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A QUALITATIVE INQUIRY INTO UNDERSTANDING THE EXPERIENCE OF WILDERNESS FAMILY THERAPISTS

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ABSTRACT OF THESIS

A QUALITATIVE INQUIRY INTO UNDERSTANDING THE EXPERIENCE OF WILDERNESS FAMILY THERAPISTS

Wilderness therapy is a unique approach to therapy that incorporates nature and experiential learning as a part of the therapeutic process. Wilderness therapy has proven to be a successful means of treatment, but research suggests the importance of family involvement for sustainable change post-wilderness therapy treatment. Wilderness family therapy was created as a result of this research; however, limited research reflects the experience and outcomes of wilderness therapy that includes more intense family involvement. Moreover, research lacks data collected from the therapists within the wilderness family therapy programs. Because the therapist plays an integral role in the success of treatment, it is important to consider the therapist's experience of providing wilderness therapy, especially wilderness family therapy. The present study used a qualitative phenomenological approach to reach a greater understanding of the experience of wilderness family therapists. Results revealed six major themes that describe this experience including personal background, the role of a wilderness family therapist, positive and affirming experiences, difficult and challenging experiences, advantages of a wilderness family therapy approach, and limitations of a wilderness family therapy approach. Finally, a description was provided that portrays the essence of the experience of a wilderness family therapist.

KEYWORDS: Wilderness, Therapy, Therapist, Phenomenology, Family

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April 22, 2011

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The Graduate School
University of Kentucky

2011

A QUALITATIVE INQUIRY INTO UNDERSTANDING THE EXPERIENCE OF
WILDERNESS FAMILY THERAPISTS

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Science in the
College of Family Studies
at the University of Kentucky

By

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Lexington, Kentucky

2011

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To the researchers and practitioners of wilderness therapy who inspire such a unique and powerful experience.

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Chapter 1

Introduction

Approaches to therapy range in focus, perspective, and context. One unique approach that is becoming more popular throughout the world is wilderness therapy (WT), which incorporates therapeutic activities in nature as a way to enhance the therapeutic experience. Prior research in WT has investigated several dimensions, including the definition and practices of WT (Mason, 1987), outcomes (Harper & Cooley, 2007), and the importance of family involvement, aftercare treatment, and the therapeutic relationship (Russell, 2005). Family involvement, in particular, is an emerging area of WT research that is starting to shed light on the implications that the level of intensity of family involvement has for outcomes. Most research in WT demonstrates recommendations for more family involvement, but research exploring this need is limited (Burg, 2000; Harper & Cooley, 2007; Harper, Russell, Cooley, & Cupples, 2007; Henggeler, 1989; Mason, 1987, Russell, 2005).

Various WT programs throughout the United States have responded to the need for family involvement. Programs that are typically focused on the adolescent now strive to involve more of the family in the therapeutic process. For example, some WT programs include family therapy sessions and family visits during the adolescent's stay at the program. There are a few programs in the United States that have taken this a step further to intensify family involvement to a greater degree by providing family programs as a part of the larger WT program.

The WT literature provides data that is typically gathered from WT participants, including adolescents and their families, yet has neglected collecting data from wilderness

therapists despite the importance of the therapeutic relationship (Bott, 1994; Harper et al., 2007; Mason, 1987; Russell, 2005).

The present study intends to help fill this gap by collecting data directly from the wilderness therapists that provide therapy within a family program as a part of a larger WT program. For the purposes of this study, these types of therapists will be referred to as wilderness family therapists. An in-depth examination of the experience of wilderness family therapists provides an opportunity to add a unique perspective to the research of WT and determine implications for WT best practices.

Chapter 2

Literature Review

Wilderness therapy encompasses a variety of dimensions, including the importance of nature for mental health, the role of experiential learning, the specific WT approach, family involvement in WT, and the importance of the therapeutic relationship in WT. Each of these dimensions combine and fuse together to form a unique and alternative approach to therapeutic services.

Nature's Role in Mental Health

"The woods were my Ritalin. Nature calmed me, focused me, and yet excited my senses" (Louv, 2005, p. 10). Louv (2005) describes the concept of biophilia, which is the desire to interact with other living beings as well as a natural attraction to nature that is biologically-based and vital to human development. He interestingly points out that commercials for nature therapy have little to no existence while commercials for antidepressant pharmaceuticals are commonly aired. While nature is not often prescribed for medicinal purposes, he advocates for the usefulness of direct exposure to nature as an alternate, supplemental, or preventative therapy for dealing with emotional and physical stress.

Just as emotional and physical stress can start early in life and impose lasting effects, nature's effect on mental health can start early in childhood if exposure to nature is present. A study by Raleigh (2010) investigated the effect that exposure to nature in childhood has on later adulthood coping skills. This study collected data from 121 college students using assessments that measured contact with nature as well as coping and anxiety. Qualitative data was collect from nine of the participants to assess for specific trait anxiety levels.

Raleigh (2010) found that contact with nature as a child is important in developing a positive state of mental health as well as effective coping skills later in life as a result of the restorative soothing gathered from encounters with nature.

Experiential Learning

Experiential learning is an active approach to learning that provides the opportunity to simultaneously converge multiple human systems during the learning process, including physiological, biological, affective, intrapsychic, and interpersonal systems (Huerta-Wong & Schoech, 2010). Nature serves as an important context not only for mental health, but also for enhancing the process of experiential learning as used in WT. WT often involves each of these dimensions simultaneously when WT participants transform wilderness activities into metaphors to reach a clearer and deeper understanding of personal struggles and aspirations.

The effectiveness of the experiential learning environment in WT is supported in research. A study by Huerta-Wong and Schoech (2010) compared virtual learning environments (VLEs) and face-to-face (F2F) learning environments and investigated the influence of teaching techniques on the effectiveness of each learning environment. Teaching techniques included experiential and active learning (EL and AL) compared to lecture and discussion learning (L+D). More specifically, the study measured the relationship between teaching technique, type of learning environment, and the effect each of these has on satisfaction, perception of learning gains, and learning of participants. Results concluded that EL was a more effective teaching technique than L+D. VLEs were effective to a certain extent, but more so when used with EL techniques. Using EL techniques in F2F learning environments was more effective than VLEs despite the environment. Finally, a more interactive and hands-on approach had more effective outcomes for the teaching

environment and technique. Therefore, face-to-face, experiential learning techniques and environments provide the most effective outcome for learning (Huerta-Wong & Schoech, 2010).

In addition to the benefits of nature for mental health, experiential learning within a WT context enhances the learning process. Learning in WT focuses on gaining personal and relational insight. This is typically acquired by engaging in challenging physical nature activities, processing the struggles of the experience, and then applying this experience to emotional struggles. The physical struggles thus inform the emotional struggles through the use of metaphorical language (Mason, 1987).

Wilderness Therapy Approach

According to current research about WT, the experiential dimension of WT greatly enhances and strengthens the impact of self-awareness and learning, which enriches treatment modules (Harper, Russell, Cooley, & Cupples, 2007; Mason, 1987). The learning experience in WT is holistically activated, meaning that both the physical and emotional systems are active in the learning process. A holistic activation allows for a deeper learning process that reaches beyond logical thinking to a deeper emotional understanding of the self (Mason, 1987).

WT is a unique approach to a more traditional therapy (i.e., therapy that takes place within an office) because the approach uses a wilderness setting to engage participants in therapeutic activities (Hill, 2007; Winterdyk & Roesch, 1982). These activities use nature in a way that promotes physical, social, and emotional development (Mason, 1987). WT is a multifaceted, involved experience simultaneously incorporating the body, mind, and spirit (Mason, 1987). Traditional therapy primarily engages the cognitive and affective parts of an

individual. WT not only incorporates these parts but also accesses the physical experience of an individual and views this as equally valuable to cognition and affect (Mason, 1987). “In order to achieve in the wilderness, the intellectual, emotional, and physical self must work in harmony with the environment, providing a wholistic experience” (Mason, 1987, p. 91). A WT experience exceeds the potential for rational thinking by internalizing the learning experience through its experiential dimension (Mason, 1987).

A variety of WT programs exist with each differing in program length, activities, price, and setting. Nevertheless, the most basic feature of WT is that therapy occurs within a group setting in nature and promotes active involvement of participants as they face risky and challenging situations (Hattie, Marsh, Neill, & Richards, 1997; Russell, 1999, 2000). WT can influence change in participants using several methods. Among the most common are physical exercise (e.g., hiking), living primitively in the wilderness, challenge and adventure, group counseling with peer feedback, time to contemplate, and a positive therapeutic relationship with other participants, wilderness guides, and therapists (Norton, 2007; Russell & Phillips-Miller, 2002; Taniguchi, Widmer, Duerden, & Draper, 2009). Nonverbal challenges and activities often use physical risk to help participants gain a greater sense of self-awareness (Mason, 1987). The use of metaphorical language is encouraged to process the experience and examine past, present, and future behavior (Mason, 1987). Additionally, WT uses stressful and high-risk situations, processing, and solution-oriented tasks (Burg, 2000).

WT can provide several benefits, including an increase in self-esteem and problem-solving skills, which influences an increase in self-confidence (Burg, 2000). One major goal of WT is to help participants translate the skills they learn in the wilderness into their daily

lives at home. The translation is often accomplished through the strategic use of metaphors (Burg, 2000). WT challenges participants, teaches life skills, and encourages development of greater maturity (Gass, 1993; Kimball & Bacon, 1993). WT interventions can encourage participants to examine their poor behavior and feel inspired to change (Russell & Phillips-Miller, 2002). While WT provides numerous benefits, the treatment is not always appropriate for every individual.

Outcomes. In general, WT is reportedly a successful means of treatment, specifically for delinquent adolescents. Several studies have examined the effectiveness and outcomes of WT and report several positive findings for participating adolescents. In general, adolescents experience an increase in several areas: psychosocial health (i.e., social skills, peer relations, social competence, and perception of aggression), beliefs about self (i.e., self-esteem, self-efficacy, self-worth, and self-concept), school performance, a sense of future, appreciation for nature and life, and a sense of physical accomplishment (Burg, 2000; Harper & Cooley, 2007; Mason, 1987; Norton, 2007; Russell, 2005). WT programs have helped decrease depression, learned helplessness, and suicidal thoughts and ideation (Hanna, 1996; Harper & Cooley, 2007; Norton, 2007). Dimensions of WT that reportedly encourage successful outcomes include high risk physical challenges, intimate peer interaction during treatment, location in the wilderness, the treatment approach of the program staff, and the inclusion of aftercare services post-treatment (Russell, 2003; 2005).

Outcomes in WT are not always successful and research shows that WT treatment often lacks the ability to help improve family functioning due to a lack of family involvement in the therapeutic process. Also, research remains inconsistent as to the effectiveness WT holds in treating adolescent substance abuse (Norton, 2007; Russell, 2003).

Family Involvement in Wilderness Therapy

Results from several studies suggest that family involvement in the wilderness therapy process is necessary for long-term change in adolescent behavior (Russell, 2003; Hanna, 1996; Norton, 2007; Russell, 2005; Harper & Cooley, 2007). Burg (2000) explains that there is limited research on WT with families; however, the available research shows the effectiveness of WT for families (Burg, 2000; Harper & Cooley, 2007; Harper et al., 2007; Mason, 1987). Harper and Cooley (2007) argue that families play a critical role in the well-being of adolescents and advocate for future WT research to further address family functioning, family involvement, support for families post-treatment, and the ways in which each of these is effectively implemented.

Wilderness family therapy (WFT) was first developed in response to research findings that claim that family factors contribute to the maintenance of adolescent behavior (Henggeler, 1989). The experience individuals have with their family serves as a significant informant to their belief system and behaviors (Bott, 1994). Harper et al. (2007) recommend that an “effort needs to be taken by mental and behavioral health service providers to include families in a manner that is guided by empirical understanding and with skills and knowledge to respectfully maintain the dignity of the family system” (p. 113).

Family systems theory. Research about family involvement in WT has incorporated a family systems theoretical perspective as a framework for assessment and treatment (Bandoroff & Scherer, 1994; Harper et al., 2007; Mason, 1987). The main assumption of family systems theory stems from general systems theory, which states that a system can only be understood by examining the system as a whole rather than in isolated parts (Whitchurch & Constantine, 1993). Additionally, family systems theory focuses on current

relationships in an individual's life and the function that symptomatic behavior performs in unresolved family conflict (Bott, 1994; Whitchurch & Constantine, 1993). In order to understand an individual's symptomatic behavior, one must examine the individual by considering the contexts in which the individual interacts. Within a family context, an individual's behavior affects the family context just as much as the context influences the individual's behavior. In other words, as one part of the family system changes, the other parts of the system change as a result (Bott, 1994; Whitchurch & Constantine, 1993).

Therefore, transforming the family context that surrounds the individual can elicit change as a result of an individual's psychological struggles being connected to his or her interpersonal context (Bott, 1994).

Wilderness Family Therapy

Family systems theory directly shapes the focus, goals, and activities in WFT. Treatment goes beyond the traditional goals and activities of WT and promotes family intimacy, trust, closeness, support, boundaries, and family strengths (Mason, 1987). Often times, WFT aims to disrupt family hierarchy to increase equality, new ways of supporting each other, and to also strengthen family boundaries. This encourages role reversals and role flexibility (Mason, 1987). WFT activities can additionally allow opportunities for gender equality (Mason, 1987).

Mason (1987) defines WFT as "the process in which family members participate in a wilderness experience (trekking, rafting, canoeing, dog-sledding, rock climbing, biking) and take risks which are often in high-stress situations" (p. 91). WFT may include family group discussions or family therapy where the wilderness experience is translated into a metaphor for discussing family patterns. Metaphorical language is then used to process the nonverbal

experiences, allowing for a more objective contemplation of patterned behaviors and thought processes. For example, a therapist may help a family process the physical difficulties of rock climbing for the first time and discuss the role of encouragement in the success of the activity. The therapist can then help the family apply this experience to their daily interactions with one another. Metaphors can be used to understand and change daily interaction patterns, even in discussions outside of the WFT experience. The use of metaphorical language promotes an increase in self-knowledge, self-esteem, and family intimacy (Mason, 1987).

WFT may take many forms depending on the context and types of relationships involved in the program. The therapy is available to unmarried individuals, single parents, couples, and entire families (Mason, 1987). Despite the type of WFT, treatment in any context employs the same basic principles. WFT provides immediate feedback, which results from action-oriented, self-awareness activities that use risky situations to take participants to a more vulnerable emotional state where they can express more genuine emotion. The intensity of WFT activities can make the invisible, visible where the unconscious is revealed to the conscious mind and available for processing (Mason, 1987).

WFT typically involves trust exercises where families must rely on and communicate with one another to achieve a task (Mason, 1987). Treatment typically uses stress to direct positive change by understanding one's weaknesses and vulnerabilities and converting those into strengths. When individuals are able to face their fears, shame, and guilt, self-acceptance has the potential to emerge and strengthen (Mason, 1987). WFT induces physiological empathy by placing a family in a high-stressed situation where each person can feel the fears and struggles of the others, thus creating a bond among the group.

Typical goals of WFT are to develop family cohesiveness, support, intimacy, wellness, and attitudinal change. WFT presents anxiety-provoking activities to pave the way for change, and Mason (1987) claims that increased anxiety allows for change. Nature provides a variety of anxiety-provoking situations, allowing ample opportunities to engage in change. The activities of WFT are informed by the root focus and goals of the therapy. The focus of WFT is on nonhierarchical thinking, complementarity and interdependence, and family process. The goals and focus of WFT are much like that of traditional WT, but involve the family at the same time (Mason, 1987).

Harper et al. (2007) cite several studies that support family involvement in WT treatment with adolescents and argue that family-based therapy is more effective than individual-based therapy. There has been little support for involving the family in WT to where current WT primarily serves adolescents. Although research about WFT is limited, some studies have found that WFT can increase family communication, collective efficacy, and strength.

Harper et al. (2007) conducted an assessment at pre- to 2-months post-treatment in WT and showed that adolescents experienced some improvements emotionally, with substance use, in school, and in family functioning. Unfortunately, most issues persisted. At 12-months post-treatment, adolescents showed improvement in two major areas: suicidal thoughts and school performance. As in Russell's (2005) findings, drug and alcohol use reduced as a result of treatment, but still persisted. Family functioning showed a regression in scores. While some improvement was shown, an increase in family functioning was not significant, suggesting that more direct and intentional family involvement may significantly improve family functioning (Harper et al., 2007).

Harper et al. (2007) argue that traditional WT is effective to a certain extent, but could be more effective with more direct involvement of the family during treatment. In addition to finding a way for WT program theory and processes to be made more effective for adolescent treatment, future research could investigate the following areas:

Family-related outcomes and program process; a detailed examination of how a family systems perspective is operationalized by WT programs in remote residential treatment settings; utilization of qualitative and quantitative approaches to understanding mechanism of change for both individual adolescent clients and their families; and a broader exploration of the transition period from WT interventions into the community, home, or aftercare facility including treatment planning, transitional programming, and the utilization and collaboration of community mental health services. (Harper et al., 2007, pp. 126-127)

Russell (2005) studied outcomes of an outdoor behavior health program (i.e., a WT program). Parents indicated that the WT treatment further alienated the youth from the family. Family therapy sessions were reported as helpful in the adolescent's transition back home in addition to the reunification of the family. Participants reported that programs that were focused on the family, provided structure and safety, and a caring and consistent approach by staff were most effective. Success was mostly attributed to participation in WT treatment, aftercare services, and family and peer support (Russell, 2005).

Wilderness Family Therapists

Therapists fundamentally influence the therapeutic process; therefore, it is important to understand the experience of those who provide WFT. As a part of the therapeutic process, the therapist participates in the wilderness activities with the family and shares in the

same vulnerabilities (Russell, 2005). This type of involvement is consistent with Carl Whitaker's symbolic-experiential family therapy, which suggests that therapists should provide affective confrontation or feedback about the therapist's emotional experience of the interaction with the client (Gehart & Tuttle, 2003; Goldenberg & Goldenberg, 2008).

The therapeutic relationship in WFT differs from traditional therapy because the therapist in WFT participates in the same outdoor challenges as the participants. This, in turn, helps to create a unique bond and potentially a greater degree of vulnerability between the therapist and participants (Russell, 2005). The therapeutic relationship is crucial for successful therapy outcomes because the therapeutic relationship can help model for the client how to interact with another person in a new, more effective manner (Bott, 1994). The therapeutic relationship can inspire family participation and communication in treatment activities and encourage collaborative decision-making with parents (Harper et al., 2007; Russell, 2005). As a result, the effectiveness of treatment can improve as well as the potential for sustainable change family relationship patterns (Harper et al., 2007). Family members who participated in WFT have reported appreciation for the therapist's participation in wilderness activities. It is important to understand that while therapists are encouraged to expose their vulnerabilities as a result of participation in wilderness activities with clients, the therapist must be careful to maintain boundaries with the family so as to preserve an effective therapeutic process (Mason, 1987).

Understanding WFT from the therapist's perspective holds the potential to reveal implications regarding a better understanding of providing more effective treatment in WFT. Additionally, a deeper understanding could discount stereotypes of WFT and provide a more accurate account of the process and experience.

As the researcher of the present study, I hold personal reasons for wanting to study the experience of wilderness family therapists. First, I am working towards a career in WFT as a therapist due to an interest in WT and a personal belief in family systems theory as a basis for successful treatment. Furthermore, I desire to create a deeper understanding of WFT in research as well as a greater awareness of the treatment in the general public. In my experience, most people have never heard of WT or WFT and do not understand the significance of such treatment for individuals and families and the present study could heighten this awareness.

Chapter 3

Purpose of Present Study

The purpose of the current phenomenological study was to understand the experience of wilderness family therapists. For this study, a wilderness family therapist was defined as an individual who provides therapy within a family program as a part of a larger WT program. Two central questions were asked: (1) What have you experienced as a wilderness family therapist? and (2) What contexts or situations have typically influenced or affected your experiences of providing therapy as a wilderness family therapist?

Chapter 4

Methodology

Characteristics of Qualitative Research

Qualitative researchers approach inquiries using an interpretive and naturalistic method to understand the meanings informants bring to a certain phenomenon (Denzin & Lincoln, 2005, as cited in Creswell, 2007). Qualitative research begins with the combination of assumptions, a worldview, occasionally a theoretical perspective, and finally leads to studying research problems that search for the meaning individuals or groups hold in reference to a social or human problem. Qualitative research uses an emerging approach to inquiry, meaning that data analysis is inductive and works from the bottom-up to establish emerging patterns and themes. The final report includes dialogue of informants, transparency of researcher bias, and a detailed, complex account and interpretation of the issue that enhances current research or offers ideas for future research (Creswell, 2007).

Qualitative research employs the researcher as the primary data-collecting instrument and gathers data in a more naturalistic setting that often involves face-to-face interactions. Researchers often gather data from multiple sources and later organize the data into themes. Data analysis focuses on the meanings of the informants' dialogue rather than focusing on the meaning the researcher brings to the study. For example, in quantitative research, the researcher hypothesizes specific predictions about the outcome of the study. In qualitative research, the researcher proposes an area to explore without creating assumptions for the study's outcome. The research design in qualitative studies evolves over the course of the study, making the design flexible in nature. The final purpose of a qualitative study is to develop a holistic and complex picture of the issue under study (Creswell, 2007).

Qualitative Research Strategy

The present study's design used a phenomenological approach to inquiry. Phenomenology describes the meaning of the lived experiences of a particular phenomenon for several individuals. The phenomenon in the present study is the experience of wilderness family therapists. The phenomenological design focuses on describing what all informants have in common as they experience the same phenomenon and reduces individual experiences with a phenomenon to a description of the overall essence (Creswell, 2007). The present study compiles descriptions of the experience of two wilderness family therapists and describes the commonalities to reach a deeper understanding of this phenomenon.

Role of Researcher as Instrument

The role of the researcher in qualitative research is to serve as the primary data-collection instrument. This means that the researcher does not utilize any outside instrument to collect data; rather, the researcher *is* the instrument. For example, a typical method for collecting data is to interview informants face-to-face. Because the researcher serves as the primary instrument in data collection, it is important for the researcher to include bracketing as a part of the final report. Bracketing is when the researcher exposes personal past experience, contexts, and situations in the research report that reveal possible bias the researcher may possess that could influence the study (Creswell, 2007). As the primary researcher and, therefore, instrument in the present study, it is important to reveal specific roles as the researcher and instrument as well as the perspective and assumptions that influence bias.

My interest in the wilderness and outdoor activities has grown throughout my life. My father, a geologist, used to often take me on hikes and camping trips as a child and would

teach me to appreciate nature through discussions about rock formations and fault lines. Later as an undergraduate student, my father encouraged me to accompany him on a trip to volunteer at a boy scout ranch called Philmont Scout Ranch. Philmont is a 137,500 acre range of mountains located in northeast New Mexico where primarily boy scouts and venturing crews gather year-round to participate in 10-day treks. After visiting Philmont with my father one summer, I applied to work at Philmont as a Group Leader for the Family Program at the Philmont Training Center (PTC). During my two summers at PTC, I led groups of children and adults through various wilderness and ranch activities, including camping, horseback riding, hiking, ropes-course activities, museum tours, arts and craft-building, and numerous other wilderness activities. It was through a co-worker at Philmont that I first learned about WT.

My interest in working with families stems mostly from undergraduate work in human development and family science, focusing on child and family services. This interest is more solidified in current work as a graduate student in a Marriage and Family Therapy program. This program has helped me conceptualize individuals and families using a family systems theoretical approach. Therefore, I hold the belief that in order to experience individual change one must work towards change within the context of the larger family system. As a part of my overall interest and research focus, I plan on merging these two major interests in the wilderness and working with families by exploring the concept of WFT.

Each of my interests and past experiences help shape my beliefs and assumptions. First, I believe in the power of nature for the well-being of humans and the potential the wilderness holds for enhancing various experiences. I further support the use of nature as a

therapeutic context based on the assumption that nature holds the potential to heighten and deepen the therapeutic experience in healing. Furthermore, I believe that intense family involvement in therapy is essential for lasting change in an individual. This belief carries over to assumptions I hold for WFT in that individuals should be accompanied by their families in such programs in order to instill enduring change and elicit a greater sense of family intimacy and trust.

In researching WFT, I understand that limited research focuses on the experience of wilderness family therapists and the implications that experience has for WFT outcomes. I believe that wilderness family therapists carry a great influence on participant outcomes, and therefore, should be examined more closely. Due to a lack of research in this specific area, I grew inspired to conduct the present study using qualitative methods in order to achieve a better understanding regarding the essence of the experience of wilderness family therapists. I believe that open-ended questioning will allow for an exploration that will start to add to a better understanding as well as inspire more specific areas of inquiry.

An awareness of my beliefs and assumptions demonstrates both advantages and challenges in conducting the present study. One advantage is that my background allows me to approach the present study with an educated understanding of the current research regarding WFT and the importance of exploring the experience of wilderness family therapists. Because of this understanding, I hold the concept of WFT in high regard and believe in its therapeutic significance. As a result, I understand the potential for personal bias to interfere with a willingness to consider negative experiences of wilderness family therapists and the importance of such experiences. The selection of interview questions and the manner of asking the question also holds the potential for gathering information that may

fit more readily with a positive view of WFT. This could bias the interpretation of the data and interfere with the description of the actual essence of the experience of the phenomenon in question. By making such challenges explicit, I hope to bracket personal bias within the present study and remain open to the actual experiences of the wilderness family therapists.

Data Collection Procedures

Sampling approach. The present study first used criterion sampling to recruit informants. Criteria required that informants work within a family program as a part of a larger WT program. Through online searching, three WT programs were selected to contact based on their offering an intensive family program as a part of the larger wilderness therapy program. For the purposes of this study, an intensive family program is when at least part of an adolescent's family (e.g., a parent, a sibling) participates in the wilderness therapy with the adolescent in a specified family program as a part of the larger WT program. The WT programs in the present study included *Explorations*, *Soltreks*, and *Open Sky Wilderness Program*. *Explorations* provides individualized family excursions as well as parent weekends and expeditions, *Soltreks* offers individualized family treks, and *Open Sky Wilderness Program* provides a family program called *Family Quest*, which is also an individualized family trek. Each of these programs invites parents and siblings to engage in the therapeutic process with the adolescent in a highly intensive manner. For example, the family programs often include camping and rafting trips in conjunction with family therapy sessions. The primary researcher called each of these programs and asked to speak with the therapists that work within the aforementioned family programs.

Two Wilderness family therapists agreed to participate (one from *Explorations* and one from *Open Sky Wilderness Program*) and the primary researcher used phone calls and

electronic mail to set up times to conduct interviews. Snowball sampling was also employed to try to recruit additional informants by asking recruited-informants and their supervisors of their knowledge of other wilderness family therapists.

Informed consent procedures. The informed consent was first reviewed by the Institutional Review Board (IRB) to ensure ethical procedures and treatment of informants. Copies of the approved informed consent were electronically mailed to informants before participating in the study and the informants reviewed, signed, and returned the document via electronic mail.

The following protections were included on the informed consent: the central purpose of the study and procedures to be used in data collection; comments about protecting confidentiality of respondents; a statement of known risks and benefits associated with participation in study; signatures of informants and researcher; and the right of informants to voluntarily withdraw from the study at any time without penalty.

Interview procedures. Informants were given the choice to either partake in a phone interview or send typed-responses to interview questions through electronic mail. Both informants opted for phone interviews, which were audio-recorded and ranged from one-and-a-half to two hours in length. During interviews, the primary researcher kept field notes as a reference for future data analysis. Field notes included hand-and type-written notes about the informants' descriptions of their experiences as well as themes within the experience.

Informants were asked two central questions: (1) What have you experienced as a wilderness family therapist? and (2) What contexts or situations have typically influenced or affected your experiences of providing therapy as a wilderness family therapist? Other prepared open-ended questions were asked as well as other conversation-

inspired questions. (See *Appendix A* for interview protocol.) Informants were compensated \$150 for their time. The amount of compensation was based on the average rate the informants would charge for a two-hour therapy session.

Data Analysis Procedures

The audio-recorded data was transcribed by the primary researcher into a Microsoft Word document. Analysis continued with reading through the data and highlighting significant statements, sentences, and quotes that provided an understanding of how the informants experienced the phenomenon in question (i.e., horizontalization). After developing clusters of meaning from the significant statements into themes, a written description of *what* the informants experienced was written (i.e., textural description) as well as the context or setting that influenced *how* the informants experienced the phenomenon (i.e., structural description). Based on the structural and textural descriptions, a written description was written to present the essence of the phenomenon, focusing on the common experiences of the informants.

Strategies for Validating Findings

Creswell (2007) offers eight strategies in ensuring validity in a qualitative study and suggests employing at least two. Three validation strategies were used: peer review and debriefing; commenting on past experiences, biases, prejudices, and orientation; and an illustration of rich, thick descriptions.

A *peer review* and *debriefing* was used for the purposes of remaining honest and to provide an arena for asking difficult questions about methods, meanings, and interpretations. This method also allowed for debriefing of feelings regarding the position as the research instrument while also serving as the primary researcher. Research bias and assumptions were

clarified in order to outline the impacts of bias on research inquiry. This process included *commenting on past experiences, biases, prejudices, and orientations* that have shaped the interpretation and approach to the present study. Finally, the primary researcher compiled a detailed account of the informants' experience in order to provide a *rich, thick description* of their experience. This strategy allows readers to determine whether the findings can be transferred to other settings based on shared-characteristics.

Anticipated Ethical Issues

Ethical issues hold the potential to arise in studies that involve an empirical inquiry with humans, specifically with informant rights. Issues of concern center around several areas of inquiry that include maintaining confidentiality, avoiding informant deceit, and warning informants of research procedures and informant rights. Risks for informants could potentially outweigh the benefits of participating in the study. Due to the nature of interviews, informants may share information "off the record" that could allude to a threat of harming self or others. The decision to report such information could break the informant's confidentiality, yet not reporting this information is considered unethical and against the law. Additionally, the researcher may feel tempted to share personal experiences and information with informants, which could minimize the bracketing that is essential in presenting the meaning of the informants' experiences in phenomenological studies (Creswell, 2007).

Remaining mindful of the aforementioned ethical issues, the present study employed the following methods to maintain ethical standards. Confidentiality, the purpose of the study, specific procedures, and informant rights were outlined in detail to informants using an informed consent. Informants were given the opportunity to opt out of the study at any time without penalty and were warned about instances where confidentiality would have to

be broken due to the ethical standards of the primary research and role as a mandatory reporter. The primary researcher did not express personal experiences and information to the informants, maintaining the bracketing outlined throughout the explanation of methodology. Finally, results were written to illustrate a composite picture of the informants' experiences without using informant names in order to protect informant confidentiality.

Chapter 5

Results

Six major themes emerged from the data including personal background, the role of a wilderness family therapist, positive and affirmative experiences, difficult and challenging experiences, advantages of a WFT approach, and limitations of a WFT approach. Various sub-themes also surfaced within all major themes except personal background and limitations of a WFT approach. For the role of a wilderness family therapist, four sub-themes emerged including characteristics of wilderness family therapists, a team-oriented approach, a side-by-side approach, and a family-based approach. Positive and affirmative experiences included sub-themes related to experiences with a WT program, a passion for nature, and witnessing growth. Sub-themes within difficulties and challenges split into interpersonal and intrapersonal descriptions. Finally, advantages of a WFT approach revealed three sub-themes including a nature setting, a side-by-side approach, and rapid change.

The following presents the structural and textural descriptions of each theme, demonstrating the commonalities of each informant as far as *what* was experienced and *how* the phenomenon was experienced by the wilderness family therapists. Excerpts from the interviews are included to help illustrate the themes and provide a thick, rich description.

Personal Background

Informants shared a similar personal background that included life experiences and personal characteristics that influenced their ultimate interest in wilderness family therapy. Responses portrayed a childhood of participating in wilderness activities with their own families as well as possessing a love and ultimately a passion for nature. One informant described his childhood as full of wilderness activities. “Growing up as kids we played

outside all the time and were pretty active in scouting, backpacking. So, pretty extensive there. It's always been a part of my life.”

Informants grew to enjoy working with people and helping to improve psychological and emotional health. At some point, informants realized their desire to combine a passion for nature and interest in working with people. One informant stated, “My two passions in life...are social work and the outdoors. Being able to combine those two leaves me a pretty positive person to do what I do.” Another informant described this combined interest by saying, “I'm also really interested in working with people, people who need a little help, people who are in crisis, whatever it may be. So those two combined make a lot of sense to me.”

A Master's degree in Social Work served as educational training for providing mental health. Later, informants became aware of job openings for a wilderness therapist position where their passion for nature and working with people intensified. One informant described this life transition as the following:

I started this field in that way with some curiosity and a shift in life and also believing in the process, believing in the healing potential of the wilderness. I fell into it and fell in love with it when I first started working.

Role of a Wilderness Family Therapist

Three main themes were revealed as informants described their role as a wilderness family therapist. Themes included specific characteristics needed as a wilderness family therapist, a team-oriented approach, a side-by-side approach, and a family-based approach.

Therapist characteristics. The role of a wilderness family therapist was first explained by considering characteristics needed as a wilderness family therapist. Informants highlighted the importance of preparation as far as understanding what to provide as the therapist, methods of providing the therapy, and what to expect from the overall process. For example, one informant claimed the following:

I think that wilderness therapists need to have their own very clear intention of what their position is. I think that knowing what you're going into before you get in there. You need to be prepared.

Flexibility was considered an important characteristic when assessing evolving family. Authenticity with the families and the ability to maintain a non-hierarchical, collaborative relationship was also seen as important for the therapist to convey. One therapist described the significance of collaboration with clients in the therapeutic process as opposed to taking an expert posture:

Often I find that if I can just shut up and let them do what they need to do, let them talk and let them do their own process with some nudges and some direction and encouragement, it's really great. And sometimes families need more of that, sometimes less of that. So creating a space for people to create health within themselves and in the family, and then working alongside them to do that.

Team-oriented approach. A wilderness family therapist does not work alone but in a team with other staff members for the purposes of treatment support. Educational consultants are included in this team and often work closely with the therapist to

communicate therapeutic goals and needs. One informant described the team-oriented atmosphere as a beneficial part of the treatment process:

Often I'll be partnered with a guide who will come out and support me or I'll be partnered with another family wellness counselor. We just have a really solid staff team for doing this. To be able to work with them is often a lot of fun. We have a great time together. Working with someone else in this role can be really helpful and really easy and fun.

Side-by-side approach. A more specific role of working closely with the families was labeled as a side-by-side approach. The therapist often accompanies clients in wilderness activities, which typically involve backpacking and camping trips. During these trips, the therapist participates in the wilderness activities with the families and is involved in the daily tasks, such as hiking and cooking. One informant stated, "We camped, as a therapist, camped side-by-side with the kids. Built our own area, cooked with them. We do everyday things." The therapist maintains a high level of involvement with the families, even in a base camp setting. At times, the therapist spends consecutive days with the families on a therapeutic wilderness trip. One informant outlined a typical schedule for a family wilderness trips saying, "We probably do about 12 hours of session over three days, if not more." Other times the therapists will only join the family on the trip to conduct therapy sessions and then leave. Working as a wilderness guide is not typically a role of the therapist, but a therapist may fulfill this role depending on the WT program and family needs.

Family-based approach. Informants further explained their role as working from a family-based approach. Family involvement was described as more intensive compared to most WT programs. Informants said they gained a greater understanding of the importance of working with the larger family system rather than solely the adolescents. One informant claimed that,

Before you'd work on a student and you go through the process with them, and you always kind of cringe because you know that the family system back home was so corrupt, toxic in some way. It's the parents' responsibility as well. The parents have something to do with this too, and the whole family in general has some responsibility in this situation.

The informants explained that they often work with highly dysfunctional families that maintain negative interactional patterns. Informants explained that their role is to disrupt the negative interactional patterns and build family cohesion, trust, bonds, understanding, and empowerment. One informant summarized the family-based approach as the following:

I also look at them as like a systems approach. That's kind of what family therapy is. I see them as organisms, like plants often actually, as living beings. I think often that a family just needs some nutrients, the family needs some health.

Informants described part of their family-based role as taking the initiative to gain a better understanding of the important figures in the adolescent's life (i.e., the adolescent's family). Later in family therapy sessions, the therapist assesses family needs through observation of family strengths and challenge areas. The therapist then directs treatment

toward these needs by assigning therapeutic interventions and exercises. One informant disclosed the following example about a therapeutic assignment given to a family as a result of observing a mother's control issues with her son:

I had one mom who really struggled with letting go of her son and kind of letting him be an actual teenager. And so we put the two of them in a canoe together and the son knew what he was doing. He'd been training for the summer. He'd been learning how to canoe and then mom came to visit and we put them in the canoe together. She'd never done anything like that before and they actually flipped and were floating down the river. He had to take control of the situation and knew what to do and that was a pivotal moment in that relationship for her kind of realizing, "Oh, I let go of my kid and he handled the situation. He can be independent."

This therapeutic assignment placed the mother and son in a situation that encouraged dealing directly with the issue as observed by the therapist. The purpose of assignments and interventions is to interrupt detrimental family patterns and create a deeper understanding and appreciation among family members. One informant described the outcome goal of the therapy as the following:

Whether you have a 52-day, 55-day summer program or you have a family come here for the weekend or four or five days, you always see some kind of different result at the end. Almost always it's an appreciation of the child and an appreciation for the parents or the sibling, whatever the case may be.

One common method that the therapist uses to achieve a successful outcome is to model appropriate interactional behavior and then coach the family to interact in a new, more positive way. Coaching often occurs after therapeutic assignments as the therapist is processing the assignment with the family. One informant described coaching and processing through an intervention used during a camping trip.

So, you know, the family cannot get along on anything. Well you're both going to have to cook dinner together. So, you're going to have to figure out a way without staff interfering with that. And then you look back once the activity is over and you reflect back on what the family...or what I have actually done too is I put a parent and a student out on solo at the same time where they each have an assignment that they have to complete within a certain time. Then we all come back together and see where the opinions are or where the conflict is at.

The coaching in this example occurs as the therapist helps the family process the experience of the activity. As a result, the family may reach a deeper understanding of familial relationships and learn healthier interactional patterns.

Informants explained that parents are not always physically present at the program site. WFT programs provide specialized intensive family weekends, but much of the family therapy takes place from a distance. Therefore, family therapy occurs when the therapist facilitates phone calls with the parent and adolescent and by assigning therapeutic exercises to parents to be completed from home.

Positive and Affirmative Experiences

Informants disclosed three areas of experiencing positive and affirmative events including characteristics of the WT program, a passion for nature, and witnessing growth.

Wilderness therapy program. Informants appreciated working within a growing business and commented on the positive experience of a team-oriented atmosphere. A sense of personal and professional support was described as creating an enjoyable and rewarding experience. One informant depicted a team-oriented atmosphere by stating:

What's good is working in this team setting because we are so small, we have enough communication. I'd say, "Ok these are the things we're working on, this is what we need to see happen." Then someone can somewhat take that role over and communicate back with me what needs to happen.

Passion for nature. The informants portrayed a passion for being in nature and engaging in wilderness activities. The wilderness aspect of working as a wilderness family therapist is one major piece of the experience that informants described as positive and enjoyable. One participant explained this passion as the following:

It's easy for me because I love the outdoors, I enjoy it. I joke it's my church because I have such a love for it. When the kids come in and they're like, "Oh my god! I'm out of the city. Where the hell is this? It's in the middle of nowhere!" When they get like that, I can keep a good attitude because I love it so much.

Witnessing growth. Informants expressed that witnessing the success of families as a result of treatment helps them to feel successful as the therapist. Furthermore, witnessing this change was one of the most rewarding parts of the job. One informant relayed a story about feeling rewarded as a result of witnessing change after therapeutic intervention.

How about doing an art therapy group with a father and son. The father is an incredibly wealthy and successful computer engineer person and pretty strong, narcissistic, pretty entitled, pretty commanding, a very strong personality. The son was pretty much the same. Coming back to him after spending 30 minutes or an hour by himself working on making a sculpture representing something in the family. It's this really quiet place and you see this shift happened in him. The son comes back over and we start talking and he just starts bawling, crying and just totally breaks down. It's just super raw, super vulnerable, super open, he just kind of really shares this incredible amount of information with us, and afterwards he comes up to me and says that was one of the most meaningful experiences of his life. And I was like, whoa, what do you do with that? That's huge.

Informants also commented on appreciating the client's demonstration of readiness for therapy and positive change.

Difficult and Challenging Experiences

The difficult and challenging experiences of wilderness family therapists included two sub-themes: descriptions more relevant to interpersonal struggles and descriptions more relevant to intrapersonal challenges.

Interpersonal. While the informants expressed the importance of family involvement for effective treatment, they unveiled the difficulties of transporting families to the program site to participate in the treatment in a more substantial and intensive manner. Dealing with parents was also described as difficult and that confrontation with parents can be stressful. One informant described this frustration by saying,

When you get into those situations it's really frustrating because you can't just take a deep breath and walk out of the office for a little while or take a walk. You are there the entire time with that intensity.

Informants commented on the difficulty of encouraging parents to open up, relate more vulnerably, and overcome discomfort with wilderness activities. Informants described this as a challenge, especially considering that the therapist cannot force anyone to participate in activities. Informants described the challenges of implementing interventions when attempting to interrupt negative family patterns. One informant stated, "You have this kid who's making great progress and then they start falling into these old behavior patterns with their parents or whoever and the family is there and so that's usually kind of tough." In this situation, the therapist experience difficulties in helping the family maintain change due to the ease of which families can fall back into unhealthy interactional patterns.

Maintaining a non-hierarchical and collaborative relationship with the adolescents was also labeled as difficult. One informant revealed this struggle when saying,

I don't want to do that "I'm the adult, you're the child" thing, but at the same time I am an adult and I'm better able than a teenager to figure out where those boundaries are. I do struggle with that.

Intrapersonal. Difficulties reached a more personal level for informants as it was conveyed that providing WFT can be physically and emotionally demanding. Informants attributed this difficulty to the intense amount of involvement with the adolescents and families during the therapeutic process. One informant described the physical demands of WFT as the following:

Being in the woods can be physically demanding. I mean, that's why we do this with the kids: to work on building strengths and that kind of thing. So just even the physical exertion can be hard too because you're doing what the kids are doing.

The therapists are often involved in the daily activities with the families, especially during therapeutic wilderness trips that last for several consecutive days. The therapeutic responsibilities of caring for emotional concerns was depicted as emotionally taxing: "Even when it's beautiful and good, there's really intense connections and bonds happening and it's exhausting to go through that all the time." Another informant explained the same exhaustion when stating,

This particular quest I was on by myself for three days. It didn't let up and it was just intense. So I left that pretty worn out, pretty exhausted emotionally. It took me days to recover. So it was not negative, just hard, a sad hard.

Informants reported feeling emotionally attached to families as a result of the intensive nature of the therapeutic relationship. Informants stated that the attachment is not only exhausting, but also a challenge in terms of managing appropriate boundaries. Informants portrayed the importance of providing constant encouragement and inspiration to

the adolescents and families and that this feels difficult when pushing through personal emotional and physical challenges. One informant explained,

When you're having a session at six at night in the wintertime when it's dark and it's 10 degrees outside and snowing on you, or you had to work 12 hours that day and make a shelter and then wake up to six inches of snow in the morning, and you have to get back out and do it again, or you don't sleep at night because you're rained on all night long and it keeps you up, you still have to show up and be presentable to your clients out in the field.

Although therapy is directed toward improving family relationships, the informants said that they also experience personal growth as a result of the challenging experiences they endure. One informant talked about the effect of the experience on personal family relationships:

It's made me get substantially closer to my own family. I always leave with an immense amount of appreciation for my own family, my parents and my brother specifically. It's provided a lot of insight for me in my own process and patterns within my own family as far as why it's not good for us. Also in my own personal relationship with my partner it's just really helped me with parenting, it's been a good coach for me.

While the informants expressed appreciation for personal growth as a result of their job, they also commented on the challenges of experiencing personal growth.

I think maybe the last part of something that is challenging is something that can create a challenge, but it's a welcomed challenge, it's the growth that happens from the individuals doing the work. Obviously we're faced with our own family issues that come up. A lot of transference happens and you just have to be really be aware of that.

Advantages of a Wilderness Family Therapy Approach

Informants revealed three main advantages they believe the WFT approach to contain including the nature setting, a side-by-side approach, and effective therapeutic results. While the side-by-side approach was discussed earlier as part of the wilderness family therapist's role, the informants also described the approach as a major advantage in WFT.

Nature setting. The nature or wilderness setting of WFT was depicted as serving as a significant factor in the effectiveness and unique quality of the approach. One informant compared an office setting to a nature setting for therapy and claimed that a nature setting is more effective for some individuals:

Break out of your Psych 101 textbook. This isn't a thing where you can sit down on a log and pretend it's a couch and say well, "How do you feel about that?"...A lot of these kids have been resistant to office-type therapy or inpatient settings or whatever they've been in, and that's why they come here is because traditional therapy hasn't worked.

Informants described experiences with nature and the positive influence a wilderness setting has had on their lives. One informant described an intense and undeniable belief in the power of nature for inspiring personal growth in times of struggles.

I was having a difficult time in life and I was recuperating with my own stuff that I was going through. I just saw the potential in it. I've known the potential in it.

Informants stated that nature in itself serves as a healing agent in addition to therapeutic interventions. One informant described this as the slowing down effect of nature in addition to the openness and comfort the wilderness provides compared to an office setting:

The easy part is that we're outside and nature is doing a lot of the work. You can slow down. People are forced to slow down out there. There's no phones, no distractions. A lot of families say that the therapy that we did you can't do in an office, it just wouldn't work. It would be too confined, too uncomfortable. So being outside is awesome.

The wilderness aspect of the approach was also described as a catalyst for putting families in a more vulnerable state of mind, which intensified therapeutic effectiveness and change. One informant described this effect by stating,

That too can also be looked at as a benefit because it helps them break down a little bit and kind of get them out of their comfort zone. It makes them a little more vulnerable and open.

Side-by-side approach. Informants placed importance on the side-by-side approach in therapy and revealed three main advantages of the approach. First, the approach allows the therapist to set aside time to process therapy activities with the informants during the

experience. Second, the adolescent and family can see the therapist working hard with them and for them, which inspires the adolescent and family to also work hard. Third, adolescents especially tend to open up easier when they experience the therapist working alongside with them. One informant described the side-by-side approach as a means of connection between the therapist and client:

I think it's a great way to connect with our students and with our kids. The kids are a lot more likely to open up and talk with you when they're not just sitting face-to-face on a couch and feeling like the conversation is forced.

Wilderness family therapy results. Informants explained their belief that WFT holds an incredible amount of potential for not only eliciting significant change but also quick change. The elements of nature activities force families to face issues directly, yielding a quick change process.

You see quick turnarounds, you see quick progress. You get to the heart of things a lot faster than you would in other settings...so in wilderness therapy...you're seeing emotional growth very quickly, I mean from day to day, you can measure where people are at, and I think that's the biggest advantage.

One informant described more specifically the impact of nature on forcing families to face issues directly.

That's the other thing that's great about wilderness therapy. You can't run away from it. You have to sit with it and figure out what you need to do with it.... So

everything like that is confronted head on in the wilderness and that's what's great about it, you start seeing those changes really quickly.

Limitations of a Wilderness Family Therapy Approach

One limitation of the WFT approach revealed the struggles parents face with the wilderness environment. Informants described that parents often feel uncomfortable working in a wilderness setting and can struggle to garner the desire to engage in important therapeutic tasks. One informant communicated the following story to describe this limitation:

I did a raft trip with some moms and one of the moms was so disgusted. I don't know what she expected because it is a raft trip, but she was expecting that we were going to pull out and stay at a nice shelter or whatever and a nice built campground with restroom facilities and she's been explained that it wasn't like that. She wanted us to take her back and it's like we're.....you know, it's not like you can just take them back. So I think when you get to the middle of the woods, in the middle of the river, that's difficult because not only are you working on issues with the child and between the child and the parent or siblings or whatever it is, then you get to the point where then you have a parent that's just not able to really tough it out and get through their stuff.

Another limitation was that WFT is not an appropriate means of treatment for every adolescent and family. Specific reasons are not included in this description because both informants gave differing explanations for this finding.

Chapter 6

Discussion

The essence of the experience of wilderness family therapists in the present study is comprised of six major themes and various sub-themes that inform the overall experience of the phenomenon. Common elements of the data gathered from the wilderness family therapists provide a description of what and how this phenomenon is experienced. Findings revealed both similarities and differences to those presented in current WT literature.

Wilderness family therapists are often intrigued with nature and wilderness activities at a young age as a result of participating in wilderness activities with their families. This intrigue serves as a foundation for an interest in combining the context of nature with the desire to help individuals improve emotional health. This finding supports the concept of biophilia, which Louv (2005) describes as the natural attraction to interacting with people paired with a natural attraction to nature, which is vital to human development. The therapists also emphasized the natural healing effects of nature. Raleigh (2010) concluded that the restorative soothing encounters with nature are important for developing a positive state of mental health and effective coping skills. Because WFT involves working with adolescents, the nature aspect of the therapy is especially important for this age group in regards to developing positive coping skills and improving mental health.

Therapists are prepared to effectively assist others with emotional struggles through educational training on providing therapy. The combination of a passion for nature and educational training helps the therapist understand the importance of working with whole families to create and maintain healthy change. This belief is supported by research that emphasizes the meaningful and lasting effect that family involvement has on WT outcomes

(Bott, 1994; Burg, 2000; Hanna, 1996; Harper & Cooley, 2007; Harper et al., 2007; Henggeler, 1989; Norton, 2007; Russell, 2003; 2005).

The role of a wilderness family therapist is comprised of four main themes including characteristics of a wilderness family therapist, a team-oriented approach, a side-by-side approach, and a family-based approach. In general, the therapist should portray preparedness, flexibility, authenticity, and the ability to work in a team as well as with families to strengthen familial relationships. These characteristics are not highlighted in current WT research, making this description a significant contribution to understanding an aspect of WFT that helps create effective change.

A side-by-side approach involves intense interactions with the adolescents and families during the entirety of the therapeutic process. Research mentions this type of approach, but the results of the present study reveal the emotional and physical challenges therapists face as a result of the intense involvement (Russell, 2005). Therapists directly influence the quality of treatment (Russell, 2005); therefore, it is important to understand the effects of the emotional and physical struggles of the therapist as well as the actions therapist take to deal with these challenges. The way in which therapists deal with emotional challenges could positively or negatively affect outcomes for families involved in WFT.

The family-based approach requires that the therapist work with whole families as much as possible in order to transform negative interactional patterns into new, positive ways of relating to one another. This approach is also explained in WT research that discusses the importance of family involvement in WT treatment (Harper et al., 2007; Russell, 2005).

The identification of these four themes reveals the complexities of the therapist's involvement in treatment as well as the benefits of the therapist's role. Current literature

states that the therapist fundamentally influences the therapeutic process due to the high level of involvement in wilderness activities (Russell, 2005). This type of intimate interaction produces a close bond between the therapist and the families. The therapist also has the opportunity to model healthy behavior patterns and inspire families to communicate more effectively and work hard for change. The therapist must provide support and a high level of interaction while maintaining appropriate boundaries with families. WT research alludes to the importance of the therapeutic relationship to the success of treatment, and the present study adds to the understanding of the ways in which wilderness family therapists contribute to that success (Bott, 1994; Harper et al., 2007; Russell, 2005).

Wilderness family therapists experience positive and affirming events in conjunction with facing difficult and challenging situations. The therapists enjoy working for a WT program that is undergoing growth and change in addition to a program that provides a team-oriented atmosphere. Therapists have the opportunity to incorporate a passion for nature by working in a wilderness setting and feel deeply rewarded when witnessing the personal growth of their clients. This finding adds to the literature regarding outcomes of WT. Typically, literature concludes that WT treatment is a rewarding experience for the adolescents and families involved. Rosenblatt (2009) illustrates the therapeutic effect that providing therapy has on the therapist. He concludes that the process of providing therapy influences the therapist's personal growth and can boost self-esteem. The present study demonstrates this finding based on the descriptions regarding the emotional rewards gained from witnessing growth in clients.

WFT treatment can permit interpersonal and intrapersonal challenges for the therapist that make it difficult to deal with challenging parents and maintain effective therapeutic

relationships. WFT treatment challenges the therapist to endure personal difficulties as a result of the intensity of physical and emotional involvement with the adolescents and families. Both witnessing client growth and experiencing personal growth affects the quality of the therapist's treatment, thus influencing the effectiveness of therapeutic outcomes for clients.

Wilderness family therapists recognize the advantages and limitations of providing WFT. Nature serves as the context for WFT treatment, which positively affects the quality and depth of the therapy and inspires family members to relate to one another in a more vulnerable manner. This finding reflects the benefits of experiential learning where families engage in a physically challenging wilderness activity, process the challenges faced in the exercise, and then reach an understanding of the experience as it relates to emotional and relational issues (Huerta-Wong & Schoech, 2010). The holistic activation of the physical and emotional systems elicits personal and relational insight (Mason, 1987).

A side-by-side approach is helpful in allowing the therapists to spend more time with the families processing the wilderness and therapeutic activities. This approach also serves as an inspiration for the adolescents and families to work harder physically and emotionally. Current WT research reflects this finding as gathered from the perspective of the adolescents and families involved in the therapy (Harper et al., 2007; Russell, 2005), and the present study affirms this finding from the therapist's perspective.

Current WT literature highlights the immediate feedback WFT provides as a result of intense, action-oriented wilderness activities that encourage emotional vulnerability, genuine expression of emotion, and self-awareness (Mason, 1987). The therapists in the present study present the same observations. The therapists emphasize the rapid quality of observed

change in families and attribute this to the context of nature and wilderness activities that force families to face issues in a more direct and meaningful way.

Research explains the rapid changes experienced in WFT as well as the importance of family involvement (Harper et al., 2007; Mason, 1987; Russell, 2005). More specifically, WT literature stresses the lasting change that is likely to occur due to family involvement. The present study supports these findings from the perspective of the therapist. Thus, the quality of WFT contains a significant element of efficiency that elicits quick and sustaining changes for families.

Therapists described most of their informants originating from wealthy families. WFT is an expensive means of mental health treatment, causing the services to be more available to a wealthier population. A treatment as effective and efficient as WFT needs to be more available and affordable to a more diverse population. Russell, Gillis, and Lewis (2008) encountered the same finding and suggest future research to investigate this issue. In contrast, although the context of nature presents significant advantages, the therapists admit that the wilderness environment may not always be an appropriate and conducive means of treatment for every adolescent or family. Research on WFT for improving family functioning also found that WFT is not always an effective treatment in all aspects of family functioning (Norton, 2007; Russell, 2003).

Limitations

Limitations for the present study were identified that may affect the conclusions and implications of the results. Data was collected through phone interviews, restricting the amount of information obtained when compared to conducting a face-to-face interview. A face-to-face interview would have allowed the primary researcher to gather data from

physical cues and facial expressions that may have enhanced the verbal responses. This type of interview might have taken place at the informants' workplaces where the primary researcher could have gathered more data about the context of the informants working environment. Context data as observed by the primary researcher may enrich the descriptions and findings of the study.

Only two wilderness family therapists agreed to participate in the present study, limiting the impact of the data and findings. The study was originally designed to recruit three to six informants in order to gain a satiable amount of information for presenting significant findings. Recruitment proved to be a challenge due to the specificity of sample criteria and lack of availability of wilderness family therapists. While significant results were still found in the present study, data from at least one more informant would enhance the impact of the results and create a more substantial description of the phenomenon.

Recommendations for Future Research

Findings from the present study inspire areas of investigation for future research. Characteristics of wilderness family therapists were identified in the findings. Future research could aim to operationalize these characteristics to more readily expose their impact on WFT. The present study revealed types of emotional struggles wilderness family therapists endure as a result of providing WFT. Future research could further address this finding by uncovering the ways in which the therapists deal with the emotional challenges, specifically the coping mechanisms that are vital to overcoming this struggle.

Finally, the present study found WFT to provide efficient treatment due to the rapid change that treatment inspires and the lasting effects of family involvement. Unfortunately, WFT is mostly available to a more financially-sound population. Therefore, research holds

the potential to unlock the barriers in finding a way to provide this treatment to a more diverse population in terms of availability and affordability.

Appendix A

Interview Protocol

Date:
Time:
Place:
Interviewee:

Project: Understanding the Experience of Wilderness Family Therapists

Purpose of Study: To gain a better understanding of the experience of wilderness family therapists.

Central Questions:

1. What have you experienced as a wilderness family therapist?
2. What contexts or situations have typically influenced or affected your experiences of providing therapy as a wilderness family therapist?

Sub-Questions:

1. What educational, licensing background and other specific training have you received?
2. How did you find out about wilderness therapy?
3. What do family wilderness therapists do when providing therapy?
4. What don't family wilderness therapists do when providing therapy?
5. What is difficult about providing therapy as a family wilderness therapist?
6. What is easy about providing therapy as a family wilderness therapist?
7. Please tell me about some positive experiences.
8. Please tell me about some negative experiences.

9. What are some advantages and disadvantages of wilderness family therapy?

10. How does providing wilderness family therapy influence your personal life?

And vice versa.

11. What does it take to be a wilderness family therapist?

12. How do you conceptualize families and family problems?

13. Advantages and disadvantages of side-by-side experiences with participants?

14. What would you improve in wilderness family therapy?

(Thank you for participating in this interview. As a reminder, your information will

be kept confidential.)

Appendix B

Institutional Review Board Documents



Office of Research Integrity
IRB, IACUC, RDRC
315 Kinkad Hall
Lexington, KY 40506-0057
859 257-9428
fax 859 257-8995
www.research.uky.edu/ori

Initial Review

Approval Ends
December 2, 2011

IRB Number
10-0845-F4S

TO: Lauren Smith, B.S.
Social Work
315 Funkhouser 0054
(405) 834-1270

FROM: Chairperson/Vice Chairperson
Non-medical Institutional Review Board (IRB)

SUBJECT: Approval of Protocol Number 10-0845-F4S

DATE: January 10, 2011

On January 6, 2011, the Non-medical Institutional Review Board approved minor revisions requested at the convened meeting on December 3, 2010 for your protocol entitled:

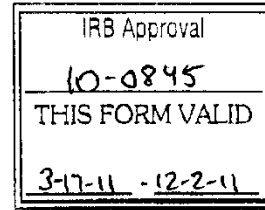
*A Qualitative Inquiry into Understanding the Experience of Wilderness
Family Therapists*

Approval is effective from December 3, 2010 until December 2, 2011 and extends to any consent/assent form, cover letter, and/or phone script. If applicable, attached is the IRB approved consent/assent document(s) to be used when enrolling subjects. [Note, subjects can only be enrolled using consent/assent forms which have a valid "IRB Approval" stamp unless special waiver has been obtained from the IRB.] Prior to the end of this period, you will be sent a Continuation Review Report Form which must be completed and returned to the Office of Research Integrity so that the protocol can be reviewed and approved for the next period.

In implementing the research activities, you are responsible for complying with IRB decisions, conditions and requirements. The research procedures should be implemented as approved in the IRB protocol. It is the principal investigator's responsibility to ensure any changes planned for the research are submitted for review and approval by the IRB prior to implementation. Protocol changes made without prior IRB approval to eliminate apparent hazards to the subject(s) should be reported in writing immediately to the IRB. Furthermore, discontinuing a study or completion of a study is considered a change in the protocol's status and therefore the IRB should be promptly notified in writing.

For information describing investigator responsibilities after IRB approval has been obtained, download and read the document "PI Guidance to Responsibilities, Qualifications, Records and Documentation of Human Subjects Research" from the Office of Research Integrity's Guidance/Policy Documents web page [<http://www.research.uky.edu/ori/human/guidance.htm#PIresp>]. Additional information regarding IRB review, federal regulations, and institutional policies may be found through ORI's web site [<http://www.research.uky.edu/ori>]. If you have questions, need additional information, or would like a paper copy of the above mentioned document, contact the Office of Research Integrity at (859) 257-9428.

N Van Lubbergen PhD/HA
Chairperson/Vice-Chairperson



Consent to Participate in a Research Study

A QUALITATIVE INQUIRY INTO UNDERSTANDING THE EXPERIENCE OF WILDERNESS FAMILY THERAPISTS

WHY ARE YOU BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being invited to take part in a research study about the experience of wilderness family therapists. You are being invited to take part in this research study because you serve as a therapist within a family program as a part of a greater wilderness therapy program. If you volunteer to take part in this study, you will be one of about six people to do so.

WHO IS DOING THE STUDY?

The person in charge of this study is Lauren Smith, a graduate student in the University of Kentucky Department of Family Studies. She is being guided in this research by Ronald Werner-Wilson, Ph.D. There may be other people on the research team assisting at different times during the study.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of the present study is to gain a better understanding of the experience of wilderness family therapists.

By doing this study, we hope to learn what you have experienced as a wilderness family therapist and what contexts or situations have typically influenced or affected your experiences of providing therapy as a wilderness family therapist.

ARE THERE REASONS WHY YOU SHOULD NOT TAKE PART IN THIS STUDY?

One should not participate in this study if he or she is less than 18 years of age.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The research procedures will be conducted over the phone or through electronic mail depending on your preference. If you choose to be interviewed over the phone, you will be asked to answer questions for up to two hours. If you choose to type your responses, it may take up to two hours to complete, but you can also take as much time as you need to fully answer each question. At a later time, you will be mailed or electronically mailed a copy of analyses to obtain your feedback. This process could take another 30 minutes.

WHAT WILL YOU BE ASKED TO DO?

If you participate in the study, the total time you will be asked to participate is two hours and 30 minutes. You will be asked to participate in two separate interviews. For the first interview, the head researcher of the study will arrange to interview you over the phone or over electronic mail where you will be asked to answer several questions about your experience as a wilderness family therapist. This interview may last two hours and will be audio-recorded if interviewed over the phone. After data from all participants is gathered and analyzed, you will receive a copy of the analysis and be asked to make comments about how accurate you believe the analysis to reflect your experience. You will be asked to make these comments in either a 30-minute phone interview or through electronic mail with the head researcher.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?

There is no guarantee that you will get any benefit from taking part in this study. However, some people have experienced a sense of satisfaction and enjoyment when talking about and reflecting on past and present experiences. Your willingness to take part, however, may, in the future, help society as a whole better understand this research topic.

DO YOU HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering and still receive compensation.

IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to be in the study, there are no other choices except not to take part in the study.

WHAT WILL IT COST YOU TO PARTICIPATE?

There are no costs associated with taking part in the study.

WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will receive \$150 for participating in this study.

WHO WILL SEE THE INFORMATION THAT YOU GIVE?

We will make every effort to keep private all research records that identify you to the extent allowed by law.

Your information will be combined with information from other people taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered. You will not be personally identified in these written materials. We may publish the results of this study; however, we will keep your name and other identifying information private.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. All data will be stored on a locked computer in a locked room, with the only access being by the research team. Audio records will be kept in a locked electronic file in a locked room.

We will keep private all research records that identify you to the extent allowed by law. However, there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court or to tell authorities if you report information about a child being abused or if you pose a danger to yourself or someone else. Also, we may be required to show information which identifies you to people who need to be sure we have done the research correctly; these would be people from such organizations as the University of Kentucky.

CAN YOUR TAKING PART IN THE STUDY END EARLY?

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. You will not be treated differently if you decide to stop taking part in the study, and you will still receive compensation.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions, suggestions, concerns, or complaints about the study, you can contact the investigator, Lauren Smith at 405-834-1270. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll free at 1-866-400-9428. We will give you a signed copy of this consent form to take with you.

Signature of person agreeing to take part in the study

Date

Printed name of person agreeing to take part in the study

Name of [authorized] person obtaining informed consent

Date

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VITA

Lauren W. Smith was born May 11, 1987 in Oklahoma City, OK.

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B.S. in Human Development and Family Science, Child and Family Services, 2009
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Agriculture Extension Associate, 2011-present

Department of Family Studies, University of Kentucky
Research Assistant, 2009-2011
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University of Kentucky Family Center
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General Honors College Award, 2009

Wentz Research Project Scholarship, 2008