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Therapeutic Benefits of a Wilderness Therapy Program and a Therapeutic Community Program for Troubled Adolescents

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THERAPEUTIC BENEFITS OF A WILDERNESS THERAPY PROGRAM AND A THERAPEUTIC COMMUNITY PROGRAM FOR TROUBLED ADOLESCENTS

by

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ABSTRACT

Therapeutic Benefits of a Wilderness Therapy Program and a Therapeutic Community Program for Troubled Adolescents

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Wilderness therapy is increasingly seen as a viable treatment alternative for troubled youth, yet there is a noticeable dearth of research comparing the effectiveness of wilderness therapy with more traditional treatment programs. To help address this research need, this study conducted an exploratory analysis of the therapeutic benefits of a wilderness therapy program, Wilderness Quest (WQ), compared to a therapeutic community program, Life-Line (LL). The WQ and LL programs both are based on a 12-step recovery philosophy and emphasize the integral role of the family in adolescent treatment.

The study employed a qualitative methodology, beginning with an extended period of observation (approximately eight weeks) in each program. The primary data for the study came from follow-up surveys with youth and their parents which were conducted

about 13-15 months after the time of enrollment. Twenty-one families were represented in the study (10 from the WQ program and 11 from the LL program).

The WQ program was perceived to be a "pivotal experience" for many youth and the most common reported benefit was increased self-confidence. The most common reported benefit for youth in the LL program was a "pivotal change" in lifestyle, with groups and one-on-one talks with staff and peers being the most beneficial. The study discussed the subtle distinction found with the short-term wilderness program being a "pivotal experience" and the long-term therapeutic community program leading to "pivotal change." The most common reported benefit for families in both programs was an increase in communication and closeness.

In the follow-up behavior assessments there were no perceived differences between WQ and LL youth in areas of family relations, school/education, and job/work. There was a slight difference in peer relations with LL youth behaviors slightly more positive than WQ youth, and there was a notable difference in substance abuse with LL youth behaviors being more positive. The data also indicated that certain post-treatment factors were related to youth progress after leaving the programs, with aftercare and association with positive peers being the most important for WQ youth and program graduation and association with positive peers being the most important for LL youth. Interpretive models were developed to illustrate the developmental growth patterns of youth in the two programs.

(203 pages)

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Kreg Edgmon

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CHAPTER I

INTRODUCTION

The prevalence of adolescent problem behaviors has reached significant national proportions in various areas, including rates of suicide and suicide attempts, violence, alcohol and drug abuse, sexual promiscuity, and teenage pregnancy (Resnick et al., 1997). Such increasing numbers of troubled adolescents have also led to increases in the number and variety of adolescent treatment programs. In particular, the number of wilderness therapy programs has increased in recent years (Russell, 1999) as parents and professionals increasingly consider such programs to be an innovative treatment alternative for difficult-to-treat youth (Bandoroff, 1990). However, little is known about the effectiveness of wilderness therapy programs compared to other treatment alternatives.

Recently, qualitative studies have provided increased understanding of common processes and outcomes of wilderness therapy programs (Hanna, 1996; Russell, 1999). However, there is a noticeable dearth of research studies which compare the therapeutic benefits of wilderness therapy with other therapy approaches. Scholars have noted that such research is necessary to compare the overall effectiveness and cost efficiency of wilderness therapy with other treatment alternatives (Russell, 1999). In addition, such studies would provide better understanding of which wilderness therapy techniques should be modified, eliminated, or even integrated into other treatment approaches (Gass, 1993b).

The residential therapeutic community may be one example of a common treatment approach that serves a troubled adolescent population similar to that served in wilderness

therapy. While the therapeutic community approach is used in both outpatient and residential modalities, the residential modality is commonly used with adolescents who have more severe drug abuse and other behavioral problems (Jainchill, 2000). Similarly, wilderness therapy is often seen as a "last resort" for difficult-to-treat youth, presenting with significant substance abuse and other problems, who are not successfully treated by traditional therapies (Russell, 1999). Comparing the wilderness therapy approach with the residential therapeutic community approach may also be indicated since both approaches emphasize the role of the family in treatment (Jainchill, 2000; Jainchill, Hawke, De Leon, & Yagelka, 2000; Russell, 1999). The importance of family involvement in adolescent treatment has also been highlighted in other research (Liddle et al., 1992; Wynne et al., 1996), documenting benefits for adolescent clients, parents, and other family members.

Definitions of Wilderness Therapy and Therapeutic Community

One of the first empirically based definitions of wilderness therapy was provided by Davis-Berman and Berman (1994) in the text Wilderness Therapy: Foundations, Theory and Research. Their definition states that "wilderness therapy involves the use of traditional therapy techniques, especially those for group therapy, in out-of-door settings, utilizing outdoor adventure pursuits and other activities to enhance growth" (p. 13). They emphasized that wilderness therapy is a methodical, planned approach to working with troubled youth and that it is not simply "taking troubled adolescents into the woods so that they will feel better" (p. 13). Davis-Berman and Berman (1994) further explained that wilderness therapy work is based on clinical assessments, the creation of an individual

treatment plan for each participant, and purposeful involvement in outdoor adventure pursuits under the direction of skilled leaders and the supervision of licensed professionals. Their belief is that personal change can be stimulated by introducing outdoor activities in which there are perceived risks but in reality a very low probability of physical harm.

The distinctive feature of the "therapeutic community" is the use of "community as method," which refers to the purposeful use of the peer community to facilitate social and psychological change in individuals (De Leon, 1997). In a therapeutic community program all activities are designed to produce therapeutic and educational change in participants and all participants are seen as mediators of these changes. The goals of therapeutic community treatment are global changes in lifestyle and identity, which are based on mutual self-help and the assumption that recovery is a developmental learning process (De Leon, 1997). According to De Leon (1997), the basic components of the therapeutic community include the following: community separateness (a location apart from other institutions and social settings), a community environment (space which promotes cooperative living), community activities (activities programmed in collective rather than individualized formats), peers as community members (with peers serving as role models), staff as community members (serving as guides, role models, rational authorities, and facilitators), a structured day, a phase format emphasizing incremental learning, work as therapy and education (e.g., clients are responsible for the daily cleaning and maintenance of facility), peer encounter groups, awareness training, and emotional growth training. A residential therapeutic community program for adolescents incorporates these elements

and involves the removal of adolescents from their home for part or all of their program enrollment, although the duration and specifics of treatment vary between programs.

Purpose of the Study

Despite the increasing use of the wilderness therapy approach, little is known about the effectiveness of such programs compared to other therapy approaches in treating troubled youth with substance abuse and other behavioral problems. To advance such understanding, this study was designed to provide an exploratory comparison of the therapeutic benefits of a wilderness therapy program and a therapeutic community program. This study is guided by the following research questions:

1. What are the therapeutic benefits for youth in a wilderness therapy program compared to a therapeutic community program and how do different therapeutic factors in each program contribute to these benefits? What are the therapeutic benefits and factors for families in each program?

2. How can this knowledge of the therapeutic benefits and factors in these two programs be used to develop interpretive models of how youth change over time through these two approaches?

A qualitative methodology was chosen for this study because such methods have been shown to be particularly useful in exploratory, descriptive research (Patton, 1990). As one of the first studies assessing the benefits of a wilderness therapy program compared to a therapeutic community program, it is hoped that these findings will provide insight for applied practice as well as for more extensive future research.

CHAPTER II

REVIEW OF LITERATURE

This chapter reviews the prevalence of adolescent problem behaviors, and then briefly reviews research on traditional treatment methods, including outpatient and residential approaches. The chapter then discusses the development of the field of wilderness therapy as a viable treatment alternative for troubled adolescents and reviews research on the process and outcomes of wilderness programs. A following section discusses theory and research on the integral role of the family in the treatment of troubled adolescents, and discusses the implications of such research for traditional and wilderness therapy approaches. The chapter concludes with a discussion of gaps in the research on adolescent treatment programs in general, and on wilderness therapy programs in particular, and discusses the rationale for the current study.

Prevalence of Adolescent Behavior Problems

In recent years the number of troubled adolescents has reached significant national proportions. A recent national study (Resnick et al., 1997), the National Longitudinal Study on Adolescent Health, has assessed the extent of youth problem behaviors in specific areas: 3.6% of adolescent participants reported suicide attempts; 24.1% indicated they had been victims of violent behavior; 12.4% indicated they had carried a weapon during the previous 30 days; 25.7% reported being current smokers and 9.6% reported smoking 6 or more cigarettes per day; 17.9% of youth reported drinking alcohol more

than monthly, with 9.9% drinking at least once a week; 25.2% reported ever having smoked marijuana, with 12.7% smoking it at least once in the previous month, while 6% were heavy users (using four or more times during the previous 30 days); 49.3% of 9th through 12th graders indicated that they had ever had sexual intercourse; among sexually experienced females aged 15 years and older, 19.8% reported having ever been pregnant.

While each of these adolescent problem behaviors is serious and needs attention, research suggests that substance abuse appears to be a common comorbid behavior with most or all of the other behavior problems. In addition, the severity of the drug abuse trend is highlighted by some research that indicates increased drug use patterns among adolescents (Belcher & Shinitzky, 1998). The relationship between drug abuse and other behavior problems was noted in the National Comorbidity Study, which indicated that 51% of individuals with one or more lifetime mental disorders also have a lifetime history of at least one substance use disorder (Kessler et al., 1996), and these rates are highest in the 15- to 24-year-old age group (Kessler et al., 1994). While drug abuse likely brings a host of negative consequences in the adolescent's present relationships and activities, longitudinal research (Newcomb & Bentler, 1988) indicates that adolescent drug abuse is also related to continued problems in young adulthood. This research suggests that adolescent drug abuse may impede various developmental tasks in young adulthood, which include developing mature relations with peers, individuating from parents, learning socially responsible behaviors, establishing personal values, pursuing formal education, and preparing for marital and parental roles, while also leading to further health and emotional problems. A review of other similar longitudinal studies (Friedman, 1990)

supports this finding, but adds that 10-year follow-up data indicate harmful consequences only for abusive and dependent adolescent users and not for the experimental or occasional users. This research provides even more evidence of the need for effective treatment services for troubled adolescents in general, and in particular for the large proportion of these adolescents who struggle with substance abuse.

Common Treatment Approaches for Troubled Adolescents

Increases in the number of troubled adolescents have led to concurrent increases in the number and variety of adolescent treatment programs. The next section will briefly review research on traditional outpatient and residential approaches. The following section will discuss the development of wilderness therapy as a form of treatment for troubled adolescents and will review research on the process and outcomes of the wilderness approach.

Outpatient and Residential Treatment Approaches for Adolescents

A recent review of treatment programs for substance-dependent adolescents (Jainchill, 2000) provides an overview of the most common outpatient and residential programs. The review indicates that the most common outpatient treatment approaches are 12-step-based programs (Alcoholics Anonymous and Narcotics Anonymous) and family-based therapies. The review also indicated that one of the most common residential treatment approaches is the therapeutic community.

In reviewing research on outpatient programs, Jainchill (2000) indicated that relatively few studies have evaluated the effectiveness of the 12-step approach, but that these limited studies do provide encouraging results, indicating statistically significant reductions in drug use for those who went through treatment. Jainchill's review of research on family-based approaches indicates that such approaches were more effective than peer counseling or parent education in ameliorating adolescent drug use. However, other research (Liddle & Dakof, 1995) provides contradictory evidence, finding that adolescents who participated in either family therapy or peer group therapy reported equally low levels of substance use at a 1-year follow-up. Research on delinquent adolescent populations suggests that family therapy interventions may be less effective for older than younger adolescents and that family therapy may be a necessary but not sufficient strategy for producing clinically significant behavior change for adolescents from multistressed families (Chamberlain & Rosicky, 1995). Research also suggests that family therapy interventions that emphasize a multisystems approach, such as the Functional Family Therapy model, can achieve notable reductions in recidivism and drug use if they address problems at the individual, family, and community levels (Sexton & Alexander, 2000).

Research on the long-term effects of therapeutic community programs (Jainchill et al., 2000) found significant reductions in drug use and criminal activity at a 1-year follow-up. The most consistent positive outcomes at follow-up were related to clients completing the treatment program and not associating with deviant peers after treatment. In regard to completion of treatment programs, other research (Smith & Stern, 1997) suggests that

individuals and families with certain characteristics--including those from poor, single-parent, socially isolated, and multiply stressed families--are less likely to benefit from treatment and more likely to drop-out of treatment. Jainchill (2000) noted that higher motivation in clients was also associated with longer treatment tenure, and that length of time in treatment was related to treatment benefits. These findings make it unclear how much success in treatment is related to client characteristics, such as high motivation and coming from healthier families, or to program characteristics, such as length and therapy methods. Answers to these questions may come in part from the study by Jainchill et al. (2000), which is part of an on-going 5-year longitudinal study seeking to identify program differences and various posttreatment factors that may be associated with client outcomes status.

Jainchill (2000) noted that residential and outpatient modalities that serve adolescents often share a common philosophy and apply similar methods despite the differences in settings. For instance, in residential and outpatient programs there is a growing emphasis on using positive peer pressure and peer counseling. In addition, these different approaches often recommend or offer individual counseling or psychotherapy for youth who struggle with more severe emotional disorders. Similarly, researchers and practitioners are increasingly emphasizing the need to involve the family in the adolescent's treatment. The rationale underlying family involvement in the various treatment approaches will be discussed further in a later section.

Wilderness Therapy Approach for Troubled Adolescents

In seeking to address the problems of troubled adolescents in recent years, parents, youth, and professionals have increasingly found the wilderness therapy approach to be a viable treatment alternative. The following sections review the origins and growth of the wilderness therapy field and then reviews research on such programs, including recent process, outcome, and follow-up studies.

Origins and growth of the wilderness therapy approach. Although adventure experiences, such as wilderness expeditions and residential camps, were used as therapeutic methods in the early parts of this century and even prior, the development of such approaches dramatically increased in the second half of the 20th century (Davis-Berman & Berman, 1994). Like many others, Davis-Berman and Berman (1994) attributed much of the origin and recent increase of wilderness programs to the development of Outward Bound, which was founded by Kurt Hahn in the 1940s. In developing outdoor programs Hahn held passionate ideas about the effect that wilderness and challenging natural settings could have on introspection, experience, physical condition, solitude, and social responsibility.

Building on the foundation of Outward Bound and related adventure programs, the field of wilderness therapy has evolved (Gass, 1993a). The term wilderness therapy typically refers to small-group expeditions in the wilderness, lasting anywhere from 7 days to 3 months, which are conducted to treat the emotional or behavioral problems of troubled clients. Wilderness therapy programs became popular in the 1960s and 1970s in

response to the growing number of problem youth, and are considered to be an innovative treatment alternative for youth who are resistant to traditional treatment methods (Bandoroff, 1990). Research notes that the number and diversity of wilderness programs continues to increase (Davis-Berman, Berman, & Capone, 1994), with recent surveys identifying at least 38 wilderness therapy programs in the United States (Russell, 1999).

Research and evaluation of the wilderness therapy approach. As wilderness and other adventure therapy programs have grown, adventure therapy scholars have increasingly stressed the need for more and better research (Gass, 1993b). In recent years, reviews of adventure therapy research indicate that studies have consistently documented positive outcomes, including changes in self-concept, locus-of-control, drug and alcohol use, and recidivism (Bandoroff, 1990; Burton, 1981; Gillis, 1992; Gillis & Thomsen, 1996; Hattie, Marsh, Neill, & Richards, 1997). However, these reviews have also emphasized that very little research has studied the therapeutic processes of such programs. Lacking such attention to process, it is difficult to understand how, why, and with whom such programs work (Davis-Berman & Berman, 1994; Gillis & Thomsen, 1996).

Within the last few years researchers have sought to describe the wilderness therapy process using qualitative research methodologies. One of these studies, conducted by Hanna (1996), used semi-structured interviews with a small sample ($n = 8$) of adolescents who had completed a wilderness therapy program at least two years prior to the time of the interview, and included interviews with their parents as well. Hanna's retrospective study revealed that the most common reported benefit from the wilderness program was

an improved self-concept. This improved self-concept was consistently attributed to three components of the wilderness therapy experience: introspection and reflection on one's life in a beautiful and relaxing environment (thought component), successful resolution of physical challenges and difficult tasks (action component), and forming intimate and meaningful relationships with peers and staff in the program (social component). Other commonly reported changes included improved interpersonal skills, life skills, family closeness, sense of physical accomplishment, and appreciation for nature. Using the data to create a model for how such changes occurred, Hanna suggested that the improved self-concept appeared to be instrumental in leading to most, if not all, of the other changes. In other words, the three therapeutic components of the program (thought, action, and social) led to an improved self-concept, which then led to other personal and relational changes.

Another recent qualitative study of the wilderness therapy process, conducted by Russell (1999), involved an evaluation of four wilderness therapy programs serving adolescents with behavior problems. Russell's methodology included 7 days of participant-observation, as well as interviews and focus groups with key personnel (including administrators, clinicians, and field staff) in each of the four programs. The study also conducted one client case study in each program which involved posttreatment and 4-month follow-up interviews with youth clients, their parents, and treatment professionals. These qualitative data were used to construct a model of theoretical foundations, therapeutic factors of the wilderness therapy process, and common outcomes

for each program. These program models were then combined to construct a comprehensive model of wilderness therapy.

It is interesting that Russell's (1999) model and overall study produce findings that support many of those presented in Hanna's (1996) study. For instance, Russell concluded that three therapeutic factors--which he labeled as environment, environment active self (EAS), and environment inter-active self (EIAS)--were present in the wilderness therapy process which seemed to account for clients changes. The environment factor refers to the unique therapeutic benefits of clients spending time in a wilderness setting which contribute to the healing process in various ways: promoting a sense of appreciation for family and a simple lifestyle, allowing clients to go through a physical and emotional cleansing period, taking clients out of their familiar culture, reducing the distractions of modern society, and allowing clients to feel vulnerable and humbled by the vastness of the outdoor environment. The EAS factor refers to individual activities and challenges clients engage in while in the wilderness which facilitate personal learning and growth. The EIAS factor refers to client-to-client and client-to-staff interactions which lead to improved interpersonal skills and a sense of community in youth clients. These factors are very similar to the three therapeutic components (thought, action, and social) which Hanna found in his study.

In addition, Russell's (1999) study presented client outcomes, reported by staff and in client case studies, that were similar to benefits reported by Hanna (1996). These outcomes included improved self-concept, communication and coping skills, and drug and alcohol abuse recovery knowledge. These improvements were seen to lead to personal

realizations, which then lead to client desires for a better relationship with parents, continued growth, and more appreciation of life.

Russell's (1999) study made other contributions to the understanding of the wilderness therapy process, including a better understanding of the theoretical foundations of such programs. Russell's research indicated that the wilderness therapy process integrates a family systems perspective, as well as some cognitive behavioral methods, with traditional wilderness programming theory (which evolved from the Outward Bound model). The incorporation of a family systems perspective into these programs suggests the perceived importance of treating the adolescent as a part of a troubled family system and not just as a troubled individual.

Youth client adaptations after the wilderness therapy program. Hanna's (1996) study also provides a follow-up look of client adaptation after the wilderness therapy program. Even though all eight participants had graduated from the program, Hanna indicated that six of the participants experienced a lengthy negative period (though the meaning of "lengthy" wasn't specified) of life directly following the program, which typically involved engaging in illegal substance use and returning to a negative peer group. Four of these participants with adaptation problems were enrolled in a residential rehabilitation program or boarding school at some time after the wilderness program, and three of these participants considered these residential programs to have had a significant positive influence on their recovery. It is interesting that at the time of the 2-year follow-up interviews, reports by youth and parents indicated that all eight youth were stable and their lives were heading in a positive direction. Hanna proposed that although the wilderness

therapy program did not appear to be immediately successful for most of these youth, it did appear to lay a foundation of improved self-concept and skills that helped youth to eventually lead a positive lifestyle.

These struggles in post-wilderness adaptation were supported in a study by Doone (1998) who conducted qualitative interviews with four female graduates of a wilderness camping treatment program 8 to 10 years after they completed the program. This research indicated that although their overall reaction to the program was positive, the return to an unchanged home life or a negative social and peer environment was often a difficult transition for them as adolescents. As they matured and began life on their own, they reported that they were able to more effectively utilize what they learned at camp.

As both of these studies indicated, a negative peer environment posttreatment can easily lead youth to relapse to pretreatment negative behaviors even though youth may have made significant improvements in self-concept and learned valuable interpersonal skills. The power of peer influences, particularly in middle and later adolescence, has been documented by several researchers. Collins (1990) indicated that several changes take place in the parent-child relationship in adolescence, with adolescents experiencing less interaction and closeness with their parents and more interaction and closeness with their peers. Other researchers have found that peer friendships in adolescence have a significant impact on self-esteem (Bishop & Inderbitzen, 1995) and on other self-perceptions, attitudes, and behaviors (Berndt & Perry, 1990).

The Role of the Family in Adolescent Treatment

Professionals in therapeutic communities and wilderness programs seem to increasingly understand the importance of involving families in the treatment of their adolescents. For example, in therapeutic communities the family is often very involved, participating in orientation, support groups, individual family sessions, multifamily groups, and relapse prevention and groups (Jainchill, 2000). Similarly, Russell (1999) demonstrated that many wilderness program will not even accept youth clients unless their parents commit to being involved in the treatment, including participation in family workshops and curriculum during the programs and in aftercare after the programs. As practitioners continue to involve families in adolescent treatment there is an increasing need for researchers to document the impact that families actually have in adolescent treatment and rehabilitation. The following section reviews theoretical rationales and research describing family influences on adolescent development and treatment, and discusses the treatment needs of family members of the troubled adolescent.

Theory and Research on Family Influences

Numerous theoretical models have been developed to explain the relationship between family dynamics and adolescent behavior (Wynne et al., 1996). The stress-coping model suggests that families of troubled youth often live in a chronically stressful environment, characterized by unpredictability, emotional lability, lack of economic and emotional resources, and a high frequency of negative life events. Behavioral models assume that problem behavior is maintained by its consequences, which may be

physiological, psychological, or interpersonal, with antecedents and consequences that may arise within the family. Social learning theory suggests that the link to adolescent problem behavior is largely explained by social modeling, identification, and social reinforcement (Su, Hoffman, Gerstein, & Johnson, 1997). The family systems model, which is most commonly associated with family therapy, stresses the reciprocal interactions between problem youth behavior and family functioning, and suggests that adolescent behaviors often become an organizing principle for some families (Wynne et al., 1996). A more recent model, called the "risk factor approach," has been developed to identify risk factors which are causally antecedent to adolescent problem behaviors (DeWit, Silverman, Goodstadt, & Stoduto, 1995). Such risk factors include early drug use and antisocial behavior, negative life events (e.g., family dissolution, family move), parent and sibling drug use and criminal behavior, poor and inconsistent family management practices, social skills deficits, personality factors, and early association with delinquent and drug-abusing peers. However, this model also suggests that many adolescents exposed to a high number of risks may not experience later problems because of the presence of a number of protective factors in their lives, including positive peer, family, and personality characteristics (DeWit et al.).

Basic clinical research has consistently demonstrated the influence of the family in the formation, maintenance, and treatment of various adolescent problem behaviors, including drug abuse (Liddle et al., 1992). In a review of related research, Friedman (1990) indicated that severe drug abuse and other problem behaviors for adolescent clients are related to certain family contexts, including disruption and dissolution of the family

structure, and to the number and type of problems adolescents perceive in their families, including substance abuse, legal, emotional, and psychiatric problems. Some of the most well-known research linking parenting patterns to subsequent child behaviors is based on Baumrind's (1971) model of parenting styles. Most notably, Baumrind's longitudinal research (1989, 1991) suggests a strong link between less assertive and less attached parenting styles with higher problem behavior and drug use in adolescents.

However, some scholars (e.g., Aseltine, 1995) have questioned this direct association between parenting styles and adolescent problem behaviors, suggesting that parental supervision and attachment were only weakly associated with adolescent delinquency and drug use and that peers had a much greater influence. In addition, individual characteristics, including genetic variables (Kendler & Prescott, 1998) and personality characteristics, such as aggression (Brook, Whiteman, & Finch, 1992), are useful in predicting substance abuse and other problem behaviors. Thus, although research may not yet be definitive on the direct or indirect relationships between family influences and adolescent problem behaviors, there is a growing body of research indicating that family factors have a clear impact on the development of such problem behaviors.

Reciprocal Effects of Adolescent Problem Behaviors on Family Functioning

While much of the research literature looks at the unidirectional, causal role of parenting and family variables on adolescent behaviors, other research (Jang & Smith, 1997; Wynne et al., 1996) suggests the need to look at the reciprocal effects of adolescent substance abuse and problem behavior on family functioning. For instance, a study by

Thornberry, Lizotte, Krohn, Farnworth, and Jang (1991) indicated, that in early adolescence, weak affective ties with parents led to increased adolescent delinquency, and reciprocally that increased delinquency led to weak affective ties. As subjects matured to middle adolescence, delinquency continued to weaken affective ties to parents, but the influence of affective ties on delinquency was no longer statistically significant. A study by Jang and Smith (1997) supported this relationship, and suggested that this reciprocal relationship leads to a feedback loop so that the spiral of weakening affective ties and increasing delinquency continues in a negative cycle. Other research (Smith & Stern, 1997) supports the presence of this cyclical pattern, indicating that antisocial behavior in children leads to irritability, ineffective disciplining, and parent withdrawal which then may accelerate a child's antisocial behavior. Some researchers (Utada & Friedman, 1990) have suggested that this reciprocal influence can be so disruptive that when youth finally enter treatment their parents may be in almost as much emotional turmoil as their youth, and in some cases even more.

Implications of Family Involvement in Adolescent Treatment

Research literature on the relationship between family dynamics and adolescent problem behavior suggests important implications for research on adolescent treatment programs. First, research is needed to assess the impact of family involvement and family therapy work on adolescent rehabilitation. Second, research is needed to assess the benefits of such treatment programs for the families themselves. In fact, reviews of the literature suggest that although the families of troubled adolescents are often in need of

therapeutic help themselves, the majority of the research has studied the benefits of adolescent treatment programs for adolescents without studying the benefits for families. Russell (1999) noted that outcome studies should recognize the family systems perspective that guides the wilderness therapy process and the unique youth and family outcomes which are expected from wilderness therapy. Likewise, research is also needed to assess the therapeutic benefits for families from adolescent residential programs, such as therapeutic communities.

Conclusions of Literature Review

This review indicates that recent research has contributed to an understanding of the wilderness therapy process, with some links between process and outcome, and that limited research has been conducted on other traditional therapy methods, particularly therapeutic communities. However, there is a noticeable lack of research comparing the processes and outcomes of wilderness therapy with other treatment approaches. Russell (1999) suggested that such research is needed to compare the effectiveness and cost economy of wilderness therapy and other treatment programs. Gass (1993b) suggested that such comparisons would also lead to a knowledge base for professionals using the different treatment approaches, increasing the understanding of which techniques in the different approaches are most effective, and which techniques need to be modified or eliminated.

Comparison research is also needed to help clarify the unique strengths of the wilderness therapy approach compared to other approaches in treating troubled

adolescents. For instance, the process model developed by Russell (1999), and a similar model with slightly different concepts developed by Hanna (1996), suggests that there are three principal therapeutic factors in the wilderness therapy process: environment (introspective thought, healing, and cleansing taking place in a peaceful wilderness setting), environment active self (individual activities and challenges in the wilderness which lead to personal growth and increased self-confidence), and environment interactive self (interactions with peers and staff which lead to improved interpersonal skills and a sense of community). Research is needed to compare these factors with the primary therapeutic factors of residential and other treatment approaches. In a residential therapeutic community, for example, although the majority of time is often spent indoors, youth clients might similarly benefit from certain levels of reflection time, personal challenges, and interpersonal skill and relationship development.

As indicated, more research is also needed to understand the benefits that families obtain from wilderness therapy compared to other treatment approaches. Although the majority of family involvement in wilderness programs typically occurs in 1- to 3-day family workshops and phone consultation with therapists, wilderness therapy programs do seek to bring about changes in family systems. However, there are obvious limits to the amount of family work that can be done in a short time period (with entire programs typically lasting less than three months) and when the youth are in the wilderness for much of this time. Research is needed to compare family benefits typically obtained from such wilderness programs compared to the family benefits obtained from more traditional therapeutic community programs.

More research is also needed to assess the long-term benefits of youth clients who participate in wilderness therapy programs compared to those who participate in other treatment programs. Bandoroff (1990) suggested that a critical assumption of wilderness therapy programs is that growth through wilderness experiences will transfer to the participant's real life back home. Longitudinal studies may help determine how well such transfer takes place for youth clients in wilderness therapy compared to other treatment programs.

This study seeks to address some of the issues and questions raised in this literature review by conducting a qualitative analysis of a wilderness therapy program compared to a therapeutic community program. The methods and design used for the study will be discussed in the following chapter.

CHAPTER III

METHODS

This study involves an exploratory analysis of the benefits of a wilderness therapy program compared to a therapeutic community program for troubled adolescents. Specifically, this study was guided by the following research questions:

1. What are the therapeutic benefits for youth in a wilderness therapy program compared to a therapeutic community program and how do different therapeutic factors in each program contribute to these benefits? What are the therapeutic benefits and factors for families in each program?

2. How can this knowledge of the therapeutic benefits and factors in these two programs be used to develop interpretive models of how youth change over time through these two approaches?

This chapter first describes the selection of the two programs for the study, and briefly discusses their origins and development. In addition, a brief review is provided of the structure and therapeutic practices of the two programs. The chapter then discusses the research methodology chosen for the study and the rationale for a qualitative follow-up design. The chapter concludes with a description of the participants, interview methods, and data analysis procedures used in the study.

Selection of Programs for Study

The researcher began the selection process by identifying all of the wilderness

therapy programs for troubled adolescents operating in Utah. The Utah State Division of Youth Corrections was then contacted to find out what was known about quality assessments or evaluations of such programs and the researcher was referred to Ken Stettler, a quality control professional in this division. Mr. Stettler indicated that he was aware that Larry Wells, owner and director of the Wilderness Quest (WQ) program, had expressed interest in conducting evaluation research on his program. Mr. Wells was then contacted by phone and in the discussion indicated he would be interested in the evaluation study proposed by the researcher. Time was then spent learning more about the structure and philosophy of WQ through printed materials, discussions with Mr. Wells and other WQ personnel, and conducting a site visit to WQ. It was learned that the program's therapeutic philosophy integrated the AA 12-step process and family therapy work with the outdoor adventure programming.

The researcher then began searching for an adolescent therapeutic community program, as a comparison case, located in Utah which also integrated the 12-step process with family therapy work. Discussions with a few adolescent therapists in the Greater Salt Lake area indicated that the Life-Line (LL) program in North Salt Lake also integrated a 12-step and family therapy approach. The researcher was referred to Vern Utley, the director of the LL program. A phone call was made to Mr. Utley and, after an introduction to the researcher and goals of the study, Mr. Utley indicated that he would also be interested in having LL participate in the study. It should be noted that Life-Line uses a unique form of "residential" therapeutic community treatment, which will be

explained later in more detail, and is more accurately called a day-treatment program with residential features.

Following is an introduction to the origin and development of the WQ and LL programs, as well as a brief overview of their therapeutic practices and phases. This information comes from printed materials, and from interviews with the founders (Mr. Wells and Mr. Utley, respectively) and other key program personnel from each program.

Origin and Development of Wilderness Quest

In 1971, Larry Wells began taking adjudicated youth and adults on 30-day wilderness trips during summer months. In 1988, Mr. Wells founded Wilderness ConQuest and marketed a year-round program nationally to private-paying families. A major purpose of this switch to the private market was to enable the program to include the client's whole family in the process, which it was not able to do under previous contracts with public agencies. The name was changed to Wilderness Quest in 1995, and since its founding in the late 1980s the company has continued to evolve its family enrichment and substance abuse treatment programs. The program has evolved to provide what it calls "adventure based 12-step model therapy" for at-risk youth. In this 12-step approach (mainly focusing on the first five steps) Wilderness Quest (WQ) emphasizes the important role of a higher power in recovery from drug addiction and other problems.

The WQ adolescent program typically conducts a five-and-a-half week wilderness trip with four to six "students" (the name that WQ applies to youth clients), co-ed, ages 14 to 17. The last 3 to 4 days consist of the Family Enrichment phase of the program. In

instances where students have not fully completed the graduation requirements or it is judged they have not adequately addressed their treatment issues, students may stay for additional time, which typically is an average length of three more weeks. These student groups are typically lead by two to three paraprofessionals which WQ calls "instructors." The staff requirements for instructors include experience working with at-risk substance abuse populations in a residential or wilderness setting, as well as having strong communication, teaching, and leadership skills. Previous counseling experience is desirable but not required, and the minimum age for an instructor is 21.

Upon arriving in the field, students are given their wilderness survival gear and clothing, a seven-day ration of food, a pocket knife, a journal notebook, and pencils. Students are also given two workbooks which have portions that are completed personally and portions which are completed or shared with the group. The Academic Workbook includes readings and assignments on geography, geology, biology, first aid, and other subjects related to wilderness activities. The Personal Success Workbook includes readings and assignments related to the AA 12-Steps process (particularly the first five steps), addiction, communication, and other treatment issues. Students complete some of these readings and assignments at their own pace and some with the group.

During the first week in the field students are put into a Mix-and-Match group, which consists of a few other new students and a few "older" students who have been in the field at least 3 weeks. The purpose of Mix-and-Match is to provide the new students an opportunity to learn wilderness skills from the older students and to observe the examples of the older students who are typically more motivated and beginning to make

changes in their attitudes and goals. New students are often very defensive and resistant at the beginning of treatment and the Mix-and-Match group helps to break down some barriers. The focus of this week is on learning the "agreements" (the WQ version of rules) that students are expected to adhere to in the program and helping students learn basic wilderness skills, including how to roll a survival pack, set up a poncho shelter, and make the best or most palatable meals out of the food rations given.

The typical activities each day include hiking (typically 2 to 5 hours), participating in "circles" (groups) on different recovery or personal development topics, cooking meals, studying in workbooks, and setting up shelters. Much of the time on hikes is spent by instructors and students getting to know each other and talking about their lives, interests, and issues. The usual day ends with an evening circle in which students and instructors talk about how the day went for them individually, what they learned, and what their goals and plans were for the next day.

During the next week new students are organized into a group that only consists of new students and their two or three instructors. As students begin to get more competent in their wilderness skills, attention begins turning more and more to why youth are in the program and what they are there to work on. Students and instructors also begin forming some degree of emotional attachment as they spend time together and get to know each other better. During this week students also are placed on a 1-day "practice" solo in which they will neither see nor talk to anyone, and are given the food and water they need for the solo. They are encouraged to use this solo time to reflect, write in their journals, and think

about why they are in the program and where their lives are heading. When the solo time ends a post-solo circle is conducted to debrief the students.

In the third week of the program other wilderness challenges are introduced to help students break through denial, increase self-awareness, and make realizations. These challenges are largely derived from Native American rites of passage. The Night Hike activity occurs mid-way through the week, and consists of students walking alone for about 20 miles, spread out about 20 minutes from other students and instructors, on a dirt road in the dark of the night. The morning after the Night Hike students are then put out on a 3-day, 2-night solo. This solo is longer than the first and is designed to give students an extended period of time alone for introspection, meditation, reading, completing written assignments on recovery, journaling, getting in touch with their spirituality, and evaluating their lives.

The fourth week begins another week of Mix-and-Match but this time students are now the "older" students who provide help and modeling for the new students. The older students are often intrigued as they see how resistant and negative the new students are and realize that they were the same way when they arrived. This week is spent helping new students get adjusted and learn wilderness skills and allowing the older students to share realizations that they have begun making the past 3 weeks in the program.

During the fifth week older students are again reorganized into the group they had prior to Mix-and-Match. One or two days of this week are spent in what is called a Group Walk-About in which students are in charge of all map and compass work, planning, and decision making for the group, with instructors just observing. The purpose of Walk-

About is to allow the students to learn how to work more as a team and rely on themselves. Later in the week 2 or 3 days are spent in Student Expeditions. This challenge involves assigning students into pairs and then sending them off on a two to three day expedition. They are given maps of the area, shown their present location on the map, shown a destination point (about 7 to 10 miles away) where they will meet the rest of the group, and given a two-way radio for communication with staff as needed. Student Expeditions typically occur in areas that have no trails and few obvious landmarks and require that students use their map and compass skills to navigate during their hike. These expeditions are generally very challenging and intimidating for students, and are intended to promote a sense of achievement, self-reliance, and confidence.

The first half of the sixth and last week involves a 4-day, 3-night solo experience during which students review what they have learned in the program. This solo is also intended to be a time for students to work on their "listwork" which they will share with their families during the Family Enrichment Session (called "Family" by participants), which is now only a few days away. The listwork includes the amends they want to make to their family, their feelings about family members, and their goals for their "new" relationship with family members. When the 4-day solo is over, students then participate in a sweat lodge ceremony in which they symbolically leave their old, negative life and begin their new and better life.

The sweat lodge marks the end of the field experience and the next day students are taken out of the field to meet their families, get cleaned up, and begin the 3-day Family workshop. This intense 3-day session is facilitated by a master's-level clinician and

includes all of the students, their families, and the field instructors. During this session family members and students share their listwork with each other and work through issues with the help of the clinician and other individuals in the group. At the end of Family, the treatment team (including the clinician and field instructors) meet with each of the families to give recommendations, which is signed by all as a "contract," on what treatment work should take place for the youth and family after WQ.

Origin and Development of Life-Line

Life-Line evolved from programs started in New Jersey, called "Kids of New Jersey" and "Kids of America," by a man named Willard Newton. The founder and director of Life-Line, Vern Utley, indicates that in 1986-1987 parents in Utah were sending their troubled children to these New Jersey programs. The "Kids of New Jersey" wanted to expand in several sites, including Utah, and brought about 30 youth to Utah in 1989 and called the program "Kids of Greater Salt Lake." In 1990 the program began having some problems and was going to shut down, but some parents running the franchise sought assistance from Mr. Utley and a few other professionals and together they reorganized and started Life-Line.

Life-Line is a not-for-profit adolescent day-treatment center located in North Salt Lake, Utah. Life-Line provides services to adolescents, age 12 through 18, and their families who are struggling with substance abuse, depression, family relationships, criminal behavior, and other compulsive behavior and dysfunctional problems. Life-Line mostly serves families in the Greater Salt Lake area who are able to visit the treatment center on a

regular basis, preferably once or twice a week, because Life-Line believes regular family involvement is essential for treatment to be effective. Many of the discussion groups are led by paraprofessionals (21 years or older) or peer staff, many of whom have personal experience in recovering from drug abuse and other behavior problems. Master's level therapists supervise these staff and their groups, conduct therapy groups, and conduct family therapy sessions.

Life-Line (LL) is a highly structured program based on the 12-step AA process which encourages those who have experienced similar problems to help others. Thus, Life-Line's approach is one of youth helping youth and parents helping parents to recover and make changes toward healthier habits and family relationships.

The LL program takes about 9 months for the typical youth and family to complete. When youth are enrolled in the program, a diagnostic evaluation is completed which includes psychiatric and psychological assessments as well as a social history in order to develop a treatment plan according to the youth's treatment issues. Much of the youth's time at LL is spent doing treatment groups with peers who are also in treatment and are facilitated by peer mentors, paraprofessionals, and/or clinicians. The structure of the program consists of five phases. Youth in the program are often called "phasers."

The first phase of the program generally takes about 2 months, and during this phase youth are removed from their homes. They spend 6 days a week at the LL center, which provides an accredited school program in the mornings and group and clinical work in the afternoons and evenings. They spend their nights and Sundays in a host home, which is a home of another family who has a same-sex youth on a higher phase in the program. While

the youth are in host homes they are under the supervision of the higher phase youth (with "higher phase" meaning that a youth is at least on the second phase of the LL program). Youth have many restrictions during this phase, including no make-up or jewelry, no watching television, no listening to music, no mail, and no phone calls. These youth only see their families once a week at Open Meeting, but are not allowed to talk to their family until they earn a "talk" privilege by exhibiting good behavior and starting to talk about their issues in groups. When they earn "talk" they are only allowed to talk to their parents and siblings for 5 to 7 minutes at a designated time during Open Meeting for the purpose of making amends. These youth are also "belt-looped" by another youth who is on a higher phase to keep them under close supervision and prevent them from running. The focus of this phase is on honesty and awareness of the issues that created the disruptions in their lives.

The second phase is shorter, sometimes lasting only 2 weeks. Youth on the second phase have earned the privilege to "come home" and now stay at their homes at night while still spending 6 days a week at the LL center. They also begin to serve as host homes for first-phase youth. Although they are home, there are strict rules on what they can do and they have to constantly be under the supervision of their parents. The emphasis during this phase is working on family relationships. Family therapy sessions begin during this phase and usually happen every 2 weeks, but may be more frequent if needed.

The third phase also lasts about 2 weeks and during this phase youth prepare to cope with the challenges of returning to school and reentering society. They are encouraged to end relationships with peers who are not emotionally healthy ("healthy" meaning that they

have positive attitudes, positive hobbies, and do not use drugs or engage in other illegal behaviors) or with whom they had negative interactions before. They are taught skills to help them build positive friendships and to discover new interests and hobbies which will include sobriety and healthy fun.

During the fourth phase, time at the center is reduced to about four and a half days, and youth begin to attend their own regular school. They begin to learn how to face peer pressure and to create safety within their lives. They also continue to host first-phase youth in their home. This phase lasts about 3 months.

The fifth and final phase lasts about 2 months. Time at the center is further reduced in order to help youth gradually leave the safety of LL and to practice the skills they have learned. The emphasis of this phase is on maintaining the process of recovery and letting go of LL while setting an example for others. Once youth complete their fifth phase they may start what is called their "trial graduation" period. They must complete 4 weeks of a trial graduation successfully, which includes attending a weekly aftercare group, in order to officially graduate.

An important part of the LL program is family involvement. Parents and siblings are required to attend open meetings on Thursday evening every week. During these meetings they are able to learn from the experiences of other families and youth in the program, form a support network, and to work on issues with their youth. As indicated, they are also involved in family therapy with the youth about every 2 weeks after the youth advances to the second phase. In addition, parents are required to participate in a 2-day Parent Weekend after they have been in the program a couple of months. Parent Weekend

is a 2-day therapy group for parents that engages them in identifying and working on their own issues for their own benefit and to promote healthier functioning in the family.

The LL program uses the AA 12-step process as a recovery model, and particularly emphasizes the need for a "higher power" to restore sanity in life. The process of change is seen to include an awareness of powerlessness without one's higher power. Humility, honesty, making amends, prayer, meditation and serving others are all parts of the spiritual awakening necessary to change life patterns. Faith in this process of change is seen as the power that creates success.

It is important to note that during the time of this study the LL program was in the process of opening a second facility in another Utah city and so clinical and administrative resources were spread thinner than usual. Because of this, clinical sessions were often held once a month instead of twice a month as preferred. Also, at the start of the study LL held Open Meeting twice a week and later switched to the current once-a-week schedule.

Program Similarities and Differences

Although the WQ and LL programs use different treatment environments, they were chosen for this comparison study because of some core similarities shared in the programs. These similarities include treatment populations, treatment philosophies, treatment community culture, staff credentials, and costs. These similarities are presented in Table 1.

While these similarities allow for a certain degree of constructive comparison there are also notable differences which must be taken into consideration. These differences include the typical length of stay for clients, degree of family involvement, degree of

Table 1

Similarities Between the Wilderness Quest and Life-Line Programs

Program similarities	Examples of shared similarities
Treatment population characteristics	•Youth ages (mostly 14 to 17 years old) •Youth come from middle to upper SES families •Youth present with similar problem behaviors (e.g., family conflict, substance abuse, and school performance problems)
Treatment philosophy	•Emphasize family involvement and family change •Based on the 12-step model of recovery •Emphasize the importance of spirituality in recovery •Create a caring and supportive atmosphere
Therapeutic community	•Employ some staff who are in recovery, as well as some youth who graduated from their respective programs, who can empathize and serve as positive role models •Emphasize the value of peer group therapy
Treatment staff	•Paraprofessionals, often young adults in their early twenties, facilitate most of the groups •Master's-level therapists supervise the paraprofessionals, coordinate assessments and treatment planning, and conduct family therapy and multi-family group therapy sessions •Psychiatrists or psychologists are used for assessment of clients with more severe issues and medication management
Long-term costs	•About $15,000 for completion of program of average length (6 weeks for WQ and 39 weeks for LL)

program assistance in the youth's transition back to society, amount of program assistance with aftercare, and short-term costs. Many of these differences are a function of the relative proximity of the programs to the homes of youth and families, with the LL program facility much closer than the WQ program. These differences are described in more detail in Table 2. Because of these differences, instead of saying that this study compares the effectiveness of the programs' methods, it is probably more accurate to say that the study compares some of the therapeutic benefits that result from each program.

Research Methodology

A qualitative methodology was chosen for this study to allow for a more in-depth understanding of the therapeutic factors and benefits in the two programs. Patton (1990) suggested that qualitative research is critical in such exploratory, descriptive research:

> An inductive approach can be particularly appropriate for the conduct of process studies and evaluations. To understand the unique dynamics of a process it is helpful to approach that process without predetermined hypotheses about what strengths and weaknesses may exist. Such an open-ended approach permits the strengths and weaknesses to emerge from the process observations and interviews rather than from the theories and expectations of the process researcher. (p. 96)

Patton (1990) also suggested that a combination of interview and observation methods is needed to provide a thorough understanding of participant experience and program process. While interviews can permit the researcher to "understand the world as seen by the respondents" (p. 24), Patton suggested that

> there are limitations, however, to how much can be learned from what people say. To fully understand the complexities of many situations, direct participation in and observation of the phenomenon of interest may be the best research method. (p. 25)

Table 2

Differences Between the Wilderness Quest and Life-Line Programs

Program differences	Wilderness Quest	Life-Line
Length of programs	Short-term; 6 weeks	Long-term; 39 weeks
Treatment population	National sample; diverse religions	Mostly Utah sample; 85-90% in LDS religion
Family involvement on site	•Intensive family therapy work in a 3-4 day Family Enrichment session	•10-12 family therapy sessions (more if needed) •Open meeting and groups/ classes one evening per week •Intensive parent therapy work in a 2-day Parent Weekend •Parents involved in weekly transition and aftercare groups in advanced phases
Type of other family involvement	•Weekly conversations on phone with therapist •Family members complete self-help workbooks and listen to cassettes at home •Letter writing to youth in field	•Opportunity to call/talk to therapist as needed •Support group formed with other parents; call as needed •Families serve as "host home" parents of other youth
Transition and aftercare	•Limited: - Develop aftercare plans & contracts for each family - Program is generous in offering phone time and other help after program - Some web-site support	•Thorough: - Slowly reintegrates youth back to family, school, work, and peers in phases 2-5 - Weekly aftercare groups required for 4 weeks, but available as long as youth wants
Short-term costs	$354/day	$60/day, plus $850 at entrance for Diagnostic Evaluation

In addition, Patton suggested that qualitative methods permit the researcher to use a holistic, systems approach to data collection, and that the findings from such studies may then be used to developed a grounded theory explaining the elements of programs most important to change and growth.

The following sections describe the design of the study, including the observation and survey methods used. Subsequent sections describe the participant samples in the two programs. The chapter concludes with a description of the data analysis procedures and a brief discussion of validity and reliability considerations in this study.

Study Design

This study principally used two levels of inquiry. The first level of inquiry involved observations during extended site visits at each program and were conducted to provide the researcher an in-depth understanding of each program. According to Patton (1999), such observation practices are essential for the researcher to more fully understand the processes and complexities of a program. These observations were also considered to be essential in providing context and guidance during the second level of inquiry.

The second level of inquiry consisted of follow-up surveys with youth and parents approximately a year after youth were enrolled in their respective treatment programs. The core data used in answering the research questions were obtained during this second level of inquiry. This follow-up study design was chosen to allow assessment of the long-term benefits of the two programs. This long-term perspective was considered essential to understand how youth behave once the program is over, particularly in understanding

what program benefits if any are maintained and manifest in youth behavior over time. Research on both wilderness therapy programs (Doone, 1998; Hanna, 1996) and therapeutic communities (Jainchill, 2000) indicates that youth clients struggle in transitioning back to society after program completion. The longitudinal design allows insight into how these transition experiences compare between the clients from these programs. In addition, the long-term perspective allows for an assessment of what program features are considered to be most beneficial in the long-term recovery and growth of youth clients and their parents. This qualitative follow-up procedure also allows the researcher to more fully capture the developmental dynamics of youth clients and families than would be possible using quantitative measures (Patton, 1990). The following sections provide more detail about the observation and interview procedures used.

Observation Methods

As indicated, the researcher spent extended periods of time, about 8 weeks, observing in each of the two programs. However, because of the different structures of the programs, the level of participation afforded to the researcher varied between programs. In the Wilderness Quest (WQ) program the researcher actively participated in and observed much of the program activities, whereas in the Life-Line (LL) program the researcher was generally limited to the role of an observer. The site visits were first conducted at WQ and then were begun approximately one month later at LL.

In both site-visit situations the program directors introduced the researcher, who then identified himself as an "observer" and explained the research study to staff, youth,

and families. Somewhat surprisingly, the majority of the participants and staff seemed comfortable and open to the researcher's presence and in many cases intrigued by the study. In a few cases, staff and participants were understandably leery about the presence of a research observer. However, the anxiety of many (and possibly all) of these persons appeared to be eased due to the vocalized support of the study by program directors, the insurance of confidentiality, an improved understanding of the study, and increased familiarity with the researcher. In addition, the extended time spent by the researcher in each program also seemed to lead to higher levels of comfort and familiarity, and in some cases even friendship (particularly at WQ due to the level of participation) between the researcher and many participants and staff.

The participant-observation experience at WQ involved two site visits, one for 2 weeks and the other for 6 weeks. During these visits the researcher was immersed in the program 24 hours a day and participated in the same activities as the youth and field staff. The researcher experienced the same wilderness challenges, simple diets, and daily rigor of hiking and wilderness living faced by participants. In addition, the researcher used the same clothing issue and primitive gear as the youth did, and experienced the same frustrations and sense of accomplishment in learning primitive wilderness skills, such as using a survival pack and starting a bow-drill fire. The 6-week visit also allowed the researcher to follow a group of youth from their first days in the program to their final days, and through their Family Enrichments session. These experiences allowed the researcher not only to observe the day-to-day challenges and growth of participants, but also to experience those same personal challenges and growth opportunities. Thus, the

researcher obtained a very intimate and emotional perspective of what it was like for youth and parents to go through the WQ program.

The site visit experiences at LL took place over a period of 8 weeks. During this period of 8 weeks the researcher usually spent 3 days per week in observation, often arriving early in the day and staying until the end of the day's activities. Care was taken to stagger the visits so that the researcher eventually was able to see what took place on different days and at different times of the day. The researcher was able to observe youth at all levels of treatment, including the confusion and turmoil of new youth and their families on the day of enrollment to the relief, excitement, and hope of youth and families who were graduating from the program. In addition, the researcher was able to observe an entire Parent Weekend and thus better understand what parents struggle with and work through in the program. The program director also arranged for the researcher to spend a night in a host home so the researcher could get a sense for what the host home experience was like. However, due to the program structure the researcher's participation in the groups and activities would have been intrusive and inappropriate. Therefore, the researcher assumed a clearly defined role as an observer, watching what took place from an unobtrusive place at the back of a room or at the outer edge of an activity. Despite this position as a mere observer, the researcher was still able to clearly see, hear, and empathize with much of the emotion and growth that participants experienced in the program.

During these observation experiences, the researcher often carried a notebook but would not actively write down what he was observing unless he could do so

unobtrusively. When the activity or situation did not allow such discreteness, the researcher often made mental notes of what was going on in the groups, conversations, or activities and then would write down and recreate those moments in a notebook when there was an appropriate opportunity to do so. The researcher later transcribed and expanded these notes using a micro-cassette tape recorder, typically at the end of the day when he could do so out of sight and hearing of all participants and staff. Although participants and staff knew why the researcher was there, care was taken to show respect and not disrupt the process by keeping the mechanics of the observation process discrete.

Survey Methods

While observation methods are critical in providing an understanding of the programs, a valid understanding of the therapeutic process requires that the researcher also try to understand it from the perspective of the participants (Patton, 1990). These perspectives were obtained through a survey approach using phone interviews and mail questionnaires. Specifically, this study was designed to obtain in-depth follow-up responses through phone interviews with five families in each program, with a "family" consisting of the youth client and their parents. Questionnaires using the same protocol of questions were sent to another 22 families in each program. The first five families in each program who agreed to participate were selected for the phone-interview procedure, with the remaining families selected for the mail-questionnaire procedure.

Separate but similar protocols were developed for youth and parents, and these protocols varied slightly for participants in the WQ and LL programs. These protocols are

included in Appendix A. These protocols asked youth and parents questions pertaining to their experiences in the treatment programs, their experiences after the programs, their evaluation of youth behaviors since the program and at the time of the interview, and their assessment of how the programs were beneficial for youth and their families. Those who participated in phone interviews were encouraged to locate themselves in a private setting so they could be more open with their answers. Participants were informed that the interviews were being tape-recorded and then would be transcribed for analysis by the researcher. Those who completed questionnaires were also encouraged to do so privately so they would feel more able to respond honestly and openly.

The questions on the protocols were developed according to evaluation interests expressed by the two programs and according to indications given in related research literature. For instance, questions were developed to assess transition experiences and factors related to relapse for youth because these interests were expressed by the founders and key personnel in both programs. In addition, questions were developed to assess the importance of spirituality and the 12-Steps in youth progress after the program because these interests were also expressed by the program directors. Other questions were developed to assess youth progress in various behavior categories because research (Jainchill et al., 2000) suggests that adolescent recovery studies should use a "multidimensional approach" that considers a broad range of outcome variables. Specifically, change should be seen both as a reduction or elimination of negative behaviors like drug use and criminal activity, and as an increase in prosocial behavior such as school performance, employment, and positive peer relationships.

For WQ youth, the "follow-up" time period was chosen to take place approximately a year after youth completed their WQ program. This follow-up occurred between 13-15 months (6 to 9 weeks in the program plus a year until the follow-up) on average after the time of youth enrollment. A dilemma was then faced of when to conduct a comparable follow-up for LL youth. One option would have been to conduct the follow-up a year after youth completed their LL programs but this would have resulted in some follow-up time periods taking place up to 2 years after youth enrolled in the program. A second option consisted of conducting follow-ups at the same time period after initial enrollment, meaning 13-15 months after youth were enrolled in LL. While both options had advantages and disadvantages for comparison purposes, the researcher decided upon the second option in order to reduce the effects of the influences that result from maturation (biological, social, and emotional) and the passage of time since the treatment process began in the programs. Thus, the study provides a comparison of follow-up reports at the same time period, 13-15 months, after the treatment process was started in the two programs rather than at the same time period after the treatment programs were completed. Implications of this follow-up time period will be discussed in later sections.

Participant Selection

Participants were selected using an "ongoing enrollment" procedure. The first participants were chosen according to those who began enrollment at the same time the researcher began his site visits to the programs. For Wilderness Quest (WQ) this pertained to the beginning of the 6-week site visit, and for Life-Line (LL) this pertained to the first

week of the 8-week period of site visits. Soon after enrollment in the program these participants were asked, by the researcher or a staff member, if they would be willing to participate in the study and then were given consent forms (see Appendix B) to read and sign if they were willing to participate. Because site visits occurred at WQ first, the researcher maintained this "ongoing enrollment" procedure for approximately 3 months, at which time 27 youth clients and their families were identified to participate. A similar procedure was used in the LL program, until 27 youth clients and families had been identified, which took about two-and-a-half months in the "ongoing enrollment" process. As indicated, the first five families who agreed to participate in each program were administered the follow-up questions through phone interviews. The remaining families who agreed to participate in each program were mailed follow-up questionnaires.

Wilderness Quest participants: Follow-up surveys. Responses came from surveys conducted just over a year (13-15 months) after youth initially enrolled in the Wilderness Quest (WQ) program. Ten families participated in this follow-up, five through semi-structured phone interviews and five through mail questionnaires. Six of the 10 families were represented by responses from the youth and at least one parent, while four families had responses from parents only. A total of 16 parents and six youth participated. All five families contacted for phone interviews, including parents and youth, participated. Questionnaires were sent to 22 families, but completed questionnaires were only obtained from parents in three families and from only one youth in those three families. The researcher telephoned those who did not respond to see if they had received the questionnaire and to encourage response. Approximately five families were successfully

reached by phone and they said would try to complete them, messages were left on answering machines of about five others, and the remaining families were unable to be reached. This effort resulted in parents in only two more families responding. A total of 17 families did not respond to the questionnaires. Thus, only 10 of the 27 families (37%) who agreed to participate are represented in the follow-up results.

Youth and parents were asked several questions pertaining to background information, including why the youth was enrolled in WQ, how long the youth was at WQ, whether the youth graduated from WQ, where the youth has lived since WQ, and where the youth is currently residing. The most common reasons for enrollment in this sample included the following: illegal substance use or abuse (10 youth), out of control behaviors (seven youth), family relationship problems (six youth), school problems (six youth), and law violation problems (five youth). Other, less common, reasons for enrollment included problems with anger, identity and self-esteem, peers, authority figures, and sexual issues. Table 3 presents a summary of responses to the other questions, with youth and parent answers combined to provide the most complete description possible for each youth. In six families the accuracy and reliability of the responses were strengthened by obtaining responses from the youth and at least one parent. Responses from the six families with both parent and youth data generally indicate that parent perspectives were overall quite similar to youth perspectives in providing information about youth behavior in the various areas. Thus, it is speculated that such similarity would be present in the four families where youth responses were not obtained, but this lack of youth response still provides more uncertainty about the accuracy of parent perspectives in these four families.

As Table 3 indicates, all of the youth in this sample were at WQ for at least 6 weeks, except for one who left a week early to go to a boarding school. Two youth were at WQ an extended period of time, staying an additional 17 days to fulfill an incomplete graduation requirement, while another was at WQ six weeks during this study but had also been through the WQ program about a year earlier. Seven of the youth graduated from WQ while three did not. Nine out of 10 of the youth lived at home at least some time during the year after WQ, while only two of the youth lived at home the entire year. Five

Table 3

Length of Time in WQ, Graduation Status, and Residences After WQ

ID	How long at WQ	Graduated WQ?	Where youth has lived since WQ	Current residence
1	6 weeks	No	Home, treatment program	Treatment program
2	6 weeks	No	Home	Home
3	8 weeks	Yes	Home, friends, wandering	Friends
4	8 weeks	Yes	Home	Home
5	6 weeks	Yes	Home, treatment program, apartment	Apartment
6	6 weeks	Yes	Home, boarding school	Boarding school
7[a]	6 weeks	Yes	Home, friends, relative	Family relative
8[a]	6 weeks	Yes	Home, friends, wandering	Friends
9[a]	5 weeks	No	Therapeutic boarding school	Therapeutic boarding school
10[a]	6 weeks	Yes	Treatment program, home, apartment	Apartment

[a] Family in which responses were obtained from parent(s) but not from the youth.

of the youth lived in some kind of treatment program or boarding school for some time during that year, three had lived with friends at some point, and two had lived in an apartment at some point. In terms of current residence, two of the youth lived at home, two lived in an apartment, three lived in a boarding school or treatment program, two lived with friends, and one lived with a relative.

Life-Line participants: Follow-up surveys. Responses came from surveys conducted just over a year (13-15 months) after youth were initially enrolled in the Life-Line (LL) program. Eleven families participated in this follow-up, with five families participating through semi-structured phone interviews and six other families participating through mail-questionnaires. Eight of the 11 families were represented by responses from the youth and at least one parent, while three families had responses from parents only. A total of 18 parents and eight youth participated. Of the five families participating through phone interviews, all of the parents and four of the five youth who were contacted participated, with one youth who did not participate despite several attempts of the researcher to schedule an interview. Questionnaires were mailed to 22 families, but completed questionnaires were initially only obtained from parents and youth in four families. The researcher telephoned those who did not respond to see if they had received the questionnaire and to encourage them to respond. Approximately six families were successfully reached by phone and said would try to complete them, messages were left on answering machines of about six others, and the remaining families were unable to be reached. This effort resulted in parents in only two more families responding. A total of 16

families did not respond to the questionnaires. Thus, only 11 of the 27 families (41%) who agreed to participate are represented in the follow-up results.

Youth and parents were asked the same background questions which were asked of WQ participants. The most common presenting problems of youth which led to enrollment were the following: illegal substance use or abuse (nine youth), school problems (nine youth), out of control behaviors (eight youth), negative peers (five youth), sexuality and sexual abuse issues (five youth), and identity and self-esteem problems (five youth). Other reasons for enrollment included problems with anger, legal issues, family relationships, and authority figures. Reasons were not reported for one of the youth. Table 4 presents a summary of responses to the other questions, with youth and parent answers combined to provide the most complete description possible. The youth were at LL for an average of 37 weeks, with a range of 13 weeks for the shortest stay to 52 weeks for the longest stay.

Five of the youth graduated from LL while six did not. Because the youth were at LL for different lengths of time, the period between the time the youth left LL and the time the survey was completed also differed with each youth. The average period after LL for the survey was 27 weeks, with a range of 9 weeks for the shortest period to 55 weeks for the longest period. It is important to note that for youth who graduate from the program, the length of time such youth are considered enrolled in LL only includes time up until their "trial graduation," which precedes the official graduation. The length of time on "trial graduation" is typically 30-60 days, but may be longer. Youth are considered "terminated" from the LL program once this trial period begins, but a requirement for graduation is attendance to an aftercare group once a week for four consecutive weeks.

Table 4

Length of Time in LL, Graduation Status, and Residences After LL

ID	How long at LL[a]	Graduated LL?	Time since left LL[b]	Where youth has lived since LL	Current residence
1	31 weeks	No	36 weeks	Home	Home
2	46 weeks	No	22 weeks	Relatives, home	Home
3	30 weeks	No	37 weeks	Home, relatives, friend	Friend
4	43 weeks	Yes	21 weeks	Home	Home
5	52 weeks	Yes	13 weeks	Home	Home
6	39 weeks	Yes	22 weeks	Home	Home
7	48 weeks	Yes	10 weeks	Home	Home
8	50 weeks	Yes	9 weeks	Home	Home
9[c]	13 weeks	No	55 weeks	Home	Home
10[c]	36 weeks	No	29 weeks	Home	Home
11[c]	18 weeks	No	47 weeks	Home, friend's family	Friend's family

[a]For graduates the length of time at Life-Line does not include a 30-60 day trial graduation period that precedes official graduation.

[b]For graduates the reported length of time period since they left LL does include the trial graduation period.

[c]Family in which responses were obtained from parent(s) but not from the youth.

This group is facilitated by staff and involves other youth also in their trial graduation period. Thus, for those who graduated LL the times in treatment reported in Table 4 do not reflect this trial period, and conversely the reported length of time since they left LL and the survey was completed does include this trial period. In one instance the youth

completed this trial period (which in this youth's case lasted 9-10 weeks) and celebrated official graduation on the same day that the youth and parents completed their surveys.

All 11 of the youth lived at home at least some time since they left LL, with eight who lived at home the entire time. None of the youth lived in any other treatment program or boarding school since leaving LL. In terms of current residence, nine of the youth lived at home, one lived with a friend, and one lived with a friend's family.

Comparison of participant samples. Both samples were smaller than anticipated due to significant nonresponse rates, with 16-17 of the 27 potential families in each program not responding. However, the responses that were obtained were somewhat similar in that all five families chosen to participate through interviews did participate. In addition, it is speculated that the kinds of families who chose to complete a questionnaire in either program may share similar characteristics, which may include feeling more loyal to the program or having an interest in the research effort.

Reasons for enrollment in the programs were very similar for the WQ and LL youth, with the most common reason in both programs being substance abuse, and other very common reasons including out of control behaviors and school problems. Table 5 compares other background information reported on WQ and LL youth. Youth in the WQ sample had a higher rate of graduation than youth in the LL sample. In both programs, nongraduation resulted from youth not staying long enough to complete the requirements, with youth sometimes leaving early due to their own requests or problem behavior and sometimes because their parents wanted to remove them prior to graduating due to financial constraints, dissatisfaction with the program, or other reasons.

The results in Table 5 also highlight several other differences between the program samples that have implications for this study. An expected difference between the samples was the length of time in treatment, with youth being in the WQ program for an average of 6 weeks while youth were in the LL program for an average of 37 weeks. These averages were similar to the average lengths of treatment of typical youth clients in each program, with 6 weeks being the common length for WQ youth and 39 weeks being the average

Table 5

Differences in Graduation Status, Treatment and Survey Time Periods, and Residency for WQ and LL Youth

Differences	WQ (n = 10 youth)	LL (n = 11 youth)
Graduated	7 youth	5 youth
Average time in program	6 weeks	37 weeks
Average length of follow-up time	12-14 months	8-9 months (36 weeks)
Residences since program	Home only (2), home/treatment program/other (4), home/wandering with friends (2), treatment program only (1), home/other (1)	Home only (8), home/other (2), home/friend (1)
Current residence	Treatment program (3), home (2), apartment (2), friends (2), relative (1)	Home (9), friends (2)

length for LL youth. In addition, there were proportionally larger within-sample differences for length of time in the program for LL youth, with a range of 13-52 weeks, than for WQ youth, with a range of 5-8 weeks.

A related difference in the samples results from the peculiar design of this study, with the average amount of time since youth left the program being 12-14 months for WQ youth and only 8-9 months for LL youth. As previously discussed, this design allowed a follow-up, which in one sense was similar in both programs, 13-15 months after enrollment, but which provided substantial differences in how long WQ versus LL youth were in the "real world" after treatment at the time of the follow-up.

There were also noteworthy differences in residency between the youth in the WQ and LL samples. There were only two WQ youth while there were eight LL youth who only lived at home since leaving the program until the time of the survey. Another noteworthy difference was that there were five WQ youth and no LL youth who lived in some kind of residential program since leaving the WQ or LL program. In terms of current residence there were again noteworthy differences with most of the LL youth living at home while the residency of WQ youth was spread out between treatment programs, home, and a few other places. One explanation for this may result from the study design and the shorter time period between the program and survey for LL versus WQ youth, and thus less likelihood or opportunity for LL youth to live places other than home. While this explanation may have some merit, there are also treatment-related explanations for this difference in residency, which will be given in the following chapters.

Data Analysis

The goal of data analysis was to address the research questions using the follow-up survey responses as the primary body of data. The interview transcripts and questionnaires were first reviewed on a question-by-question basis. The analysis of each question typically began with a coding process, which is described in the following paragraphs. With some questions these codes were then analyzed using a simple content analysis procedure, which counted the frequency of codes for each question. Qualitative data display procedures, recommended by Miles and Huberman (1994), including tables and matrices, were then used to organize the data for analysis and comparison. The data for each program was considered independently of the other, meaning that the coding of one program began and ended before coding of the other program began. The same coding procedures were used in both programs.

The coding process followed the steps of the grounded theory method described by Strauss and Corbin (1990). This constant comparative method involves first reviewing the data and inspecting the content. The process of open coding then begins in which the researcher applies codes to units of the data (with units typically being a phrase or sentence). These codes, usually one to three descriptive words, are intended to capture the conceptual meaning of the data unit, rather than just summarize the words in the unit. As these open codes are developed throughout the data set they begin to form patterns based on similar constructs which are then grouped into clusters of codes which have similar meaning. The same code name is then applied to these codes with similar meaning. A

descriptive coding scheme is then developed by this process, with the process repeated many times, moving from open codes to patterns of descriptive codes for different concepts in the data. The interrelationships between these categories, or patterns of codes, are then arranged into a hierarchial or axial organization of codes. Finally, selective coding may then be used to develop a story line, or model, of the data.

Data analysis was first completed for the WQ data, including all coding, content analyses, and data display procedures. Then, these same procedures were applied to the LL data. Once both data sets were analyzed, the two data sets were compared and then interpretive models of the data were developed to represent the therapeutic benefits and factors in each program. It is important to again emphasize that this is considered to be an exploratory study, with small samples in each program, and thus the models developed are intended to only be interpretive and not to represent true grounded theories for these programs, let alone for wilderness therapy and therapeutic community programs. As Strauss and Corbin (1990) suggested, a true grounded theory meets standards of generalizability, reproducibility, precision, rigor, and verification. Thus, only repetition or expansion of this comparative study would reveal the reproducibility and generalizability of these models.

Most discussions of validity and reliability in qualitative research point to two issues: the use of triangulation and the credibility of the researcher. The application of these issues in this study will be discussed in the following sections.

Triangulation

Triangulation is a common procedure used in the verification and validation of qualitative analyses. Patton (1990) has indicated that there are several different kinds of triangulation, including triangulation of methods, triangulation of data sources, and theory triangulation.

The triangulation of methods in this study was achieved by combining observations with interviews and questionnaires. The observation experiences provided the researcher an understanding of the processes and practices of each program which added meaning and insight to the responses obtained in the follow-up surveys. In addition, the participant selections began during the time period when the researcher was conducting observations of each program. Thus, the researcher was familiar with and had conducted observations of all of the participants who were interviewed and many of those who completed questionnaires. This personal familiarity with these participants allowed the researcher to understand their treatment issues and family dynamics at the time of the observations and thus allowed some assessment of the validity and completeness of their responses. In addition, the observations were helpful in the later interview process as it gave the researcher insight to ask about issues particular to the participant which may not have been specifically addressed by the standard protocol questions.

The triangulation of data sources was achieved to some degree in this study by obtaining responses from youth and parents. Reports from parents were used to cross-check and determine the validity or completeness of youth responses. In some cases more than one parent responded within the family and this provided even better assurances of

validity. In addition, youth and parent reports allowed the researcher to have a more complete picture, from different perspectives, of the answers and experiences of youth and families.

Theory triangulation generally pertains to the use of different theoretical perspectives to interpret the findings. Different theoretical perspectives were used to interpret the findings and will be discussed at the appropriate time in Chapter V.

Credibility of the Researcher

In qualitative studies the researcher is the instrument (Glesne & Peshkin, 1992), and so validity hinges to a great extent on the skill, competence, and rigor of the person doing the research (Patton, 1990). Thus, an accurate discussion of validity issues in this study requires that I discuss my personal qualities, skills, and subjectivities as the research instrument in this study.

To provide a better understanding of this study, I will discuss my subjectivity as a researcher, or as Peshkin (Glesne & Peshkin, 1992) refers to it, my "subjective I's." Peshkin (p. 101) suggested that as a researcher I must consider "what questions drive (my) work, and what emotions (I) feel as (I) contemplate the subject of (my) research." In congruence with this advice, it is important for me to explain my motives to this study, my feelings about the subject, and the various "subjective I's" that I bring to the project. My main motive for choosing this study topic is that I enjoy working with adolescents and am particularly interested in finding and using the most effective methods for helping troubled adolescents. This may be called my "adolescent-therapist I." I also have a passion for the

outdoors and a conviction, based on personal experience, that outdoor experiences can have a rejuvenating and inspiring effect on the individual. This may be called my "outdoor-loving I." Thus, this helps to understand my particular interest in understanding and studying the benefits of wilderness therapy compared to traditional treatment approaches. While I may have a bias toward the wilderness approach because of my "outdoor-loving I," I also want to know which treatment approaches are most beneficial, based on systematic research analyses--my "researcher I"--so that I can be more effective in the way I choose to help troubled adolescents. While I admit that my personal interests in the outdoors may introduce some unintentional bias, my driving motive is to clearly understand which therapy techniques lead to the best results and thus I approach the study with a neutral stance, open to any confirming or disconfirming evidence for either program. Patton (1990) suggested that such neutrality is essential in order for the research instrument, the researcher, to be credible.

My skills relevant to this study come from my professional research and clinical training, which began in a marriage and family therapy master's program in 1994, and which continue to the present in my doctoral training. During these graduate school years my interests and emphases have particularly focused on adolescent development and rehabilitation. I have also spent the majority of my clinical time working with troubled adolescents and their families in outpatient and residential settings. My research competencies, particularly with observation and interviewing methods, come partly from skills gained through clinical experiences and partly from a 1-year assignment as research assistant on a qualitative study of home health care clients and providers.

This brief discussion of my subjectivities and skills hopefully provides an honest perspective on the origins and rigor of the study. This discussion also contributes to an understanding of the validity and reliability of the findings and interpretation, which will be presented in the following chapters.

CHAPTER IV

RESULTS

This chapter begins with a review of findings for the Wilderness Quest participants, and then reviews the findings for the Life-Line participants. Next, the chapter provides a comparison of the findings from the two programs. The final portion of the chapter discusses the development of interpretive models to represent the findings in the two program samples.

Wilderness Quest Follow-Up

Assessment of Youth Behavior in Specific Areas

Youth and parents were questioned about the youth's behavior and progress in several specific areas including substance abuse, family relations, peer relations, school/education, and job/work. Responses from the youth and parents were used to create a composite picture of how individual youth were doing in each area, and then the researcher used this information to develop a rating on a scale from very negative to very positive.

Applying a rating scale was beneficial in allowing comparisons between youth within the program and between the two programs. These ratings were determined by the researcher based on the information provided in the interviews and questionnaires, and may or may not be similar to the assessments or opinions of the participants themselves. For instance, if a youth indicated that she was using drugs daily, but that she felt like she

had her drug use "under control," that youth would still have been given a rating of "very poor" in the substance abuse category. These ratings of youth behaviors are presented in Table 6. Assessments of youth behaviors are given for both early (about 6 months) and later (about 12 months) periods after WQ when enough data were available on these different time periods, which occurred with the five families who participated in interviews (ID# 1-5).

Decision rules for determining ratings. While applying an objective rating standard to subjective responses may introduce error, using specific decision rules helps to minimize such error. In determining what rating to give a youth's behavior in each category, the following decision rules were used:

Very positive (++) ratings were given when parents and youth both indicated the youth's behavior was "excellent" or "great" in that category, or was as good as could be hoped. For example in one family a parent described the child's family relations as "it worked out the way we had hoped, we have a great story here," and the youth described family relations as being "awesome" and said they communicate very well.

Positive (+) ratings were given when parents and youth indicated that the behavior in the area is "good," although there is room for the youth's behavior or attitude toward the behavior to improve. For example, a youth described relations with friends as being "good, my friends are very supportive," and the parents indicated that the child's peer relations were "good--making better choices in...friends."

Table 6

Assessment of Youth Behavior in Specific Areas During Two Time Periods--Early (About 6 Months) and Later (About 12 Months)--After WQ

ID	Substance abuse		Family relations		Peer relations		School / education		Job / work		Average ratings		Direction of change in ave. ratings
	Early	Later	Early	Later	Early	Later	Early	Later	Early	Later	Early	Later	
1	--	+	--	+	--	+	--	+	NA	NA	--	+	Positive
2	-+	-	--	-	-	-	++	+	-+	-+	-+	-/-+	Slight negative
3	--	--	-	-	-	-	--	--	-+	-+	-	-	No change
4	++	++	++	++	++	++	+	++	NA	++	++	++	No change
5	+	-+	-+	-+	+	-+	NA	+	++	+	+	-+/+	Slight negative
6		+		++		+		++		+		+/++	Unknown
7[a]		-+		++		-+		-+		+		-+/+	Unknown
8[a]		--		--		--		--		--		--	Unknown
9[a]		++		-+		-		-+		+		-+/+	Unknown
10[a]		+		++		++		+		++		+/++	Unknown
Ave. rating		-+		-+/+		-+		-+/+		+		-+/+ (.4)	

Note. ++ = Very positive + = Positive -+ = Mixed, negative & positive - = Negative -- = Very negative NA = Not applicable

[a] Family in which responses were obtained from parent(s) but not from the youth.

Mixed (-+), negative and positive, ratings were given when parents and youth felt the youth was making progress but at the same time still struggling or lacking in effort, and it could not be clearly decided either way as being "positive" or "negative." For example, a youth described family relations as being "not close, but okay" while the parents said the relationship had definitely improved since before WQ but it was still "estranged" as if there was "a wall between us."

Negative (-) ratings were given when parents and youth felt the youth's behavior was "not good," although it could be worse and typically was, such as in the period before WQ. For example, in regard to substance abuse one youth indicated that there was no more use of drugs but that the youth still drank alcohol. The youth's parents said they were not sure but thought the youth was drinking alcohol and possibly using drugs on weekends, as a "weekend partier" but that it was "not like it was before," suggesting that the pre-WQ behavior was worse.

Very Negative (--) ratings were given when youth and parents indicated clearly that little or no effort was put forth to behave well in that category, or that positive behavior in that category was not valued. Parents sometimes used phrases like "poor," "as bad as it could get," or "same as before [WQ]." For example, in regards to behavior related to school or education, one parent said the youth had stated clearly "I'm a school dropout" and would not go to school or make any effort in that area, while the youth said that school and getting a diploma "doesn't make a difference to me."

Calculating average ratings. An average rating was calculated by assigning numbers to the ratings (i.e., -2 to very negative, -1 to negative, 0 to mixed, +1 to positive, and +2 to very positive), and then calculating an average of the numbers. The average calculations produced non-whole numbers and a decision rule was used to round to the nearest .5 or .0 decimal, such that a +1.15 would be rounded to +1.0, and a -.35 would be rounded to -.5. The ratings were then reapplied to these numbers, such that a +1 average was labeled a positive (+) average rating, and a -2 average was labeled a very negative (--) average rating. Average ratings that were rounded to a .5 decimal were labeled as between the two ratings, such as a +.5 being between a mixed and a positive (-+/+) rating, which may be referred to as a "slightly positive" rating. The averages for the youth and categories are described in the following paragraphs.

Average ratings for individual youth. The average ratings indicate that overall behavior was in the positive for seven youth, indicating a positive trend for the majority of the youth sample approximately a year after the WQ program. However, overall behavior was negative for three of the youth, suggesting perhaps a lack of positive change or that changes were not maintained over time.

Changes in average ratings from early to later periods. As indicated, there was sufficient information on five of the youth to determine how youth ratings changed in each category from early (6 months) to later (12 months) periods in the year after WQ. The average ratings for individual youth indicate that two of the youth's ratings did not change, two changed slightly negatively, and one changed in a noticeably positive direction. Thus, for four of the five youth, how they were doing in early periods after WQ

was very similar to how they were doing in later periods, with slight fluctuations in each category. One possible explanation of the overall change or lack of change in the ratings may be related to the consistency of negative and positive influences on the youth in the early as compared to later period of the year. For instance, the one youth whose ratings changed noticeably in a positive direction was placed in a residential treatment program during the entire later period of the year. The youth who did not change typically had no change in the level of treatment or structure in their lives, and the youth who changed slightly negatively also appeared to have slightly less structure in their lives later in the year as compared to early in the year after WQ.

Average ratings for each category at 12-month follow-up (later period). Average ratings were available for all 10 youth in the later period, at the 12-month follow-up assessment. The averages for youth behavior in substance abuse and peer relations in the later period were mixed (-+), split between positive and negative. While the lack of a positive rating might seem discouraging to treatment providers or parents, the lack of a negative average rating may be equally encouraging as compared to how the youth were before WQ. For instance, it is worth noting that the surveys indicate that each of these ten youth had a substance abuse problem, some very serious and some less serious but noticeable, before WQ. While a rating was not constructed for substance abuse at a pretreatment period, it likely would have been somewhere in the negative (-) to very negative (--) range, as all the youth in this sample were noted as exhibiting negative behavior with substance abuse prior to WQ. From this perspective, an overall picture of the youth's behavior with substance abuse 12 months after WQ suggests they are doing

better than they were before WQ, but the mixed rating also suggests there is still a lot of room for improvement.

The averages for youth behavior in family relations and school/education were slightly positive (-+/+) average ratings. Although the average ratings are only slightly positive, they do indicate that youth positive behaviors in these categories outweigh their negative behaviors and that this positive leaning is evident one year after WQ.

The average rating for youth behavior was highest in the category of job/work in which there was a positive (+) rating. The positive behaviors of youth in this sample relating to this category are also highlighted by an examination of the individual youth ratings which indicate that seven had positive to very positive ratings, two had mixed and only one youth had a negative rating.

Average rating for sample overall. A calculation was also conducted to determine an overall behavior rating, or "grand mean," for the entire sample. The grand mean in this qualitative analysis is simply used to provide insight into the subtle differences in the overall ratings of the WQ and LL data. This calculation produced a mean of .4, which is the equivalent of a slightly positive (-+/+) rating. While this score is only slightly better than a neutral or mixed rating, it is undoubtedly better than the average behavior rating would have been for youth behavior over a year earlier before they participated in WQ. While a pretreatment baseline was not determined for these youth, the available information suggests that the ratings would have been negative as the typical youth presents at WQ with a recent history of out-of-control, negative behavior in most if not all of the behavior categories listed in Table 6.

Youth Transition Experiences After WQ

Youth transition experiences after WQ are reported in Table 7, with youth and parent responses combined to describe the transition. While each family seemed to have different judgments of how long it took for the youth to "adjust" after WQ, the general opinion seemed to be that the adjustment or transition occurred within the first 3 months after leaving WQ. A review of the youth transition experiences indicates that four youth (ID# 2, 4, 5, and 6) had mostly positive transition experiences, with some expected challenges in adjusting to family and society. Two youth (ID# 9 and 10) had a mixed experience, at first having a difficult time making the transition but then slowly making

Table 7

Transition Experiences of Youth After WQ

ID	How initial transition went
1	(-) Seemed okay, but youth attitude was bad; used drugs within three weeks
2	(+) Behavior was better, but youth felt society was hectic and awkward
3	(-) Behavior regressed almost immediately; youth unhappy in society, preferred the outdoors
4	(+) Behavior was really good, but youth struggled adjusting to society
5	(+) Had a good attitude, and was less manipulative than before WQ
6	(+) Better attitude, and talked more with family
7[a]	(-) Things went from bad to worse; youth used drugs within two weeks
8[a]	(-) Attitude was okay initially, but then things went poorly
9[a]	(-+) Transition difficult, progress very slow; youth wouldn't have made it without aftercare
10[a]	(-+) Transition was difficult, then things got better

Note. (+) Mostly positive transition (-) Mostly negative transition (-+) Mostly mixed transition

[a] Family in which responses were obtained from parent(s) but not from the youth.

progress. The other four youth (ID# 1, 3, 7, and 8) basically regressed to previous negative behaviors immediately or soon after returning home.

Assessment of Negative, Positive, and Aftercare Influences on Youth After WQ

Youth and parent responses were also used to describe the negative, positive, and aftercare influences on youth in the early and later periods after WQ. These findings are presented in Tables C1 and C2 (see Appendix C). The outcome measures reported in Table 6 (i.e., substance abuse, family relations, peer relations, school/education, and job/work) are again reported in Tables C1 and C2, but in this case they are considered as possible influences or intervening variables. There is often a reciprocal relationship between youth outcome variables, such that what may be considered an outcome measure in one assessment, for example substance abuse, also may be considered an intervening variable which affects another outcome measure. Thus, all variables reported as outcomes in Table 6 are reported as possible influences or intervening variables in Tables C1 and C2. All positive outcome ratings were placed in the positive influence column, all negative outcome ratings were placed in the negative influence column, and mixed (-+) ratings were placed in both the negative and positive columns.

Influences on youth in early period (1-6 months) after WQ. An overview of the negative influences in the early period suggests that more than half of the youth (ID# 1, 2, 3, 6, 7, and 8) were influenced by drugs and by negative peers who used drugs. More than half (ID# 1, 2, 3, 7, 8, and 9) also seemed to struggle due to their own attitudes and lack of motivation. A few youth experienced permissiveness and a lack of structure at home.

An overview of the positive influences suggests that one of the most common positive influences, to greater and lesser degrees, was family support for youth (ID# 2, 4, 5, 6, 8, 9, and 10). It is also noteworthy that four youth (ID# 1, 3, 7, and 8) had little or no positive influences noted.

Half of the youth (ID# 1, 3, 7, 8, and 10) had little or no aftercare treatment in the early one to six months following WQ. The other half of the youth had fairly consistent positive aftercare influences, and a few youth also were positively influenced by probations which consisted of regular urine tests and a threat of further legal consequences for misbehavior. Three youth were in a residential treatment program or boarding school.

Influences on youth in later period (6 to 12 months) after WQ. An overview of the negative influences in the later period, presented in Table C2, suggests that many of the same negative influences (substance use, negative peers, and lack of structure in family) present in the early 6 months continue to be present in the later 6 months after WQ. Similarly, many of the positive influences, with family support being the most consistent, continued in the later period. In terms of aftercare influences, three youth (ID# 1, 6, and 9) were in residential programs or schools, two to three youth (ID# 2, 5, and 7) still had probation and legal consequences as deterrents, one was still involved in a 12-step peer group, while four reported no form of treatment involvement.

Reported Benefits for Youth and Family from WQ Program: Youth and Parent Perspectives

This section presents the reported benefits of the WQ program for youth and their families. Reported benefits for youth are discussed first followed by benefits for parents

and families. In addition, the frequencies of responses are reported in terms of the number of families represented, but it is important to note that some participants gave only one response to each question while others gave several responses. It should also be noted that the questions pertaining to benefits received from WQ and the most beneficial aspects of WQ were open-ended, which allowed participants to respond with what most readily came to their minds.

Benefits of WQ program for youth: Youth responses. Youth were asked an open-ended question of what benefits, if any, they felt they received from the WQ program. The frequency and examples of coded responses to this question are reported in Table 8. Of

Table 8

Benefits Youth Received from WQ: Youth Responses

Descriptive code	# of cases	Examples of coded responses
Confidence/ accomplishment	4	"I've just had, the big thing is confidence, I know I can push through struggles. Tough times don't last, tough people do." "I guess it was the feeling of accomplishment, you know...You feel like you can accomplish stuff, you know. It's like, I don't know it's just a wonderful feeling."
Self-awareness	3	"It made me aware of my behaviors and able to look at them more, look at them and analyze them more, you know, more aware of what I'm doing and how I'm treating other people." "I learned a lot about myself"

Note. Other coded responses: enjoyment/fun (2), communication skills (2), spirituality (2), maturity, desire to change, freedom.

the 6 youth respondents, four said they felt they gained confidence in themselves and their ability to succeed and accomplish goals. Three of the youth said they gained self-awareness and a better sense of who they were. Other responses included benefits related to improved communication skills, increased spirituality, maturity, and a desire to change.

The youth were also asked what aspects of the WQ program were most beneficial, and these responses are presented in Table 9. Interestingly, all 6 youth replied that being in the outdoors in general was the most beneficial. Other responses as to the most beneficial aspects of the program included the staff, accomplishments, circles/groups, being away from home, learning primitive skills, and the family circle experience.

Table 9

What Aspects of WQ Were Most Beneficial for Youth: Youth Responses

Descriptive code	# of cases	Examples of coded responses
Wilderness living	6	"I thought the wilderness part was the good part. (In an environment without drugs?) No, it had nothing to do with...in an environment without anything! It's not drugs, it's everything! There's zero distractions, it's just you and your poncho ... nothing except you and what you got on your back."
		"Overall just being outdoors"
		"The fact the I was in the desert was so relaxing. It was so good to be so far away from civilization."

Note. Other coded responses: staff (2), accomplishment (2), circles/group, away from home, primitive skills, family circle.

Benefits of WQ program for youth: Parent responses. Parents were asked the open-ended question of whether they thought their youth benefitted from the WQ program and to explain how. The frequency and examples of their responses are reported in Table 10.

Table 10

Benefits Youth Received from WQ: Parent Responses

Descriptive code	# of cases	Examples of coded responses
Confidence/ accomplishment	8	"I think it made him very aware of his strengths. I think it made him very confident. He's not afraid to have a rough life...I think it made him even more strong-willed." "He learned goal-setting and achieving those goals through Wilderness Quest...Knowing that he had completed his goals was probably one of the most important things that could have happened....I think he gained self-esteem at Wilderness Quest. I think he figured out that he could do the hard stuff. That he could start something and finish it." "She had a chance to realize some of her own capabilities"
Period of sobriety	4	"Wilderness Quest was a very important thing for (child)....I think that for one thing, he was able to be straight for two months straight." "I think a certain amount, when you are out there and you aren't on drugs for six weeks, it allows the system to clean up a little bit."

(table continues)

Descriptive code	# of cases	Examples of coded responses
Responsibility/ accountability	3	"Taught him...that he alone is responsible for decisions and direction of his life--others can provide input but he has to make good decisions or be ready to accept consequences. Solos taught him self-reliance...." "Well, I think that he made some in-roads in taking ownership for his problems"
Spirituality	3	"WQ helped (son) get in touch with his God, his conscience, his direction." "Maybe she got in touch with herself and her higher power."

Note. Other coded responses: respect for nature (2), family relationships, anger management, honesty, maturity, 12-step foundation

Of the 10 families with parents responding, at least one parent in eight of the families replied that one main benefit for their youth was an increased self-confidence and a sense of accomplishment. Other responses representing three to four of the families included benefits of sobriety, increased responsibility and accountability, and enhanced spirituality. Other coded parent responses of benefits for youth included increased respect for nature, quality of family relationships, anger management, honesty, maturity, and a 12-step basis.

Parents were also asked their opinions of what aspects of the WQ program were the most beneficial for their youth. The frequency and examples of parent responses to this question are presented in Table 11. In seven of the 10 families, at least one parent

indicated that they felt the WQ experience was a pivotal experience in the youth's recovery. These responses from parents typically indicated that WQ was pivotal, a beginning, a major step toward recovery, or as one parent put it "a great big shot in the arm." But, these parents were also generally quick to point out that WQ was "one step of

Table 11

What Aspects of WQ Were Most Beneficial for Youth: Parent Responses

Descriptive code	# of cases	Examples of coded responses
Pivotal experience	7	"I think it had a lot of impact...It had an impact, I don't know if it was an impact as much as it was an incredible experience for (child). I think it was the best experience in his life."
		"Somehow they got to a place with (child) that nobody else had been able to get to....I think they work miracles...A real success story. And I think that success is due to WQ, but also the stuff (program) he went through before."
		"I think it was somewhat pivotal...quite worthwhile."
		"It has been the most positive influence in his teenage years...he has a base to grow further when he his ready."
Staff influence	7	"Staff was the most helpful. For the first time he showed respect for authority and discipline."
		"Relations with staff: still speaks of staff and quotes same."
		"Closeness and feelings of belonging...the sharing with staff and the education they provided was very important."

(table continues)

Descriptive code	# of cases	Examples of coded responses
Independent wilderness challenges	6	"Solo, night hike, primitive skills helped him get in touch with higher power, direction, and self-confidence." "Night hikes...primitive skills, survival skills." "Night hike--Finishing something hard."
Peer influence	4	"I think there was some help in terms of peer pressure." "His relationship with peers was positive and reassuring."

Note. Other coded responses: family session (2), minimal distractions

many steps" and that post-WQ work played a key role in building on the pivotal WQ experience.

Parents in seven of the families also indicated that staff influence was one of the most beneficial aspects of the WQ program for their youth. Another very common parent response was that the individual wilderness challenges and activities, such as night hike or solo, were very beneficial in helping their youth develop increased self-confidence and inner strength. Some parents also indicated that they believed peer influence was a very beneficial aspect of WQ for their youth. Other stated but less common parent responses indicated that the family session and the lack of distractions were deemed to be beneficial for their youth.

In summary, both youth and parents indicated that the greatest benefit for youth from the WQ program was increased confidence and a sense of accomplishment, with the similarity of responses providing a corroboration and a degree of reliability. In response to how WQ brought about this change, youth indicated that being in the wilderness in general

was the most beneficial part of the program while parents indicated that the independent challenges which took place were very beneficial. Parents also frequently indicated that the experience overall was pivotal, and that staff influences were very beneficial.

Benefits of WQ program for parents/family: Parent responses. Parents were asked an open-ended question of whether they felt they themselves or their families benefitted from the WQ program and if so to explain how. The frequency and examples of coded parent responses to this question are reported in Table 12. Parents in seven of the families believed that they benefitted from improved communication and learned communication skills through the WQ program. In three families, parents reported that they gained improved personal insight or awareness from their experience. Other responses included increased personal responsibility, an informational benefit, and time away from child.

Parents also responded to the question of what aspects of WQ they felt were most beneficial to them or their family, and these responses are presented in Table 13. In seven of the 10 families, parents indicated that they felt the Family Enrichment Session was the most beneficial aspect of WQ for them and their family. Other less common responses included that staff, study tapes, and personal study were the most beneficial for them or their family.

Table 12

Benefits That Parents/Family Received from Wilderness Quest: Parent Responses

Descriptive code	# of cases	Examples of coded responses
Communication/ closeness	7	"When we went to Family we got a new way to talk to each other...and be heard....Family was wonderful....No blaming." "It helped us bring a lot of feelings in a productive way and be able to communicate our feelings to each other...some of the skills we acquired as family members I thought was excellent." "Family circle: we communicated for the first time in years."
Parent self-awareness	3	"Somewhat--it encouraged me to look at myself and to read and study about being co-dependent." "We came away more knowledgeable about ourselves.... developed a better support system for myself."

Note. Other coded responses: personal responsibility, change in child only, non-benefit, informational, time away from child.

Table 13

What Aspects of Program Were Most Beneficial for Parents/Family: Parent Responses

Descriptive code	# of cases	Examples of coded responses
Family Enrichment Session	7	"Family sessions...were really pretty good, productive." "It was a great experience being up there for 'Family.' Those three days of emotional testing...was fantastic."

(table continues)

Descriptive code	# of cases	Examples of coded responses
Family enrichment session (continued)	7	"Family session was helpful for myself and my kids--used as a base to develop better communication as well as behaviors within the home." "Family counseling--the intensity and honesty of the other families and counselors helped me own my own behaviors and provided tools for change."

Note. Other coded responses: Staff (2), tapes and personal study

Benefits of WQ program for parents/family: Youth responses. Youth were asked whether they felt their parents or families benefitted from the WQ program and if so to explain how. The frequency and examples of their responses are presented in Table 14. Four of the 6 youth respondents indicated that the main benefit for their parents and family was that the closeness and communication between the youth and parents had improved. Other youth responses to this question included responses of no change in the family and some change but still no closeness in family.

Youth were also asked their opinion of what was the most beneficial aspect of WQ for their parents and family, and these responses are presented in Table 15. Three of the 6 youth responded that they thought the family session was the most beneficial for their parents and family. Less frequent responses of the most beneficial aspect of the WQ program was no benefit from the family session or a dislike for the family session.

Table 14

Benefits That Parents/Family Received from WQ: Youth Responses

Descriptive code	# of cases	Examples of coded responses
Communication/ closeness	4	"Man my parents have grown so much with me...we still do family circles every week...the whole family opens up together and where we just talk....it reminds me of where I came from and it helps my parents out." "We communicate better now."

Note. Other coded responses: no change, some change but not close

Table 15

What Aspects of WQ Were Most Beneficial for Parents/Family: Youth Responses

Descriptive code	# of cases	Examples of coded responses
Family enrichment session	3	"Helped a lot...It's kind of like, everything I learned at WQ was said out in front of all our parents in circle so...now (dad) knows." "We communicate better now because of the family sessions."

Note. Other coded responses: dislike of family circle, no benefit from family circle

In summary, both parents and youth agreed that the greatest benefit of WQ for parents and that family was an increased level of communication and closeness within the family. Parent and youth responses were also similar in indicating that the family enrichment session was the most beneficial part of WQ for parents and family.

Importance of 12-Steps and Spirituality in WQ Youth Recovery

Youth and parents were also asked how important the 12-Steps and spirituality were in the youth's recovery. Youth and parent responses were combined to form composite descriptions for each youth, which are presented in Table 16.

Table 16

Importance of 12-Steps and Spirituality in Recovery of WQ Youth

ID	Importance of 12-Steps	Importance of spirituality
1	Youth "hated" AA; says it doesn't help	DK
2	DK	DK
3	DK	Youth indicates higher power is very important
4	Very important to youth--before, during, and after WQ	Found higher power and humility at WQ; gave youth goals, peace and hope
5	DK	WQ helped youth find & get in touch with spirituality, and more sensitive to people/world
6	Not really; youth doesn't think of steps except as related to higher power	"It keeps me going"; has attended and participated in church
7[a]	No desire to implement steps; went to meetings just to get out of house	Important; youth listens to heart and tries to make good choices, goals, future plans
8[a]	Not important; youth refuses to implement or try; feels is stupid (scared)	Not important; refuses to believe in anything but self; doesn't think it would help
9[a]	Not important; does not follow	DK
10[a]	Parent thinks not important to youth because youth hasn't gone to any meetings since WQ	DK

Note. DK = Don't know; in a few cases these questions were not asked in the interviews or parents didn't know.

[a] Family in which responses were obtained from parent(s) but not from the youth.

Information pertaining to the importance of the 12-Steps was only obtained for 7 youth, and of these they were only considered to be important in recovery for one of the youth. Possible explanations for this may be that 6 weeks is a short time for youth to really understand the 12-Step process and that WQ only focuses on the first five steps due to time constraints. Information pertaining to the spirituality question was obtained for 6 youth and of these spirituality was considered to be important for all but one of the youth.

Suggestions for WQ Program Improvement

Responses to the questions of what WQ could have done more or what it could do to improve the program are presented in Table 17. Of the 22 total respondents (16 parents and 6 youth), the most common response, by nine of the respondents, was that there was nothing they thought that WQ could have really done more for their youth or could do to improve the program. The second most common response was that WQ could do better with follow-up after the program. Another common response was that there could be improvements with field staff in regards to better training and professional experience. Several respondents also commented that they disliked the way WQ handled make-ups for a failed night because it was costly for families and gave the impression that WQ was trying to "milk" money from the families. A few respondents also commented about a few things WQ could do to improve the treatment aspect of the program, and a couple respondents commented about how the relatively short length of the program was a disadvantage. A few individual comments also pertained to graduation requirements, school credits, communication with parents, and risks of the program.

Table 17

Suggestions for WQ Program Improvement

Descriptive code	Frequency	Examples of coded responses
Nothing	9 resp. (4 youth, 5 parents)	"You know, even if there were faults, I wouldn't change a thing. There's nothing I would want to change about the program." "Nothing I can think of off-hand." "It is hard for me to say anything negative because we just had such a great outcome." "Did everything they could possibly do...gave way more than 100%"
Follow-up	7 resp. (7 parents)	"Some kind of follow-up after program." "I am very satisfied with the experience even though my daughter would not have progressed had she come home." "Have alumni or follow-up program for a week per year or maybe a family retreat." "Continuing education or halfway house to aid transition after program."
Staff improvement	6 resp. (6 parents)	"I felt they (field staff) were too young and too inexperienced. Sometimes just life teaches you and they were too young to me. I felt like I was sending my child with other children out there." "More educated and trained personnel. One on one counseling by therapist or someone trained to help her while in the program -- more information on clinical findings (SASSI test)."

(table continues)

Descriptive code	Frequency	Examples of coded responses
Night hike/ finance concerns	5 resp. (1 youth, 4 parents)	"Nothing unless I decide to be real cynical about why they make kids stay longer to make-up for night hike." "I don't think the Quest program handled that (night hike) as well. And they didn't build into the agenda make-ups... the perception is then that all they are trying to do is set you up for failure so they can milk more money out of you and that perception came away with several people. That's self-defeating being an organization like that in the end."
Treatment issues	3 resp. (2 youth, 1 parent)	"Assign more time (for youth) talk one-on-one with staff." "It's primary objective almost felt like it was survival training in the woods...I didn't feel like they had a clear emphasis on the emotional and psychological piece of it there (at WQ) and were focused on it as well."
Length of program	2 resp. (2 parents)	"The problem you have is it is relatively short." "I kind of wish he could have stayed 12 weeks. I think there were good in-roads being made. But I think 6 weeks was just scratching the surface of what's going on with him."

Note. Other coded responses: graduation requirements, school credits, communication with parents, risk.

Summary of WQ Findings

The assessments conducted approximately a year (13-15 months) after starting WQ indicate positive ratings for overall youth behaviors in family relations, school/education,

and job/work, and mixed ratings in substance abuse and peer relations. The mixed average ratings for substance abuse and peer relations may indicate the vulnerability of youth in these areas, but the absence of a negative average rating is encouraging because it indicates improvement compared to the negative behavior typically present before enrollment in WQ.

A look at the behavior of individual youth indicates that the overall behavior ratings were positive for seven youth and negative for three youth. The fact that most youth are doing positively and only three are doing negatively indicates overall improvement in youth behavior approximately a year after WQ enrollment. The overall behavior rating for all youth in the sample, or the grand mean, was +.4, which is a slightly positive rating, but again seems to indicate a generally positive trend when compared to the negative trend of the typical youth-client behaviors prior to WQ.

Assessments of youth transition experiences as well as negative and positive influences on youth after WQ were also presented. The transition experiences were fairly balanced with about four youth experiencing mostly positive transitions, four experiencing mostly challenging transitions, and two whose transitions were mixed positive and negative. The most common negative influences on youth were associations with former negative friends, including friends who continued to use drugs. The most common positive influence was family support. Aftercare treatment or therapy was common for at least half of youth in this sample for part or much of the year after WQ.

In terms of youth benefits from WQ, youth and parents both responded that they thought WQ led to increased confidence and a sense of accomplishment in youth. Youth

thought being in the wilderness in general was the most beneficial part of the program while parents thought the independent wilderness challenges, staff influence, and the overall pivotal experience of the program were the most beneficial. In terms of parent and family benefits from WQ, parents and youth were quite united in indicating that the greatest benefits were improved communication and closeness in the family, with the Family Enrichment session being the most beneficial part of WQ for parents and family.

Respondents were also asked about the importance of the 12-Steps and spirituality in the youth's recovery. The responses indicate that the 12-Steps were generally not viewed as being that beneficial to the youth's recovery. However, responses from most of the participants did indicate that spirituality was considered to be very important to youth recovery.

In terms of program improvements, the most common response was one of strong support for WQ, with more than half of the respondents indicating that they felt like nothing really needed to change in the program. However, responses from several other participants recommended improvements with staff and in follow-up after the program.

Life-Line Follow-Up

Assessment of Youth Behavior in Specific Areas

Youth and parents were questioned about the youth's behavior and progress in several specific areas including substance abuse, family relations, peer relations, school/education, and job/work. Responses from the youth and parents were used to

create a composite picture of how individual youth were doing in each area, and then the researcher applied the same procedure used with the WQ data to develop a rating on a scale from very negative to very positive. In eight of the families the accuracy and reliability of the assessments of behavior were strengthened by having the responses of the youth and at least one parent. In the other three families, responses were obtained from one or two parents only and not from youth. Responses from the eight families with parent and youth data generally indicate that parent perspectives were overall quite similar to youth responses in assessing behavior in the various areas. Thus, it is speculated that such similarity would be present in the three families where youth responses were not obtained, but the lack of youth responses in these families admittedly makes such assessments of the youth's behavior more uncertain. These ratings are presented in Table 18. The same decision rules used to determine the ratings for WQ youth behavior were used to determine the ratings for LL youth behavior.

Average ratings for individual youth. The average ratings for each youth indicate a generally positive leaning of overall behavior approximately a year after enrolling in LL. It is worth noting that only one youth received an overall average in the negative direction and it was slightly negative (-/-+). Seven of the 11 youth received ratings in the positive direction, with slightly positive ratings for two youth and positive to very positive ratings for five youth. In comparison to the negative behavior which often precipitates enrollment in LL, these assessments suggest that most and possibly all of the youth in this sample were doing better overall at the time of the follow-up than they were before enrolling in LL.

Table 18

Follow-Up Assessment of Life-Line Youth Behavior in Specific Areas

ID	Substance abuse	Family relations	Peer relations	School / education	Job / work	Average ratings
1	+	+	++	+	NA	+
2	-	-+	-	-+	-+	-/-+
3[ab]	-+	-	-+	+	++	-+
4	++	++	++	++	++	++
5	++	+	+	++	NA	+/++
6	++	+	-+	+	-+	+
7	++	+	-	-+	+	-+/+
8	++	+	++	++	+	+/++
9[ab]	++	-+	-	-+	++	-+/+
10[a]	-	-+	-+	-+	-+	-+
11[a]	++	+	-+	-	-	-+
Ave. rating	+	-+/+	-+/+	-+/+	+	-+/+ (.7)

Note. ++ = Very positive + = Positive -+ = Mixed, negative & positive

-- = Very negative - = Negative NA = Not applicable

[a] Family in which responses were obtained from parent(s) but not from the youth.

[b] These youth had no drug use problems before Life-Line.

Average ratings for each category. The averages for youth behavior in family relations, peer relations, and school/education were slightly positive (-+/+) ratings. Although the average ratings are only slightly positive, they do indicate that positive behaviors in these categories outweigh their negative behaviors. In comparison to the negative ratings that would have been expected in these categories before LL treatment, even slightly positive ratings indicate that positive changes have occurred and been maintained since enrollment in LL.

The averages for youth behavior were highest in the categories of substance abuse and job/work in which there were positive (+). In the category of substance abuse perhaps the most noteworthy result is that 7 of the 11 youth were given very positive (++) ratings, with only 2 youth who received negative (-) ratings at this follow-up assessment. This finding is also noteworthy because 6 of the 7 youth who received the very positive rating had a prior history of substance abuse to varying degrees of severity. In the category of job/work it is also noteworthy that only one youth received a negative (-) behavior rating, with three receiving a mixed rating and the rest receiving positive to very positive ratings.

Average rating for sample overall. A calculation was also made to determine an overall behavior rating, or grand mean, for the entire sample. This calculation produced a mean of .7, which is the equivalent of a slightly positive (-+/+) rating. While this score is labeled as only slightly positive, it should be noted that it is closer to a positive (+) rating than it is to a mixed (-+) rating, indicating a noticeably positive leaning for youth behavior in this sample approximately one year after starting the LL program.

Youth Transition Experiences After LL

Youth transition experiences after LL are reported in Table 19, with youth and parent responses combined to describe the transition. As in the case of the WQ youth, the transition period was considered to occur within 1 to 3 months after youth left the LL program. This transition was actually still going on for three of the youth (ID# 5, 7, and 8) who had only been out of the LL program 3 months or less at the time of the survey and much of this time for them was encompassed in the trial graduation period. A review of

Table 19

Transition Experiences of Youth After LL

ID	How initial transition went
1	(-+) Some attitude; missed LL support; then school motivation and attitude improved
2	(-) Struggled with family, school, job; hard finding good peers; some drug/alcohol use
3	(-+) First two months great with family; then attitude regressed; some alcohol use
4	(+) Very good; but missed LL support and relationships, hard adjust to real world
5	(+) Good; missed LL support and people, but adapting
6	(+) Good; emotionally very hard at first then things got better
7	(-) Struggle, insecurity; missed friends and support at LL
8	(+) Good; hard to cope with old friends around but doing well
9[a]	(-+) Good for a couple months then struggled
10[a]	(-) Fair; still resistant to authority; started to resent time "lost" while in LL
11[a]	(-) Still exhibited dishonesty and sneaking behavior

Note. (+) Mostly positive transition (-) Mostly negative transition

(-+) Mixed, positive/negative, transition

[a] Family in which responses were obtained from parent(s) but not from the youth.

the youth transition experiences indicates that 4 youth (ID# 4, 5, 6, and 8) had mostly positive transition experiences, with some expected challenges in adjusting to life without the constant support of LL staff and peers. Three youth had mixed transitions, with 2 youth (ID# 3 and 9) who did well for a couple of months then struggled, while one (ID# 1) struggled at first and then did better. The other 4 youth (ID# 2, 7, 10, and 11) had mostly negative transitions and generally struggled making the adjustment. Overall, it seems the transition experiences for youth in this sample were equally mixed with both positive and difficult experiences.

Assessment of Negative, Positive, and Aftercare Influences After LL

Youth and parent responses were also used to describe the negative, positive, and aftercare influences on youth after leaving LL. These findings are summarized in Table C3 (see Appendix C). All of the variables reported as outcomes in Table 18 (i.e., substance abuse, family relations, peer relations, school/education, and job/work) are again reported in Table C3, but in this case they are considered as possible influences or intervening variables. All positive outcome ratings were considered as positive influences, negative outcome ratings were considered as negative influences, and mixed (-+) ratings were placed in both the negative and positive columns.

An overview of the negative influences on youth after LL indicates that all 11 youth struggled to some degree with peer relations, including being tempted to hang out with old friends and difficulty finding good friends. Three youth (ID# 2, 3, and 10) struggled with varying degrees of substance use, and one relapsed on smoking cigarettes for a few

weeks. Eight youth (ID# 1, 2, 4, 7, 8, 9, 10, and 11) struggled to some degree with school, including dealing with the stress and pressures of schoolwork. Other, less common, negative influences included negative co-workers, dating relationships, and some relationship struggles with parents.

A review of the positive column suggests that a positive influence for 9 youth (all but ID# 2 and 3) was family support, including improved family communication. For at least 5 youth (ID# 1, 4, 5, 6, and 8) friends were considered a positive and supportive influence. Other positive influences included youth goals and hobbies (ID# 5, 7, and 8), age and maturity (ID# 3 and 10), and church influence (ID# 6 and 7). Two youth (ID #2 and 11) seemed to have very few things that were considered to have a positive influence or impact in their lives.

Only two youth (ID# 7 and 10) engaged in any aftercare (besides the "aftercare" in the trial graduation), with these two each involved in some limited outpatient therapy. Nine of the 11 youth had not engaged in any kind of treatment after LL by the time of the survey. Yet, it should be noted that for several of the youth in this sample not much time had passed at the survey time, if any, since officially graduating from LL.

In summary, the most common negative influences on youth were former negative friends and difficulty finding new positive friends, while the most common positive influences were family support and communication. Treatment or therapy after the LL program, at least by the time the survey was conducted, was not common for youth in this sample.

Reported Benefits for Youth and Family from the LL Program

This section presents the reported benefits of the LL program for youth and their families. Reported benefits for youth are discussed first followed by benefits for parents and families. The frequency of responses is also reported, but it should be noted that while some participants gave only one response to each question, others gave several responses.

Benefits of LL program for youth: Youth responses. Youth were asked an open-ended question of whether they felt they benefitted from the LL program and if so to explain how. The frequency and examples of coded responses to this question are reported in Table 20. Of the eight youth respondents, six replied that they felt the experience led to a pivotal change, or even saved their life. Five youth replied that one of the main benefits they gained from LL was self-awareness. Numerous other benefits, each noted once, included respect for parents, improved values, emotional openness, anger management, resolution of core issues, more mature thinking, making friends, gaining a desire to help people, and help making good decisions. While this open-ended question format did generate a wide range of responses of the kind of benefits received, it is interesting that three fourths of the youth responded by indicating that the LL experience was pivotal or lifesaving for them.

The youth were also asked what aspects of the LL program were most beneficial, and these responses are presented in Table 21. Six of the eight youth respondents replied that they felt groups were one of the most beneficial parts of the program for them. Some of these replies referred to the influence of peers in group, meaning just the fact of having

Table 20

Benefits Youth Received from LL: Youth Responses

Descriptive code	# of cases	Examples of coded responses
Pivotal change	6	"I can never see myself being happy or couldn't see myself being alive right now if I didn't go through Life-Line. I guarantee you that I would be dead." "I don't think I would have ever made the decision to get off drugs and change my image without the help of Life-Line." "It was a big reality slap in the face. I don't think I would have changed much....it just helped me grow up basically."
Self-awareness	5	"I am a lot more conscious about things now. In the past I never thought about consequences of my actions, now I do." "I resolved my core issue big time...Figuring out why things upset you, what's behind it all." "(Did it help?) Oh yeah, definitely...forcing me to look at myself and my addiction and see where I was falling wrong...just pulling me out of the real world so I had no choice."

Note. Other coded responses: respect for parents, values, emotional openness, anger management, resolving core issue, maturity, made friends, desire to help people, helped make good decisions.

peers holding them accountable and providing feedback, and some referred to the feedback and education provided by staff and clinicians in group. Another reply common among four, or half, of the youth was that one-on-one talking to staff (including treatment

Table 21

What Aspects of LL Were Most Beneficial for Youth: Youth Responses

Descriptive code	# of cases	Examples of coded responses
Groups: staff/peers	6	"Most effective were I think the group and accountability and just working together with the group all the time." "I think the best was first step groups and stuff where you talk about your addiction and your problem and listen to other people talk and relate it to yourself. Those groups I think they helped me the most." "(In Saturday Night Rap group) they kind of had an issue that everybody could talk about and they played music that had to do with the issue that could get you thinking about it, bring up feelings and then you could talk about them. ...It brought up so much more feelings and emotion. And things that you could talk about."
One-on-ones: staff/peers	4	"How they made it okay for you to talk to someone...one on one...like a phaser or my treatment plan counselor... I liked the one on one talking more than I did group. Because I freeze up in front of a lot of people." "I think working one-on-one with a staff member helped me the most. There was one in particular that I poured my absolute heart and soul to."

Note. Other coded responses: Peers (2), everything taken away, relapse/setback, strictness, staff, 12-Steps, phases, family, host homes.

plan coordinators as well as "clinicals," the LL term for clinicians) or sometimes to higher phase peers was the most beneficial part of the program because they felt they got better personal attention and could more easily talk about their issues. Youth opinions about the relative benefits of talking in group or talking one-on-one may also be related to how comfortable youth were talking in front of groups of people. Other responses as to the most beneficial aspects of the program included peers, having privileges taken away, experiencing a setback or relapse in the program, program strictness, staff, the 12-Steps, the phase structure, their family, and host homes.

Benefits of LL program for youth: Parent responses. Parents were also asked the question of whether they thought their youth benefitted from the LL program and if so to explain how. Their responses are presented in Table 22. Parents in 7 of the 11 families replied that one main benefit was that their youth improved their coping skills, which included learning healthy ways to work through problems and stress. In six families parents said that they thought their youth experienced a pivotal, dramatic change by being in LL. This pivotal change occurred over time and generally in many or "all" areas of the youth's life. Parents in four families noted that their youth communicated better because of their LL experience, and parents in three families indicated that their youth had an improved self-awareness. A few parents suggested that LL helped break their youth's negative behavior cycle, provided a safe environment, and brought improvements in maturity, family relations, school, and spirituality. A few also said that positive results were not adequately realized.

Table 22

Benefits Youth Received from LL: Parent Responses

Descriptive code	# of cases	Examples of coded responses
Coping skills	7	"It definitely taught her a way to work through problems that was much more constructive than she was doing."
		"learning to deal with stress, coping with life a day at a time"
		"learned new coping skills and a positive lifestyle."
		"Yes! Life-Line taught her so much about life and the way to work through the everyday problems we all have."
Pivotal change	6	"YES!! In all areas.....I believe at this point she'd have been a full blown addict, not living at home, pregnant or already with a child, no school, no goals for the future, no relation with us."
		"Absolutely. Extremely so. A most valuable experience. He needed a spiritual life. He had to have drugs and alcohol removed from him. He had to learn to support himself and his feelings about himself. He prospered by giving to others and helping them. He needed to learn to take responsibility. He needed self-confidence. He gained a man's life."
Communication	4	"Her communication skills are much improved and she knows how to identify and talk about feelings. She learned many valuable life skills."
		"Her communication skills are much improved and she knows how to identify and talk about feelings."

(table continues)

Descriptive code	# of cases	Examples of coded responses
Self-awareness	3	"Came to understand her core issues that were causing some of the behavioral problems." "It helped him figure out that his low self-esteem was part of the cause of his problems...recognizing one of his issues, low self-esteem...."

Note. Other coded responses: broke negative cycle (2), safe environment (2), inadequate results (2), maturity, family, school, spirituality.

Parents were also asked their opinions of what aspect(s) of the LL program were most beneficial for their youth. The frequency and examples of parent responses to this question are presented in Table 23. In 6 of the 11 families at least one parent indicated that they felt one-on-one talks and interactions between youth and staff or clinicians were one of the most beneficial program features. A similar number of parents indicated that they thought group influence and participation were among the most helpful features for their youth. In four families parents indicated that learning responsibility and accountability were key program features for their youth. In another four families parents replied that the combination of program elements, not just one element in particular, made the most impact for their youth. In three families parents indicated that humility and loss of privileges played an important role for their youth, while a similar number of parents also noted family involvement, host homes, and caring and experienced staff. A few responses were also made that the structured environment, 12-Steps, peer influence, making amends, school, and open meeting were helpful program features.

Table 23

What Aspects of LL Were Most Beneficial for Youth: Parent Responses

Descriptive code	# of cases	Examples of coded responses
One-on-ones: staff/therapist	6	"I think the one-on-one counseling and really feeling like someone listening cared was really beneficial to her. I think she had a hard time with group sessions and would have liked more individual help." "The times she made the most progress were when she worked with the girls counselor and her own clinical counselor. Not enough time was spent with these people though." "One-on-one with staff was very important to him and he feels a real link with his staff and clinical."
Group: staff/peers	6	"He liked just everything he learned in group." "I'd say probably the group therapy, I think it was very beneficial for him. I think that it probably opened up his mind to understand a lot of the things that were bothering him...I think that all those hours in group probably helped him dig down deep and start coming to groups with who he really was as a person and what had really happened to his character and to see his behavior for what it really was. I think that it helped him with his perception of reality. I think that's the best way to put it."

(table continues)

Descriptive code	# of cases	Examples of coded responses
Responsibility/ accountability	4	"I like that. I liked seeing her begin to find out that she had to be accountable for her actions and to be responsible for the way she treated other people...." "I don't like to see these kids broken (making a comparison to other programs). At Life-Line when they go in and they lose privileges and when they lose their shoes and things, it's not in a belittling, tear ya down way. It's with the understanding that you have to earn these. You have given up your privileges because of your actions. Your going to learn to be accountable for those actions...but they don't do it in a negative way."
Overall combination	4	"It's hard to say one thing that was most helpful - I think all the above mentioned were a well rounded way to give her the therapy she so badly needed." "I feel it takes doing all the above to succeed in Life-Line. It is not just one area."
Humility work	3	"The humility work...." "Being belt-looped, controlled by someone else."
Family Involvement	3	"We really liked being parent leaders...I think just how involved we were and how committed we were while we were there helped him a lot. We really liked open meetings ...all the parent classes, we liked the parties, just everything."

(table continues)

Descriptive code	# of cases	Examples of coded responses
Host homes	3	"Some host homes were wonderful and had a lasting impact -- generally when the parents were totally committed to the program. Most others were at least caring and supportive. There were a few special parents that truly loved our daughter."
		"Host boys were role models to (son) and helped him a great deal...."
Staff	3	"An experienced staff who had 'been there.'"
		"The way that they care about the kids...in the program there were so many people who really cared about the kids...."

Note. Other coded responses: Structured environment, 12-Steps, peers, making amends, school, open meeting.

In summary, most youth and parents responded to the question of greatest benefits from LL by indicating that youth experienced a pivotal change. In response to the question of what aspects of LL were most beneficial for the youth, both youth and parents similarly said that group talking and one-on-one talking were the most beneficial. The fact that these questions were asked in an open-ended format, where a wide variety of responses was possible, and yet there was such similarity in the responses indicate that these benefits were very salient for the youth in the sample. The similarity of youth and parents responses to these questions also provides support for the validity of their responses.

Benefits of LL program for parents/family: Parent responses. Parents were asked an open-ended question of whether they felt they themselves or their families benefitted from

the LL program and if so to explain how. The frequency and examples of their responses to this question are reported in Table 24. There was a fairly uniform response to this question, with parents in 9 of the 11 families stating that there was better communication and thus closeness as a result of their LL experience. Parents in one family indicated some resolution of marital issues, and parents in two families did not provide a response to the question.

Parents also responded to the question of what aspects of LL they felt were most beneficial to them or their family, and these responses are presented in Table 25. In 8 of the 11 families, parents indicated that they felt the family counseling and interaction with clinical therapists were one of the most beneficial features of LL. Parents in 5 families replied that the way LL created an environment of parents supporting parents was very helpful, and parents in 4 families replied how learning parenting and communication skills was beneficial to the parents. A few other responses made reference to the benefits of host homes and the caring attitude of LL, while 3 parents provided no response to the question.

Benefits of LL program for parents/family: Youth responses. Youth were asked an open-ended question of whether they felt their parents or families benefitted from the WQ program and if so to explain how, and their responses are presented in Table 26. Six of the eight youth replied that they felt LL promoted improved communication and closeness in their family. Two of the youth replied that while they had expected and hoped their family would change, in reality their family relations were not much different from the way they were before LL.

Table 24

Benefits That Parents/Family Received from LL: Parent Responses

Descriptive code	# of cases	Examples of coded responses
Communication/ closeness	9	"Oh I am sure that just the communication was a huge thing....So just talking together has been a real big thing. And this time they had a love and logic training which I didn't get to complete...but I studied that booklet, I love it. And the information they gave us was wonderful so we have shared that with all our married kids."
		"I think the honesty and the communicating feelings and identifying what the true issues are versus a bunch of the crap. Possibly being able to sit down and work things out a little bit better. And I do think that the things that we as parents have learned are benefitting the other kids. Ya [sic] know we handle things differently than we would have before."
		"Well, I think that it brought us closer together as a family. It was a common thing, a common denominator for all of us. And so we pulled together as a family to work through it. I think it brought us closer as a family. I think it also taught us some good skills in talking about our feelings with each other."
		"learned to really discuss differences and try to resolve them."
		"first it helped remove a huge conflict, second it gave (child) and us better communication skills."

Note. Other coded responses: no response (2), marital issues.

Table 25

What Aspects of LL Were Most Beneficial for Parents/Family: Parent Responses

Descriptive code	# of cases	Examples of coded responses
Family clinical sessions	8	"I have to say the individual counseling. The marriage counseling, family counseling. Probably the most upsetting and hardest thing, but where the biggest strides were made." "We really liked our sessions with (therapist) and particularly liked our 'face-off.' We had a really good one, very helpful." "Our clinical meetings. Our daughter was able to tell us who she really was, had been, and we were able to communicate how much we loved her." "Clinicals were great. I wish we could have had more. That's the only setting my husband got very honest or involved."
Parent-parent support	5	"Probably, I'm trying to think, it was helpful to have the support group of other parents who are experiencing some of the same things that you are with your child. That was good." "The closeness developed with other parents was very supportive." "It was probably just those weekly meetings, the weekly open meetings, talking time, parent weekend too. Those are more the things that I think helped me cue into the way I could communicate more on feelings."

(table continues)

Descriptive code	# of cases	Examples of coded responses
Learning skills (parenting/ communication)	4	"I think I benefitted more from it than our daughter did. It helped me improve parenting skills, social skills, the ability to be honest and express myself better." "I think that it helped us to understand how freedom of choice works and how everybody has to decide for themselves, who they're going to be and why. As parents we can't control our children, you kind of have to help them find their own way. "

Note. Other coded responses: no response (3), host homes, caring attitude.

Table 26

Benefits That Parents/Family Received from LL: Youth Responses

Descriptive code	# of cases	Examples of coded responses
Communication/ closeness	6	"We get a long much better. I mean we still have fights and stuff and it has been kind of weird because I turned 18 and they don't like me staying out late. But, I don't know, we've been like, like we can talk to each other now." "Taught us better communication and stuff between us so we could communicate and be more open-minded to each other and talk about things." "My brothers and I can actually say I love you to each other. And my house is more peaceful between me and my step family."

Note. Other coded responses: no change (2).

Youth were also asked their opinion of what was the most beneficial aspect of LL for their parents and family, and these responses are presented in Table 27. Three youth responded that they thought the family counseling sessions were most beneficial because it helped them work out family issues better. A few replies were also made about the benefits the period of separation of youth from family early in the program, the benefits of talks during open meeting and the benefits of hosting out (serving as hosts in host homes).

In summary, there was uniformity of youth and parent responses in reference to how parents and family benefitted from LL. The main benefit for parents and family, noted most frequently by both parent and youth respondents, was that there was increased

Table 27

What Aspects of LL Were Most Beneficial for Parents/Family:

Youth Responses

Descriptive code	# of cases	Examples of coded responses
Family clinical sessions	3	"The family sessions with clinicals, I think that helps a lot too. Because then it's something that the kids look forward too, and the family, the parents look forward too. They get to get together and get to work out the stuff. I think that's good." "The clinicals with Jordan. It helped us work out resentments, etc., with each other." "Family sessions -- we dealt with a lot of resentments."

Note. Other coded responses: separation of youth from family (2), talks at open meeting, hosting out

closeness and communication within the family. The most frequently noted reason for increased closeness and communication, again by both parents and youth, was the work done with clinicians and in family sessions. Again, such similarity in responses between parents and youth to these open-ended questions provides more confidence in the reliability of these responses.

Importance of Spirituality and 12-Steps in Youth's Recovery

Youth and parents were also asked how important the 12-Steps and spirituality were in the youth's recovery. Youth and parent responses were combined to form composite descriptions for each youth and they are presented in Table 28.

In relation to the importance of the 12-Steps for youth recovery, information was only obtained for eight of the youth. The 12-Steps were considered an important part of recovery for five of the youth, with one reason being that the 12-Steps gave the youth a guideline for recovery but another equally common reason being that the 12-Steps helped the youth turn more toward a higher power. The 12-Steps were considered to be of questionable importance for the other three youth, with these youth typically ignoring the 12-Steps once they left LL.

Information pertaining to the spirituality question was obtained for all 11 youth. In response to this question, spirituality was considered to be very important in recovery for six youth, and for four of these it was considered to be the most important part of recovery. Spirituality was considered to have been important for a time for another four youth but they slowly got out of touch with their spirituality after leaving LL. For one

youth (ID# 10) spirituality was not considered to be an influence at all after LL.

In summary, the responses suggest that while the 12-Steps were important for some youth as a recovery guideline, they were beneficial for most or all of the youth in that the 12-Steps were considered a means of promoting spirituality. Thus, spirituality was

Table 28

Importance of Spirituality and 12-Steps in Recovery of LL Youth

ID	Importance of 12-Steps	Importance of spirituality
1	DK	Spirituality/humility were main part of recovery.
2	DK	At first important but now youth isn't into it.
3	12-Steps are like religion, a foundation. Higher power aspect helped youth.	Higher power has helped; youth still seeks higher power sometimes, but not often.
4	Youth enjoyed the 12-Step process, especially humility work; spirituality helped with stress.	Spirituality, especially humility, has been most important for youth. When it falls, youth falls.
5	Yes, 12-Steps were educational, how to recover; helped youth turn to higher power.	Yes, youth found higher power; learned the importance of prayer, God's power to help.
6	Helped youth communicate better, draw closer to higher power, and do self inventories.	Spirituality is most important now, youth feels would not have made it without higher power.
7	Important; gave youth an order to follow for recovery and to continue the process.	Nothing changed for youth until turned to higher power; God is still biggest comfort.
8	Somewhat, but only did 12-Steps at LL.	Important; not before LL but now always feels God's support; know right and wrong.
9[a]	DK	Increased spirituality at LL helped youth change/want to change; has lost it since LL.
10[a]	No -- youth ignored 12 steps right after LL.	No -- youth ignored spirituality; didn't feel need.
11[a]	Mixed--yes/no.	When got home youth slowly lost spirituality.

Note.

DK = Don't know; in a few cases these questions were not asked in the interviews.

considered a prominent factor in recovery for the youth and, as stated earlier, was considered the *most* important factor in recovery for at least four of the youth.

Suggestions for LL Program Improvement

Youth and parent responses to the questions of what LL could have done more or what LL could do to improve their program are presented in Table 29. Some respondents gave more than one answer. Thirteen, or half of the 26 total respondents (18 parents and 8 youth), replied that they felt more sessions with clinicals, or even more one-on-one time with treatment plan counselors, would have been more helpful to the youth and family. The next most common answer, by almost half of the respondents, was that they thought LL had done what it could and there was really nothing that LL could have done more to help the youth or family. Seven of the respondents indicated that they felt LL could do better with organization and communication systems, which had more to do with the administrative side rather than the treatment side of the program. Some respondents also indicated that LL could do more in modifying schedule elements of the program, that LL should do more sibling support, and that some LL staff were not as fair or straight-laced as they should be. A few responses were also made relevant to the need for a "no swearing" rule, more talk time in group, and the costly nature of the program.

Summary of LL Findings

The assessments conducted approximately a year after starting LL indicate positive ratings for overall youth behaviors in each of the five categories of substance abuse, family relations, peer relations, school/education, and job/work. Comparing these behavior

Table 29

Suggestions for LL Program Improvement

Descriptive code	Frequency	Examples of coded responses
More clinical/ one-on-one	13 resp. (5 youth, 8 parents)	"Clinicals just working more with the families. Instead of just having them once a month....I don't know, more often." "More one on one with clinicals. I think they helped me realize what my 'core issues' were, and I sort of worked through them, but I do need a lot more work I could've got done there." (emphasis in original) "I would like to see a few more family sessions." "More in-depth counseling was needed. She was able to easily fool her counselor and us that she was doing fine."
Nothing	12 resp. (2 youth, 10 parents)	"I really like it how it is." "We weren't unhappy with Life-Line. I like what it does. I like the way it does the work it does with the kids." "Well, no. We saw a miracle and I guess you can't expect more than a miracle (laughs)....I don't think that we dreamed that it would have been as helpful even as it was. I felt like it gave us everything." "Nothing." "Really nothing."

(table continues)

Descriptive code	Frequency	Examples of coded responses
Organization/ communication systems	7 resp. (1 youth, 6 parents)	"Maybe with like COC's and stuff, like getting the kids to talk to people or wanting to get up in groups...so...get those answered more consistently or able to get up in group more." "Oh just the same old, same old that we've talked about forever. Just get more organized, and better communication with parents and especially with staff."
Schedule changes	4 resp. (2 youth, 2 parents)	"Time schedule. Sleep was a huge thing (more sleep)." "I would like to see both Monday and Thursday for open meeting."
Sibling work	3 resp. (1 youth, 2 parents)	"I think they could have visited with my stepsisters more and kind of given them a little better understanding of LL." "Life-Line is supposed to, in their brochures they say they help with sibling support, and they do nothing at all for the sibling support....They should take that out of their brochure."
Staff related	3 (2 youth, 1 parent)	"Staff need to be more honest with the phasers...I hear things that they are out doing things and partying...and if the staff treated everyone equally...I don't feel staff treated me right." "Most staff members were good, but there were a few who were cocky. Some picked favorites, weren't as nice to others."

Note. Other coded responses: need no swearing rule (2), more time to talk in group (2), cost.

assessments, the most positive ratings were obtained for substance abuse and job/work. The positive findings for substance abuse are particularly noteworthy because substance abuse is one of the main reasons for youth enrollment in LL.

A look at the behavior of individual youth indicates that the overall behavior ratings were positive for seven youth, mixed for three youth, and slightly negative for one youth. The fact that most youth are doing positively and only one is doing negatively indicates overall improvement in youth behavior approximately a year after LL enrollment. The overall behavior rating for all youth in the sample, or the grand mean, was +.7, which is a fairly strong positive rating, especially compared to the negative quality of youth behaviors previous to LL which precipitated enrollment.

Assessments of youth transition experiences as well as negative and positive influences on youth after LL were also presented. The transition experiences were fairly balanced with four youth experiencing mostly positive transitions, four experiencing mostly challenging transitions, and three whose transitions were mixed positive and negative. The most common negative influences on youth were old negative friends and difficulty finding new healthy friends, while the most common positive influences were family support and communication. Treatment or therapy after LL, at least by the time these surveys were conducted, was not common for youth in this sample.

In response to how LL benefitted youth and parents, it was interesting that youth and parents responded similarly to each of the questions. In terms of youth benefits from LL, youth and parents responded that they thought that LL led to a pivotal, lifesaving change for the youth. Youth and parents said that they thought group and one-on-one talking with clinicals and staff (and youth included peers) were the most beneficial program features for the youth. In terms of parent and family benefits from LL, parents and youth responded that the greatest benefits were increased family communication and

closeness. Parents and youth said that they thought sessions and talks with clinicals were the most beneficial aspect of LL for parents and family.

Respondents were also asked about the importance of the 12-Steps and spirituality in the youth's recovery. The responses indicate that the 12-Steps were seen as beneficial for most of the youth in that the steps promoted increased spirituality. Youth and parents in at least four families considered spirituality to be the most important part of recovery.

In terms of program improvements, half of the respondents indicated that increased one-on-one attention by clinicals or staff would be beneficial. Almost half of the respondents also gave strong support for the LL program, indicating that they felt like nothing really needed to change.

Comparison of Wilderness Quest and Life-Line Results

Differences in Behavior Assessments at Follow-Up for WQ and LL Youth

The behavior assessments provide a basis for comparison of how WQ youth were doing versus LL youth approximately a year (13-15 months) after youth began treatment in each program. Before making comparisons, it is important to reiterate that these ratings are not standardized measures but only assessments made by the researcher using pre-determined criteria. In addition, each average rating reported in Table 30 (and previously in Table 6 and Table 18) represents a range .5 within each average score. For example, a positive rating (+) would be applied to an average rating that fell anywhere between +.75 and +1.25. While the actual numeric averages were not reported for each category, they

are reported for the grand means to show the degree of difference between the overall behavior assessments in both programs.

The comparison of ratings presented in Table 30 indicates that behaviors of youth in the WQ and LL samples were roughly similar in the categories of family relations, school/ education, and job/work. The comparison indicates that behavior in the substance abuse category was a full rating higher, or better, among the LL youth than the WQ youth. This difference is particularly important because substance abuse is typically one of the main reasons that parents place their youth in WQ or LL. In the category of peer relations, behavior was slightly better among the LL youth than the WQ youth. A comparison of the grand means indicate that overall behavior was a little higher or better among LL youth (.7) than WQ youth (.4), although both grand means fell within the range of a "slightly positive" (-+/+) rating (i.e., .25 to .75).

Table 30

Comparison of Behavior Assessments for WQ and LL Youth

Behavior assessments	WQ	Comparison	LL
Substance abuse	-+	<	+
Family relations	-+/+	=	-+/+
Peer relations	-+	<	-+/+
School/education	-+/+	=	-+/+
Job/work	+	=	+
Grand mean	-+/+ (.4)	<	-+/+ (.7)

Note. < "is less than" = "is equal to"

Comparison of Transitions for WQ and LL Youth

Transition experiences after leaving WQ or LL seemed fairly similar for youth according to reports from the two samples. In each sample about four youth had mostly positive transitions, four had mostly negative transitions, and the rest had mixed transition experiences. Thus, transition experiences did not seem to be a distinguishing variable between the samples, at least as far as the reported data suggested.

Post-Program Negative and Positive Influences for WQ and LL Youth

The post-program negative influences were very similar for WQ and LL youth, with negative peers and substance use/substance use temptation among the most common. The positive influences were also very similar for WQ and LL youth, with family support noted most commonly among both. In terms of aftercare influences there were noticeable differences with 6 of the 10 WQ youth experiencing some form of aftercare influence after the program, with five of those youth living in residential programs some or all of that time, while only two LL youth experienced some limited amounts of treatment in the form of outpatient therapy. Thus, the level of aftercare appeared to be one of the most common post-program differences between the WQ and LL youth in these samples.

Comparison of Reported Benefits for Youth and Parents from WQ and LL Programs

In the interest of comparing the most common reported benefits in each program, only those represented in three or more of the families in a program are presented. As

previously mentioned, some participants gave more than one answer to each question and thus the total number of responses reported may be more than the number of cases in each program.

Reported youth benefits from WQ and LL programs. Youth and parent responses regarding the main benefits for youth in each program are presented in Table 31. The most common response for youth in WQ was that they gained self-confidence while for youth in LL it was that the program led to a pivotal change in their life. A common response from youth in both programs was that they gained self-awareness from their experiences. It is interesting that parent responses in both programs provided some support to the responses. For example, WQ parents most often stated that their youth gained self-confidence while LL parents most frequently responded that their youth had a pivotal change experience and developed positive coping skills.

Table 31

Reported Benefits for WQ and LL Youth: Youth and Parent Perspectives

	WQ	LL
Perspective	(n = 6 youth, 10 families)	(n = 8 youth, 11 families)
Youth	Confidence/accomplishment (4), self-awareness (3)	Pivotal change (6), self-awareness (5)
Parent	Confidence/accomplishment (8), period of sobriety (4), responsibility/accountability (3), spirituality (3)	Coping skills (7), pivotal change (6), communication skills (4), self-awareness (3)

Responses to the question of the most beneficial aspects of each program are presented in Table 32. WQ youth reported that the most beneficial part of the WQ program for them was the wilderness living while LL youth reported that the most beneficial parts of the LL program for them were groups and one-on-one talks. It is interesting that LL parents largely supported the youth responses by indicating that one-on-one talks and groups were the most beneficial parts of the program. In comparison, WQ parents did not mention wilderness living in general as the youth did, but did specifically mention the independent challenges of wilderness activities, and they also mentioned the influence of staff and peers as well as that the overall experience was pivotal for their youth.

Table 32

Most Beneficial Aspects of WQ and LL Programs for Youth: Youth and Parent Reports

Perspective	WQ (n = 6 youth, 10 families)	LL (n = 8 youth, 11 families)
Youth	Wilderness living (6)	Groups: staff/peers (6), one-on-ones: staff/peers (4)
Parent	Pivotal experience (7), staff (7), independent wilderness challenges (6), peer influence (4)	One-on-ones: staff (6), group: staff/peers (6), responsibility/accountability (4), combination (4), humility work (3), family involvement (3), host homes (3), staff influence (3)

While descriptive codes using the word "pivotal" were used to describe patterns of responses in both programs, there is an interesting distinction to the content and purpose of these responses in the two programs. In the WQ data, parents indicated that the program was a pivotal "experience" for their youth, an important "step of many steps" in the youth's recovery, "a beginning," and that the WQ experience gave youth a new way to look at their life and where they want to go. These responses pertained to the question of what were the most beneficial aspects, or therapeutic factors, of WQ. While the WQ data suggested that WQ was pivotal in leading to a changed worldview and perhaps motivation in youth, the LL data indicated that the LL program was pivotal in that it both led to and helped to gradually mold a changed lifestyle for youth. These responses were obtained to the question of therapeutic benefits from the program. Thus, a common therapeutic factor or aspect of the WQ program was that it was a "pivotal experience" for youth, while a common therapeutic benefit or result from the LL program was that youth achieved a "pivotal change" in lifestyle. This distinction will be discussed more in Chapter V.

Reported parent/family benefits from WQ and LL programs. Youth and parent responses regarding the main benefits for parents/family in each program are presented in Table 33. The most common responses from participants in both WQ and LL were that the main program benefits for parents and family were improved communication and closeness. It is both interesting and compelling that youth and parents in both programs reported increased communication and closeness as the main benefits for parents/family, suggesting that communication an+d understanding were strained previous to treatment and that both programs were effective in leading to changes in these areas.

Table 33

Reported Benefits for Parents/Family in WQ and LL: Youth and Parent Perspectives

Perspective	WQ (n = 6 youth, 10 families)	LL (n = 8 youth, 11 families)
Youth	Communication/closeness (4)	Communication/closeness (6)
Parent	Communication (7), parent self-awareness (3)	Communication/closeness (9)

Responses pertaining to the most beneficial aspects of each program are presented in Table 34. Again there was much similarity in responses with youth and parents in WQ referring to the 3-day family enrichment session while youth and parents in LL referred to the family counseling sessions and clinical involvement. In both situations, parents and youth interacted with each other in discussions facilitated by trained therapists. While the methods of the family sessions in the two programs were somewhat different, the process of bringing youth and parents together in a discussion format facilitated by trained professionals seemed to be similar.

In summary, the fact that parent and youth responses to the open-ended questions were often so similar in the two programs suggests that the programs provide similar benefits to their clients. However, these open-ended questions did not allow assessments or ratings of the degree of benefits or of the strength of impact of the programs. For instance, while increased communication and closeness were commonly noted as a parent/family benefit by youth and parents in both programs, the degree of improvements

Table 34

Most Beneficial Aspects of WQ and LL Programs for Parents/Family: Youth and Parent Perspectives

Perspective	WQ (n = 6 youth, 10 families)	LL (n = 8 youth, 11 families)
Youth	Family enrichment session (3)	Family clinical sessions (3)
Parent	Family enrichment session (7)	Family clinical sessions (8), parent-parent support (5), learning skills: parenting/communication (4)

in these areas was not assessed, nor was the level of therapeutic impact or benefit from the program. Thus, this format was only intended to provide insight into the qualitative (kind of) change rather than the quantitative (degree of) change in these areas.

Comparison of Importance of 12-Steps and Spirituality in Recovery for WQ and LL Youth

In terms of the importance of the 12-Steps, there were notable differences between the WQ and LL youth. For WQ youth, the 12-Steps were only considered to be important for one of the youth, while at least five of the LL youth considered the 12-Steps currently important to some degree and another three indicated they did have some importance previously but not currently. Thus, the 12-Steps were considered important in providing recovery guidance for some of the LL youth, but were even more important in promoting spirituality in LL youth.

In response to the importance of spirituality, information was only obtained for six of the WQ youth and spirituality was considered to an important part of recovery for five of those six youth. Similarly, spirituality was considered to be important in recovery for most or all of the LL youth either previously (while in the LL program) or currently, and was considered to be the most important part of recovery for at least four of those youth. Thus overall, spirituality was considered to be important to recovery for youth in both samples.

Comparison of Suggestions for Program Improvements for WQ and LL

The frequencies of the most common responses made by participants in each program relevant to needed program improvements are presented in Table 35. For the purpose of this table "most common" pertained to responses from three or more participants. An interesting similarity is that a large proportion of respondents from both programs indicated that they were generally pleased with the program and did not have any recommendations on how the program could improve or could have done more for them. Another common suggestion from WQ respondents pertained to the need for better follow-up care after the program and this was not mentioned among LL respondents. Conversely, the most common suggestion from LL respondents was the need for more clinical and one-on-one attention to youth and this was not commonly mentioned for WQ youth. However, suggestions by LL participants may be qualified with an understanding that at the time of the study LL was limited in resources and was not able to provide as much clinical attention to youth and families as it normally does. The only other directly

Table 35

Comparison of Suggestions for Program Improvements for WQ and LL

WQ (n = 22 total respondents)	LL (n = 26 total respondents)
Nothing (9), more follow-up (7), staff improvements (6), night hike concerns (5), treatment issues (3)	More clinical/ one-on-one help (13), nothing (12), organization/ communication systems (7), schedule changes (4), sibling work (3), staff improvements (3)

comparable responses pertained to staff improvements, with such suggestions somewhat more common in the WQ than in the LL sample.

In the overall comparison of suggested improvements, it seems noteworthy that many respondents in each program thought the program personnel did the best they could do within their time frames and circumstances. One explanation may be that many participants did not have prior experience with an intensive residential-type of program, and thus did not have a basis for comparing what could have been done better. Another reason may be that both programs were perceived to be relatively well run, particularly by those who indicated that the youth experienced a pivotal, dramatic change and that they could not really have asked for more from the program.

Summary

This comparison suggests some notable differences and similarities between the WQ and LL samples at the follow-up assessment. One notable difference is that WQ youth

were more likely to engage in post-program treatment, often in other residential programs, while the LL youth were much less likely to do so. In addition, the LL youth were much more likely to live at home following their program than were the WQ youth.

The follow-up behavior assessments indicate that youth in the two programs were doing similarly well in regards to family relations, school/education, and job/work, while the LL youth were doing noticeably better in substance abuse and slightly better in peer relations. The behavior in substance abuse is particularly important as substance abuse was the most frequently reported reason for enrollment in the programs for these participants.

A review of the post-program influences on youth provided some indication that both youth samples had similar difficulty in post-program transition experiences, similarly struggled with the influence of negative peers, and received frequent positive support from family. One main difference in influence after the programs, as noted previously, was that WQ youth were more likely to participate in treatment than were LL youth.

In terms of benefits for youth, both youth and parents from the WQ sample indicated that increased self-confidence was the main benefit, with self-awareness and a period of sobriety also seen as some of the main benefits. Youth and parents in the LL sample both indicated that the program led to a pivotal change in lifestyle for the youth and that the youth also gained self-awareness and coping skills. WQ youth considered general wilderness living to be the most beneficial. WQ parents considered the program overall to be a pivotal experience, and considered staff influences and the independent wilderness challenges to be very beneficial. Both youth and parents in the LL sample thought groups and one-on-one talks were the most beneficial aspects of the program for youth. The

subtle distinction between "pivotal experience" in the WQ program and "pivotal change" in the LL program was also discussed.

In terms of benefits for parents and family, the most common responses for youth and parents in both programs were that the main benefits were improved communication and closeness. In terms of the most beneficial aspects of the programs, WQ youth and parent responses pointed to the family enrichment session while LL youth and parent responses referred to family counseling sessions, both of which involve discussions facilitated by trained clinicians.

The 12-Steps were reported to be more important among the LL youth than the WQ youth, with the most common benefit in promoting spirituality among the youth. However, in response to a question regarding the importance of spirituality in the youth's recovery, the reports indicated that spirituality was considered to be important for most of the youth in both the WQ and LL samples.

In response to a question regarding suggestions for program improvement, it was interesting that nearly half of the respondents in both programs were generally satisfied and said there was nothing the programs really could have done better to help their recovery. Other common suggestions among WQ participants included the need for better follow-up and staff improvements, while common suggestions among LL participants included the need for more clinical or one-on-one help as well as better organization systems.

Development of Interpretive Models

Before developing the interpretive models to describe the developmental growth patterns in each program, the therapeutic benefits and therapeutic factors of each program were summarized in a table format. Two tables were created, one for therapeutic benefits and one for therapeutic factors. The therapeutic benefits table was developed to include each of the program benefits reported by participants for youth and parents, and also included the follow-up assessments of behaviors considering them to be indirect long-term benefits from the programs. This summary of therapeutic benefits is reported in Table 36.

The table of therapeutic factors was developed to include each of the program factors reported to be most beneficial by participants, and references about recovery aid provided by spirituality and the 12-Steps for youth in each program. This table also includes transition variables, including a reference that transitions to society are challenging adjustments for youth in both programs and a reference of the limited and thorough help provided by WQ and LL, respectively, for youth making these transitions. In addition, the table includes the most common after-program positive and negative influences on youth in each program. This summary of therapeutic factors is presented in Table 37.

Typical and Individual Developmental Paths in Models

These summary tables were then used to develop an interpretive model of how changes and growth occur in each program and what variables and influences led to

Table 36

Summary of Therapeutic Benefits in WQ and LL Programs

Therapeutic benefits	WQ	LL
For youth:		
Benefits from program	Confidence/ Accomplishment (Y-P)	Pivotal change (Y-P)
	Self-awareness (P)	Self-awareness (Y-P)
	Period of sobriety (P)	Coping skills (P)
	Spirituality (P)	Communication skills (P)
	Responsibility/ accountability (Y-P)	
Follow-up behavior assessments		
Positive (+)	Job/work	Substance abuse
		Job/work
Slight positive (-+/+)	School/education	School/education
	Family relations	Family relations
		Peer relations
Mixed (-+)	Substance abuse	
	Peer relations	
For family:		
Benefits from program	Communication/ closeness (Y-P)	Communication/ closeness (P)
	Parent self-awareness (P)	

Note. (Y) = Youth reported (P) = Parents reported (Y-P) Youth and parents reported

Table 37

Summary of Therapeutic Factors of WQ and LL

Therapuetic factors	WQ	LL
For youth:		
Program factors	Wilderness living (Y)	Group: staff/peers (Y-P)
	Pivotal experience (P)	One-on-ones:
	Staff influence (P)	staff/peers (Y-P)
	Independent wilderness	Responsibility/
	challenges (P)	accountability (P)
	Peer influence (P)	Humility work (P)
		Family involvement (P)
		Host homes (P)
		Staff influence (P)
Other recovery aids	Spirituality (Y-P)	Spirituality (Y-P)
		12-Steps (Y-P)
Transition variables	Challenging adjustment	Challenging adjustment
	Limited help from WQ	Thorough help from LL
After-program variables		
Positive influences	Family, more treatment	Family, positive peers
Negative influences	Negative peers,	Negative peers,
	substance use temptation	substance use temptation
For family:		
Program factors	Family enrichment	Family clinical
	session (Y-P)	sessions (Y-P)
		Parent-parent support (P)
		Learning skills: parenting/
		communication (P)

Note. (Y) = Youth reported (P) = Parents reported (Y-P) Youth and parents reported

long-term behaviors, as measured by follow-up assessments. These models constitute the typical developmental paths of youth in the program considering the most common responses and average behavior assessments of the samples in each program.

However, such a model only describes the typical overall growth of the sample. In order to be more specific, the data were inspected to see if there were certain variables found to be particularly influential in determining whether youth had a generally positive or negative follow-up outcome. In searching for these variables the average overall behavior and the substance abuse behavior of youth were chosen as the outcome measure. Substance abuse was chosen as an outcome behavior measure particularly because substance abuse was the most common reason for enrollment in both programs.

In the WQ data it was found that whether or not youth engaged in aftercare seemed to be the most influential variable, with those who engaged in aftercare typically having more positive follow-up behaviors and those who did not engage in aftercare typically having more negative follow-up behaviors. Assessment of post-program influences revealed that another variable frequently associated with follow-up behaviors was peer influence. The data also suggested that there was a relationship between aftercare and peer influences, with aftercare seeming to influence the quality of peers with whom youth chose to interact. Figure 1 presents the typical development path and individual development paths in the WQ interpretive model.

In the LL data it was found that whether or not youth completed the program was the most influential variable, with those who completed the program typically reporting more positive follow-up behaviors and those who did not complete the program typically reporting more negative follow-up behaviors. Assessment of post-program influences

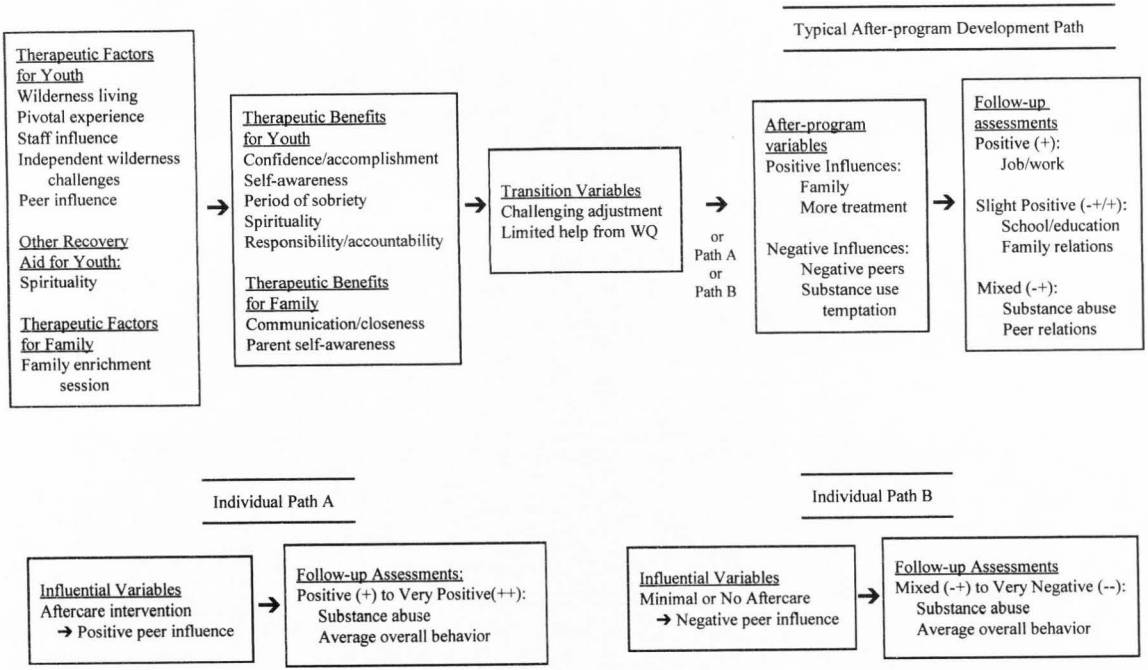

Figure 1. Interpretive model of WQ youth-client growth.

revealed that, just as was found in the WQ data, another variable frequently associated with LL follow-up behaviors was peer influence. Again similar to the WQ data, the LL data suggested that there was a relationship between program completion and peer influences, with program completion seeming to influence the quality of peers with whom youth chose to interact. The typical development path and individual development paths created to represent change in the LL interpretive model are presented in Figure 2.

Comparing the Models to Actual Youth Experiences in Each Sample

The individual paths in these two models were "tested" by seeing how well they applied to every youth in each of the samples. Analyses of the WQ data were first conducted using the data display presented in Table 38. In the WQ sample, data were first analyzed for each of the youth who had completed some period of aftercare. This analysis revealed that involvement in aftercare was indeed associated with youth who had positive follow-up assessments for substance abuse and average overall behaviors. This analysis also suggested that positive peer relations at follow-up were also related to involvement in aftercare. In addition, a review of the reports on influences on youth since the WQ suggests that aftercare factors helped youth choose to interact with higher quality peers. It should be noted that one of the youth (ID# 10) had a short and negative experience in an aftercare program. Parent reports for this youth indicate that the youth's follow-up behaviors were not related in any way to the aftercare program, but instead were attributed to changes in attitude and direction achieved at WQ, the youth's own intelligence and goals, and the parents' continued support. Thus, this case does not fit the

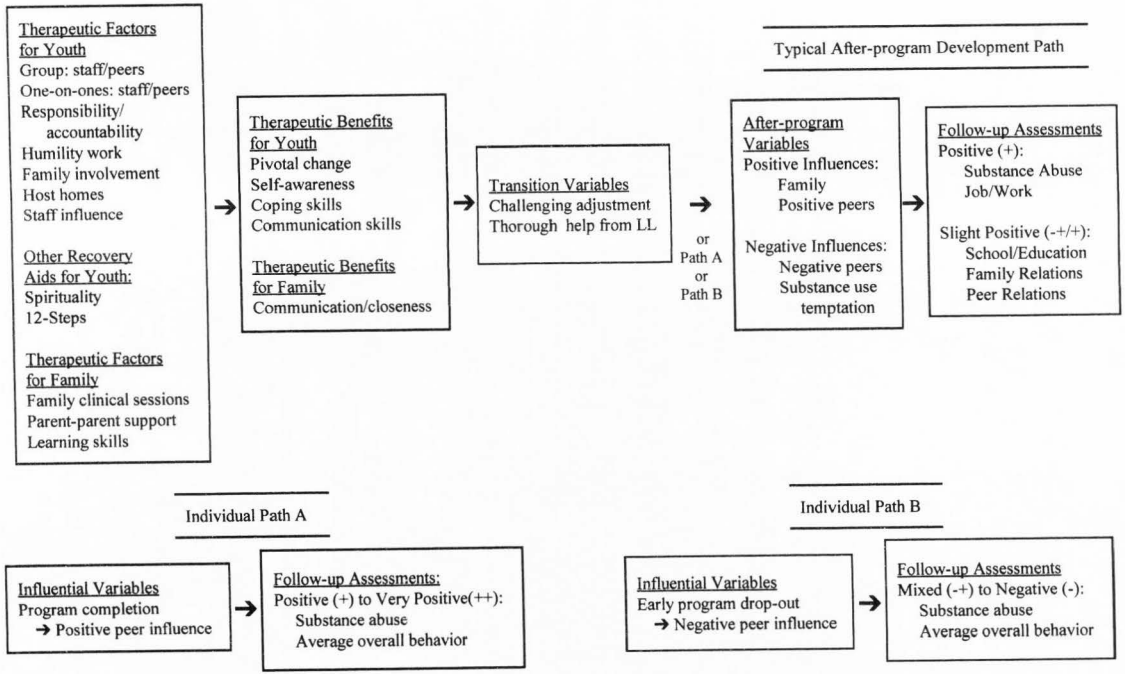

Figure 2. Interpretive model of LL youth-client growth.

model, while the rest of the cases do seem to fit the model fairly well. For instance, one parent indicated that although WQ was a significant, pivotal experience for his youth, aftercare was also very important as he expressed in the following statement: "Aftercare is incredibly important, whether it is AA or you know whatever group they can find, it's absolutely, I mean it's got to be a given. I mean that's true for anybody going through any kind of an addiction. You've got to be around other people who will support you."

The analysis of the WQ sample next examined the data for youth who had not completed any form of aftercare. None of these youth had participated in aftercare, although one of them was subject to random urine testing by a probation officer and parents of another youth indicated that legal fines for misconduct served as a deterrent of the youth's negative patterns (no further detail was given). This analysis revealed that no involvement in aftercare and negative peer relations were strongly associated with youth who had negative follow-up assessments for substance abuse and average overall behaviors. This analysis also suggested that negative peer relations at follow-up were related with no aftercare, with such youth more likely to return to former negative friends than to develop friendships with more positive peers. To illustrate this individual path, parents of one of the youth whose substance abuse behavior was very negative (--) at follow-up stated, "I think it (WQ) had a lot of impact! But I think our fault was basically I couldn't get (spouse) to follow up with the second step. I mean, WQ was a step of many steps and we should have followed up together."

Analyses were then conducted on the LL data using the data display presented in Table 39. In the LL sample, data were first analyzed for each of the youth who had

Table 38

Individual Growth Development Paths of WQ Youth

	Influential variables		Follow-up assessments	
ID	Aftercare intervention	Peer relations	Substance abuse	Average overall behavior
Individual Path A				
1	Half-year residential treatment	+	+	+
4	Full-year 12-step peer group and sponsor	++	++	++
5	Half-year residential treatment	-+	-+	-+/+
6	Most of year boarding school	+	+	+/++
9	Full-year therapeutic boarding school	-	++	-+/+
10	One month residential program (negative)	++	+	+/++
Individual Path B				
2	None (probation, some urine testing)	-	-	-/-+
3	None	-	--	-
7	None (some legal fines)	-+	-+	-+/+
8	None	--	--	--

Table 39

Individual Growth Development Paths of LL Youth

	Influential variables		Follow-up assessments	
ID	Program completion -- Length of stay	Peer relations	Substance abuse	Average overall behavior
Individual Path A				
1	No graduation--31 weeks (LL agreement)	++	+	+
4	Graduated -- 43 weeks	++	++	++
5	Graduated -- 52 weeks	+	++	+/++
6	Graduated -- 39 weeks	-+	++	+
7	Graduated -- 48 weeks	-	++	-+/+
8	Graduated -- 50 weeks	++	++	+/++
Individual Path B				
2	Early drop-out -- 46 weeks (youth choice)	-	-	-/-+
3[a]	Early drop-out -- 30 weeks (financial)	-+	-+	-+
9[a]	Early drop-out -- 13 weeks (family choice)	-	++	-+/+
10	Early drop-out -- 36 weeks (financial)	-+	-	-+
11	Early drop-out -- 18 weeks (youth choice)	-+	++	-+

[a] These youth had no drug use problems before Life-Line

completed, or graduated from, the program. An exception was made to include a youth who had nearly completed the program, but a meeting was held with an LL administrator, the youth, and the parents and they agreed that the youth was ready to move on and did not really need to complete the remaining few requirements to officially graduate. This analysis revealed that program completion was related to positive substance abuse behaviors, and in fact was associated with very positive (++) ratings for five of these six youth. In addition, program completion was associated with positive assessments of average overall behaviors. The peer relations follow-up assessments, as well as other information about peers as post-program influences, were examined and these indicated that there was also an association between positive peer influences and positive substance abuse and average overall behaviors, with one or two exceptions. A closer analysis of these exceptions indicates that these youth were trying to find positive friends, but were having difficulty, and thus either had nearly no involvement with peers or occasional interactions with previous negative peers. This analysis also suggested that program completion was also influential in helping youth develop relationships with positive peers.

The analysis of the LL sample next looked at the data for youth who were early drop-outs of the program, either because the youth or parents felt like the youth did not need to complete the program or because finances were strained and the family had no other option. This analysis revealed that being an early drop-out was highly associated with mixed or negative average overall behaviors, but only somewhat associated with negative substance abuse behavior. However, two of these youth who dropped out early were the two youth in the sample who did not have a substance abuse problem prior to

Life-Line. Their follow-up assessments produced a mixed (-+) and a very positive (++) rating for substance abuse which somewhat skews the association for the drop-outs. In addition, there was another youth drop-out who received a very positive (++) rating, and this result does not fit the individual path model presented. Besides these exceptions, the early drop-outs and mixed or negative peer relations seemed to be associated with mixed to negative average overall behaviors, and thus generally supported the model.

This "testing" of the individual path models in the WQ and LL samples provides a general validation of the fit of these models with the data in the study samples. As indicated, these are considered to be interpretive models only for these data sets, and further testing with expanded sample sizes would reveal how well they fit the programs in general.

CHAPTER V

DISCUSSION

Summary

This study was designed to explore the benefits of a wilderness therapy program compared to a therapeutic community program for troubled adolescents. The following research questions guided this study:

1. What are the therapeutic benefits for youth in a wilderness therapy program compared to a therapeutic community program and how do different therapeutic factors in each program contribute to these benefits? What are the therapeutic benefits and factors for families in each program?

2. How can this knowledge of the therapeutic benefits and factors in these two programs be used to develop interpretive models of how youth change over time through these two approaches?

A qualitative methodology using multiple data collection methods and sources was used to triangulate the benefits and therapeutic factors in each program. An extended period of observation was spent in each program to provide an in-depth understanding, and to provide a source of data triangulation. The principal data for the study came from follow-up surveys with youth and their parents.

An interpretive model was developed for the Wilderness Quest and Life-Line data to represent the typical growth patterns of youth in each sample. The data were then analyzed to develop individual paths which captured typical variations in youth follow-up

growth patterns in each program. These individual path models were then "tested" by comparing data for all youth participants in the samples to the models. The analysis suggested that the individual data generally did fit the models, with a few exceptions.

Comparison of Study Findings with Research Literature

Research on adolescent therapy programs is fairly limited. Recent studies have analyzed therapeutic benefits and factors in wilderness therapy programs (Hanna, 1996; Russell, 1999) and in therapeutic community programs (Jainchill, 2000), but at the time of this project no studies were found that compared wilderness therapy programs to therapeutic community programs. Thus, this study is one of the first known attempts to do so and is necessarily exploratory in nature.

Analysis of the WQ data in this study indicated that increased self-confidence and self-awareness were the most common reported program benefits for youth, supporting the findings of several research studies on the impact of wilderness therapy on self-concept variables (Hattie et al., 1997). In addition, some of the most common reported program factors contributing to youth changes were wilderness living in general, independent wilderness challenges in particular, and the peer and staff influences. These findings were similar to the conclusions made by Russell (1999) concerning the role of wilderness setting (environment), wilderness challenge activities (environment active-self), and social interactions in the wilderness setting (environment inter-active self).

Follow-up assessments of both programs also supported previous research that has indicated that transitions back to society are difficult for youth who complete any kind of

treatment program, including wilderness therapy or therapeutic community programs (Doone, 1998; Hanna, 1996; Jainchill, 2000). The current study found that the kind of peers that youth interacted with during post-treatment was particularly related to whether youth behavior was positive or negative at the follow-up assessment. Specifically, negative peer interaction was often associated with drug use relapse while positive peer interactions were often associated with positive behaviors and abstinence related to substance use. Thus, the findings of the current study support the findings of previous research that indicated that negative peer interactions were a major variable in difficult posttreatment transitions for youth (Doone, 1998; Jainchill, 2000).

The research literature also indicated the important role of the family in the origin as well as the treatment of problem behaviors for adolescents (Wynne et al., 1996). Previous research on wilderness therapy (Russell, 1999) and therapeutic communities (Jainchill, 2000) suggests that families typically play a key role in the treatment process of both approaches. The findings of the current study strongly supported this research, with family involvement being a key therapeutic feature in the WQ and LL programs. In addition, follow-up assessments indicated that family support was the most consistent positive influence supporting youth after the programs.

Previous research also indicates that families of troubled adolescents are often in need of treatment and support, partly because of the reciprocal effects of adolescent turmoil on family functioning (Utada & Friedman, 1990). This study examined the most common reported benefits, including increased levels of communication and closeness within the family, for families in both the WQ and LL programs. These family benefits were

largely attributed to the family therapy and group family therapy sessions in both programs which were conducted by clinical professionals. On average, these improvements seemed to be maintained in the long term with most participants indicating that family relations were relatively positive at the follow-up assessment.

Theoretical Interpretations of Findings

Scholars have used various theoretical frameworks to understand adolescent problem behaviors and the influence of the family on adolescent rehabilitation. One of the most commonly used theories in adolescent treatment is the family systems model. Family systems theory has been used to explain the complex, reciprocal interactions within the family of the troubled adolescent, and has been applied within traditional therapy (Wynne et al., 1996) and wilderness therapy (Russell, 1999) approaches. In addition, research has noted the importance of a healthy family environment in promoting the identity formation process of the adolescent (Papini, 1994). As mentioned previously, the critical role of the family was illustrated in findings of this study just as it has been illustrated in previous research, providing some support for the use of a family systems perspective.

However, the findings of this study also highlighted the importance of peer influences and a long-term, gradual treatment approach, and the importance of these variables are not adequately captured by the family systems model. It is recommended that a more complete understanding of adolescent rehabilitation requires an incorporation of models of adolescent social development which emphasize the influence of peer social networks in the adolescent's development. While parents do play a critical role in healthy adolescent development, research suggests that maturing adolescents increasingly turn to

peers for closeness, acceptance, and guidance (Collins, 1990; Youniss & Smollar, 1985), and that peers thus have a considerable influence on adolescent attitudes and behaviors (Berndt & Perry, 1990). Thus, previous research and the findings of the current study suggest that a combined theoretical framework using a family systems model and an adolescent social development model may best be incorporated to explain successful rehabilitation of troubled adolescents.

Conclusions

The research and findings of the current study led to several conclusions which follow. However, because of small sample sizes and unfortunately high non-response rates it is important to emphasize that these conclusions only apply fully to the participants in this study and are not necessarily representative of the general clientele in the WQ and LL programs. With that precaution, the following conclusions were made:

1. The interpretive models of the findings highlight the importance of peer influences and long-term intervention in adolescent recovery success.

In the WQ model, youth who engaged in aftercare treatment and who interacted with positive peers after WQ were more likely to receive positive to very positive follow-up assessments of substance abuse and overall behavior. The opposite was true for youth who did not engage in aftercare and who associated with negative peers, with these youth generally having negative follow-up assessments.

In the LL model, youth who completed the program and who interacted with positive peers after LL were more likely to receive positive to very positive follow-up

assessments of substance abuse and overall behavior. The opposite was true for youth who did not complete the program and who interacted with negative peers after treatment.

These models suggest that common elements of successful youth recovery in either program include positive peer relations posttreatment and a long-term intervention plan. As indicated, these variables were highly related to success at follow-up assessment.

2. The data from both program samples highlight the importance of involving the family in treatment to promote changes in family relations, as well as to promote youth recovery.

Follow-up reports of participants indicated that parents and youth in both programs believed that the programs led to improved communication and closeness between family members. These benefits were typically associated with the family therapy work done in individual family and multi-family group therapy sessions facilitated by professional clinicians. Follow-up reports also indicated that family support was considered to be one of the most common posttreatment influences supporting youth, suggesting that involving families in treatment may lead to improved family communication and closeness which may then pay long-term dividends for youth recovery. In addition, involving families is seen to be important and beneficial for the sake of families who are often in turmoil themselves.

3. The findings suggest that there were unique benefits for participants from involvement in the different programs.

Participants in the WQ program consistently reported that the youth experienced increased feelings of self-confidence, and a sense of achievement, due to their participation

in the program. Participants in the LL program were more likely to report that youth improved their coping and communication skills. Improved communication and coping skills were not explicitly noted as benefits for WQ youth, while increased confidence was not explicitly noted as a benefit for LL youth. These different findings might simply be a function of the design of the survey protocols or sample characteristics, but these discrepancies might also indicate that these differences are truly representative of the different benefits typically obtained in these two programs.

4. The findings suggest a subtle distinction between the general impact of the two programs, with Life-Line more often leading to "pivotal change" and Wilderness Quest more often providing a "pivotal experience" for youth in the study samples.

Life-Line participants frequently reported that the program led to a "pivotal change" in many aspects of the youth's lifestyle, behaviors, and attitudes. These changes were obtained because of the long-term and intensive nature of the program, and because of the program's role in helping youth gradually reintegrate back into society and to develop positive peer relationships, hobbies, work habits, and school habits during that reintegration.

In comparison, WQ participants were more likely to report that the program provided a "pivotal experience" for the youth. This pivotal experience resulted from the humbling and inspiring impact of the wilderness environment, the personal growth and self-confidence gained by completing wilderness challenges, the long periods of time to think and reflect in a peaceful setting, the period of sobriety, and the sense of community developed with peers and staff in the field. However, while this was a powerful

"experience" for youth, it was seen as only one step in the "change" process. Some form of aftercare was considered to be an important next step for most of the youth. Of course, exceptions to this pattern were noted, with one youth in the sample going on to lead a healthy lifestyle after WQ without any real aftercare experience.

In looking at the distinction found in these samples, some scholars and practitioners may wonder why short-term wilderness therapy has become such a popular intervention if it does not achieve some of the immediate changes in lifestyle that are obtained in a long-term therapeutic community program such as Life-Line. Perhaps the value of the wilderness approach is best captured in the translation of a poem by the French poet Rene Daumal (1974, p. 1):

> You cannot stay on the summit forever, you have to come down again. So why bother in the first place? Just this: What is above knows what is below, but what is below does not know what is above. One climbs, one sees. One descends, one sees no longer but one has seen. There is an art of conducting oneself in the lower regions by the memory of what one saw higher up. What one can no longer see, one can at least still know.

The findings from this study and other wilderness therapy research (Doone, 1998) suggest that wilderness therapy makes a powerful impression that may have long-term benefits for youth recovery, particularly when integrated with aftercare interventions. In addition, while the immediate benefits of a short-term wilderness program may not be as noticeable as the immediate benefits of a long-term therapeutic community program, it is possible that the long-term benefits of wilderness therapy are just as evident. The long-term lasting effects of the two approaches need to be addressed in future research.

In addition, it is important to emphasize that Life-Line uses a unique form of therapeutic community because it works with youth and families in their own community

and is able to gradually transition youth back to their family and community over a period of time. Other therapeutic communities that are far removed from the youth's family and community would likely not be able to address family, community, and transitioning issues to the same extent and thus would likely have different results.

Limitations

One of the main limitations in the study is the inherent difficulty of "comparing" the therapeutic benefits of two treatment programs that use two largely different treatment approaches--wilderness therapy and the therapeutic community. Some of the main differences in the programs pertain to length of treatment (short-term versus long-term), location (many miles away in the wilderness versus a short drive from home), and structure (24-hour wilderness living versus day-treatment with nightly stays in host homes), as well as several other differences (as noted in Table 2). Thus, it is difficult to compare benefits from these approaches because there are so many different variables that may influence client behaviors, change, and progress.

A related limitation pertains to the timing of the follow-up assessments. As discussed in the methods chapter, due to the different lengths of treatment in the two programs it seemed that problems with the timing of the follow-up were unavoidable, with disadvantages that would arise whether the follow-up period were measured from the time of enrollment or from the time of program completion. The choice was made to measure the follow-up time period from the youth enrollment to reduce the effects of aging, maturation, and the change process which begins once an intervention is introduced, while

accepting the shorter and varying time periods of post-program living for LL youth as a limitation in the design.

Another significant limitation in the study pertains to the participant samples. The samples were small and perhaps even more hindering there were high nonresponse rates (about 60%) from youth and families in both programs. Due to these sample problems there is high uncertainty as to how representative these findings are of the general populations in each program.

An additional limitation of the study is that it only involved investigation of one wilderness program and one therapeutic community program, and thus it is inappropriate to assume that these findings represent all such programs. While WQ is an example of a wilderness therapy program and LL is an example of a therapeutic community program, it cannot be assumed that they are representative of other such programs. Studies involving a broader sample of wilderness therapy programs and therapeutic community programs would be needed to apply such findings beyond the scope of these two programs.

Finally, the study intentionally used an exploratory, qualitative design to allow for an in-depth analysis of topics that had not been addressed in previous research. The design did not include pretests, posttests, or follow-up tests using quantitative measures to see how much youth or families changed in the programs or over time. In other words, the qualitative design allowed for an analysis of the kind, or quality, of benefits obtained but did not allow for an assessment of the degree, or quantity, of change in youth and families. Thus, the study does not permit an assessment of which program produced greater benefits in certain areas, such as family communication and closeness. The study design

also does not permit an analysis of the causal linkages of program factors to client outcomes, and thus does not allow for a causal model of how change occurs. Rather, the models proposed are only able to provide interpretive suggestions of the growth process based on the researcher's observations and the self-reports of participants.

Recommendations

For Researchers

One recommendation for future research would be to expand this type of comparative study to include a representative sample of wilderness therapy programs and a representative sample of therapeutic community programs. It is suggested that such a broad study would be needed to truly compare the therapeutic benefits of "wilderness therapy" and "therapeutic community" approaches.

A related recommendation for future research would be to examine which types of troubled youth are more effectively treated by a wilderness therapy approach and which types are more effectively treated by a therapeutic community approach. For instance, the findings of this study may indicate that youth whose problem behaviors stem more from self-concept issues may benefit more from wilderness therapy while youth whose problems stem from poor communication and coping skills may benefit more from a therapeutic community. In addition, youth who have a more supportive home and peer environment may benefit more from wilderness therapy, while youth who have a less supportive home and peer environment may need the services of a long-term therapeutic community located close to home. However, these are only speculations and their validity would need to be

examined in future research. And of course the oft repeated cry to conduct longitudinal research would also apply to this comparative research to determine the lasting effectiveness of the two approaches, such as at 2-year and 5-year intervals.

Research is also needed to assess the effectiveness and cost efficiency of various *aftercare interventions* for youth who have completed wilderness therapy programs. Such research of aftercare alternatives should examine whether youth who complete wilderness therapy programs generally need intensive and costly residential therapy services or if they may benefit sufficiently from structured environments and opportunities to interact with positive and supportive peers with some limited clinical services.

In addition, research is needed to further assess the role of time in the rehabilitation of troubled youth. The findings from this study suggest that long-term treatment may be necessary to stabilize many troubled youth. However, there may be a point when "treatment" is no longer the key variable of change. At such a point, it may be that the simple passage of time, association with more responsible peers, and the inevitable maturation into young adulthood become the key variables of change.

For Practitioners

The findings of this study, though limited in scope, suggest that wilderness therapy practitioners should be increasingly aware of the importance of aftercare interventions to maintain the changes made during wilderness treatment. In particular, it is recommended that practitioners increasingly consider the role of peers in posttreatment recovery and that practitioners look for cost effective ways for youth and families to find positive and

supportive peer networks. In addition, the findings of this study suggest that therapeutic community practitioners may find that incorporating some wilderness challenges or short wilderness expeditions may provide significant benefits in self-concept for their troubled youth clients. Wilderness challenges or short expeditions may also provide a "pivotal experience" for difficult clients not readily responding to the therapeutic community methods.

For Prospective Clients

Besides evaluating the effectiveness of a wilderness therapy approach compared to a therapeutic community approach, it is recommended that prospective clients (families and their youth) also consider the "efficiency" of the two approaches in terms of money and time. A financial perspective suggests that there are similarly high monetary costs associated with the two programs in this study, with completion of either program typically resulting in expenses of about $15,000 or more. There is a clear distinction, however, with the costs condensed in a short-term period for Wilderness Quest at a rate of about $354 per day, while the costs are spread out over a long-term basis for Life-Line at the rate of about $60 per day and a one-time admission expense of $840. Costs associated with aftercare when needed must also be taken into account.

There is also a "cost" associated with the time commitment of the two programs for parents and other family members. The WQ program requires the family to travel to the Utah location (often distant from their homes) and attend a 3- to 4-day family enrichment session and to complete some work at home with a self-help workbook and cassettes. In

comparison, the LL program requires that the family travel to the LL center (a 20- to 30-minute drive for the typical family) to attend an open meeting one evening a week, family therapy sessions once every two weeks, parent participation in a 2-day parent weekend, and the family's commitment to provide a host home on a nightly basis for other youth in the program once their youth reaches the second phase. There are also differences in time commitments for youth, but these are not as noteworthy in the long term because many of the WQ youth continue in residential treatment after WQ.

Thus, assessment of the "costs" of these two programs, or similar programs, seems to require an evaluation by clients of these two variables of money and time. Choosing between these and like programs would require a judgment of what families are willing and able to spend of their money and time.

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APPENDIXES

Appendix A. Survey Protocols

(Note: the same protocol used in the questionnaires were used in interviews)

Wilderness Quest

Follow-Up Study

Dear Student,

Wilderness Quest (WQ) is interested in how students and families do after leaving WQ and would also like some feedback and suggestions from you. Your answers, combined with those of other students and families, will be used to help WQ to improve the program.

This study is being conducted by an independent researcher, Kreg Edgmon, a doctoral candidate of Utah State University, who will compile the answers of all the surveys and then send the results of the study to WQ. The answers you provide will be kept **confidential** and WQ will not know which answers came from any particular student or parent. Your answers will also be used, in complete confidentiality, as part of this researcher's dissertation study on adolescent treatment programs.

If you are willing to participate in this study, based on the above explanation, please complete this survey with as much detail and honesty as you can. Then, please use the enclosed envelope and place your survey in the mail no later than May 13th. If you have any questions about this survey please call Kreg Edgmon at 435-635-3696 or Rebecca Wells at 435-587-2801.

Wilderness Quest -- Student Survey

1. Please explain the reasons why you were sent to Wilderness Quest (WQ). (i.e., what were you struggling with which led up to you being sent there?)

2. How long were you at WQ? _____

3. Did you graduate? _____ If not, please explain why.

4. Following are some questions about how things went for you right after WQ:

   A. Where have you lived since WQ? (In order, name all places and for how long)

   B. How did your initial adjustment go in the first few weeks?

C. How did things go after that initial adjustment?

D. Were there negative influences or factors which made the transition a struggle? Explain.

E. Were there positive influences or factors which made the transition go well? Explain.

F. Where are you living now, and how is it working out?

G. Have you or your family been in any other treatment since WQ? _____ If so, what kind of treatment, for how long, and how has it helped?

5. How is your life going in the following areas?

Area	Excellent,Good, Average, Poor	Please explain
Substance use		
Family relationships		
Friend relationships		
School/education		

Area	Excellent,Good, Average, Poor	Please explain
Work		
Has anything happened which you would consider a relapse? If so, please explain.		

6. What has helped you stay on track in the last few months? (e.g., certain friends or family members, more treatment, 12-step meetings, school club, etc.)

7. What things have influenced you negatively, to get off track?

8. Do you think the WQ experience was helpful for you? If so, please explain how.

What parts of the program (e.g., relations with staff, relations with peers, solos, Family session, night hike, circles, primitive skills, Personal Success Workbook, etc.) were **most** helpful for you? Please explain why they were helpful.

9. Do you think the WQ experience was helpful for **your family**? If so, please explain how.

In your opinion, what parts of the program were most helpful for **your family**? Please explain.

10. Have the 12-Steps been important in your recovery? _____ Please explain.

11. Has spirituality (higher power) been important in your recovery? _____ Please explain.

12. What do you think WQ could have done more for you or your family?

13. Any other ideas on how could WQ improve its program?

Thanks for your time and feedback.

Wilderness Quest

Follow-Up Study

Dear Parent,

Wilderness Quest (WQ) is interested in how students and families do after leaving WQ and would also like some feedback and suggestions from you. Your answers, combined with those of other students and families, will be used to help WQ to improve the program.

This study is being conducted by an independent researcher, Kreg Edgmon, a doctoral candidate of Utah State University, who will compile the answers of all the surveys and then send the results of the study to WQ. The answers you provide will be kept **confidential** and WQ will not know which answers came from any particular student or parent. Your answers will also be used, in complete confidentiality, as part of this researcher's dissertation study on adolescent treatment programs.

If you are willing to participate in this study, based on the above explanation, please complete this survey with as much detail and honesty as you can. Then, please use the enclosed envelope and place your survey in the mail no later than May 13th. If you have any questions about this survey please call Kreg Edgmon at 435-635-3696 or Rebecca Wells at 435-587-2801.

Wilderness Quest -- Parent Survey

1. Please explain the reasons why you sent your child to Wilderness Quest (WQ). (i.e., what had your child been struggling with which led up to this intervention?)

2. How long was your child at WQ? _____

3. Did s/he graduate? _____ If not, please explain why.

4. Following are some questions about how things went for your child right after WQ:

   A. Where has your child lived since WQ? (In order, name all places and for how long)

B. How did his/her initial adjustment go in the first few weeks?

C. How did things go after that initial adjustment?

D. Were there negative influences or factors which made the transition a struggle? Explain

E. Were there positive influences or factors which made the transition go well? Explain.

F. Where is your child living now, and how is it working out?

G. Has your child or your family been in any other treatment since WQ? _____ If so, what kind of treatment, for how long, and how has it helped?

5. How is your child's life going in the following areas?

Area	Excellent,Good, Average, Poor	Please explain
Substance use		
Family relationships		
Friend relationships		
School/education		
Work		
Has anything happened which you would consider a relapse? If so, please explain.		

6. What has helped your child stay on track in the last few months? (e.g., certain friends or family members, more treatment, 12-step meetings, school club, etc.)

7. What things have influenced your negatively, to get off track, in the last few months?

8. Do you think the WQ experience was helpful for **your child**? If so, please explain how.

In your opinion, what parts of the program (e.g., relations with staff, relations with peers, solos, Family session, night hike, circles, primitive skills, Personal Success Workbook, etc.) were **most** helpful for your child? Please explain why you believe they were helpful.

9. Do you think the WQ experience was helpful for **you and your family**? If so, please explain how.

What parts of the program were most helpful for **you and your family**? Please explain.

10. In your opinion, have the 12-Steps been important in your child's recovery? _____ Please explain.

11. In your opinion, has spirituality (higher power) been important in your child's recovery?_____ Please explain.

12. What do you think WQ could have done more for your child or your family?

13. Any other ideas on how could WQ improve its program?

Thanks for your time and feedback.

Life-Line
Follow-Up Study

Dear Phaser (former or current),

Life-Line is interested in how phasers and families do after leaving Life-Line, or in the latter part of treatment, and would like some feedback and suggestions from you. Your answers, combined with those of other phasers and families, will be used to help Life-Line improve the program.

This study is being conducted by an independent researcher, Kreg Edgmon, a doctoral candidate of Utah State University, who will compile the answers of all the surveys and then send the results of the study to Life-Line. The answers you provide will be kept **confidential** and Life-Line will not know which answers came from any particular phaser or parent. Your answers will also be used, in complete confidentiality, as part of this researcher's dissertation study on adolescent treatment programs.

If you are willing to participate in this study, based on the above explanation, please complete this survey with as much detail and honesty as you can. Then, please use the enclosed envelope and place your survey in the mail no later than May 13th. If you have any questions about this survey please call Kreg Edgmon at 435-635-3696 or Vern Utley at 801-936-4000.

Life-Line -- Phaser Survey

1. Please explain the reasons why you were enrolled in Life-Line. (i.e., what were you struggling with which led up to your enrollment?)

2. Where are you at in your Life-Line treatment? (check which applies; explain if needed)

____ Graduated

____ Trial graduate -- completed treatment and in aftercare

____ Removed/ left before graduating

If so, explain why? _____

How do you feel about this decision? _____

What phase were you on? _____

____ Still in treatment at Life-Line (Answer the following question then skip to

If so, explain what phase you are on and how long you expect to be in Life-Line?

3. If you are out of the Life-Line program, please answer the following:

A. How did your initial adjustment go? (In the first few weeks out of Life-Line)

B. How did things go after that initial adjustment?

C. Were there negative influences or factors which made the transition a struggle? Explain

D. Were there positive influences or factors which made the transition go well? Explain.

E. Where are you living now, and how is it working out?

F. Have you or your family been involved in other treatment since Life-Line? _____ If so, what kind of treatment, for how long, and how has it helped?

4. How is your life going in the following areas?

Area	Excellent,Good, Average, Poor	Please explain
Substance use		
Family relationships		
Friend relationships		
School/education		
Work		
Has anything happened which you would consider a relapse? If so, please explain.		

5. What has helped you stay on track in the last few months? (e.g., certain friends or family members, more treatment, 12-step meetings, school club, etc.)

6. What things have influenced you negatively, to get off track?

7. Do you think the Life-Line experience was helpful for you? If so, please explain how.

In your opinion, what parts of the program (e.g., talking or participating in certain groups, host homes, one-on-one talks with staff/peers, clinicals, etc.) were **most** helpful for you? Please explain why they were helpful.

8. Do you think the Life-Line experience was helpful for **your family**? If so, please explain.

In your opinion, what parts of the program were **most** helpful for **your family**? Please explain.

9. Have the 12-Steps been important in your recovery? _____ Please explain.

10. Has spirituality (higher power) been important in your recovery? _____ Please explain.

11. What do you think Life-Line could have done more for you or your family?

12. Any other ideas on how could Life-Line improve its program?

Thanks for your time and feedback.

Life-Line

Follow-Up Study

Dear Parent,

Life-Line is interested in how phasers and families do after leaving Life-Line, or in the latter part of treatment, and would like some feedback and suggestions from you. Your answers, combined with those of other phasers and families, will be used to help Life-Line improve the program.

This study is being conducted by an independent researcher, Kreg Edgmon, a doctoral candidate of Utah State University, who will compile the answers of all the surveys and then send the results of the study to Life-Line. The answers you provide will be kept **confidential** and Life-Line will not know which answers came from any particular phaser or parent. Your answers will also be used, in complete confidentiality, as part of this researcher's dissertation study on adolescent treatment programs.

If you are willing to participate in this study, based on the above explanation, please complete this survey with as much detail and honesty as you can. Then, please use the enclosed envelope and place your survey in the mail no later than May 13th. If you have any questions about this survey please call Kreg Edgmon at 435-635-3696 or Vern Utley at 801-936-4000.

Life-Line -- Parent Survey

1. Please explain the reasons why you enrolled your child in Life-Line. (i.e., what had your child been struggling with which led up to his/her enrollment?)

2. Where is your child at in his/her Life-Line treatment? (check which applies and provide explanation if needed)

____ Graduated

____ Trial graduate -- completed treatment and in aftercare

____ Removed/ left before graduating

If so, explain why? _____

How do you feel about this decision? _____

What phase was child on? _____

____ Still in treatment at Life-Line (Answer the following question then skip to #4)

If so, explain what phase child is on and how long you expect child will be in Life-Line _____

3. If your son/daughter is out of the Life-Line program, please answer the following:

A. How did his/her initial adjustment go? (In the first few weeks)

B. How did things go after that initial adjustment?

C. Were there negative influences or factors which made the transition a struggle? Explain

D. Were there positive influences or factors which made the transition go well? Explain.

E. Where is s/he living now, and how is it working out?

F. Has your child been involved in other treatment since Life-Line? _____ If so, what kind of treatment, for how long, and how has it helped?

4. How is your child doing in the following areas?

Area	Excellent,Good, Average, Poor	Please explain
Substance use		

Area	Excellent,Good, Average, Poor	Please explain
Family relationships		
Friend relationships		
School/education		
Work		
Has anything happened which you would consider a relapse? If so, please explain.		

5. What things have helped your child stay on track the past few months? (e.g., certain friends or family members, more treatment, 12-step meetings, school club, etc.)

6. What things have influenced your child negatively, to get off track?

7. Do you think the Life-Line experience was helpful for your child? If so, please explain how.

In your opinion, what parts of the program (e.g., talking or participating in certain groups, host homes, one-on-one talks with staff/peers, clinicals, etc.) were **most** helpful for your child? Please explain why they were helpful.

8. Do you think the Life-Line experience was helpful for **you and your family**? If so, please explain.

What parts of the program were **most** helpful for **you and your family** ? Please explain.

9. In your opinion, have the 12-Steps been important in your child's recovery? _____ Please explain.

10. In your opinion, has spirituality (higher power) been important in your child's recovery?_____ Please explain.

11. What do you think Life-Line could have done more for your child, you, or your family?

12. Any other ideas on how could Life-Line improve its program?

Thanks for your time and feedback.

Appendix B: Informed Consent Forms

(Actual consent forms were on department letterhead)

Informed Consent Form

A Comparison of the Therapeutic Processes of a Wilderness and a Day-Treatment Therapy Program

November 1, 1998

Dear Parents,

This is to inform you that Wilderness Quest will be conducting evaluation research while your child is in the program. This study serves two purposes: (1) to gain a better understanding of which aspects of Wilderness Quest are most beneficial to youth and families, and (2) meet the requirements of a dissertation for the researcher, who is a doctoral student at Utah State University. The code of ethics for research requires that all those participating in a study be informed of the study's purpose and benefits, the research methods that will be used, any potential risks which may occur by participating, and the right participants have for more information at any time during the study. It is important that you understand that you are a voluntary participant, as is your child, and as such you are free to withdraw from the study at any time without consequences. Your signature on the bottom of this consent form will indicate that you voluntarily consent to participate in this study, and that you have confidence that your questions can or will be answered by us (Randy Jones & Kreg Edgmon).

This project will involve following the progress of your youth and other youth starting the Wilderness Quest program at the same time as your child. The purpose of the study is to better understand which aspects of the program are most and least beneficial in leading to desired changes in youth, such as your child, and to determine what can be done to improve the program if needed. In addition, this program is being compared to a more traditional, day-treatment therapy program and information from these comparisons will hopefully be used to clarify the ways in which wilderness therapy serves a unique role in treatment for youth. This study is exploratory and not confirmatory, and so what we find in this study should be seen as a beginning understanding on how the processes in the program affect outcomes and not as certain knowledge about the exact links between program processes and outcomes.

In order to complete this study, I (Kreg Edgmon) will be a participant-observer and will be considered as an additional staff on your child's trip. I will be out in the field with your child for the full six weeks and will be documenting the events which your child and other youth experience while out there. I will also be observing the Family Enrichment Session and will note events which appear to me to be critical in your family's progress toward better functioning and happiness. At the end of the program, I will also conduct short 10-20 minute interviews with your child and with you and your spouse to ask your opinions about which aspects of the program had the greatest impact, and what could be improved.

Informed Consent Form

A Comparison of the Therapeutic Processes of a Wilderness and a Day-Treatment Therapy Program

I need to assure you that all of this information which I obtain will be kept totally confidential, meaning that all information associated with you or your child will only be known to me, and will be only reported later to program directors and staff in an anonymous format (with all names and identifying information removed). All written notes, transcripts of interviews and observations, etc., will be kept in a locked filing cabinet which is secure in my home. These notes and transcripts will be destroyed when the study is complete.

I have sent you two copies of this consent form so you can sign and send one back to me and keep the other for your personal records.

Youth assent: I understand that my parent(s) have given their permission for me to participate in this study. However, should I choose not to participate, I do not have to.

_____
Youth's signature

_____
Date

_____
Parent's signature

_____
Date

_____
Randall M. Jones, Ph.D. (Principal Researcher)
Dept. of Family & Human Development
435-797-1553

_____
Kreg J. Edgmon, M.S. (Researcher)
Dept. of Family & Human Development
435-787-9205

(Actual consent forms were on department letterhead)

Informed Consent Form

A Comparison of the Therapeutic Processes of a Wilderness and a Day-Treatment Therapy Program

December 30, 1998

Dear Parents,

This is to inform you that Life-Line will be conducting evaluation research while your child is in the program. This study serves two purposes: (1) to gain a better understanding of which aspects of Life-Line are most beneficial to youth and families, and (2) meet the requirements of a dissertation for the researcher, who is a doctoral student at Utah State University. The code of ethics for research requires that all those participating in a study be informed of the study's purpose and benefits, the research methods that will be used, any potential risks which may occur by participating, and the right participants have for more information at any time during the study. It is important that you understand that you are a voluntary participant, as is your child, and as such you are free to withdraw from the study at any time without consequences. Your signature on the bottom of this consent form will indicate that you voluntarily consent to participate in this study, and that you have confidence that your questions can or will be answered by us (Randy Jones & Kreg Edgmon).

This project will involve following the progress your youth and other youth starting the Life-Line program at the same time as your child. The purpose of the study is to better understand which aspects of the program are most and least beneficial in leading to desired changes in youth, such as your child, and to determine what can be done to improve the program if needed. In addition, this program is being compared to a wilderness therapy program and information from these comparisons will hopefully be used to clarify the ways in which day-treatment therapy serves a unique role in treatment for youth. This study is exploratory and not confirmatory, and so what we find in this study should be seen as a beginning understanding on how the processes in the program affect outcomes and not as certain knowledge about the exact links between program processes and outcomes.

In order to complete this study, I (Kreg Edgmon) will be a participant-observer during the full first week of your child's experience at Life-Line, and then will be an observer of other important educational and therapeutic activities in which your child will be involved during their time in Phase One of the program, and will be documenting the events which your child and other youth experience while in Phase One. During my observations I will note critical events which appear to me to be important in your family's progress toward better functioning and happiness. At the end of Phase One, I will also conduct short 10-20 minute interviews, with your child and with you and your spouse, to ask your opinions

Informed Consent Form

A Comparison of the Therapeutic Processes of a Wilderness
and a Day-Treatment Therapy Program

about which aspects of Phase One of the program had the greatest impact on you and your child, and which aspects could be improved.

I need to assure you that all of this information which I obtain will be kept totally confidential, meaning that all information associated with you or your child will only be known to me, and will be only reported later to program directors and staff in an anonymous format (with all names and identifying information removed). All written notes, transcripts of interviews and observations, etc., will be kept in a locked filing cabinet which is secure in my home. These notes and transcripts will be destroyed when the study is complete.

I have sent you two copies of this consent form so you can sign and send one back to me and keep the other for your personal records.

Youth assent: I understand that my parent(s) have given their permission for me to participate in this study. However, should I choose not to participate, I do not have to.

_____
Youth's signature

_____
Parent's signature

_____
Date

_____
Date

_____
Randall M. Jones, Ph.D. (Principal Researcher)
Dept. of Family & Human Development
435-797-1553

_____
Kreg J. Edgmon, M.S. (Researcher)
Dept. of Family & Human Development
435-787-9205

Appendix C: Tables

Table C1

Negative, Positive, and Aftercare Influences on Youth in Early Period (1 to 6 Months) After WQ

ID	Negative influences	Positive influences	Aftercare influences
1	SA, FR, PR, SE (--); parent permissiveness, youth's negative mindset	Tried school, but quit; not much very positive during this time period	Limited; counselor once/week for a few weeks
2	FR (--); PR (-); SA (-+); youth attitude and choices	SE (++), JW (+); SA (-+); maturity, parent support, slow step-by-step progress	No aftercare; probation, urine testing (4-6 months)
3	SA, SE (--); FR, PR (-); parent differences, youth attitude/denial of addiction	JW (+); got driver's license	None
4	Negative school environment	SA, FR, PR (++); SE (+); family circles	Peer 12-step group, sponsor
5	FR (-+); music parties, negative people share residence, stress in general	JW (++); SA, PR (+); FR (-+); had to get job, fear of legal consequences	Residential treatment program, probation, urine testing, groups
6	SA (-+); some substance using friends, peer pressure	SA (-+); parent and sibling support, progress at school	AA and group meetings, urine testing, boarding school
7[a]	Friends, old patterns, same lifestyle (drugs, alcohol, lying)	(no response given)	None
8[a]	Denial of addiction, drug use by self and friends, lack of structure	Some contact with family	Not really; 10 days of outpatient detox/ therapy but was "a joke"
9[a]	Struggles with identity and expressing self positively	For youth ?; parent did Alanon/good support	Therapeutic boarding school, peer group therapy
10[a]	One month at aftercare treatment program; was a negative experience	Youth's abilities, intelligence, self-esteem; family support	See Negative column; month in treatment program was negative experience

Note. SA=Substance Abuse, FR=Family Relations, PR=Peer Relations, SE=School/Education, JW=Job/Work
(++) = Very positive, (+) = Positive, (-+) = Mixed, negative & positive, (-) = Negative, (--) = Very negative

[a] Family in which responses were obtained from parent(s) but not from the youth.

Table C2

Negative, Positive, and Aftercare Influences on Youth in Later Period (6 to 12 Months) After WQ

ID	Negative influences	Positive influences	Aftercare influences
1	Family structure/permissiveness, uncertain if youth mindset has changed	SA, FR, PR, SE (+); school required; maybe learned from mistakes	Residential treatment; strict rules; individual, family, and group therapy
2	SA, FR, PR, JW (-); some friends, attitude toward family	SE (+); academic success/college goals; maturity and just growing up	None (some probation, urine testing)
3	SA, SE (--); FR, PR (-); JW (-+); in denial; parent permissiveness; parents are divisive	Enjoys outdoors, misses WQ	None
4	School conditions	SA, FR, PR, SE, JW (++); family, goals, school success, positive friends	12-step peer group, sponsor
5	SA, FR (-+); music parties, some denial	PR, SE, JW (+); structure from parents, school goals, maturity, realize need to grow up	None (Probation, threat of legal consequences, urine testing)
6	Some aspects of school; some friends drink alcohol	FR, SE (++); SA, JW, PR (+); parents and siblings are supportive; good friends	Boarding school
7[a]	SA, PR, SE (-+); boyfriend uses drugs	FR (++); JW (+); maturing?	None (tired of fines/ legal consequences)
8[a]	SA, FR, PR, SE, JW (--); lack of structure; denial; attends raves, drug atmosphere	Some contact with family	None
9[a]	PR (-); FR, SE (-+); parents divorced, struggles with peers	SA (++); JW (+); parent continues Alanon	Therapeutic boarding school; peer group therapy
10[a]	None mentioned	FR,PR,JW (++); SA,SE (+); goals/ efforts of youth; family support	None

Note. SA=Substance Abuse, FR=Family Relations, PR=Peer Relations, SE=School/Education, JW=Job/Work
(++) = Very positive, (+) = Positive, (-+) = Mixed, negative & positive, (-) = Negative, (--) = Very negative

[a] Family in which responses were obtained from parent(s) but not from the youth.

Table C3

Negative, Positive, and Aftercare Influences on Youth After LL

ID	Negative influences	Positive influences	Aftercare influences
1	Struggled early with school/negative friends; smoked a little	SA,FR,SE(+); PR(++); found good friends; improved school; family communication	None
2	SA,PR(-); FR,SE,JW(-+); old friends; smokes, some use of weed and alcohol	FR,SE,JW(-+); got diploma; started job and college but later quit both; better with anger management	None; parents arranged session but youth didn't go
3	FR(-); SA,PR(-+); hard finding new friends; some alcohol use	JW(++); SE(+); slowly maturing; found job and applied self; better self management	Youth none; parent did two sessions but too expensive
4	Still some image struggles; bumping into old friends; school/job stress	SA,FR,PR,SE,JW (++); great family/friend relations; successes at job/school; humility	None
5	Struggles with past abuse issues; talks with phasers who relapsed	SA,SE (++); FR,PR (+); support of family/friends; school activities; hobbies; goals	None
6	PR,JW(-+); hard to find good friends; lack of sleep at LL; opposite gender (dating)	SA(++); FR,SE(+); PR,JW(-+); parents, spirituality, church, 12-Steps, friends	None
7	PR(-); SE(-+); hard finding friends; seeing old friends; negative coworkers	SA(++); FR,JW(+); SE(-+); church leaders and activities; parent support; strong goals	Been in individual therapy last few weeks; has helped
8	Bumping into druggie friends; stress from work/school; co-workers smoke	SA,PR,SE(++); FR,JW(+); family/friends; spirituality; communication; new hobbies	None
9[a]	PR(-); FR,SE(-+); old friends; eating disorder; lost spirituality; rebellious	SA,JW (++); FR,SE (-+); better family communication; responsible with job	Tried family therapy for eating disorder but no help
10[a]	SA(-); PR,FR,SE,JW(-+); low self-esteem/values; struggles with friends	PR,FR,SE,JW(-+); communicates better in family; getting older and more mature	None
11[a]	SE,JW(-); PR(-+); renewed former negative dating relationship	SA(++); FR(+); PR(-+); nothing has really influenced youth positively--very stubborn	None

Note. SA=Substance Abuse, FR=Family Relations, PR=Peer Relations, SE=School/Education, JW=Job/Work

[a] Family in which responses were obtained from parent(s) but not from the youth.

VITA

KREG J. EDGMON

EDUCATION

Ph.D. Candidate, Family & Human Development, Utah State University 2001
Dissertation: "A Study of the Therapeutic Benefits of a Wilderness Therapy Program and a Therapeutic Community Program for Troubled Adolescents"
M.S., Marriage & Family Therapy, Auburn University 1996
Thesis: "Development and Content Validation of the Parent Self-Evaluation Instrument (PSEI)"
B.S., Psychology, Brigham Young University, 1994

CLINICAL WORK EXPERIENCE

Program and Clinical Director, Triumph Expeditions, Toquerville, UT 1999-2000
•Developed program and curriculum, and supervised all operations and staff training of a 22-bed residential program for adolescents in state custody
•Conducted individual, family, and group therapy with adolescents in state custody
Adolescent therapist, Catherine Freer Wilderness Therapy Expeditions, Oregon May 1999
•Conducted individual, family, and group therapy with adolescents in program
Outpatient therapist, Triumph Youth Services, Ogden, UT 1999
•Conducted individual, family, and group therapy with adolescents in state custody
Intern therapist, Employee Assistance Service, Russell Corp., Alex City, AL 1995-1996
•Conducted individual, couple, and family therapy sessions
Intern therapist, Marriage and Family Therapy Center, Auburn, AL 1995-1996
•Conducted individual, couple, and family therapy sessions

TEACHING EXPERIENCE

Guest lectured in undergraduate courses in the Department of Family & Human Development at Utah State University:
"Marriage Preparation Workshops and Education"
"Trends in Dating Patterns Among College Students"
"Trends in Dating Patterns in Middle and Late Adolescents"
"Alternative Programs for Adolescent Intervention: Therapy, Mentoring, and Wilderness Treatment"

KREG J. EDGMON
VITA (continued)

Taught two courses for undergraduate students at Utah State University:

FHD 120	Marriage & the American Family (3 credits)	Summer 1997
FHD 381	Adolescence (3 credits)	Winter 1998

RESEARCH AND PUBLICATION EXPERIENCE

Research Assistant for Dr. Kathy Piercy — Fall 1997 to Spring 1998
Study of Home Health Care clients and providers

Piercy, K. W., & Edgmon, K. J. (1999/2000). Implications of the changing Medicare home health benefit: Fear of elderly falling through the cracks. Southwest Journal on Aging, 15(2)/16(1), 25-35.

Edgmon, K. J., Goddard, H. W., Solheim, C. S., & White, M. B. (1996). Development of the Parent Self-Evaluation Instrument. Psychological Reports, 79, 643-646.

PROFESSIONAL PRESENTATIONS

Edgmon, K. J.. A Study of the Therapeutic Benefits of a Wilderness Therapy Program and a Therapeutic Community Program for Troubled Adolescents. Paper presented at the Rocky Mountain Regional Conference of the Association for Experiential Education, April 2001, Logan, UT.

Edgmon, K. J., & Piercy, K. W.. Do Medicare policies meet the needs of older persons requiring long-term home care? Paper presented at the annual conference of the National Council on Family Relations, November 1998, Washington, D. C..

Edgmon, K. J., & Schvaneveldt, J. D.. Marriage practices and trends in the Muslim Middle East. Paper presented at the annual conference of the National Council on Family Relations, November 1997, Washington, D. C..

MEMBERSHIP IN PROFESSIONAL ORGANIZATION

American Association for Marriage and Family Therapy

AWARD

Presidential Fellowship, Utah State University, 1996-1997