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## Effectiveness of wilderness therapy

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## Effectiveness of wilderness therapy

### Abstract

This paper examines the literature in the field of Wilderness Therapy in order to evaluate the current state of research, and the basic format of how Wilderness Therapy works. The theoretical base of Wilderness Therapy is discussed to provide conceptual framework and describe how the therapy could be launched into mainstream therapy. The techniques of Wilderness Therapy are explained for better understanding of how the therapy works. In conclusion, Wilderness Therapy appears to be a viable alternative for the treatment of emotional and behavioral problems amongst adolescents and adults. Recommendations for the future are for more research and better understanding of how Wilderness Therapy can be used.

EFFECTIVNESS OF WILDERNESS THERAPY

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Cody A. Williams

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This paper examines the literature in the field of Wilderness Therapy in order to evaluate the current state of research, and the basic format of how Wilderness Therapy works. The theoretical base of Wilderness Therapy is discussed to provide conceptual framework and describe how the therapy could be launched into mainstream therapy. The techniques of Wilderness Therapy are explained for better understanding of how the therapy works. In conclusion, Wilderness Therapy appears to be a viable alternative for the treatment of emotional and behavioral problems amongst adolescents and adults. Recommendations for the future are for more research and better understanding of how Wilderness Therapy can be used.

Throughout the 1970's a great deal of focus was on delinquent youth rehabilitation in the United States (Bondoroff, 1989). The call for rehabilitation programs was in the wake of an ever increasing problem of drug abuse, criminal activity, and social delinquency throughout the United States (Bondoroff, 1989; Gass 1993). During this unstable time of culture and uncertainty, society called for a new form of rehabilitation that did not follow the norms of past standards of therapy (Bondoroff, 1989; Gass, 1993). Also, during this time mental health professionals came forth in an effort to move towards deinstitutionalization (Bondoroff, 1989; Gass, 1993). Societal changes pushed towards brief therapy rather than traditional long term therapy (Gass, 1993).

Wilderness and Adventure therapy were innovative forms of therapy based on a program that a German schoolmaster developed shortly before WWII (Bacon & Kimball, 1993; Bondoroff, 1989; Nebbe, 1995). The Colorado Outward Bound School was the first to enlist the teachings from the schoolmaster in the United States (Bacon & Kimball, 1993; Nebbe, 1995). This program has led to the development of all the components of wilderness therapy (Nebbe). The concept

of Outward Bound is to regain the client's personal closeness to earth, animals, and the natural environment to feel once again whole emotionally and physically (Crisp, 1998, Nebbe, 1995).

Many definitions of wilderness therapy are given by wilderness program practitioners, psychologists, and researchers. These definitions are presented in this paper to communicate the idea of wilderness therapy. In the following paragraphs, many aspects of wilderness therapy will be explored to provide a brief history of wilderness therapy/adventure therapy, foundations of wilderness therapy/adventure therapy, therapeutic process of change, theoretical parallels, effectiveness of wilderness therapy, and the future of wilderness therapy.

### Foundations

#### *Definition*

Wilderness therapy has been defined in many different ways. Adventure therapy, challenge courses, ropes courses, and wilderness experience programs have often been interchangeable descriptions of wilderness therapy (Bacon & Kimball, 1993; Russell, 2001a). Unfortunately some media sources have unfairly portrayed wilderness therapy programs as boot camps,

misleading the public (Russell). This view can be a serious detriment to the validity of wilderness therapy, because it can be viewed as cruel and unusual punishment (Russell). Russell stated that Davis-Berman and Berman defined wilderness therapy as: "The use of traditional therapy techniques, especially for group therapy, in an out-of-door setting, utilizing outdoor adventure pursuits" (p. 73). Nebbe (1995) defined wilderness therapy as "Living in the natural environment which fulfills people's basic need for personal connection with the natural environment. Returning to the environment provides a natural transition to awaken latent survival instincts" (p. 81).

Gass (1993) stated that "Most experiential learning programs are founded on the belief that learning or behavior change must focus on including, direct experience in processes of growth" (p. 4). Experiential learning is a form of teaching that has the person become a part of the experience (Bondoroff, 1989; Gass, 1993; Russell, 2001a); the concept of learn by doing (Gass, 1993; Russell, 2001a). It is believed that all change has some experience as a base to its origin, but experiential learning places the



participant as close as possible to that origin, because experiential learning can be more important than any other form of learning (Gass, 1993). Experiential learning is often referred to as learning by doing, but with some reflection involved (Gass). It is believed that change occurs when the learner is placed outside of his/her position of comfort (Gass). Participants are challenged by the adaptations that one must make, which is necessary for equilibrium to occur (Gass). Obtaining equilibrium necessitates change with the ultimate conclusion being the emotional growth of the participant (Gass).

Many books and articles refer to Adventure Therapy and Wilderness Therapy as two different definitions (Bacon & Kimball, 1993; Crisp, 1998; Gass, 1993). Basically, Wilderness Therapy uses the natural environment to play a key role in therapy for the participant. Adventure Therapy, uses the same activities, but places those activities in a context outside the natural environment. An example of this would be in the woods in a Wilderness Therapy program, one might be asked to jump over a small stream. In a therapy session using Adventure Therapy, the participant might be asked to jump over a rope that

demonstrates the river. Overall the concept is still the same, but in one the natural environment is not present. With this definition the author will combine Wilderness Therapy and Adventure Therapy as one therapy and refer to it as Wilderness Therapy in this paper.

### *History*

Wilderness therapy was derived from the idea of Outward Bound, which was in essence a wilderness program that was founded by a German educator, Kurt Hahn (Bacon & Kimball, 1993; Bondoroff, 1989; Nebbe, 1995). Hahn was the pioneer of adventure/experiential education (Bacon & Kimball). He put his ideas into practice at the Salem School, a 1920's German established institution (Bacon & Kimball). His liberal teaching and thinking was not appreciated by Adolf Hitler, and Hahn was imprisoned for a short time before he was deported to England in 1933 (Bacon & Kimball).

Bacon and Kimball (1993) explained that Hahn thought experiential learning was based on traditional values. He defined those values as follows: "The foremost task of education is to ensure the survival of these qualities: an indefatigable spirit, tenacity

in pursuit, readiness for sensible self-denial, and, above all, compassion" (p. 12). Hahn was unsure how to educate children without corrupting those values (Bacon & Kimball). Hahn's solution was best put in one of his greatest known quotes: "We believe it is the sin of soul to force young into opinions, but we consider it culpable neglect not to impel every youngster into health-giving experiences-regardless of their inclinations" (Bacon & Kimball, 1993, p. 12). Hahn searched for situations that could teach without impeding the child's values (Bacon & Kimball). He found two categories of experience that were "particularly conducive to values formation: wilderness training and rescue training" (Bacon & Kimball, 1993, p.13). Even today with some adaptation these schools of thought are still used in Outward Bound and Wilderness Therapy programs (Bacon & Kimball).

During 1942, these basic ideas formed the Outward Bound program that trained young British seamen to survive sailing in the North Atlantic during World War II (Bondoroff, 1989; Nebbe, 1995). In 1962, Outward Bound arrived in the United States and five schools were established (Bacon & Kimball, 1993). In the

1970's a number of Outward Bound schools and some adaptation of these schools were established in thousands of institutions (Bacon & Kimball). Starting in the 1980's adventure based education programs were formed on Hahn's basic principle and techniques of Outward Bound (Bacon & Kimball). Outward Bound primarily served adolescents so it was no surprise that the first participants of wilderness therapy were troubled teens (Bacon & Kimball, 1993; Bondoroff, 1989).

Currently there are more than 100 wilderness therapy programs in the United States (Russell, 2003). Those programs annually serve more than 10,000 clients and families (Russell, 2003). In recent years, the growth of programs suggests that wilderness programs are becoming more accepted (Russell).

Williams (2000) stated that the history of wilderness therapy in the United States began on June 5<sup>th</sup>, 1901, in the New York Asylum for the Insane. The director of the New York Asylum at that time was Dr. MacDonald (Williams, 2000). The asylum had severe overcrowding and Dr. MacDonald decided to place forty tubercular patients in tents in the asylum yard, so they would not infect the other patients (Williams).

Unexpectedly those patients, many of them previously bed-ridden, showed substantial improvement physically, mentally, and behaviorally (Williams). Many other asylums across the country were forced to follow Dr. MacDonald in other extreme measures to control large numbers of patients (Williams). Tent therapy was the term used to describe the phenomenon (Williams). This form of therapy was forgotten for many years until the fifties and sixties when this form of tent therapy reemerged in hospitals and detention programs (Williams). During this time the country was experimenting with different forms of therapy to treat and move patients from institutions, detentions, and psychiatric hospitals (Williams).

#### Therapeutic Process of Change

The greatest aspect of Wilderness Therapy is to help people expose their unfamiliar emotions and physical behaviors (Nadler, 1993). Nadler (1993) looked at the group process of change from the works of Colins, Piaget, and Yalom for a theoretical framework. The following is an explanation of eight components necessary for this framework to succeed.

*The Client*

Clients enter into the experience with a preconceived view of what the activity might be like (Nadler, 1993). Most of the time the client expects to have a meaningful experience (Nadler). In some clients the anticipation of what might happen can cause internal stimulation of the cognitive senses (Nadler). Others might not feel these feelings, until fully immersed into the activity (Nadler).

*Disequilibrium*

Nadler (1993) stated, "The internal state that permits change is referred to as disequilibrium" (p.59). This happens when the individuals change their previous way of thinking, which is no longer effective (Nadler). An internal conflict, disequilibrium arises for the client that motivates the client to make personal changes (Nadler). Disequilibrium must be accomplished for change to occur in Wilderness Therapy (Nadler). By the use of the uncomfortable feelings generated by disequilibrium, individuals are motivated to integrate the new beliefs to reshape their current beliefs (Nadler).

Webster's Dictionary (1965) defined disequilibrium as a "loss or lack of equilibrium" (p. 312). Disequilibrium in a psychological definition is an internal conflict of cognitive processes, to which the individual must lessen the psychological tension (Nadler, 1993). Disequilibrium occurs when the individual is no longer in the space of emotional comfort and lingers on the edge of emotional discomfort (Nadler, 1993). Fletcher and Hinkle (2002) stated that "putting clients in a state of dissonance is crucial for client change" (p. 281) A breakthrough in therapy allows the discomfort to lessen, and the individual can then return to a more comfortable state (Nadler, 1993). Nadler (1993) stated that "it is quite possible that adventure experiences, with their inherent physical and emotional risks, have the opportunity to create more disequilibrium than most educational or therapeutic programs" (p. 62). When an individual is confronted by an issue that occurs during disequilibrium, that individual needs to be able to gain knowledge of his/her feelings in order to process the experience of the breakthrough (Nadler). Individuals witness the difference in themselves and how they change both their views of the world and

their physical actions in situations (Nadler). Handley (1998) stated, "In looking at the wilderness experience there are many examples of when perception can be found in disequilibrium" (p.39). Handley also gave a few examples of this:

The mountaintop experience, the sense of accomplishment accompanied by an equal sense of insignificant. Feelings of hopelessness opposing the need and will to survive and succeed, these often arise in difficult weather, through daily routines of cooking, cleaning and packing, on difficult sections of terrain, or when group dynamics are volatile. (p. 39)

Only this vital step of disequilibrium can create a situation that can manifest a feeling of being uncomfortable, and allow the individual to process their feelings to create change (Handley, 1998).

#### *Novel Setting*

Participants experience disequilibrium through being introduced to a novel setting, an environment that is unfamiliar, which makes it easier to break down the individual barriers (Nadler, 1993). These unusual environments which exist in Wilderness Therapy are identified as unique physical and social



environments (Nadler). When the client is immersed in an unfamiliar environment in combination with a group of strangers, a heightened level of physical emotional arousal occurs (Nadler).

The most important aspect of experiential therapy is the experience of novelty which allows the participants to experience an increased emotional level which allows people to be emotionally positioned on the edge of their comfort zone, and enhance disequilibrium (Nadler, 1993). The novel setting has the client recreate or rearrange their cognitive map to minimize their uncomfortable feelings (Nadler). Nadler stated, "The conditions for change that assist a client's adjustment in these novel settings may be overlapping or independent, and enhancing one or more of these conditions often determines whether the adventure therapy experience will be successful" (p.64). These conditions are hope, effort, trust, constructive level of anxiety, a sense of the unknown or unpredictable, and perception of risk (Nadler).

#### *Cooperative Environment*

Cooperative environment establishes a more cooperative rather than competitive atmosphere, and creates more sense of group cohesiveness (Nadler,

1993). Group cohesiveness occurs as the result of the group sharing common goals (Nadler).

#### *Unique Problem-solving Situations*

Unique problem-solving situations are presented to the clients with an increasing level of difficulty (Nadler, 1993). The actual problems are concrete, but these problems are treated by the use of physical, mental, and emotional means (Nadler). An example of a unique problem-solving experience is that of an individual introducing a situation from their life and then exploring through dialog how that individual problem solves the situation. The individual then is presented the same situation, but the situation is changed to make the problem solving more difficult for the client.

#### *Feelings of Accomplishment*

Completion of tasks leads to feelings of accomplishment. With accomplishment, the client and group will feel increased self-esteem, belief in self, increased communication skills, and an increased knowledge of problem-solving skills (Nadler, 1993). The full meaning of accomplishment is recognized by processing the experience (Nadler).

*Processing the Experience*

The clients are asked to reflect on their experiences, and in some ways express their feelings and thoughts (Nadler, 1993). Becoming aware of what specifically happened, how they thought, and how they felt before the breakthrough is emphasized (Nadler).

*Generalization and Transfer*

The main goal of Wilderness Therapy is to assist clients in creating their own links to what they have experienced (Nadler, 1993). This lets the client integrate what they have learned and accept the new behavior with their lifestyle during the rest of the course as well as to continue these changes when they have completed the group (Nadler).

*Debriefing Session*

The Debriefing session is a separate, but important part of the eight components of group therapy work (Hammel, 1993). Hammel (1993) believed that the debriefing session allows participants to integrate what they have learned and experienced, thus letting them gain a sense of closure or completeness. For participants to use what they have learned effectively in their own environmental experiences, they must be able to process it and then interpret

that meaning for themselves (Hammel). Hammel stated that people learn in six levels including knowledge, comprehension, application, analysis, synthesis, and evaluation. At first people remember the events in a concrete way of thinking and associate the memories as events and feelings (Hammel). Once the individual has recalled the events and feelings, the feelings can be associated with past situations and patterns which can be related to recent and past events that have given the client difficulty (Hammel).

#### How Wilderness Therapy Is Used

Wilderness Therapy uses many outside forces to accomplish the goal of breakthrough with an individual or group (Russell & Hendee, 2000). Breakthrough is the ability to have the client realize whether or not their emotions are appropriate (Russell & Hendee, 2000). The therapy utilizes outdoor adventure pursuits and activities to enhance personal growth skills (Russell & Hendee). Becoming one with the natural environment becomes a different experience for most people (Nebbe, 1995). In an age of urban dwelling, most individuals never have the experience of becoming one with nature (Nebbe). New skills and

behaviors become necessary and are learned by the individuals (Nebbe). The new learned behaviors allow the individual to perform coping skills rather than defensive behaviors (Nebbe). Nebbe stated, "examples of coping behavior are self-sufficiency, risk-taking, initiative, and cooperation" (p. 81). The individuals coping skills are reinforced positively in the wilderness with survival, unlike the defensive behaviors brought to light by the stressful modern urban civilization (Nebbe). In the urban stress of modern life individuals respond to "defensive behaviors such as rationalization, repression, denial, social withdrawal, or flight from reality" (Nebbe, p. 81). These behaviors become a recurring theme and are difficult to change in the same environment that supports those behaviors (Nebbe). In the wilderness, individuals find more clear choices, and fewer rules to restrain their emotional feelings (Nebbe). The natural environment gives instant feedback toward the individual which is impartial and nonjudgmental (Nebbe). Individuals must cope with the environment to ensure survival (Nebbe).

### What Wilderness Therapy Looks Like

A group must first be formed to begin the wilderness therapy (Nebbe, 1995). A group produces therapeutic value, due to the new dimension this brings to the natural environment (Nebbe). Returning as a group to the wilderness simplifies the complex social system and nurtures the individual (Nebbe). Nebbe stated, "psychologists agree through interaction with other individuals, the self is defined, nurtured, and maintained" (p. 82).

Finally individual growth must be experienced in a wilderness program (Nebbe, 1995). Due to the environment, participants encounter many human reactions such as "fear, joy, fatigue, hunger, respect, trust, pain, and love (Nebbe, p.82). Nebbe believed individuals become better acquainted with themselves through self discovery and then finally explore their individual feelings and how one deals with those feelings. Russell, Hendee, and Phillips-Miller (2000) stated that:

Wilderness therapy is guided by phases defined as:

- 1) a cleansing phase, which occurs early in the program;
- 2) a personal and social responsibility phase, a particular emphasis once the cleansing

phase is well underway or complete; and 3) a transition and aftercare phase. (p.212)

The phases as Russell et al. stated are crucial factors in all wilderness therapy models.

#### Example 30 Day Wilderness Therapy Program

Bacon and Kimball (1993) stated the typical 30 day long experience of a wilderness therapy program might include the following experiences: Precourse: Screen out inappropriate candidates via phone or personal interviews. Day 1: individuals meet for an educational meeting and introduction of rules (Bacon & Kimball). Small groups are formed and some warm-up activities begin (Bacon & Kimball). Days 2-7: Individuals embark on a backpacking expedition into the wilderness (Bacon & Kimball). They learn basic survival techniques and take turns being leader of the day (Bacon & Kimball). Some high impact activities such as rock climbing are performed (Bacon & Kimball). Frequent group meetings allow all to respond to the activities (Bacon & Kimball). Days 8-15: The group switches to the whitewater portion of the program and learns basic river running skills (Bacon & Kimball). The staff are able at this point to customize activities to individuals to create the largest impact (Bacon &

Kimball). The staff tends to be less directive at this point to let the individuals and group solve problems (Bacon & Kimball). Days 16-19: The individuals are to spend three days alone in the wilderness with their journals and a small amount of food to survive (Bacon & Kimball). During this time the individuals are given small activities to create self reflection, and individual therapy from staff is provided (Bacon & Kimball). Days 20-22: The individuals are taken into the mountains where a final challenge is given, travel for three days through the demanding terrain with no assistance from staff (Bacon & Kimball). This tests the group's teamwork, personal responsibility, and problem solving (Bacon & Kimball). Days 23-24: The course ends with an individual challenge which includes a marathon run and a celebration to mark the successful completion of the program (Bacon & Kimball).

The experience that an individual obtains within the natural environment becomes enjoyable and the individual begins to value the emotional understanding attained from the experience (Miles, 1993). Miles found that programs like that of Outward Bound "can and do result in positive changes in self-concepts,



personalities, individual behaviors, and social functioning" (p.44).

Theoretical parallel

*Gestalt Theory and Wilderness Therapy*

Gilsdorf (1998) stated:

Many links between adventure-based education and psychological school or therapeutic concepts have been proposed including: Alfred Adler's individual psychology, Helmut Schlze's bordersituation therapy, Steve de Shazer's solution focused approach, Milton Erickson's utilization approach, and social learning theory and system theory.

(p. 131)

One of the building blocks to wilderness therapy seems to be that of Gestalt theory. Gestalt theory itself is too long to explain in a short section, so this is a brief explanation of how Gestalt theory and wilderness therapy work together. Many Gestalt techniques can be used in wilderness therapy (Gilsdorf). Gilsdorf (1998) believed that "the average person of our time, believe it or not, lives only 5% to 15% of his potential at the highest...So 85% to 95% of our potential is lost, is unused, is not at our disposal" (p.132). Gestalt theory is the focus of

the realization of ones potential (Gilsdorf).

Wilderness Therapy and Gestalt theory have the same model of growth (Gilsdorf, 1998). Wilderness Therapy emphasizes growth and the realization of one's potential and unlocking those potentials to be used unlike before (Gilsdorf). In Gestalt theory, growth is described as a homeostatic process, where living systems tend to organize into a balance (Gilsdorf).

Using Gestalt theory which is defined in the humanistic category of therapy states that culture can play a large role in how an individual experiences an event (Gilsdorf, 1998). Crisp (1998) points out that in the world there is a large difference in USA adolescents and Australian adolescents. Crisp gives an example that "Australians tend to value independence and coping by oneself, Americans appear to place high value on gaining support and acceptance from the group" (p.64). Also, race and culture can play a role into how some might interact with the environment (Crisp, 1998).

#### The Value of Wilderness Therapy

Wilderness therapy can be very effective, in many different aspects of counseling (Gass, 1993). Many programs that are functioning in the United States are

for troubled youth (Gass). Although many other populations seek the unique aspect of wilderness therapy, other programs have been designed for corporate America, drug rehabilitation in adults, and sex offenders and victims (Eggleston, 1997). Most of the current research has focused on youth rehabilitation in the United States (Gass, 1993).

Since the rise in popularity of wilderness therapy, there has been an increase of research to determine its efficacy. Russell (2001b) found that client's showed statistically significant reduction in presenting symptoms. The study included eight outdoor behavioral healthcare programs (Russell). Russell reported "a pretest-posttest, research design was used to assess 858 out of 1035 clients (83%) who received outdoor behavioral healthcare treatment from May 1, 2000 to December 1, 2000" (p. 3). The outcomes were evaluated through client self-reporting and also parent assessment of how the adolescent had changed from intake to discharge utilizing the Youth Outcome Questionnaire (Y-OQ) (Russell). Participants in this study were in treatment for an average stay of 38 days (Russell). The client Y-OQ scores were 70.67 at admission and 47.55 at discharge, indicating an

average reduction of 20 points (Russell). The parent Y-OQ scores were 101.19 at admission and 48.55 at discharge, indicating an average reduction of 52.64 (Russell). Results of the study indicated that the individual participants had a significant reduction in severity of behavior and emotional presenting symptoms (Russell).

Wichmann (1993) researched a wilderness program which involved 72 at-risk youth clients between 13-18 in a 30 day wilderness course. Nearly 90% of these youth were referred by a judicial decision (Wichmann). The Wichmann-Andrew Behavior Intervention Scale (WABIS) was used as a pre and post-treatment evaluation of the participants (Wichmann). Wichmann stated that the WABIS "is a forty item observer checklist designed as a practical, unobtrusive measure of specific asocial behaviors of youths at-risk who participate in therapeutic wilderness programs" (p. 352). The WABIS was completed by senior wilderness instructors who rated each participant (Wichmann). After completing the 30 day wilderness program, the WABIS was performed on each of the participants to see if there had been change in the asocial behavior of the children (Whichmann). In comparing the pre and

post-test results there was a significant reduction in asocial behavior in the 30 day wilderness program (Wichmann). The mean post-test scores showed a 15 point increase from their pre-test score which indicated that their asocial behaviors have decreased (Wichmann). Wichmann pointed out that "there is much research and development to be done, it is no longer appropriate to criticize therapeutic wilderness programs for having no theoretical or research basis" (p. 355).

#### Conclusion

Wilderness therapy's future is yet to be written. Wilderness therapy is a new form of therapy that uses a group setting outside of the four walls with which Sigmund Freud first experimented. Gass (1993) stated that some shortcomings have occurred which limit the current and future applications of wilderness therapy. Gass believed that the lack of professional materials available has hindered the advancement of wilderness therapy. Plus, since the field is so new, it has been difficult to establish a system to determine who is and is not qualified to be a wilderness therapist (Gass, 1993). Gass explained that some people working in the field for years and who have experience are not

always the best indicators of good therapists. With this difficulty in maintaining a professional level of work, some statistics can be skewed and not show the true effectiveness of wilderness therapy (Gass, 1993). Gass indicated that the program must be researched more, and receive accreditation, before this field becomes seriously recognized. Wilderness therapy is an example of using a form of therapy that can be seen as unusual by some, but be very effective for a large part of the population.

The inept amount of research that has been conducted for Wilderness Therapy has created a lack of provable results about the effectiveness of the therapy. The hope is that wilderness therapy will be used more often to treat emotionally handicapped children, adolescents, and adults. This author believes that wilderness therapy will become even more important in the future when more and more people move to the suburban life away from nature.

Through research no negative results could be acquired for the effectiveness of Wilderness Therapy. However, research was found to support the positive effectiveness of Wilderness Therapy amongst children, and adolescents in the United States. The hope is

that this form of therapy will be available to more populations with research and accreditations.

References

- Bacon, S. B., & Kimball, R. O. (1993). The wilderness challenge model. In M. A. Gass, *In adventure therapy: Therapeutic applications of adventure programming* (pp.11-41). Dubuque, IA: Kendall/Hunt Publishing Company.
- Bondoroff, S. (1989). *Wilderness-adventure therapy for delinquent and pre-delinquent youth: Review of literature*. Unpublished doctoral dissertation, University of South Carolina.
- Crisp, S. (1998). International models of best practice in wilderness and adventure therapy. In C. M. Itin (Ed.), *Exploring the boundaries of adventure therapy international perspectives* (pp. 56-74). Boulder, CO: Association for Experiential Education.
- Eggleston, E. J. (1997, January). *Reflections on wilderness therapy*. Paper presented at the meeting of the exploring the boundaries of adventure therapy. Perth, Australia.
- Fletcher, T. B., & Hinkle, J. S. (2002). Adventure based counseling: An innovation in counseling. *Journal of Counseling and Development, 80*, 227-285.



- G. & C. Merriam Company (1965). *Disequilibrium*. In *Webster's seventh new collegiate dictionary* (7th ed.). Springfield, MA: G. & C. Merriam Company .
- Gass, M. A. (1993). *Foundations of adventure therapy*. In M. A. Gass, *In adventure therapy: Therapeutic applications of adventure programming* (pp.3-10). Dubuque, IA: Kendall/Hunt Publishing Company.
- Gilsdorf, R. (1998). *Gestalt and adventure therapy: parallels and perspectives*. In C. M. Itin (Ed.), *Exploring the boundaries of adventure therapy international perspectives* (pp. 131-143). Boulder, CO: Association for Experiential Education.
- Hammel, H. (1993). *How to design a debriefing session*. In M. A. Gass, *In adventure therapy: Therapeutic applications of adventure programming* (pp.231-238). Dubuque, IA: Kendall/Hunt Publishing Company.
- Handley, R. (1998). *Provoking thought-evoking meaning. Giving explanation to adventure therapy*. In C. M. Itin (Ed.), *Exploring the boundaries of adventure therapy international perspectives* (pp. 37-45). Boulder, CO: Association for Experiential Education.

- Miles, J. (1993). Wilderness as healing place. In M. A. Gass, *In adventure therapy: Therapeutic applications of adventure programming* (pp.43-55). Dubuque, IA: Kendall/Hunt Publishing Company.
- Nadler, R. S. (1993). Therapeutic process of change. In M. A. Gass, *In adventure therapy: Therapeutic applications of adventure programming* (pp.57-69). Dubuque, IA: Kendall/Hunt Publishing Company.
- Nebbe, L. L. (1995). Nature as a guide: Nature in counseling, therapy, and education (2nd ed.). Minneapolis, MN: Educational Media Corporation.
- Russell, K. (2003). An assessment of outcomes in outdoor behavioral healthcare treatment. *Child & Youth Care Forum*, 32, 355-378.
- Russell, K. C. (2001a). What is wilderness therapy. *The Journal of Experiential Education*, 24(2), 70-79.
- Russell, K. C. (2001b, November). *Assessment of treatment outcomes in outdoor behavioral healthcare*. Moscow, ID: University of Idaho-Wilderness Research Center.

- Russell, K. C., & Hendee, J. C. (2000). *Definitions, common practice, expected outcomes, and a nationwide survey of programs*. Moscow, ID: University of Idaho-Wilderness Research Center.
- Russell, K. C., Hendee, J. C., & Phillips-Miller, D. (2000). How wilderness therapy works: An examination of the wilderness therapy process to treat adolescents with behavioral problems and addictions. *USDA Forest Service proceedings, 3*, 207-217.
- Wichmann, T. (1993). Of wilderness and circles: Evaluating a therapeutic model for wilderness adventure program. In M. A. Gass, *In adventure therapy: Therapeutic applications of adventure programming* (pp.347-355). Dubuque, IA: Kendall/Hunt Publishing Company.
- Williams, B. (2000). The treatment of adolescent populations: An institutional vs. a wilderness Setting. *Journal of Child and Adolescent Group Therapy, 10*, 47-56.