahn, the founder of the Outward Bound philosophy. Hahn believed that the outdoors could give students the opportunity to learn and develop in ways in which they were not being provided in the conventional classroom. He believed that, "separation from the existing human world, into the intensity of a journey-quest, could change the balance of power in young people" (James, 2000, p. 9). Hahn also believed that active learning and 'direct experience', the concept of learning by doing through the experiential learning process, could be more valuable for the learner. He believed this concept had been missing from the overall goal of learning in traditional settings (James, 2000).

The most cited outdoor education model is the Walsh and Golins' (1976) Outward Bound process model. This model helps to explain the elements of the experiential learning process. The model proposes that the learner must first be ready to learn, by being a motivated participant instead of a spectator. Once the learner is ready, they are placed into prescribed physical and social environments, such as in an AT setting, and are presented with a characteristic set of problem-solving tasks that they must figure out (Neill, 2007). The

presented learning activities are real and meaningful, in terms of natural consequences projected at the learner. Since individuals are placed outside their comfort zones, a state of dissonance often forms, which enhances the learning experience for the individual. This helps to aid the learner in the mastery and competence of new skills, which furthermore helps the learner grasp the meaning of the learning experience. Once this process is complete, the learner is then able to reflect back on the knowledge they acquired, and orientate themselves toward living and learning in both the present and future (Newes & Bendoroff, 2004).

2.2.4 Potential Benefits of AT

Wilderness experiences have been debated to provide benefit to troubled youth for decades, especially to adolescents (Hill, 2007). The outdoors presents itself in a very physical, straightforward way. “There are mountains to climb, rivers to run, bogs to wade through,” as Miles (1987) stated. “As an adolescent whose principle mode of expression is an action oriented one, and whose thinking process is mostly concrete, the possible activities in the outdoors fulfills his developmental capability. He just stands a better chance of excelling here” (p. 7). These earlier views continue to be debated today as well, as other researchers are exploring the potential benefits of AT. Wilderness experiences serve “as impetus for individual change,” and through these experiences clients are thought to increase in self-awareness, -esteem, -confidence and achieve a higher level of accountability both to their self and others (Newes & Bendoroff, 2004). AT is also being acknowledged in helping clients learn healthier coping strategies to their difficulties, which can lead to increased environmental control. These experiences are also acknowledged in helping to correct negative self-conceptions, and leading clients to develop a more positive self-concept. As clients learn to demonstrate personal competence, build upon skills, accept personal responsibility, and begin recognizing their own strengths and weaknesses, they move closer to the achievement of ultimate personal growth (Newes & Bendoroff, 2004). Findings from studies conducted by Hattie, et al. (1997), Long (2001), Russell (2003) and Bowen and Neill (2013) will be presented at the end of this chapter to help support these claims.

2.2.5 Characteristics of AT

Based on the literature, there are twelve main characteristics which have been categorized as characterizing AT. These characteristics include: 1) group focus, 2), metaphoric processing,

3) sequencing of activities, 4) perceived risk, 5) unfamiliar environment, 6) challenge, 7) provision of concrete consequences, 8) goal-setting, 9) the therapeutic relationship, 10) trust development, 11) enjoyment, and 12) the peak experience (Newes & Bandoroff, 2004). Although some of these characteristics can also be found in other therapeutic approaches, the way in which the characteristics are implemented in AT is what differentiate them from other approaches. What is particularly unique to AT is, “the use of adventure and experiential activities, as they form a central feature that melds the various factors together to create the whole that is AT” (Gass, et al., 2012, p. 72). The next several pages of this paper will provide in-depth descriptions on each of the characteristics associated with AT.

Group Focus

The typical AT client tends to be an adolescent, and the group focus is extremely valuable, “due to its developmental appropriateness for this population” (Newes & Bandoroff, 2004, p. 13). The group in AT provides support, feedback, and an interpersonal context which can encourage therapeutic change. Activities in AT are given to the group as challenges that need to be overcome. In order to overcome these challenges, all members of the group must get involved. This means that the group must rely on each other by using techniques such as cooperation and creative problem-solving to find solutions to the challenges presented. The group component of AT thus allows for a client’s habitual patterns of interaction to become more visible (Gass, et al., 2012). Challenges can include summiting a mountain, or completing an element on a ropes course for example. Each member of the group plays an important role in the success of the group, and must actively participate in some way, no matter how big or small. Non-participation is therefore less likely to occur in AT because of this organization (Newes & Bandoroff, 2004).

Metaphoric Processing

According to Merriam-Webster’s online dictionary (2014), the definition of ‘process’ is: a series of actions that produce something or that lead to a particular result. In AT settings, it’s “the catalyst of processing” that promotes the therapeutic process (Newes & Bandoroff, 2004). It can be argued that the transference of learning from the AT experience is critical in order for it to be considered worthwhile. Most of the activities in AT are contrived, meaning that they are deliberately created rather than occurring naturally. Most individuals with

emotional and behavioral difficulties struggle with dealing with issues in the ‘here and now’. AT allows them to see the relevance of these issues, which can be sometimes difficult to observe in more traditional settings. Metaphoric work tends to be embedded in AT to help link learning experiences together. These experiences serve as “a metaphor for life” for participants (Miles, 1987). The ultimate test is whether participants can transfer their experiences from AT back into their home environments.

Sequencing of Activities

Sequencing is a counseling technique of establishing an appropriate progression of activities, based upon the group’s abilities and needs (Hill, 2007). Evaluations of each client must be conducted first in order to develop appropriate treatment plans and goals for each member of the group, and then for the group as a whole. The orientation of basic outdoor trip and survival skills in the wilderness, such as how to pack a backpack, or how to pitch a tent follows suit. Icebreakers, teambuilding activities, and group forming follow thereafter. It’s important for these tasks to be facilitated in an appropriate fashion, because the success of the group relies heavily on this systematic sequence. Activities are usually facilitated based on difficulty which allows clients to master tasks while counteracting any negative self-evaluations they may have in the face of challenge. It’s important for those creating the activities to avoid creating situations where the group repeatedly fails or repeatedly succeeds, because both exclusive failure and success can limit the therapeutic potential of the activities (Newes & Bendoroff, 2004).

Perceived Risk

AT activities are sometimes structured in a way to look impossible, or even dangerous on the surface. In reality though, these activities are high in perceived risk, but low in actual risk. Perceived risk is associated with the uncertainty of possible outcomes of participating in challenging activities. Perceived physical risk tends to distinguish AT from other therapeutic approaches, because many activities associated with AT can be strenuous and physically exhausting. The activities also tend to promote an amount of fear in participants, which makes perceived emotional risk also difficult to handle (Newes & Bendoroff, 2004). It is important for some amount of perceived risk to be embedded in AT activities so that clients experience a state of disequilibrium. Such situations help to activate problem-solving and

communication skills among the group members, forcing them to find new ways in confronting different kinds of adversity (Hill, 2007).

Unfamiliar Environment

One of the most influential characteristics of AT is that it generally takes place in remote, or unfamiliar settings. These settings are designed this way for a reason, forcing clients to view situations from other perspectives. Ultimately this is how change can take place, by removing clients from the destructive environments in which they reside and placing them into environments which are completely unfamiliar (Gass, et al., 2012). As a result of this, clients are forced to rely on alternative ways of behaving to achieve success, as they begin to realize that a familiar template to draw from old patterns is not available. This kind of setting also allows clients to approach the therapeutic experience with less of a defensive posture, encouraging clients to see uncertainty as a challenge rather than a threat (Newes & Bendoroff, 2004). Nature can be calming, and nurturing, and the impact it can have on clients has been seen as restorative and positive (Gass, et al., 2012).

Challenge

Challenge can be a powerful motivation force for human change and growth. Individuals who are placed outside their comfort zones and into states of dissonance, or disequilibrium, will most often experience a change in how they act, and how they perceive themselves and others (Hill, 2007). Wilderness experiences can be challenging and therefore stressful for clients, resulting in clients reaching their defenses quicker than in perhaps more traditional therapeutic settings (Gass, et al., 2012). Individuals often learn something about themselves when they are faced with challenges presented in AT. It's important to note though that because of the challenging nature of AT activities, individuals are also given the choice to participate or not. This concept is called "challenge by choice," and it is very important in the AT process (Hill, 2007). Every effort is made by therapists to include all clients in all of the activities, whether it's accompanying simpler roles such as spotting, or observing. Challenge by choice allows clients to assert their own personal boundaries and to approach the therapeutic process at their own pace. Rather than being forced to engage in fearful activities, participants are given the choice to confront their own fears when they're ready (Newes & Bendoroff, 2004).

Concrete Consequences

The abundance of natural consequences which can arise from being in natural settings is a hallmark of the AT intervention (Newes & Bandoroff, 2004). The response of clients in AT is usually directly influenced by concrete consequences that occur solely in natural settings. From examples expressed earlier: a tent becomes wet, if a tarp is not set up beforehand, and food will not be cooked, if a fire is not built. Natural settings allow the staff to also step back from traditional positions of authority in which clients are probably accustomed to (Russell, 2001). This allows “healing” to take place, instead of those who are in charge trying to force change to occur. These natural consequences naturally effect the functioning of the entire group in AT as well, which is why the involvement of every member in the group is so critical. A client who chooses not to work successfully within the group will create consequences that reflect the entire group. In this way, these situations hold the ability to promote important developmental learning opportunities on both positive and negative levels (Newes & Bandoroff, 2004).

Goal Setting

Goal setting, both on an individual and group level, is essential in AT and in life in general. Goals help us to reach our full potential by recognizing our own self-imposed limitations. One needs to realize the steps needed to take in order for their goals to be accomplished, because ‘one needs to know where they’re going, if they are going to get there’ (Gass, et al., 2012). Goal setting in AT sets clients up for this, but it’s ultimately up to them whether they take anything valuable from the experience at all. Most AT programs tend to share the common goal of changing inappropriate behavior patterns, by using experiential learning experiences, and group orientation activities to help get them there. In most AT programs a “full-value contract” is made. This is a contract that outlines the activities that will take place, as well as specifying the parameters of what is acceptable and unacceptable behavior while working in the group. The contract also outlines the objectives and goals of the program and informs the participants of their rights (Hill, 2007). All members of the group must sign the contract and abide by its rules and safety guidelines. The full-value contract is made to promote both physical and psychological safety for all members involved (Newes & Bandoroff, 2004).

The Therapeutic Relationship

The therapeutic relationship formed in AT can be intensive, yet one of the strongest predictors of treatment outcomes in psychotherapy (Gass, et al., 2012). The development of such a unique relationship can provide greater opportunity for corrective emotional experiences to occur. The therapist in AT is usually living alongside the clients, which allows opportunities for modeling to take place as they also can become frustrated and struggle with challenges which are presented in the field. The therapist's willingness to expose him or herself to the same conditions inspires a degree of trust and mutual respect that goes beyond that generally found in traditional settings (Newes & Bandoroff, 2004). The relationship between the therapist and the client is usually directly related to the success of treatment, and how the client and the therapist connect is usually critical to the success of the AT process (Gass, et al., 2012). Many clients with emotional and behavioral difficulties tend to struggle with forming and maintaining positive relationships in general, both at home and in therapy. The intimate nature of working together in smaller groups in AT, on an ongoing basis with no opportunity for withdrawal, is proving to be just what clients need. We know that the length of AT programs can vary, but usually clients and therapists are sharing a considerable amount of time together in the field, especially when a program operates on a twenty-four hour basis. Naturally this results in more therapeutic contact than in other traditional therapeutic settings, allowing the therapeutic relationship to often develop more quickly (Newes & Bandoroff, 2004).

Trust Development

Trust is an ongoing therapeutic process, and can be difficult for clients with emotional and behavioral difficulties. Trust development therefore is one of the most vital characteristics in the AT process. Clients must first be able to physically trust the people around them, in order for them to begin emotionally trusting themselves in their journey toward identifying, clarifying and establishing their own personal goals. This process is called transference, and it is often a difficult concept for clients to grasp (Hill, 2007). This probably comes as a reaction to the difficulties troubled youth have in putting trust in figures of authority, which is why AT therapists must first develop an understanding of how their clients perceive relationships, especially those with troubling family histories. Forming an understanding of the family system can be helpful for the therapists in understanding how clients will react in the program. Trust-building in AT tends to be gradual, so that clients don't become

overwhelmed. The process of building trust is done through the sequencing of activities, helping clients to access a deeper level of experience and emotion over time. Establishing trust creates an emotionally safe environment, which usually supports the fulfillment of desirable outcomes. The engaging nature of AT activities also helps to make AT less threatening, allowing for a level of emotional sharing to occur that can't always be accessed in traditional settings (Newes & Bandoroff, 2004).

Enjoyment

Education, therapy and most importantly change, is not always characterized as fun. Allowing for elements of therapy to simply be fun may be one way to provide an opportunity for positive reinforcement. Clients are usually more invested and engaged in treatment when activities are stimulating, and enjoyable. One of the reasons AT proves to be so successful, is that outdoor activities tend to provide some kind of fun-factor for clients, especially to those who have prior experience in the outdoors. An increased level of enjoyment has been known to increase attention levels, and the willingness of clients to participate in the AT process, making AT a truly unique intervention (Newes & Bandoroff, 2004).

The Peak Experience

Most AT programs have an ultimate goal, or peak experience, that concludes the end of a client's journey. Some examples can include either summiting a mountain, or surviving a night alone in the wilderness. This ultimate experience provides the client, as well as the group, the opportunity to put to practice all the learning achieved throughout the AT process (Newes & Bandoroff, 2004). This transference of learning is considered to be "paramount" when a client is placed back into their home environment at the end of the program (Hill, 2007). Clients often feel better about themselves after completing AT, because it represents a sense of accomplishment for them that is concrete and real. The experience also allows for a client to draw strength from in the future, using it as a larger framework in relation to his or her life (Russell, 2001). The AT process helps clients to access and express their emotions, and learn the importance of talking about their feelings. Most clients leave AT knowing, and believing, that their journey of personal growth has only just begun.

2.2.6 Critical Views on AT

While reading through the literature on AT, some critical views were recognized. One critical view is that wilderness therapy has become increasingly used as a last resort intervention for adolescents who are in serious trouble (Russell & Hendee, 1999). Many adolescents being admitted into AT programs tend to struggle with alcohol and drug use, sexual promiscuity, trouble with the law, or sometimes from intense parental conflict within the home.

Admissions personnel at wilderness programs receive calls daily from parents in crisis, fearing for their adolescent's life. In many cases, programs are "literally reaching underwater and grabbing the hand of a drowning victim" (Russell & Hendee, 1999, p. 138). This is important to point out, because although AT programs can come off as appealing and fun to some audiences, the truth of the matter is that these programs can also be intense and frightening for clients and their families. Most adolescents are also being sent to these programs without a say in whether they actually want to go or not. Since a lot of research has been done on the outcomes of AT programs, there doesn't seem to be much knowledge available on the process which occurs before.

Another critical view on AT is that a consistent and accepted definition is lacking, despite the growing number of programs operating in the United States today. Since the activities, processes, and outcomes of programs can differ from one program to the next, the ability to generate consistent findings from one research study to the next can be difficult. A consistent definition of wilderness therapy could be useful to future research, in regards to recognizing programs as respected, viable treatment interventions for troubled adolescents. A more consistent definition could also help to better educate the general public about wilderness therapy and to clarify the types of services they offer and for whom they are most appropriate for (Russell, 2001).

Another critical view to mention is that there are potential dangers in wilderness settings that a participant can face. According to the Alliance for the Safe, Therapeutic & Appropriate Use of Residential Treatment in the United States, children have experienced a number of dangers worth mentioning, even if the programs were some of the best in the industry. Some potential dangers of wilderness programs can include: untrained and/or inexperienced staff, children being accused of faking/reporting symptoms of medical conditions such as dehydration and heatstroke, children not receiving proper medical exams before strenuous activity such as vigorous hikes in the wilderness far from medical care, and food and water being denied or

rationed as punishment (ASTART, 2012). This is why it's very important for families to do their own research before committing to a wilderness program. Safety is the number one priority in official and accredited programs, although naturally wilderness programs can pose a small risk to injury. This is why programs need to provide understandable and clean-cut guidelines that are outlined and made available to clients and their families throughout the entire program, protecting all factors of ethical issues.

According to an article in The Salt Lake Tribune in Utah, the severity of these potential dangers can be severe, or even fatal. There have been several publicized client deaths in the field, most of them taking place in Utah, one of the nation's leaders in wilderness therapy (Canham, 2007). Wilderness programs have regulations that must be followed, which include, the temperature limit of when hikes can and cannot take place, or the amount of water participants are supposed to be drinking each day. The article states that regulations by themselves won't do anything though (Canham, 2007). Again, this is why it is very important for parents to thoroughly investigate programs before enrolling their child into one. There have been unfortunately cases of parents receiving falsified information about a program's potential outcomes or benefits.

2.2.7 Research on Effects of AT

I noticed going through the literature on AT studies, that I was presented with a lot of research on the outcomes and effects of AT. Some of the studies that were found dated back to the 1980's, while others came from more recent years. Most studies seemed to be quite similar in the overall purpose of investigating the outcomes and overall effectiveness of adventure-based and wilderness therapy versus traditional therapeutic approaches, which have been mentioned previously in this paper. This section will briefly highlight a few of the studies found including those of Hattie, et al. (1997), Long (2001), Russell (2003) and Bowen and Neill (2013). All studies were found on scholarly databases, which included Google Scholar and EBSCOhost, or were recommended by contacts through the interview investigation.

Hattie, et al. (1997)

This quantitative meta-analysis examined the effects of AT programs on a diverse array of outcomes, as well as some short- and long-term gains of participating in AT. A total of 40 major outcomes were identified. These outcomes fell under the six major categories of

leadership, self-concept, academic, personality, interpersonal and adventuresomeness. The meta-analysis was based on 1,728 effect sizes, or otherwise the quantitative products of AT outcomes, taken from 151 unique samples from 96 studies published between 1968 and 1994. Studies were found after an extensive search in the library holdings at the Outward Bound Australian National School, or on databases including PsycLIT, Dissertation Abstracts International, and ERIC. There were approximately 12,057 participants, the majority being male. The majority of the participants were either adults or university students, and their average age was approximately 22 years old. There were other participants as well which included behaviorally disturbed-, psychiatric-, schizophrenia mood disorder- patients, recovering alcoholics, and delinquents. The adventure programs lasted between one to 120 days, with an average length of 24 days (Hattie, et al., 1997).

Results indicated an effect size of $-.05$ for prior effects, meaning that there seemed to be little, or no systematic effect from AT on administering outcomes prior to the first day of the program. On the other hand, the overall immediate effect size was $.34$, as compared to the typical effect size of $.40$ for achievement and $.28$ for affective outcomes, found in other educational interventions. An effect size of $.34$ shows the effect on self-concept in AT is greater than that found in interventions that are classroom-based. Unlike most educational programs where follow-up effects tend to be negative and quick fading, the follow-up effects of AT indicated to increase over time, illustrating positive changes in many of the outcome categories. Out of the 40 outcomes identified in the literature, programs had the greatest immediate effects under the categories of leadership, academics, independence, assertiveness, emotional stability, social comparison, time management and flexibility. On the other hand, the outcomes with the lowest positive effects fell under the categories of leadership goals, physical ability, academic self-concept, femininity, and interpersonal communication. Out of the six major categories of outcomes listed in the beginning of this summary, effects seemed to be retained across all categories except for adventuresomeness (Hattie, et al., 1997).

Long (2001)

The purpose of this interpretive qualitative study was to examine the influence experiential education had upon a group of girls with emotional and behavioral disorders who resided in a long-term residential wilderness camp. Two research questions were explored: 1) What are the perceptions of adolescent, at-risk girls in regard to the relationship experiential education

influences the group? And, 2) What are the perceptions of adolescent, at-risk girls in regard to the relationship experiential education has upon their individual roles within the group?

Symbolic interactionism was the chosen framework for this specific study, because the study's focus was on the perceptions of how experiential education affected the girls on a personal level. The use of this method allowed the girls to attach their own meanings to their experiences during the facilitation of the experiential education activities (Long, 2001).

The site of study was at a therapeutic, long-term wilderness program located in Southeastern United States. The age of the girls at this particular program was 12 to 18 years old.

Experiential activities implemented at this program included weekly sessions on the ropes course, day trips to a climbing wall, overnight hiking, and canoe trips once a month.

Treatment groups consisted of eight to 12 girls, living together at a stationary campsite. One group of 10 girls was chosen to be a part of the study, although only nine members of the group decided to participate. At the time of the study, four girls were 15 years old, two were 16 years old and one was 14 years old. Of the nine participants, five were Caucasian and four were African American. Each member had already been in the group from one to eight months. Therefore, they were all at different levels in the program (Long, 2001).

In-depth interviews with the girls were conducted in order to generate a rich data sample.

These interviews were conducted during June, July and August 1997. Each girl was interviewed on three different occasions. From the data analysis, three main themes emerged. These themes were: 1) New Member Perspective, 2) Established Member Perspective, and 3) Advanced Member Perspective. The girls' perceptions were also distinguished through the distinct stages of treatment, or the "The Ropes Course Process" as it was called. Girls' attitudes about the program with a New Member Perspective were classified as fun, and was seen as an escape from their worlds. Their concepts of success were individualized, and their perception on trust was dawning. Girls' attitudes about the program with an Established Member Perspective were about finding a deeper meaning in the therapeutic experiential activities. Their concepts of success were based on the outset of the group, and their perceptions on trust only grew. Girls' attitudes about the program with an Advanced Member Perspective included the realization that the experiential activities were a part of their treatment. Their concepts of success in this stage were more group centered, and their perceptions on trust grew from an individualized level to a modeling level. The differences between the meanings of experimental activities for the girls seemed to be related to the

length of their stay at the program. Although ultimately, “The girls used the ropes course and experiential activities to help them understand themselves and to progress in their treatment” (Long, 2001, p. 106).

Russell (2003)

This quantitative study reported on results from an analysis of client outcomes in seven outdoor behavioral healthcare (OBH) programs utilizing an adolescent outcome assessment questionnaire called The Youth Outcome Questionnaire (Y-OQ). The Y-OQ is a collection of 64 items stretching across six different content areas to produce a total score. Each item or statement is rated on a scale of how often or not each item applies to the adolescent. The Y-OQ assesses the psychological symptomatic and social functioning of adolescents, which reflects the goals of OBH treatment with a good consistency and test-retest reliability. It also helps therapists to detect periodic change made by the client during treatment. If a client receives a score of 46, then they are considered “clinically improved”. If a client’s score decreases by 13 points or more, then it is indicated that a significant amount of symptoms have been reduced as a result of the program (Russell, 2003).

The sample included 858 adolescents who were enrolled in seven different OBH programs located in Oregon, Utah, Arizona and Idaho, between May 1 and December 1, 2000. Each program had treatment teams consisting of a clinical supervisor, master’s level therapists and counselors, and primary care wilderness therapists and assistants with at least two years of experience in the field. The majority of participants were male, and between the ages of 16 and 18 years old. Participants had been diagnosed with a variety of disorders, including oppositional defiant disorder, substance disorders, and depression. Over half of the clients had received outpatient services prior to enrollment, and a smaller percentage had received in-patient treatment services. For those agreeing to participate in the study, almost all of them had completed their OBH treatment. A total of 694 parents, of the original 858 adolescents, also completed at least one questionnaire, called the Y-OQ-SR ‘self-report’, at both admission and discharge of the program (Russell, 2003).

Results from both client and parent assessments showed that clients demonstrated an overall decrease in behavioral symptoms at discharge from the treatment programs. The actual score reduction in client self-reports exceeded 13 points between admission and discharge for over half of the clients’ self-reports, and the majority of parent assessments indicated this as well.

The average Y-OQ score at discharge was between 48.95 and 48.33, which indicates that nearly half of the clients and parents' scores at discharge were in the normal cut-score range of 46 or lower. According to the Y-OQ, clients improved at discharge in the following subscales: interpersonal relations, critical items and behavioral dysfunction. Participants from ages 13 to 19 years old showed significantly greater symptom reductions. At the 12 month follow-up period, clients across all age groups had continued to make improvements as indicated by the lower scores from discharge that were also below the cut score of 46 (Russell, 2003).

Bowen & Neill (2013)

This particular study provided the most comprehensive and robust meta-analysis of AT program outcomes to date. A total of 197 studies were analyzed in this meta-analysis. A specific selection criterion was used to determine which studies were included in the analysis. All studies needed to express that the use of AT programs and adventure-based activities were for psychological and/or behavioral therapeutic purposes, as well as report on pre- and post-program psychological and/or behavioral outcomes. Studies also needed to provide sufficient statistical information to allow for the calculation of standardized mean effect sizes, as well as written in English and conducted in 1960 or later. The study represented 17,728 unique participants from ages nine to 65 years old, although most were between the ages of 10 to 17 years old. The majority of participants were male, Caucasian, living in the United States, and had participated in AT programs for a combination of reasons. Participants were commonly identified as being at-risk, but did not have clinical diagnoses and/or were delinquent. The AT programs ranged in length from one to 534 days, but the average length was 80 days. Most of the studies also commonly had 50 participants or less and utilized Pre-Post designs (Bowen & Neill, 2013).

There were a total of 2,908 effect sizes from 206 unique samples within the 197 studies selected. Three treatment groups were established in order to compare the short- and long-term effects of program outcomes: Adventure Therapy, Alternative Treatment, and No Treatment. There were also three time comparisons which included: 1) Base-Pre, prior to the program compared to the beginning of the program, 2) Pre-Post, beginning of the program compared to the end of the program, and 3) Post-Follow-Up, end of the program compared to a subsequent amount of time afterward. The majority of the studies selected represented the Adventure Therapy group and a detailed breakdown of the effect sizes of 67 specific

outcomes were included in the analysis. There were overall significant changes in all outcome categories except for Morality/Spirituality. Results showed that the Base-Pre Adventure Therapy effect was small, positive and not significant. Results also indicated that the Pre-Post Adventure Therapy effect, or short-term outcomes, was moderate, positive and statistically significant, also ranging in size from small to moderate, based on the outcome represented. The long-term outcomes, or the Post-Follow-Up Adventure Therapy effect, as very small, positive and not statistically significant. The only significant long-term change found in the Adventure Therapy group was small and positive for the Behavior outcome category. The collection of these findings indicate a retention of short-term gains, helping to support the argument that AT can be effective in facilitating change as compared to alternative and no treatment options (Bowen & Neill, 2013).

Summary of Studies

There are many studies on the effects of AT, in both qualitative and quantitative form. It is important to mention that AT programs differ tremendously in the location where they reside, the population of youth they serve, the activities that are offered, and the duration of the programs themselves. These studies have indicated that the outcomes of AT programs tend to be generally positive, and increasing over time, which implies that AT can have more than just a short-term impact. Youth participating in AT programs tend to show positive changes in a variety of outcome categories which include leadership, academics, social comparison, and interpersonal and emotional stability (Hattie, et al., 1997). It has also been expressed that reductions in participants' behavioral symptoms are occurring as a result of AT (Russell, 2003). Depending on a variety of factors, some AT programs tend to be more successful than others, which is why future research in the field will help to determine which aspects are proving to be most effective in facilitating change in different kinds of individuals. According to these findings, it can be implied that AT has a major impact on the lives of many of its participants, providing the evidence to support the claim of AT being a beneficial treatment modality for troubled youth.

3 Research Methodology

3.1 Research Design

This study is based on a qualitative design. Qualitative research allows researchers the ability to connect with their participants on a human level, focusing on their inner experiences as individuals. Qualitative research also allows researchers to discover how meanings are formed through the interactions with individuals, rather than testing variables. In qualitative research, designs are “flexible rather than fixed,” which allows the researcher to be creative and make changes to the way the research is carried out (Maxwell, 2013). Doing qualitative research is something that a researcher has to “feel him or herself through” (Corbin & Strauss, 2008). The phenomenon of interest in qualitative research unfolds naturally because there is no predetermined established course (Patton, 2002). The course of a qualitative study can be easily altered, but this is what the researcher thrives on. Qualitative researchers need to be able to tackle this uncertainty as it is thrown their way, modifying or even reconsidering components of the original design, in response to any new developments or changes in the study (Maxwell, 2013).

Research questions are framed in a way by qualitative researchers that the only manner in which they can be answered is through qualitative research. The research questions set the entire perimeters of the project, and suggest the methods that will be used to collect and analyze the data (Corbin & Strauss, 2008). Since my topic of interest was to learn about the influence of AT on adolescents with EBD, through the perspectives of outdoor educators themselves, my research questions were naturally framed in a way which only could be answered by using qualitative methods. By using more general questions, I was able to keep the focus on the points of view of my informants, without providing my own biases or perspectives to persuade responses. The main research question, again, is as follows:

What are outdoor educators’ perspectives on the influence of adventure-based therapy on adolescents with emotional and behavioral difficulties?

To support the main research question, the following sub-questions are used:

- *How do outdoor educators practice adventure-based therapy methods in their program?*

- *How do outdoor educators characterize adventure-based therapy?*
- *How can adventure-based activities be beneficial to adolescents with emotional and behavioral difficulties?*
- *How can adventure-based activities be challenging for adolescents with emotional and behavioral difficulties?*

3.2 Phenomenology

It is common for research to possess a certain philosophical orientation, which helps to guide and instruct research methodology and methods (Corbin & Strauss, 2008). This study takes on a phenomenological approach, which was established by an early 20th century German philosopher named Husserl (Patton, 2002). In qualitative inquiry, phenomenology is a term that describes a researcher's interest of a particular social phenomenon as experienced through their informants (Kvale & Brinkmann, 2009). Phenomenology aims at gaining a deeper understanding of the meaning of our everyday experiences, focusing on what makes a some-“thing” what it is. Phenomenology asks for the very nature of a phenomenon, getting at the essence, or core, of its existence. Pertaining to this particular study, in order to get at the essence of AT, I needed to talk with individuals knowledgeable about the phenomenon, hence my selection of informants who were knowledgeable in the field. Husserl believed that people describe experiences through their senses, by attending to meanings that awaken their conscious awareness. Such meanings, or conscious experiences, can include judgments, perceptions and emotions (Patton, 2002). The interpretation of such experiences, on a researcher's stand-point, is essential in getting at the very nature of a phenomenon.

Even though qualitative researchers have been long recognized as being instruments in their own research, it's important for the researcher to not allow their own biases to affect, or persuade the data (Maxwell, 2013). Having biases and knowledge on a topic of study isn't necessarily negative, but the researcher must demonstrate a balance. Having biases should be seen as a strength, in which one can put him or herself in the position of other individuals. Having a bachelor degree in outdoor leadership allows me to use my background to my advantage, to enlighten the phenomenon. Having a personal interest on the influence AT has on individuals only allows me to connect with my informants on a similar level. Although naturally as a researcher my own perspectives, knowledge, and even potential biases can be

woven into the research process, any pre-determined knowledge that I have will only be used to make inferences about the data as a whole.

3.3 Research Method: Interviewing

A research method refers to the technique and procedure in which data is gathered and analyzed (Corbin & Strauss, 2008). This particular study uses interviewing as its only research method. Qualitative interview research “seeks to obtain descriptions of the interviewees’ lived world with respect to interpretation of the meaning of the described phenomena” (Kvale & Brinkmann, 2009, p. 27). This type of research also yield more in-depth responses from informants about their experiences, perceptions, opinions, and feelings (Patton, 2002). After all, it is an “inter-view,” meaning that knowledge is constructed based on the interaction between the interviewer and interviewee. The research interview is based on the conversations of daily life, yet is still a professional conversation. The researcher must remember to maintain a professional distance with their informants to the best of their ability. Reasoning for this is that researchers can become prone to what is known as ‘co-optation,’ or embracing the data for one’s own use instead of letting the data simply speak for itself (Kvale & Brinkmann, 2009).

3.3.1 Semi-structured Interview

Semi-structured interview was the research method of choice for this study. Semi-structured interview has a fairly open and flexible framework which allows for two-way communication (Maxwell, 2013). This is why this particular method appealed to me, because I wanted to be able to openly communicate with my informants to collect the most data possible. Questions in semi-constructed interview tend to be broader than those in constructed interview, and the amount and quality of the questions is not limited to just the interview guide. This framework allows both the researcher and the informants to communicate more freely with each other (Kvale & Brinkmann, 2009; Corbin & Strauss, 2008).

Interviews were conducted with the assistance of computer technology in this study, because I conducted my research from Norway, on programs in the United States. Skype, a chat communication software, was used to conduct the interviews. Skype allows for a similar face-to-face interaction to occur with the use of webcams. If both the interviewer and interviewee

possess a webcam and have a Skype account, then an equal participation can occur. Each interview was arranged after informants provided consent to participate in the study. Informants were sent a copy of the interview guide prior to the scheduled interview, so that they were aware ahead of time of the topics to be explored. All interviews were recorded with the program Evaer, a video and audio recorder found over the internet. This allowed me to concentrate on the topics and dynamics of each of the interviews while they were occurring, instead of having to take notes. This also made data easily accessible for transcribing and analyzing the data afterwards.

One of the major advantages I found in using semi-structured interview, was the collection of dense and rich data. An advantage of using Skype to assist in the interview investigation was that it gave me the opportunity to talk with informants who were geographically distant (Kvale & Brinkmann, 2009). Skype is also a program which is free to all users and simple to use, essentially acting like a phone. The use of Skype saved my entire research since I wasn't able to travel to the United States to conduct the interviews in person. It also gave me the opportunity to interview programs from all corners of the country, provided me with a unique sample of perspectives. I believe that the use of computer-assisted interviews also allows both the interviewer and interviewee to be more relaxed during the interview, in comparison to meeting in person, as it allows both parties to be in the comfort of their natural surroundings.

Along with advantages, there are also some disadvantages to conducting computer-assisted interviews. For one, a personal aspect is naturally taken away from the interaction when both parties are not physically sitting right across from each other. Body language is hard to read and interpret when the overall picture of the interviewer and interviewee showed through a webcam is generally just shoulders up. Distractions are more prone to occur as well, such as the interview being interrupted by another phone call, or even people passing in the background. I experienced some similar distractions in a couple of my interviews, as I was put on-hold or asked to call back. This is why I tried to conduct the interviews in a private setting, to eliminate as many distractions as possible.

Another disadvantage to conducting computer-assisted interviews is connection problems, and for both parties to experience difficulties in hearing each other clearly. I also experienced some similar difficulties in some of my interviews, especially related to minor delays in connection. This made it sometimes difficult to determine exactly what my informants were saying or when it was the most appropriate time to comment or pose a question. In one

interview in particular, connection was lost all together and the call was remade once connection was restored. I also found it difficult at times to arrange the interviews because of the time difference between Norway and the United States. I experienced time differences of six to eight hours, depending on where each of my informants were located.

Two out of the six interviews resulted in phone interviews, because this was more convenient for these informants. I found that it was more difficult to transcribe these interviews, although I'm not exactly sure why. I found that my interviews conducted in Skype using webcam were a lot easier to understand, so perhaps having a video recording in addition made them easier to comprehend. This is what makes transcribing interviews sometimes difficult for researchers, when they are not able to recall everything that was said in the interview when the recording is played back (Corbin & Strauss, 2008). Luckily, I was able to recall almost everything that said in my interviews, except for a few words or phrases. This didn't create any hindrances in my data, because I understood what was being expressed regardless.

3.3.2 A Model for Interview Investigation

Although there are no standard rules which exist for conducting an interview investigation, Kvale and Brinkmann (2009) describe techniques that can be instrumented to make the process a lot easier. Being a novice researcher, and interviewer, I decided to use the Seven Stages of an Interview Inquiry to help me through my own interview investigation. The seven stages as proposed by Kvale and Brinkmann (2009) include: thematizing, designing, interviewing, transcribing, analyzing, verifying and reporting.

Thematizing is the first stage. This refers to the work which needs to be done prior to the conduction of the first interview. Like any other research investigation, the formulation of research questions, a theoretical framework, and the purpose of the study needs to be clarified (Kvale & Brinkmann, 2009). Researchers must first consider questions like: Why is this study being conducted in the first place? What pre-understanding of the topic do I have as the researcher? How will I be able to answer my research questions? Or, which method will I choose? It's important to be prepared in answering these questions, once the investigation begins. The more prepared an interviewer is, the smoother the investigation will go.

Designing the study is the second stage. This stage answers the "How?" of the study—How will I be able to answer my research questions? (Kvale & Brinkmann, 2009). The interviewer

must decide on which method of interviewing is best for their investigation, and who they want to interview. An interview guide is then made in accordance to the study's research questions. Since I decided to use semi-structured in my investigation, the format of my interview guide was pretty flexible. While staying true to my research questions, I constructed some "how," "what," and "why" questions which allowed my informants to go more in-depth with the interview topics. Examples of these kinds of questions included: How do you believe the outdoors can be a beneficial learning environment for adolescents with EBD? What kinds of activities are challenging for these adolescents? Why do you believe AT activities can have a positive influence on these adolescents? And, do you have any examples?

Conducting the interviews is the third stage. Here the design of the study is put to the test. The way in which the interviews are conducted is very important. First the researcher must set the interview stage, by introducing him or herself and briefing the interviewee again on the topic and purpose of the study. This allows for the interviewee to get to know the researcher a little better, before exposing their experiences and feelings to a stranger (Kvale & Brinkmann, 2009). After I briefed each of my informants, I posed introductory questions to get to know them a little better as well. Some of these questions included: How long have you been working in the field? Or, what is the title of your position? Although my interview guide was systematic in some respects, it was also kept open in a way in which both my informants and I were free to explore, probe, and ask questions as the conversation commenced. A debriefing was held at the end of each of my interviews as well, where my informants were given the opportunity to provide any additional information that wasn't mentioned before.

Transcribing the interviews is the fourth stage. In order to prepare for analysis, interviews need to be converted from oral conversation to written text. I transcribed my interviews with the help of InqScribe, a transcription software that I found on the internet. I tried to transcribe each interview word-for-word, to make sure no data went unaccounted for. The average length of my interviews was approximately 32.5 minutes. The longest interview of 44 minutes was with my informant from Colorado, and the shortest interview of 23 minutes was with one of my informants from Maine. Transcribing interviews is time consuming, as I learned through my own experience, and each interview took anywhere from a few to several hours to transcribe.

Data analysis is the fifth stage. Based on the topic of investigation, purpose of the study and the nature of the interviews, the researcher must decide which mode(s) of analysis is

appropriate for their study. After data is analyzed, it is interpreted in the sixth stage of verifying the findings. Issues such as validity, reliability and generalizability of the findings are explored. These issues raise many questions about the objectivity of knowledge, and the nature of the interview investigation (Kvale & Brinkmann, 2009). Reporting of the findings is the seventh stage, such as in a master's dissertation like my own. Findings are also reported with ethical considerations in mind. More on data analysis, verifying of findings, and ethical considerations will be presented in a later section of this chapter.

3.4 Sampling

Deciding on where to conduct one's research, as well as who to include in it can be an exciting process. The researcher must remember that they are not only sampling people, but also settings, events, and processes (Maxwell, 2013). In a qualitative inquiry it is important to obtain as many perspectives on the topic of study as possible (Corbin & Strauss, 2008). But one of the problems the qualitative researcher faces is that it can be difficult to establish how many people will be sampled at the beginning of the study. Sample sizes shouldn't be too small, or too large either, but a diverse sample of informants can differentiate a study of quality to one that is not (Bryman, 2012). Pertaining to an interview investigation, as the researcher begins developing criteria and deciding which informants to reach out to, they must always keep in mind questions, like: Why is this kind of informant important to me? And, what other people should I interview? (Maxwell, 2013).

3.4.1 Population and Sample

Purposeful sampling refers to the deliberate selection of particular settings and persons, which provide information that is relevant to the goals of the study. It also places the research questions of the study at the forefront (Maxwell, 2013; Bryman, 2012). Purposeful random sampling was one of the methods I used to obtain informants. After a criteria was chosen on the kinds of programs and informants I wished to interview, I then chose programs at random from two different databases on the internet for locating AT programs in the United States. These databases included, Psychology Today: Treatment Centers, and the National Association of Therapeutic Schools and Programs. On both websites, results can be filtered by filling out category specific fields, like location or type of program. In my case, I searched for outdoor therapeutic schools and treatment centers. Another sampling method that was

used in this study was snowball sampling. Snowball sampling refers to the approach of locating informants by either asking people knowledgeable in the field of study, or given recommendations of informants from others, who also possess relevant experience in the field. The “snowball,” gets bigger as more people are asked, or as more recommendations are given (Patton, 2002).

A total of 27 programs were contacted via email over the period of September 2013 to November 2013. The majority of these informants were found on the databases described previously, although one third of them were the result of snowball sampling. Out of the 27 programs that were contacted, 11 of the programs responded back. From the 11 informants, seven agreed to an interview. One informant was eliminated from the final sample, because of not meeting the criteria of being located in the United States. Interesting conversations were had though with this particular informant, as they were trying to develop an AT program in Scandinavia.

The resulting sample of six informants represented five different states. These states included, Maine, Vermont, North Carolina, Colorado and Hawaii. All informants are from accredited wilderness programs which implement an AT approach. Two of the programs, the ones from North Carolina and Colorado, reflect a more traditional AT approach, meaning that they use an expedition model. One of the programs from Maine, is a hybrid program, meaning that they also have an academic program. The other program from Maine, which was my pilot study, is a private, independent practice, focusing more on ropes course activities. The program from Vermont, is a smaller-scale program, which incorporates also recreational and community activities in the AT model. The program from Hawaii practices a more non-traditional approach to wilderness therapy, focusing on sustainable and organic living. Five out of the six programs are also residential, meaning that participants stay on program location for an extended period of time.

My informants also consist of people with somewhat different roles. One third of the sample, consisting of the informant from Maine involved in my pilot study and the informant from North Carolina, are qualified therapists working one-on-one with the adolescents in the field. These informants are the ones creating individualized treatment plans for the participants, and guiding them through their journey with the program. The other informant from Maine, and the ones from Vermont, Colorado and Hawaii, are in other positions of authority as directors of admissions. These informants speak on the behalf of their programs and often speak

directly with families wanting to send their adolescents to AT. All interviews were conducted from November 2013 to January 2014. I believe that the resulting sample of programs that agreed to participate are what make this study so unique. Not only do the informants represent different roles in their programs, but the programs are located in different regions throughout the United States, as well as utilizing different AT approaches.

3.4.2 Pilot Study

Pilot studies designed by researchers to help clarify any facets in their project design, usually before full-fledged research takes place. Pilot studies are carried out in order to test ideas and methods, as well as explore any potential challenges (Maxwell, 2013). I chose to conduct a pilot study on one of the informants I acquired, because this particular informant seemed to be an outlier to the sample. This particular program, from Maine, was the only non-residential program, acting as a private, independent practice. From this interview, I learned a lot about the implications of my research method and design, and the quality of my interview questions. The pilot study made me feel more confident, as a novice researcher and interviewer, to carry out the rest of my interviews. Although being a pilot study, the interview provided rich, valuable data. I therefore decided to keep the study as one of the interviews to support my research.

3.5 Data Analysis

Qualitative data analysis is a process of examining and interpreting data in order to create meaning, gain understanding, and develop empirical knowledge. Data analysis is a process, and often a time consuming one. It requires the researcher to keep an open mind, to develop a sense of what is going on in the data, and to trust in the research process. The researcher must be creative, flexible, and true to the data all at the same time. A qualitative researcher needs to practice sensitivity, which means being tuned into the data and being able to pick up on issues. Practicing sensitivity allows the researcher to be subjective through the analysis process, allowing the data to speak for itself. Data analysis is the combination of trying out new ideas, and eliminating others, and not to arrive to any conclusions too soon (Corbin & Strauss, 2008).

With the help of HyperRESEARCH, a computer-assisted qualitative data analysis software, all of my data and interview transcripts were kept in one place. This made data analysis a lot easier, because it kept my data together and organized all in one place. The main strength of using qualitative data analysis software is in categorizing analysis, which focuses on the generation of codes, patterns, and themes that arise from the data (Maxwell, 2013). Such programs also speed up the process of locating coded themes after they've already been applied by the researcher. The researcher's job is to decipher what constitutes a category, give each category a name, and then determine how each category reflects the theoretical concepts of the study (Patton, 2002).

The analysis process, like the interview investigation, is broken up into stages. Transcribing the interviews is stage one. A thorough review of the transcripts is stage two. This is when categories begin to appear, and codes are created under each category. Quality assuring the categories is stage three, when categories and codes are assessed based on how well they fit in answering the research questions. Often both categories and codes are reorganized and even given different names, depending on their appropriateness to the data. Many codes tend to arise under each devised category, but not all are used in reporting the findings. Therefore the selection of specific examples of codes which best illustrate each category is stage four. These examples are chosen based on their relevance to each category, and are then reported in the presentation of the findings (Nyborg, 2011).

For this study, analytic induction was used to analyze the data. Analytic induction is a procedure which uses both deductive and inductive processes for verifying the theoretical concepts of the study, based on the qualitative data collected. Qualitative analysis, as with analytic induction, is first deductive and then inductive. It's deductive in the way that the analyst applies the theoretical framework developed in the study to the data, but remains open to the possibility of the discovery of new categories and patterns (Patton, 2002). This allows a researcher to look at their work subjectivity, by seeing how meanings and relationships that emerge from the data can relate to the theoretical framework. For example, although a list of characteristics of AT are outlined in my theoretical framework, the goal of data analysis was to see how characteristics were formed through the data itself, based on the perspectives of my informants.

3.5.1 Issues of Validity and Reliability

The concepts of validity and reliability have been controversial in qualitative research, because of their quantitative assumptions that don't necessarily pertain to qualitative designs. (Maxwell, 2013). Validity refers to the integrity of conclusions derived from a study, whether they accurately represent the phenomenon that is intended to be described, explained, or theorized (Corbin & Strauss, 2008). Reliability on the other hand refers to the consistency of conclusions, and whether they can be replicated or applied to other studies (Bryman, 2012). Qualitative researchers often use other terms, like trustworthiness and credibility, to express the terms validity and reliability. Trustworthiness refers to the quality of a qualitative research study, and credibility refers to how believable the findings are. These terms are most concerned with how the researcher reflects participants' experiences, as well as their own. Conclusions from qualitative research are not necessarily generalizable from one setting to another, but can explain one of the many possible plausible interpretations derived from the data. These interpretations can be interesting for other practitioners and researchers, as a goal of qualitative research is to stimulate discussion and further research on the field of study. A researcher must also exhibit methodological consistency, clarity of purpose to the study, and remain as sensitive to the topic as possible (Patton, 2002).

Two broad threats often raised in qualitative research are researcher bias and reactivity. Researcher bias refers to how a researcher's values and perspectives may influence the conclusions of the study. Conclusions should not be falsely portrayed because of indifference with findings in the data. Although it seems an impossible feat, for a researcher to not look through their own perceptual lens, biases need to be restrained as much as possible. Remaining humble to the findings is also important. Reactivity on the other hand refers to the effect, or control, the researcher has on their informants. The goal of qualitative research is to see the world through the eyes of their informants, not to hinder their explanations or perspectives on the topic being studied (Maxwell, 2012).

In regards to my own study, I tried to practice certain strategies in order to help rule out validity threats from my investigation. I tried to conduct intensive interviews to provide "rich" data to work with, as well as allowing my informants to freely answer the interview topics during the interviews. I tried to keep my opinions on the topic to myself, only providing my in-pu where it was needed, or asked for. The findings presented in this study are accurate and representative of the data, as to not falsely portray the perspectives of my

informants. I also was constantly referring back to my theoretical framework, using it as a tool for discussing the interpretations of the findings. I paid close attention to the language I used in expressing the findings as well, making sure not to make any brash generalizations. The findings of this study represent only this study, but can help to provide some knowledge and assumptions on the influence AT can have on adolescents with emotional and behavioral difficulties on a larger scale.

3.6 Ethical Considerations

The golden rule of ethics, is to treat others as you'd like to be treated. This also pertains to research, and researchers are required to follow a certain ethical protocol. Paying attention to ethical issues in qualitative research is essential, and should be involved in every aspect of the research process (Maxwell, 2013). Certain ethical issues like confidentiality, and informing informants of the implications of the study, is mandatory. Confidentiality was taken very seriously in this research investigation. The names of my informants, and the programs they work at, have been kept anonymous in the reporting of the study's findings. The only means of identifying the informants, or the programs, is from the locations that are offered in order to help differentiate one finding to the next. In order for this study to have been conducted in the first place, it had to be approved by the Norwegian Social Science Data Services (NSD), or the official research protection organization for students studying in Norway. I received permission to conduct my study in August 2013. Potential informants were not contacted until after permission was granted.

Ethical research protocol also mandates that informants must provide consent to participate in a research study. It is necessary for a researcher to create an informed consent form, or an information letter, to be sent to informants considering to participate. This official document acts as a contract, binding the relationship of the researcher to the informants. Both the researcher and the informants must sign the document therefore promising to stay true to the document's arrangements. This document informs participants of their rights, as well as the overall purpose of the study. It informs participants of any potential risks, or benefits, from their participation, as well as explaining what their voluntary participation entails (Kvale & Brinkmann, 2009). Luckily, my sample of six informants stayed with me throughout the duration of this study. All data produced from recordings and transcripts were disposed after the submission of this dissertation.

4 Results and Discussion

This chapter presents the findings of the interview investigation with the six resulting informants. As described in the beginning of this paper, the purpose of this study was to investigate the influence of adventure-based therapy on adolescents with emotional and behavioral difficulties in the United States. In this chapter, the break-down of the four sub-questions will take place, one at a time. Each of the questions will be answered with the presentation of the different categories which arose from the data, as well as quotations from the informants to support the findings. Although many codes were appointed under each category during data analysis, only the ones which best illustrate each category will be highlighted in this paper. At the end of each section, a summary of the finding will also be presented along with discussion. Comparing and contrasting the categories that arose from the data with those that are presented in the theoretical framework of the study will also take place here.

4.1 Adolescents with EBD

Since this particular study focuses primarily on youth with EBD, I believe it's important to mention the population of youth that these programs serve, before each research question is broken down. Again, "emotional disturbance" is an umbrella term, with a wide range of specific conditions and disorders that fall under it (NICHCY, 2010). According to the findings, all of the programs seem to cater to adolescents with emotional and behavioral difficulties. Some programs serve only to specific difficulties, while others serve to a wider range. Some programs see a lot more behavioral kids, such as kids who are acting out, while other programs see a lot more emotionally, unstable kids, or those with more internal struggles.

4.1.1 Behavioral Difficulties

As reported by the informants, adolescents described as having behavioral and defiance problems seemed to struggle with difficulties related to substance abuse, oppositionality, self-injurious behaviors, and refusing to go to school. The informant from Colorado expressed:

"I'd say in about 60% of our students a common trait is substance abuse. Not many are

addicts, but most of them it's like what I call a coping mechanism. It's self-medicating. It's one way that they're dealing with their anxiousness, or they're dealing with their depression."

The informant from North Carolina also verbalized having a similar adolescent population: *"That's the primary thing that's getting kids sent to us. So our clients have some mental health issues happening. Cutting, suicide thoughts, or gestures in the past, and they have had substance abuse, or they've been experimenting. Maybe the depression came first and that led to them smoking pot on a daily basis."*

In light of these responses, we can see that the majority of adolescents that are participating in these programs have some kind of behavioral difficulties. These difficulties are usually the result of the adolescent's internal struggles with depression and anxiety, which often occur first. As a reaction, inappropriate behaviors, such as using drugs, are being resorted to as a coping strategy for escaping one's problems.

At a later point in the interview, the informant from Colorado also disclosed: *"Generally they're not thriving in school. They're usually not participating in constructive extra-curricular activity. You know, peer group has changed. They've gone through maybe having good peers that their family approves of, to kids that they don't approve of. And then a lot of structural pieces are falling apart. Maybe they aren't attending school regularly."*

From this response, we become aware that these behaviors can also cause instability in an adolescent's life, as their difficulties begin causing problems in school and within the home. It seems to create a domino effect, causing a chain reaction of problems brought on by the inappropriate behaviors.

4.1.2 Emotional Difficulties

It was also expressed in the findings that adolescents described as having emotional problems struggled mainly with difficulties related to depression and anxiety. These adolescents tend to struggle socially, and have more withdrawn personalities. According to the informant from Vermont: *"We tend to work with students on one end of that spectrum that is a less-behavioral kid, if that makes sense. Someone who's more internalized. Their struggles are more shut down. Generally it's sort of the benign kid behaviorally. It doesn't mean that they are any less complex clinically, because a lot of our kids are often complex clinically"*

speaking. But the way that that manifests is not on a huge behavioral scale. So it's more of, again, that shut down more internalized kid."

Another informant from Hawaii shared a similar perspective: *"The kids we do very well with are depressed, they're anxious, they're essentially bright kids, but maybe have had trauma in their lives, whether physical or sexual. You know sexual identity issues and social issues. Our kids are capable, academically, but are not doing well because of these sorts of organic issues. So because of these kids, they're struggling with how to be able to adapt in an academic environment, a school environment, and a social environment."*

In light of these statements, we can also see that not only are programs seeing adolescents struggling with behavioral difficulties, but also those who are struggling emotionally. These informants express seeing kids that are just naturally more internalized than others. Instead of acting out behaviorally, they tend to have more shut-down personalities, which also can create problems in many areas of an adolescent's life.

4.1.3 Summary of Finding and Discussion

According to the informants, they see a wide range of adolescents with a variety of difficulties. The majority of the programs expressed having adolescents struggling with behavioral and defiance problems, usually as a result of the emotional difficulties that they also are struggling with. Substance abuse issues seemed to be a common coping mechanism, as described by the informants who serve to a population of adolescents struggling behaviorally. Two out of the six informants, both the programs from Vermont and Hawaii, see less behavioral kids, and instead are seeing kids struggling more with emotional difficulties related to depression and anxiety. Most of the adolescents, whether struggling behaviorally, or emotionally, are also struggling in school, which is usually why they are being sent to AT in the first place. For the kids who are more internalized, they are keeping more to themselves, which naturally creates issues in forming and maintaining relationships with others. For the ones who are more defiant, school seems to not be a priority for them, and they are breaking the rules with no regard to the consequences of their actions. As will be discussed in the rest of this chapter, usually the philosophy of the program and the kinds of activities that are offered is directly related to the population of youth that each program serves.

These findings seemed to stay in line with the definition of EBD that is described in the theoretical framework of this study. Because of the complexity of its definition, EBD is a term which encompasses a variety of different difficulties, both emotionally and behaviorally. As summarized under the United States' Department of Education's Individuals with Disabilities Education Act (2004), adolescents struggling with EBD are known to not only exhibit inappropriate behaviors, and struggling with maintaining relationships, but also exhibiting an overall mentality of unhappiness and fear. These symptoms are usually directly related with problems associated with school as well, but what separates individuals with EBD from their average peers is the intensity and frequency of their behaviors (Kirk, 2012). As mentioned previously in this paper, it is crucial for such adolescents to feel like they are a part of a therapeutic community where they feel both accepted and safe, in order for them to appropriately confront their issues and to successfully begin changing them (Curtin, 2010). Characteristics of AT, which will be described in a following section, like a special kind of relationship between staff and participants and group dynamic and peer support, can help adolescents do just that.

4.2 How Outdoor Educators Practice AT Methods

The first research question pertains to how outdoor educators practice AT methods in their programs, meaning the kinds of activities that they offer. Eight different categories of activities are expressed in the data, which include: 1) backpacking and primitive skills, 2) rock climbing, 3) canoeing, 4) ropes course activities, 5) winter activities, 6) meditation and yoga, 7) farming, and 8) community-based activities. Only examples from the activities that were most prevalent in the interviews will be presented.

4.2.1 Backpacking and Primitive Skills

As reported by the informants, backpacking and primitive skills were generally practiced in a combination, especially for the programs implementing an expedition model of AT.

Backpacking also refers to hiking and camping in the outdoors. Primitive skills refers to survival techniques related to living off the land. As the informant from Colorado expressed: *"In terms of activities, we do backpacking. And all the things that go along with that are sort of what I call 'camp craft'. So that's shelter construction, knots, and Leave No Trace camping, having to dispose of human waste properly. Then on top of that we're doing things*

like, some basic primitive skills. So for instance we do a 'bow drill' fire. It's a really common, I'd say it's a skill, a lot of programs use and it's a challenge. It's not easy. It takes both frustration tolerance, problem solving, persistence and it's such a great, I think kind of window into their psyche in some respects, and their ability to handle challenge. So that's one of the things we do."

The same informant also disclosed at another point in the interview: *"In many ways we're a traditional wilderness program in the sense that it's an entirely outdoor experience from day one. The basis is they're outside the whole time. There's no running water, no electricity, no luxuries. Umm so they're camping. That's sort of the foundational pieces there that they're camping. So they're sleeping, you know, on a sleeping pad, in a sleeping bag every night. They're never in a bunk bed or anything like that."*

According to the informant from North Carolina, their program was also structured in a similar way: *"Our clients they go out hiking for periods of time. We do have a base camp, so they cycle back through our base camp at different intervals, anywhere between one and three weeks, before they head out again. But they are mainly out on the trail, camping. And when they're doing that, they're using a lot of primitive skills. So there's the basic packing your pack up, getting to camp, setting up camp. And then there's a whole level system that they need to work their way through and it involves some having to make fires without matches, and setting up traps. We don't trap animals, but they do set, they learn how to build and set traps. And just like I said, the basics of setting up camp."*

As expressed through these responses, we can see that the activity of backpacking is quite complex. It's not just about going through a stroll in the woods. It's rather about completely living in the outdoors for a period of time. There's a lot of preparation that goes into it, and camp craft activities which go along with it. There is also a set of outdoor ethics which should be followed, which helps to preserve the land as much as possible. Primitive skills are also implemented into the backpacking experience in order to challenge participants, such as fire-making and shelter construction. Living and surviving off the land can be extremely difficult, but it seems to be a traditional benchmark of wilderness therapy.

4.2.2 Canoeing and Rock Climbing

Canoeing and rock climbing were also activities that seemed to be practiced across many of the programs interviewed. They weren't as elaborated upon as the backpacking activities, but were mentioned regardless. They were also sometimes practiced in combination with backpacking activities. As reported by the informant from Maine: *"They might go up to Lake Mooselookmeguntic where they can go canoeing in the summertime up there, or do a three-day canoe trek up through there. So they do several miles per day of canoeing and stop at different campsites or 'bush-crash'."*

At another point in the interview the same informant also revealed: *"We do a lot of the rock climbing stuff. We've got a lot of guide staff who are very in-depth when it comes to setting up different events and activities around that. So a lot of our teams, especially our girl teams, really enjoy that, which is really interesting. They can be like, 'let's go propel for a while' and we're like, 'sweet, let's do that!'"*

Here we see that other wilderness activities, like canoeing and rock climbing, are also practiced in AT programs, whether alongside with backpacking activities, or not. I believe this helps to meet the needs of a wider range of difficulties which adolescents can possess. Although an expedition model of AT tends to be a more traditional one, offering a variety of activities seems to also create an enjoyment factor for adolescents.

4.2.3 Non-wilderness Activities

Examples of non-wilderness activities which were expressed in the data included meditation and yoga, farming, and community-based activities. According to the informant from Hawaii: *"Some of the kids we see get off track, whether it's physically and how they're nurturing their bodies. So we want to do things that are intentional. You know yoga is an intentional movement. Yoga is an intentional exercise. I think this is an important part for our kids. It's not just exercise for the sake of exercise, but it's allowing our kids to create some sustainable value for themselves. And how do they make this work in a way that makes sense for them."*

As stated by this particular informant, their program focuses on cleaning kids from the inside out. Their first focus is on health and nutrition, before any other changes are made. In my opinion, it's almost a softer approach from the other programs that implement a more

traditional model because they are being 'hiked-out'. It's important to note though, this approach isn't necessarily the best fit for all types of adolescents.

At another point in the interview the same informant also expressed: *"They help grow and maintain our food. About 80% of what we eat is grown on site at our camps. So they get to be part of that process and so rather than, if you want to compare it to hiking, camping, backpacking and being part of a team, our kids are a part of a community where they are accountable and responsible for maintaining those gardens and when they don't do their part the system kind of breaks down and they're exposed. So that's about pushing the accountability and responsibility piece, which is a big part of wilderness therapy."*

As we can see, this informant argues that wilderness therapy is more than just practicing traditional methods, such as backpacking and camping. This particular program focuses on the bigger picture, the goal of teaching adolescents about accountability and responsibility, but in a non-traditional way.

According to the informant from Vermont, community-based activities were practiced in their program as well: *"Sometimes it's service-based. So they'll bake cookies and take them to the retirement home. We'll have them do trail maintenance for the state parks system, or bake food for the food bank. All different sorts of things we can do for the students when we bring them out of the field and into the community."*

The informant from Hawaii was also in agreement with the importance of such activities: *"They aren't isolated, they aren't out in the middle of the woods. We provide community service to the local community. Once kids get to a certain level in our program we go off site. We do excursions, we do experiential activities, and we grow way more food than we can use, so we sell that at local farmer's markets. We give all the proceeds back to the local economy. Again, it's about meaning, it's about giving back something that's bigger than themselves, and that confidence and self-esteem can be built up by that process."*

In light of these responses, we also can see that community-based activities are also considered to be recognizable AT methods. These kinds of activities help adolescents to learn the value of creating and maintaining relationships, as well as helping them to realize the consequences of their actions. These consequences can be both positive and negative. Such

activities are also indicated to increase adolescents' self-concept, a benefit of AT that will be discussed later in the chapter.

4.2.4 Summary of Finding and Discussion

It can be assumed by the data that AT programs provide diversity in the activities that they offer. Although the six informants were from programs located all across the United States, location didn't seem to necessarily have an impact on the kinds of activities offered. Not only did the programs implement traditional activities associated with AT, like backpacking and primitive skills, but also canoeing, rock climbing, and non-wilderness activities. Other categories of activities which arose from the data included ropes course activities and winter activities, like skiing. The activities collectively seem to teach adolescents a variety of lessons which include frustration tolerance, responsibility, and even survival.

In regards to the types of activities that are offered, there seemed to be a correlation between the type of AT model each program valued and the population of youth each program catered to. For example, the programs from Colorado and North Carolina are more hike heavy and value the teaching of primitive skills. These programs also see a lot of adolescents with behavioral difficulties, like substance abuse and oppositionality. The programs from Hawaii and Vermont on the other hand seem to value community-based activities more, and see a lot of adolescents struggling more emotionally, such as with depression. As a reaction to this, one can say that not all activities suit every kind of adolescent, which is why there needs to be a variation. As previously mentioned in the theoretical framework, one of the main goals of AT is to meet clients where they're at by tailoring activities to their individual needs (Gass, et al., 2012). This also happened to be a characteristic of AT, as expressed by the informants, which will be discussed in more detail when the next research question is answered.

The categories of activities which were the most interesting and surprising to arise from the data, were the ones non-wilderness related. Activities like meditation and yoga, farming, and community-based activities are not usually considered to be traditional activities associated with AT. This is because they aren't predominately taken place in wilderness settings, which has been provided as one of the many definitions of AT. This adds to an interesting discussion of whether non-wilderness activities are considered to be AT activities at all? The term "wilderness therapy" is often used interchangeably with AT, so one would think that the activities associated with AT would be wilderness related (Gass, et al., 2012; White, 2012).

Before conducting this study, my prior knowledge and perspective on AT was solely a wilderness one. I am grateful to have had such a unique sample of informants, to allow for such a discussion to occur. I'd like to refer back to the theoretical framework on AT, where most AT programs are described as being based predominately in wilderness settings. Here I'd like to emphasize the word 'most', because even though the majority of AT programs are wilderness based, there are also programs that occur in the front-country, or the city or community (Gass, et al., 2012; White, 2012). For this reason, the programs which aren't known to practice wilderness activities should not be undermined, because they are just as associated with AT like any other program.

AT can be quite diverse, which has been expressed by the informants so far in this study. The plasticity of AT allows for programs to individualize their approaches and activities, tailoring to the needs of their participants. Although non-wilderness activities were rarely expressed in the AT literature that I came across, my data can help contribute to the continuing debate of the association of non-wilderness activities with AT. In my opinion, programs such as the one from Hawaii, are helping to open the doors of AT a little bit wider, by helping to prove that non-traditional AT activities are also proving to benefit troubled youth.

4.3 How Outdoor Educators Characterize AT

The second research question pertains to how outdoor educators characterize AT. Many categories arose from the data, in regards to what informants believed the kinds of characteristics of AT were. Nine categories in particular seemed to be the most prevalent, and seemed to stretch across the majority of the programs interviewed. These unique characteristics included: 1) individualized treatment goals, 2) a special kind of relationship between staff and participants, 3) group dynamic and peer support, 4) a different approach to therapy, 5) unfamiliar environment, 6) challenge and stress are embedded in activities, 7) natural consequences, 8) the use of metaphors, and 9) family participation.

4.3.1 Individualized Treatment Goals

Although each program is known for practicing a certain model of AT, there is never a concrete plan per se as to the kinds of activities that are going to be offered on any given day. The majority of the informants expressed that they practiced a continuous-flow model,

meaning that new members are constantly being added to former groups. Therefore the activities are constructed based on the needs of each individual participant. As expressed by the informant from Maine: *“Everything we do is tailored to the specific needs of the kids that are currently in the group. So some weeks it's really exciting and they're going to hit three peaks in a weekend with a 50 pound back bag and that's what they're just going to do, and they go for it! And they're wild about it and they're good to go!”*

The same informant also revealed at another point in the interview: *“Maybe you had originally thought, 'maybe we'll go canoeing this weekend and have a really good swimming-hole time' but if the kid is finally saying that they're ready for a hike, then you put the kids first. And I think that's one of the things you always go back to is, is the decision we're making, or what we're planning to do, for the kids? Like is everything that we're doing in the best interest of these kids?”*

In agreement with this response, the informant from Vermont also shared a similar perspective: *“So we can really take a look at each student and say ok, what is going on with this student? You know, socially, clinically, behaviorally, etc. And how can we program for them? So we're really creative and very willing to get 'out of the box' to address the needs of each kid.”*

As these informants suggest, we can see that individualizing activities to meet the needs of the participants is something that these programs value. Flexibility is essential when catering to each individual's needs, because every participant progresses through treatment at their own pace. If a participant is finally ready to tackle a challenge, or face a fear that they may have not been able to do before, then they are given the opportunity to do so.

The same informant also expressed why addressing the needs of every participant is important for the overall AT process: *“I think that at the end of the day, all of the wilderness programs have the same goals which is to: 1) access the kid, 2) get the clinical information that we need and where it's coming from, and 3) provide that information to the family and make recommendations with what to do about it. I think those are the goals that all wilderness programs have. I think where you see the individualization between different wilderness programs is your methodology of accessing the kid.”*

Again, in light of these statements, it can be assumed that the participants are the first priority, rather than having activities set in stone. All programs have their different ways of accessing participants and getting them to change their behaviors, but all programs are on the same page in the respect that their ultimate goal is doing what is best for each child.

4.3.2 A Special Kind of Relationship between Staff and Participants

The majority of the informants seemed to express that the success of their program and the success of their participants was a result of the kind of relationship the staff and the participants shared. According to the informant from North Carolina: *“The role of the adult is shifted. You know these field guides who are with the kids eight days on, they're wearing the same clothes as the kids, they're eating the same food, and they're hiking the same hike. So there's this natural way that they develop rapport. Even a kid who's angry about being sent here, will get that their field guide is in it with them and doing the same thing.”*

The informant from Colorado shared a similar perspective: *“There's a hesitancy often with the students. But when it's raining on you, it's raining on me, or it's snowing on the both of us, and I'm here to lend a hand and make you comfortable. There's something equalizing about that. I think there's almost like a doorway to trust, that isn't as easily accessible in other settings.”*

The informant from Vermont was also in agreement with this argument: *“Their wilderness therapist is really their first point of contact in the change process. So they develop a real, intense relationship with the wilderness therapist, because it's the first person that brought all of their stuff to light.”*

As expressed through these responses, the relationship between the therapist and the child is very unique in the way that they're ‘in it’ together. This togetherness aspect, of the staff living and experiencing side-by-side with the participants in the field, allows the staff to be on a similar level as the participants. Therefore the kind of relationship that is formed in the field is special in this regard.

4.3.3 Group Dynamic and Peer Support

The majority of the informants also expressed that group dynamic and peer support were also important factors of AT. Even though each participant is working on their own individualized goals, through their stay at a program, they are also a part of a group which also share common goals. The informant from Colorado verbalized this dynamic in a unique way: *“So, that peer piece, a kid giving another kid feedback, or another kid being vulnerable in front of another kid, or another kid coaching or mentoring another kid; there's something about that where that hierarchical piece is absent. And the flip is, we're breaking the stratification, like especially in American high school. And so a 15 year old might be the most capable student of rafting, or you know reading a map, and they're going to be able to coach the 17 year old, who might look big and strong and play football. So there's something really neat about that dynamic. Like, whatever skills and capacities they have they're going to be accentuated and honored in the community, and in a way that maybe wouldn't be in another setting.”*

According to the informant from Maine, they were also in agreement with the importance of peer-support: *“The students do feedback circles every night and the kids express, ‘this is the goal that I'm working on and tell me how I did’. And so for a lot of them this is the first time that they've actually even actively completely recognized that they have this struggle and to be getting that reality from their peers and to get that support, it's eye-opening for them. And it's harder for some kids than others, but most kids respond really well to that and they seem relieved, or grateful, and that they can do that finally.”*

Here we can see that peer support is a significant factor in the treatment process of adolescents in AT. We can also see that the group dynamic in AT is essential in being able to successfully tackle the activities and goals of the program. If all members of the group are working together, then success can be easily attained. Like the special relationship which is formed between the staff and the participants, there is also a special relationship formed among the members of the group. They are also in the experience together, and therefore learn to respect and support one another.

4.3.4 A Different Approach to Therapy

AT programs tend to offer a different approach to therapy, because activities usually take place predominately in an outdoor setting. This was expressed through the informants, how

AT offers an environment completely different from traditional therapeutic approaches. The informant from Maine gave an example of what people may generally think of when they hear the term ‘therapy’: *“When they think therapy they think shrink-on-the-couch probably, you know, like the classic cartoon-image of what therapy looks like.”*

In reaction to this, the other informant from Maine disclosed: *“I got to tell you, I really hate doing the 60 minute session in the office because I think that a lot of the kids I get they have sort of built up a sort of resistance against the 60 minute session and so they can be like, 'I'm just doing some time and I'm going to get out of here and I'm going to sit with this therapist who wants me to stay, and then I'm gone'. What I see out on the course though, are that kids are able to be more honest. They aren't sitting face-to-face staring at a person going, 'ok, 15 minutes and I'll be through this'. You know they're having fun when they're interacting in different ways and I think it's a more meaningful session for them.”*

We can see from the responses of these informants that they believe AT is a better option to otherwise more traditional approaches to therapy. There’s an enjoyment factor which comes into play in AT, because participants are learning to deal with their problems in more experiential and hands-on ways, instead of just talking about it. Their experiences in AT tend to be more concrete and therefore more meaningful.

According to another informant from North Carolina, the setting in which AT generally takes place is quite unique: *“We don't have electricity. They don't have their iPods, or their Facebook. So this experience is a simplified process. They also don't have some of the outside noise that happens in society, in terms of pressure from school, pressure from friends. So it's very simplified.”*

The informant from Vermont was also in agreement with this statement: *“I think that, that just taking the time to remove a lot of the things that complicate it. So you remove the TV, you remove the cell phone, you remove the fiction books, and you remove all this stuff, and you go back to very simple things. It puts it into perspective, when you are all of sudden dealing with, 'how do I get my needs met? How do I eat food? How do I drink water? How do I keep myself safe, and dry, and warm?' It really puts a lot of your "problems" in perspective.”*

The same informant at a later point in the interview also revealed: *“I've talked to other people that I know and who I meet who are working in the therapeutic world, maybe as social*

workers for the city, or school therapists. And they just don't see the kind of change that we see."

As these informants suggest, we can see how different AT actually is. Because AT generally takes place in outdoor settings, many of the distractions that surround adolescents in daily life are stripped away. In order to get to the core of participants' problems, and be successful in getting them to learn more appropriate ways of behaving, then this needs to be done. AT brings adolescents back to a level of simplicity which they may have never experienced before. It allows them to take a hard look at their lives, away from the distractions and persuasions of society.

4.3.5 Unfamiliar Environment

As previous examples show, AT generally takes place in an outdoor setting. Often this setting and environment in which treatment and activities are carried out in is unfamiliar to participants. More often than not, participants are completely outside their comfort zones and are forced to deal with the reality of their choices and consequences in new ways. According to the informant from Colorado: *"I mean, essentially the idea, the simple concept of wilderness therapy or adventure-based therapy is the idea of foreign and novel setting. It's unfamiliar and uncomfortable, that pushes people outside their comfort zone. What happens in that context is we see them for who they are, the good, the bad and the ugly. So we see where they're really capable of, and we see where they're really adept, and we see where they're lacking."*

The informant from Maine also shared a similar perspective: *"You put them out there and there's nothing familiar. There's nothing you're used to and there's a kid who has never been in a situation where they have to deal with the reality of their choices. They never have to deal with consequences for their choices, and they've struggled with that, and what we do is we give them the words to talk about it so that they can communicate those things."*

Here we become aware that a trademark of AT is that the environment is unfamiliar. Unfamiliar settings allow participants to look at their problems from a different perspective, and force them to deal with their difficulties in new ways. This is often a challenge for participants in AT, because they're completely outside their comfort zones. More on challenges that adolescents can experience in AT will be presented later in this chapter.

Even for the participants who have prior experience in the outdoors, AT settings can still pose to be unfamiliar to them. As the informant from Vermont expressed: *“I think that the program is very effective for everybody, because on one end of that spectrum, the kids who have a lot of wilderness experience is that the ‘therapeuticalness’ is very, very different, with what a lot of these kids are accustomed to. The students who do have a lot of wilderness experience they’re generally accustomed to the nice tents, really top quality stoves, all sorts of high-end camping gear. We provide really high-end clothes, but in terms of gear, it’s very, very minimal. I mean they have a backpack, we don’t do tents. They do their cooking over a camp stove. They’re cooking over an open fire. And so it’s a whole different experience.”*

In light of this statement, we can see that an AT setting can be just as unfamiliar to a participant with no prior experience in the outdoors, as a participant who has some. Again, AT is based around simple concepts, of getting one’s needs met. The AT experience is not a luxurious one by any means, but the point of AT is not based around the type of equipment that is used, but the way in which the experience as a whole can change kids.

4.3.6 Challenge and Stress are Embedded in Activities

AT wouldn’t be what it is if it wasn’t for the structure of the activities, and the thought behind them. According to the data, usually in order to get a reaction out of the participants, factors like challenge and stress are embedded in the activities. This also comes along with the unfamiliar environment in which these activities take place in. As the informant from Colorado expressed: *“It’s just that whole idea that we’re actually intentionally creating adversity and stress, but it’s contained. It’s within a supportive confines of professionals. And that’s what, if there’s anything AT or wilderness therapy is doing, that’s what we’re trying to do. We’re trying to, again, emulate difficulty and stress. It’s very different from what they’ve seen before so we can see what they are. And then, in that we can help them, whether it’s learning how to paddle through a white water rapid, or it’s learning how to make a fire, or learning how to navigate with a map and compass, or how to pack your backpack. That in those experiences that they are recognizing, ‘hey, initially this overwhelmed me, made me anxious or maybe frightened me, and now I’m no longer fearful when faced with the same circumstance’. The hope being that you know that will be transferable.”*

As suggested by this informant, a goal of AT, along with stripping away the distractions and bringing participants back to a state of simplicity, is intentionally creating situations in the

field which cause participants to react. This then forces them, to quite frankly, think differently. The therapists' job is to guide the adolescents through this often difficult process and help them to view their behaviors in regards to the bigger picture.

According to the informant from North Carolina: *"They are welcome to refuse. They have lots of choices while they're with us. We are not military camp and we're not punitive based at all. It happened yesterday with a client who agreed to start the hike with his group, but once they got to the top of the hill, which was kind of ironic because really the hardest part of the hike is done, but at the top of the hill he decided he's done hiking! So the group slept on top of the hill last night. They were not near water, so we hiked water into them, but they have everything else they need. So really it just becomes a natural kind of teachable moment, and the trick at that point is getting the group to support him and encourage him, but without scapegoating him."*

In light of this statement, we can see that participants are given the opportunity to approach the AT process at their own pace, and on their own terms. This principle is called 'challenge by choice' and was referred to by the majority of informants. All members of the group must therefore respect another's decision of not participating in an activity if they don't feel comfortable. This is when peer support comes into play, which is critical in order for the rest of the group to understand other members' limitations.

4.3.7 Natural Consequences

According to the findings, the majority of informants expressed that AT provides a variety of natural consequences in which participants experience as a result of their actions. The informant from Colorado revealed: *"It just has to do with, 'was I being mindful and conscientious? Was I thinking about the possible consequences of my behavior?' And for a lot of our kids they haven't. That's a big leap, to be like, 'if I do something, there's a consequence.' And so for nature there holds a really, in my opinion, a significant role in that."*

According to the same informant, some of these natural consequences can include: *"You know, if you don't tie your shoes properly after lunch, your boots are rubbing and you might get a blister. And that's just sort of a natural, I was lazy, or I was kind of disconnecting from my body. That's just a consequence. Or, I built my shelter last night but I built it way too high*

off the ground and I knew that because the staff said you should consider lowering it, but I didn't want to, because I was anxious to get to dinner, and then it rained and then all of a sudden my feet got wet. Again, it's so much why the wilderness is so potent. Those things happen all the time!"

In reaction to this, the informant from Maine expressed: *"It's that reality of your consequences. And so it's like, ok, so your boots are wet today and that sucks and you're going to have to deal with that, and you're never going to do that again! Because you immediately saw the repercussions. And that's something you can't really get, but in the woods, to have that immediate feedback and that immediate consequence. I think that goes a long way!"*

In light of these remarks, we can see how influential AT can be in regards to participants realizing the consequences of their actions. Mother Nature can be very unpredictable, so participants must learn how to adapt quickly, or to endure the consequences of their poor decisions. Natural consequences which are presented in the outdoors therefore offer for great teaching moments.

4.3.8 The Use of Metaphors

AT proves that learning doesn't necessarily need to be delivered in a traditional way. According to the findings, many of the informants expressed that the use of metaphors in AT is common. This helps participants relate to the situations they experience in the field with those that can potentially occur in the future. As the informant from North Carolina expressed: *"Kids will say that, 'this is so stupid, why am I having to make a fire? I would never make a fire at home'. You know I think of the concentric circles, like a bull's eye, and we talk about well, 'you're in the smallest circle right now, you're here making fire, but let's talk about the lessons you're learning and how we can take it out to that next outer ring'. So there's a ton of metaphors. It's one of the main reasons why we use those skills. So for example, to make a really good fire you need to do a lot of preparation, and so as kids go through that process, you know, we'll have a kid who catches the tinder bundle on fire, but then can't build a fire because they weren't prepared. That's a great little moment right there. So we're not the therapist in the office saying, 'tell me what happened in school today. I wasn't there. I heard there was a melt-down at home, tell me more.' We're observing it live and we can say to them, 'gosh, it looks like you were so close! What happened?' 'Well, I*

didn't have enough wood'. 'Oh, ok, you're not prepared? Does that ever happen in life?' 'Yeah, well come to think of it, yeah. I fail my math test all the time because I don't study.'"

We can see here that a hope of AT is that participants will be able to relate their experiences from AT to experiences in their everyday lives. Again, many of the activities that participants are presented with are unfamiliar, but all activities tend to have a particular intention behind it. Although they can be challenging, and even thought of as being irrelevant in the eyes of the participants, these metaphors are essential to pick up on in order for participants to take what they learned back into their home environments.

In reaction to this, the informant from Vermont expressed: *"We can basically say to them, 'you know what? So after all, it's not your parents. It's not the school, it's you.' And they sometimes push back with that and say, 'no it's my parents. It's people at school. I'm not doing anything wrong, it's everybody else!' And we can say, 'yeah, but you're the one who is sitting here on the side of a mountain in Vermont, you're talking to me, so clearly something is not working for you!'"*

As this informant suggests, we can how metaphors can be important in AT. Not only can they help participants realize that it isn't always just the world who is against them, but that they also may be contributing to their problems themselves. A lot of kids are so apprehensive to AT in the beginning, until they realize the actual sources of their problems.

4.3.9 Family Participation

Last but not least, family participation in AT has been expressed to be an imperative part of the AT process. In order for participants to take what they learned from AT back into their home environments, families need to be supportive and participate in every stage of the process. According to the informant from Colorado, the success of the participant after leaving the program is often directly related to the actions of their parents: *"You can't just send your kid here to get fixed. We have a lot of expectations for parents. Now they can't enroll in the program and go out in the wilderness, but we can put some demands and expectations and hopes and opportunities for them, to look at their part in this. And so we provide a lot of opportunity for them. We encourage. If the family, if mom's a drunk and dad's an enabler and they don't make any adjustment, there's a big step back. The probability of this kid, even if he has a lot of awareness and motivation, it's hard to not get drawn back into old*

patterns. And so mom and dad, and their relationship and just their parenting style is really essential.”

Another informant from Hawaii also shared: “You know, a huge measure of success can be contingent upon how well, or how effective the family integrates the treatment. So, you know, there's a sort of a balance, right? Our responsibility as clinicians is to create a balance, where they're involved in a way that allows them to go down a parallel process as their child was going through, so far away from them. We provide support for the parents, which is a really important part of this process, just because they need, when their kid comes back, to be just as informed as their child. That's a big part.”

In light of these remarks, we can see how important family participation is in the AT process. Parents and families of the participants must be on-board every step of the way, and take serious note of the progress of their children throughout treatment. In order for adolescents to transfer what they learned from AT back into their home environments, there needs to be a lot of support from the family. There also needs to be a willingness from them to change as well, for the best interest of the child.

4.3.10 Summary of Finding and Discussion

The nine categories produced from the data were considered to be the most important aspects of the AT process, according to the informants. These particular characteristics are represented because they were expressed by the majority of the sample. Although each program is known for offering certain activities and practicing certain models of AT, there is never a concrete plan per se as to the kinds of activities that are going to be offered on any given day. This is because the activities must be constructed in accordance to the participants themselves, focusing on each participant's individual needs.

It was expressed that usually a participant's length of stay is determined on how long it takes them to abide to the program and to overcome the different levels of treatment. The staff and participants usually form a special kind of relationship with each other, because of the intimate settings of AT. Most adolescents enrolled in AT programs struggle with forming and maintaining relationships which is often due to the difficulties they are struggling with. The way in which AT is structured also allows participants to create relationships with one another as a natural mentor-mentee system tends to unfold. Participants learn quickly that depending

on one another, and being open to new ideas only leads to more successful results. Most of the participants usually don't have any prior experience in the outdoors as well, so these relationships become an important source of support. Therefore it can be said that AT promotes a sense of equality among the members of the group which helps to remove any judgments and misconceptions that may be taken into the process in the beginning.

Although AT possess many of the same characteristics as other therapeutic approaches, it's different in the way that the treatment is implemented. Participants in AT are directly involved in the learning process because of the direct experiences they are faced with (James, 2000). For one, it tends to be a completely unfamiliar experience for almost all of the participants in terms of being stripped away from societal distractions and technological accommodations which are valued so much in our society today. This unfamiliarity is usually very difficult for participants to handle in the beginning, but it's what helps participants form new perspectives on their current ways of behaving (Gass, et al., 2012; Newes & Bendoroff, 2004). Although it takes time, participants learn to enjoy themselves, more so in AT than in other forms of therapy. Perhaps this is because of the more hands-on approach that AT offers. As described by the Outward Bound Process Model, this experiential learning process is important in AT (Neill, 2007). Activities in AT are also concrete and real, where participants are forced to face the reality of their decisions in the here and now. The activities are also usually intentional, reflecting some kind of metaphor for life which forces participants to think in new and different ways (Miles, 1987).

The natural consequences of participants' actions in AT tend to also be more clear and relatable, because of the unpredictability that the wilderness offers (Newes & Bendoroff, 2004). This leads to teachable moments to occur in the field, creating transferable experiences that participants can carry with them after they leave the program. These experiences tend to be more effective when the family of the adolescent is on-board with the treatment as well. How else would AT be effective if a participant's progress never went beyond the confines of the program? In order for adolescents to not fall back into old patterns of behaving, family participation in the AT process is critical. These were all general assumptions which I grasped from my informants' perspectives on the matter. After having conversations with them, it also became more clear to me that the AT process is a constant relationship. Its success relies on these relationships, and the role that all characteristics play together in AT. When these relationships maintain a balance, are when the benefits of AT can be seen.

Many of the characteristics of AT which the informants expressed seemed to be very similar with the characteristics expressed in the theoretical framework. In the theoretical framework, which was based on the literature that I reviewed, twelve different characteristics were described as characterizing AT. Again, these included: group focus, metaphoric processing, sequencing of activities, perceived risk, unfamiliar environment, challenge, provision of concrete consequences, goal-setting, the therapeutic relationship, trust development, enjoyment, and the peak experience (Newes & Bendoroff, 2004). As the data has presented, seven of these characteristics were directly expressed by the informants themselves, although in slightly different words. These characteristics included: group dynamic and peer support, the use of metaphors, unfamiliar environment, challenge and stress embedded in activities, natural consequences, individualized treatment goals and a special kind of relationship between staff and participants.

The other characteristics presented in the theoretical framework, including sequencing of activities, perceived risk, trust development, enjoyment and the peak experience, were also indirectly expressed through conversations about the other characteristics. What I mean by this is, these characteristics were also expressed by the informants, but weren't elaborated on as much as the other characteristics which have been presented in this section. The characteristic that arose from the data which was not outlined in the theoretical framework was family participation. The remaining characteristic, a different approach to therapy, can be assumed due to learning more in-depth about how AT programs operate.

As can be seen by the findings, the characteristics of AT have demonstrated to be significant. The reoccurrence of such themes in the informant's responses helps to clarify the characterization of AT even more. The majority of the informants were confident when they spoke about which characteristics AT comprised of. This only helps to contribute to the main inquiry of the influence AT has on its participants. Pertaining to the other characteristics which arose from the data, which included family participation and a different approach to therapy, it would be wrong to say that they illustrate insignificance to AT, because clearly they were important topics in the eyes of the outdoor educators. Naturally it can be inferred that AT is a different approach to otherwise more traditional forms of therapy, like having a 60 minute session in an office. And perhaps family participation wasn't elaborated upon in the characteristics outlined in the theoretical framework, because it's not a characteristic specific solely to just AT.

Taking a critical standpoint on the matter, I would say that the characteristics which seem to be the most unique to just the AT approach, are the relationship formed among the staff and the participants, the unfamiliar environment in which AT tends to generally occur, and the natural consequences which originate as a result of being in such an unfamiliar setting. As will be expressed and discussed in the next sections of this paper, these characteristics offer both benefits and challenges to the overall AT process. These benefits and challenges, as the reader will soon read, seem to be very unique to just the AT approach itself.

4.4 How AT Activities Can be Beneficial

The third research question pertains to how AT activities can be beneficial. Four unique categories arose from the data. These categories included: 1) real and transferrable experiences, 2) healing in nature, 3) long-term effects, and 4) development of a higher self-concept. These categories seemed to be consistent among the majority of the informants.

4.4.1 Real and Transferrable Experiences

The majority of the informants expressed that one of the benefits of AT is that it provides the participant with real and transferrable experiences. Experiences are real in the sense that they occur in the here and now, which are witnessed by participants as they go through the AT process. The hope being that the experiences in AT can also be transferrable into experiences which can occur in the everyday lives of the participants. As expressed by the informant from Maine: *“It's kind of a sneaky way of learning, because it is like, ‘oh, you're out here and you're doing this real thing and it's really fun and we're kind of all out in the woods together’. And then something clicks and they go, ‘oh, like how to organize my own backpack, I use this acronym’. And they come back to school Monday and they're like, ‘is there an acronym I can create for learning how to do a lesson?’ And suddenly it's all connecting.”*

At a later point in the interview the same informant also revealed: *“We show them that they can accomplish those big things. You know, they're going to, when they leave here, get to a point where it's like, ‘wow, these tests are so overwhelming, like I don't think I can do well on this test’. And they're anxious about this test, and they're getting worked up about it, they're going to remember, ‘I didn't think that I could climb Baldface with a 50 pound pack on my back, but I did it’, and ‘how did I do that?’ You know, they're going to remember those*

moments and they're going to use those moments as drivers for moving forward and addressing those anxieties and those fears, or keeping those behaviors in-check."

According to the informant from Vermont, these experiences often generate a change in participants: *"Those experiences that they are recognizing, 'hey, initially this overwhelmed me, made me anxious, or maybe frightened me, and now I'm no longer fearful when faced with the same circumstance.' The hope being that you know that will be transferable, like this was you actually making a change, and that you have it within you a capacity to be able to handle adversity. So the belief being that most of our kids lack coping skills, that they just aren't able to handle adversity, difficulty, or challenge. Whether that's self-esteem challenges, academic challenges, family systems issues, grief and loss, adoption, early adoption, whatever it is. They're just largely coming in without adequate capacity to handle those things, so they resort to drugs and alcohol. They resort to anger and violence, aggression, and instead our goal is to help them access other things. So I'd say there's both the medium of the wilderness really affords that. There's no better, I'd say classroom, for that."*

As these statements indicate, we can see that success in AT activities can also foster success in other situations which can arise in the lives of the participants after leaving the program. Participants often form revelations through the AT process, meaning that they begin to realize that something is not working for them, and that they need to change their patterns of behaving in order to be more successful. This could be in regards to school, at home, or personally related to how they view themselves. This is why it's so important that the participants realize the purpose behind the AT activities in order for the experiences to be transferrable.

The other informant from Maine also disclosed the importance of such experiences: *"I mean the only thing I'm really biased at is, I think that sort of educationally here in the United States we don't have enough of this access to the outdoors for kids in sort of your standard educational environment. And I think a lot of the issues we look at in public schools and a lot of the issues kids are experiencing is because they don't have true experiences in their lives. They have too many electronic experiences and that this push for technology is taking things away from kids."*

Here we can see that AT activities are important, because there doesn't seem to be enough focus on creating outdoor experiences for kids in the United States today. This is why this

informant argues that kids should have more access to the outdoors and be educated about it, because outdoor experiences can be far more genuine than ones based around technology.

4.4.2 Healing in Nature

The data shows that nature is capable of doing remarkable things, and actually changing participants for the better. The healing powers of nature were expressed in unique ways across all the informants interviewed. According to the informant from Vermont: *“I think one of the things that we’ve done a masterful job of forgetting is that, it sounds kind of cheesy to say, but we are animals. And we operate, once you strip away all of the stuff that happens in our mind, and in our hearts, we operate on a very base level. We operate on a level of getting our needs met. And one of the things that I’ve seen, is the farther along we move into a technological society, which we’re clearly doing, and not only that but at a lightning pace, I think the more rebound from that is going to be significant. So, you’re going to see people really wanting to get back to natural environments, where things make sense. You know, when you think about it, when you or I are having a bad day, or anybody I talk to on the phone, you know a CEO at a Fortune-50 company, or a celebrity, or a professional athlete, or whoever it is, anybody who is having a bad day, what do you do? You go outside and take a walk for 10-15 minutes. When I say to parents, ‘now imagine doing that for 2 months!’”*

The informant from Colorado also expressed a unique perspective: *“To be in a nature, I’m sure you have your own experiences, sitting at a lake, or sitting on a vista. There’s something about it where it’s not coming at you. Like it’s, there’s an ability to kind of be there and be in a place where there’s much softer thinking. So I think there’s something about nature and sort of holding your being in serenity. And my own “pet theory” is nature also is a harmony, like there’s a system in place, and it’s generally in balance. You know, you can look at stories of spiritual leaders who have traveled the desert, or whatever, but I mean that’s the common place for human kind since the dawn of civilization! It’s like going outside, going into nature is a place to heal. It’s a place to kind of get grounded. So I really want to emphasize that that piece is really critical.”*

In light of these remarks, we see that these informants argue that nature has a way of bringing us back to solid ground, helping us to realize what’s really important. Nature is quite simple and provides a balance against our continuously changing society. Our society which is bombarded with technological dependencies is steering generations away from what makes

sense. This is why it's argued that spending time outside is so important for us, especially for kids and newer generations. Taking one's self away from the chaos, and going back into nature, may be one of the best things we can do for ourselves.

Another informant from Maine also shared: *"When you combine wilderness therapy with therapeutic support, they have better outcomes than just sending kids to a therapeutic program that doesn't involve the outdoors. I think there's something about being outside and challenging kids to do things that are totally outside their comfort level, they never thought they could do, that changes kids. Like there's nothing like nature to change a kid."*

Keeping in line with one of the major topics of discussion presented in the findings, the outdoors provides a different approach to therapy which differs from the rest. We can see here that this informant also argues that nature has an incredible strength in healing kids.

4.4.3 Long-term Effects

A main goal of AT is for participants to maintain the changes that they make in therapy after they leave the program. Long-term effects refer to the retention of gains over a longer period of time. As the informant from Colorado expressed: *"The truth is, or what I should say really matters is, where are they at a year from now, or six months, 18 months out? And so, what we've seen is that the majority of our students retain their gains over that duration. Now does that fit every kid? No. I'm sure there are definitely outliers, but equally so, at the other end of spectrum, there are kids who are thriving beyond expectation, kids who have gone on and have become doctors and lawyers and teachers and are parents now!"*

In agreement with this argument, the informant from Vermont also shared: *"You see kids, who all of a sudden, they send you an email or a letter and say, 'guess what? I'm in grad school, studying wilderness therapy, going to grad school to become a therapist, because this whole thing changed my life'. So yeah, you see a lot of really great things that come out of it."*

According to the same informant near the end of the interview: *"It's cool to see a kid who comes to you, on the doorstep of death, I mean, to a kid shooting heroin in between their toes, and whatever somebody puts in front of your face, to all of a sudden saying, 'hey, I want to go to college, I want to go to grad school'. So to see that kind of change regularly, it's cool. And*

you have to kind of check yourself, because you can become callused to that. You can sort of take that change for granted, you know?"

As we can see from these responses, although naturally some participants may experience relapse, the majority of participants involved are showing positive results in regards to changes in behaviors after they leave AT. Some adolescents coming into AT programs are not only struggling with behavioral and emotional difficulties, but in some cases struggling for their lives, as illustrated by the last informant. These same kids also grow up and accomplish their goals just like any other kid would. Regardless of a participant's story, most are proving to be successful and very reflective on how the AT process helped to change them. Some of them are even wanting to give back, to help others who are also struggling with similar issues.

4.4.4 Development of a Higher Self-Concept

According to the findings, another benefit that participants are experiencing from AT is the development of a higher self-concept. Participants participating in AT are generally increasing their self-confidence, as well as their self-esteem and self-efficacy. As indicated by the informant from Colorado: *"There's a concept in psychology called self-efficacy, and you've probably heard about that. It's essentially the belief that like, I can shape my life. Like I'm not a victim of my circumstances. Like I'm actually, or the other way around, I can actually impact the circumstances and people around me. I'd say that's a characteristic of most all wilderness programs."*

The informant from North Carolina also expressed: *"All of the skills and activities, we believe it adds to self-efficacy. So for example, you come into the program, maybe you've even made a camp fire before, but now we're going to teach you how to use steel and quartz rocks and build a fire from scratch. That's a hard skill to master, but once they master it, they feel so good and you know you see smiles on their faces! So we believe that as they have successes here, those successes collect up and add to help kind of repair self-esteem."*

According to the informant from Maine: *"They leave here confident and prepared and it feels good to see them leaving and seeing them excited about what's next!"*

In light of these responses, we can see that it's argued that AT helps to add to one's self-efficacy, or the belief in one's own ability to accomplish and master tasks successfully. AT

helps to give adolescents the tools in order to build upon this, giving them the confidence to be able to tackle any situation thrown their way. The informants were very adamant about the capabilities of AT in regards to how it promotes a higher self-concept of one's self.

4.4.5 Summary of Finding and Discussion

As revealed by the informants, it has been expressed that AT can be beneficial in many ways. AT often provides experiences that are real, helping participants realize the reality of their choices. The staff helps them to relate the experiences from AT to concrete situations in their lives so that they can be relatable. Participants are then able to transfer these teachable moments, which are presented through the AT process, and use them to help guide their future endeavors. Since a majority of participants involved in AT have never learned healthy coping strategies for the difficulties they are struggling with, AT provides them with the tools to help make those healthy changes. Ultimately it's up to the participants to transfer this knowledge themselves after they leave the program, but it has been argued here that most participants are doing so.

Perhaps it's the power of nature which is contributing to the success of these adolescents. In the outdoors and the wilderness, one can't manage what is going to happen, which is why nature plays such a major role in the treatment process. It challenges participants to see how they react in different situations, and helps them to recognize the differences between good and bad choices. It brings participants back to a level of simplicity which has been omitted from their lives. There's something about being in the outdoors, taking participants outside their comfort zones, which ultimately changes them (Hill, 2007; Newes & Bendoroff, 2004).

As presented in the theoretical framework, the combination of activities in AT, as well as the characteristics that are associated with it, provides a unique and therapeutic environment in which adolescents are benefitting from. Adolescents are said to increase in self-awareness, self-esteem, self-confidence and achieve a higher level of accountability both to their self and others. AT helps adolescents become more aware of their full potential, helping them to realize that they can fulfill their goals just like everybody else (Newes & Bendoroff, 2004). There is also evidence that shows that AT can have more than just a short-term impact on participants (Hattie, et al., 1997). According to other studies conducted on the effects of AT on adolescents, adolescents are also showing decreases in behavioral symptoms as a result of AT (Russell, 2003).

The findings from this study seem to outline similar benefits of AT, which only helps to signify the positive influence AT has on adolescents. Although transferability and long-term effects can be controversial topics in regards to AT, it has been expressed from studies on AT that many participants are being changed for the better (Bowen & Neill, 2013). As mentioned previously in this paper, participants are able to draw strength from their experiences in AT in the future, using them as a larger framework in relation to their lives (Russell, 2001).

Although there will always be outliers to this deposition, the positive outcomes of AT are important to highlight. We aren't perfect beings, and might take a few steps back in moments of weakness, but this is what makes us human. Many adolescents are proving that there is in fact long lasting effects of AT, as they are beating the odds and succeeding brilliantly.

4.5 How AT Activities Can be Challenging

The fourth research question pertains to how AT activities can be challenging for adolescents with EBD. Three unique categories arose from the data. These categories included: 1) outside their comfort zone, 2) physically demanding activities, and 3) falling back into old patterns.

These categories seemed to be consistent among the majority of informants.

4.5.1 Outside Their Comfort Zone

Creating an environment which takes participants outside their own comfort zones is what AT is ultimately known for. This naturally creates many challenges for participants depending on the difficulties that they are struggling with. According to one of the informants from Maine:

"Well sometimes there's a struggle of they are way outside their environment. So they are really outside their comfort zone. You know, springs in Maine, there's a lot of mosquitos and they might not be comfortable with that. I was just talking to a client who wanted to set up a session but was shocked that here in Maine it's cold and that they're going to wake up to mornings of 25 degrees [-4 Celsius] and stuff like that. I'm just like, 'that's the way it is!'"

The informant from Vermont also shared a similar perspective: *"It's often times the parents' biggest fear, because they're saying, 'well, you know, Susie has never seen a squirrel', or 'Jenny has never been outside and it's going to be such a departure'. But frankly, that's what you're looking for! You're looking to have this, a little bit of, shock in these kids. You're looking for the intervention. You're looking to get them out of their comfort zone. And that's*

what that does. So I'm going to argue that that kid probably has the biggest impact, or the wilderness is going to have the biggest impact on that kid, because it's so far out of their norm that it causes them to come into those patterns much more quickly. And that's the objective, to get those patterns down."

Here we can see that one of the many challenges adolescents experience in AT, is the reality that they're just not used to being in an outdoor environment. AT promotes an environment which often is completely outside the comfort zones of most participants. This is often a key ingredient in the success of treatment though, because it forces participants to attend to their problems in different ways. Participants tend to learn quickly in AT that their present patterns of behaving are hindered tremendously when out in the woods, and that in order to be successful these patterns need to be changed. So although being taken from one's comfort zone can be freighting and uncomfortable, it's also a necessary part of the treatment process.

The informant from Colorado also expressed: *"I think for the bulk of them, frankly the rules and structure that we have in place challenges them. I'd say that a characteristic for a lot of our clients is that they haven't had a lot of boundaries, or a lot of structure from the parents. They've been more often than not enabling them and being permissive. And so I'd say just the expectations that like, we have supervision requirements! So for instance those students could be out of sight without staff knowing where they are, so if they need to go to the restroom, for instance, they have to inform us. Then they have to, while they're gone, to make note where they are by either counting, or yelling their name occasionally, so we know where they are."*

Here we can see an example of how being taken outside one's comfort zone can be challenging for adolescents. Again, participants are often engaged in many activities and situations in AT which they aren't accustomed to. Most participants are also known to have struggled with following rules and abiding to structure, so this can be a challenge for them when coming into AT.

4.5.2 Physically Demanding Activities

Just being in the outdoors can be physically demanding enough for participants, especially for the ones with no prior experience. Many adolescents coming into AT aren't healthy, in terms of not being physically fit. As stated by the informant from Vermont: *"In terms of the more physical component, the outdoor component of being out there, kids go through that and I*

think everybody sort of 'hits the wall' with living outdoors. Again that's intentional, to draw that stuff out. Some students just get so sick of it and I think a lot of our kids they're kind of slothful. A lot of them have not been very physical in their lives. A lot of kids aren't in great physical shape. I think that's a very generational thing as well. We live in a society now where it's rather than go outside and play games and be active, they sit indoors and do it virtually. They do it on the computer, or they do it on video game consoles. So you see kids who don't have the sort of physical wear, maybe have not been challenged physically in their lives. So you do see that component where kids struggle with being in the outdoors."

One of the informants from Maine also shared a similar perspective: *"I think some other challenges are people's body types. I think that when you're out in the outdoors and you're doing something physical, it could be hugely physical like a backpacking trip would be, but they're still challenged with their own physical fitness and that can be a huge obstacle."*

Here we can see, that these informants argue that another challenge for adolescents in AT is the physical aspect. Many activities in AT can be physically demanding and some participants just aren't physically fit to tackle them. Something that has also been argued earlier in this paper, is that newer generations don't seem to be brought up to value the outdoors or physical activity as much as the generations before them. Many participants are just not used to the activities which are generally associated with AT, like hiking for example. This requires some physical ability which can be extremely challenging for those who don't practice a healthy lifestyle.

According to another informant from Colorado: *"For the bulk of them, they aren't really into backpacking, and that's physically demanding and emotionally stressful. And a lot of them, it brings up their sense of self-worth and self-doubt. Like, 'I can't do this. I'm not capable'. So I'd say at least in terms of activities and things that really challenge them."*

This informant argues, that not only can AT activities be physically demanding in terms of fitness level, but also in terms of how a participant can view him or herself. Because the activities are often times foreign and difficult to master, this creates a lot of emotional stress for the participants. Again, this is all just a part of the AT process, helping to break down the negative misconceptions that participants may have about themselves.

4.5.3 Falling Back into Old Patterns

Another challenge which was expressed through the findings, was participants falling back into old patterns of behaving. Although being a part of the treatment process, many participants tend to struggle with that initially. According to the informant from Colorado:

“The probability of this kid, even if he has a lot of awareness and motivation, it's hard to not get drawn back into old patterns.”

In reaction to this, the informant from Hawaii expressed: *“So part of the process, part of getting better, is reverting to old patterns. You know, it's like two steps forward and one step back. That's what this is about. And when they step back they're going to revert to whatever those patterns are going to be. Whether it's self-injurious behavior, some kind of eating disorder, these are patterns that these clients and kids have gotten themselves into to meet their needs, right? As unhealthy and maladaptive as they are, they access an emotion through them that works for them. So I think that's a challenge that we see with our kids, is reverting to maladaptive patterns. It's a necessary part of the process. It's something we need to see and be a part of. We need to exhaust and shift that pattern for them in a more adaptive way to deal with their emotional needs.”*

The informant from Vermont also shared a similar response: *“The patterns come up and play themselves out and then we can say to the kids, ‘hey, let's take a look at this. You know the same things that were happening at home and happening at school, ok, guess what? They're happening here! And you are the common denominator!’”*

In light of these responses, we can see that it is completely normal for participants to fall back into old patterns of behaving, because they haven't learned new ones yet. Sometimes this can be a constant battle, because participants are only accustomed to certain ways of meeting their needs, like some of the examples expressed above. The goal of AT though is to help shift these patterns in more appropriate ways, so that participants learn healthier ways of getting their needs met.

4.5.4 Summary of Finding and Discussion

On the contrary, participants must first be challenged before reaping the benefits of AT. One must fall down, and get back up again in order to achieve consistency and success. Most participants in AT are completely outside their comfort zones, because they've never

experienced a setting quite like the one they experience through AT. Many are sent to locations far away from home, which introduces a completely new way of doing things, which can be pretty overwhelming to most. For example, participants living in some of the biggest cities in the country are being sent to some of the most remote parts of the country. The surroundings are different, the weather is different, and the rules are different. Most participants are used to only one way of doing things, so this forces them to confront their problems in a completely different way. Therefore this frightens many of them, causing them to break down and reach a level of vulnerability which they've never experienced before (Gass, et al., 2012; Newes & Bandoroff, 2004).

As the findings suggest, activities in AT can be physically demanding, so this is also a big challenge that participants are facing. Often times participants are coming into AT in not the best physical shape either, which adds to the difficultness (Newes & Bandoroff, 2004). And since most participants aren't buying into the program right away, they are often falling back into old patterns of behaving. This is only a part of the normal recovery process though. The therapists and staff help participants to see their inappropriate ways of behaving, as well as their poor coping mechanisms, and they help them form new patterns which are more appropriate to meeting their needs. As exclaimed in the theoretical framework, one of the most critical challenges individuals with EBD face is the development of appropriate behavior patterns. They are usually the individuals whom are more susceptible to a variety of risk factors, so it's important to teach them better ways of dealing with their difficulties (Curtin, 2010). As the informants have argued, AT is an approach with the extraordinary ability of helping these adolescents to do just that.

The unique setting and unique way in which AT is constructed creates a kind of disequilibrium which often forces participants to change the way they act and how they perceive themselves and others (Hill, 2007). Activities associated with AT are made difficult for a reason so that participants can reach their defenses much more quickly, which is how AT differs from other therapeutic approaches (Gass, et al., 2012). Not only are individuals taken outside their comfort zones, but the activities they are faced with can be physically demanding on both a physical and emotional level. Although I can see from the findings that these challenges can be difficult to handle, they also can be seen as being beneficial as well, because of their ability in afflicting change. It's important though at the same time to be aware that these challenges aren't always easily overcome by all adolescents.

5 Concluding Remarks

This study was set out to explore the influence of adventure-based therapy on adolescents with emotional and behavioral difficulties. A sample of six outdoor educators, from AT programs located across the United States, were interviewed in this investigation. According to the perspectives of the informants, the study has identified various activities which are associated with AT, as well as characteristics. The study has also sought to identify both the benefits and challenges associated with the approach as well.

5.1 The Main Findings

The interview investigation provided data which allowed for a discussion on how the findings answered each of the study's research questions. As was presented in the previous chapter, only the data which best illustrated each of the research questions was conveyed. The main findings of this study were as follows.

Eight categories emerged from the data on the kinds of activities that are practiced in AT. It was expressed that backpacking and primitive skills were activities most commonly associated with an AT approach. The findings presented a counterargument to this though, expressing that AT doesn't necessarily need to practice just wilderness activities for the program to be classified as adventure-based. Non-wilderness activities, such as yoga, farming and community-based activities, were also expressed in answering this research question. The presentation of non-wilderness activities was a surprising discovery to have emerged from the data. These activities in their own way though, seemed to also be making positive impacts on adolescents in AT. It seemed to depend on which model of AT each program valued, and which population of youth the programs catered to, in regards to the types of activities that were offered.

Nine categories emerged from the data on what the informants believed the kinds of characteristics of AT were. Again, these categories are: 1) individualized treatment goals, 2) a special kind of relationship between staff and participants, 3) group dynamic and peer support, 4) a different approach to therapy, 5) unfamiliar environment, 6) challenge and stress are embedded in activities, 7) natural consequences, 8) the use of metaphors, and 9) family participation. The majority of these characteristics seemed to relate to the characteristics

outlined in the theoretical framework of the study, thus demonstrating their significance. Family participation was the characteristic in particular which was not elaborated upon in the theoretical framework. This could be an interesting discovery in this study as well, claiming to be just as important to the practice of AT like any of the other characteristics.

Four categories emerged from the data on what informants believed were benefits produced by AT. The informants emphasized with certainty that nature can be healing, providing not only real and transferable experiences, but also helping to aid in the development of a higher self-concept. The outcomes of AT were also expressed to be long lasting from some of the examples given. Although the topics of long-term effects and transferable experiences can be critical views in the eyes of some, it was indicated that participants were taking away valuable lessons from their experiences in AT which they were using as tools for living healthier lives. According to the informants, it was conveyed that AT was changing participants for the better. One can assume in reaction to this, that just being in the milieu in an AT setting can be valuable in itself. It also can provide an experience for adolescents which is memorable, regardless of how they choose to live their lives after leaving the program. It's an experience which they will always be able to reflect on, and hopefully draw strength from in moments of weakness.

Three categories emerged from the data on what informants believed were challenges that adolescents with EBD seemed to experience in AT. The main findings revealed that adolescents seemed to struggle with the fact that AT activities were completely outside their comfort zone and also were physically demanding. Because of this, it was easier for participants to want to resort back to old patterns of behaving. This was emphasized to be just a normal part of the treatment process though. These challenges in a way, were also seen as benefits to the participants as well, by making them more aware of their personal limits and teaching them how to adapt to new situations. So from a different standpoint, it can be argued that challenges in AT can also be positive in regards to preparing participants for challenging experiences that can occur in the future.

5.2 Recommendations for Future Research

Although this study investigated the influence of AT on a smaller scale, I believe that it can contribute to the research already conducted on AT in the United States, as well as create an

awareness on how wilderness experiences can provide therapeutic benefit to adolescents from other corners of the world. This qualitative study can be argued to have had a rather wide focus on the influence AT can have on adolescents with emotional and behavioral difficulties in the United States. A recommendation for future research could be to conduct a study on a specific characteristic of AT, such as how trust is developed among the therapists and the participants, and why the therapeutic relationship in AT is so special. Another recommendation could be to look into how programs are designed to help treat specific diagnoses or difficulties that individuals can possess. As a recommendation of improvement in regards to this study, it would have been interesting to have gathered the perspectives from participants as well, to see how their perspectives on the influence of AT related to those from the outdoor educators.

5.3 Final Remarks

This study has helped provide me insight and knowledge on adventure-based therapy, from both a theoretical standpoint and a practical view, from actual outdoor educators throughout the United States. For me, the findings have helped to shed some light on the diverse activities which are practiced in adventure-based therapy, as well as the unique characteristics which the approach encompasses. To me it seems that although the approach presents its challenges, it is continuously proving to be a beneficial approach for helping troubled youth and their families (Hill, 2007). The idea of wilderness as a healing place should not be underestimated, because it may just be exactly what adolescents need. In a constantly changing and rapidly developing world, like the one we live in today, becoming more connected with nature may be the solution we've been searching for.

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Appendix

Appendix 1: Letter from NSD

Norsk samfunnsvitenskapelig datatjeneste AS
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Vår dato: 28.06.2013

Vår ref: 34795 / 3 / AMS

Deres dato:

Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 19.06.2013. Meldingen gjelder prosjektet:

34795	<i>Trust Development in Outdoor Education Programs</i>
Behandlingsansvarlig	<i>Universitetet i Oslo, ved institusjonens øverste leder</i>
Daglig ansvarlig	<i>Jorunn Buli-Holmberg</i>
Student	<i>Heather DiNapoli</i>

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.

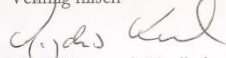
Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 20.05.2014, rette en henvendelse angående status for behandlingen av personopplysninger.

Venlig hilsen


Vigdis Namtvedt Kvalheim


Anne-Mette Somby

Anne-Mette Somby tlf: 55 58 24 10
Vedlegg: Prosjektvurdering
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Personvernombudet for forskning



Prosjektvurdering - Kommentar

Prosjektnr: 34795

According to the notification form there will be obtained written consent based on written information about the project and the processing of personal data. The Data Protection Official finds the letter of information satisfactory according to the Personal Data Act.

When the project is completed, by 20.05.2014, the data material will be made anonymous by deleting directly and indirectly identifying variables and audio-recordings will be deleted. In order for the data to be fully anonymised, all directly identifying data, such as names/reference numbers must be deleted, and indirectly identifying data in the remaining material must be deleted or changed.

Appendix 2: Information Letter to Informants



Informed Consent Form

You are invited to be in a research study on the influence of adventure-based therapy (AT) on adolescents with emotional and behavioral disorders (or otherwise known as EBD).

Your institution was selected as a possible participant in this study because of the role of AT in the curriculum, as well as the population of students that attend the institution. We ask that you (an educator of the institution) to read this form and ask any questions you may have before agreeing to be in the study. This study is being conducted by me, Heather DiNapoli, graduate student in the Department of Special Needs Education at the University of Oslo (in Norway), as a part of my master's thesis project.

Background Information

The purpose of this study is to investigate the influence of adventure-based therapy (AT) and therapeutic outdoor activities, on adolescents with emotional and behavior problems, or whom are labeled as having Emotional Disturbance (EBD) (as defined under the United States' Individuals with Disabilities Education Act). The qualitative design of this study will help the researcher to investigate the perspectives of educators and therapists who are knowledgeable in the field of outdoor education and who are familiar with adventure-based therapy techniques and interventions. Interviews (conducted using Skype, or telephone) will be the study's only research method. How outdoor educators practice AT methods will be the main topic of discussion. How AT can be both a challenging and a beneficial intervention will also be discussed.

Procedures

If you agree to be in this study, you agree to participate in the following: a semi-structured Skype interview (video will be preferred), which would be arranged after consent to participate in the study. The interviewee will be given the interview topics prior to the scheduled interview so that they can prepare themselves, if needed. The researcher will be conducting interviews from Norway, so a time difference of 6+ hours will be kept in mind. Interviews could last from 30-45 minutes. If the necessity of a follow-up interview(s) is needed, then the researcher will contact the participant and arrange another interview, again, by the convenience of both parties involved.

Risks and Discomforts

There are no potential risks or discomfort from your participation in the research.

Voluntary Participation

Your participation in the study is completely voluntary and you may refuse to answer any

question or choose to stop participating at any time. Your decision not to volunteer will not influence the nature of the relationship you may have with the researcher, or your relationship with the University of Oslo either now, or in the future.

Withdrawal from the Study

You can stop participating in the study at any time, for any reason, if you so decide. Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researcher or the University of Oslo. Should you decide to withdraw from the study; all data generated as a consequence of your participation will be destroyed.

Confidentiality

The records of this study will be kept confidential. If the researcher publishes any type of report, they will not include any information that will make it possible to identify you, or others mentioned in any interviews. All data will be kept on the researcher's personal computer which will be password protected. Only the researcher will have access to this password and only the researcher and their advisor, Geir Nyborg, will have access to the data and audio recordings. If the research is terminated for any reason, all data and recordings will be destroyed. Audio recordings involved in the interviews will be used for only the study alone, and will be erased at the completion of the research project.

Questions about the Research

If you have questions about the research in general or about your role in the study, please feel free to contact me, Heather DiNapoli:

Address: Vestgrensa 24, 0851 Oslo, Norway

Email: heathend@student.uv.uio.no

Telephone: (+47) 483 60 747

Or my advisor, Geir Nyborg:

Email: geir.nyborg@isp.uio.no

Telephone: (+47) 952 16 570

This research has been reviewed and approved for compliance with research ethics protocols by the Norwegian Social Science Data Services (NSD).

Statement of Consent

I _____ have read the above information, or have had it read to me. I have received answers to questions asked, or concerns I may have. I consent to participate in the study.

Signature _____ **Date** _____
Participant

Signature _____ **Date** _____
Researcher

Appendix 3: Interview Guide

Interview Topics

1. Introduction topics:
 - a. How old are you?
 - b. What is the title of your position?
 - c. How long have you been working in the field?
 - d. What kind of education do you have?
 - e. Can you describe your program (type)?
 - f. Have you worked/are currently working with students with emotional and behavioral disorders?
2. How do you practice adventure-based therapy methods in your program?
 - a. Do you have any examples?
 - b. What kinds of outdoor activities does your program use?
 - c. How do you structure, prepare, and carryout activities?
3. How do you believe adventure-based therapy activities can be beneficial to adolescents with emotional and behavioral disorders?
 - a. How do you believe the outdoors can be a beneficial learning environment for these individuals?
 - b. Why do you believe such activities can have a positive influence on such students?
 - c. Do you have any examples of students whom benefitted from your program?
 - d. In what ways did they benefit from the program?
4. How do you believe adventure-based therapy activities can be challenging for adolescents emotional and behavioral disorders?
 - a. Do you have any examples?
 - b. Which activities are most challenging for students with emotional and behavioral disorders?