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How Social Workers Contribute to Outcomes of Adolescent Participants in Wilderness Programs

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This is to certify that the doctoral study by

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Abstract

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Abstract

The wilderness environment has become recognized as a viable treatment modality for addressing the psychosocial and behavioral needs of treatment-resistant adolescents. Even though social workers provide services in these specialized programs, little is known about how they perceive the contributions they make to the outcomes of the adolescent participants. The conceptual framework of wilderness treatment with a focus on the wilderness experience, as well as on the physical, social, and psychosocial aspects of participant functioning guided this study. In this qualitative study, a semistructured interview guide was used to elicit the thoughts of five master's level social workers (MSWs) regarding their contributions to the outcomes of adolescent participants in accredited wilderness therapy programs. The responses to the five interview questions posed to participants via the Zoom platform were coded to identify and give meaning to themes using NVivo and Quirkos, respectively. The findings suggest that social workers in wilderness programs perceive that they contribute to outcome of adolescents by using standard clinical approaches to treatment that includes assessment, intervention, and evaluation. The findings also suggest that parents provide social workers with an abundance of feedback regarding the process, which may affect the ethical obligation social workers have to focus on adolescents as their clients versus parents as clients. The findings in this study can be disseminated at conferences and in journals that focus on social work practice and/or that focus on the professionalization of wilderness programs. Findings may be used by social workers for positive social change to offer better services to adolescents in wilderness programs.

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Section 1: Foundation of the Study and Literature Review

An estimated 100,000 clients per year participate in outdoor behavioral healthcare/wilderness therapy programs, with social workers frequently in leadership roles in these specialized programs (Karoff et al., 2019). Adolescents who engage and interact in nature demonstrate improved daily levels of functioning with emotional well-being, improved perceptions of physical health, and improved cognitions (Barton et al., 2016). Gargano and Turcotte (2019) viewed wilderness therapy programs as an intervention option that social workers can use when addressing appropriate adolescent psychosocial development. Even though social workers are prevalent in providing treatment in the wilderness programs, little is known about their perceived contribution to outcomes among the adolescent participants. In order to address this gap in knowledge this study involved interviewing five master level social workers to gain their perceptions about their contributions to adolescents in wilderness therapy programs.

The first section will include a discussion of the problem statement, the purpose of the research study, research questions, nature of the study, significance of the study, the theoretical/conceptual framework, values, and ethics. The literature review is the end of the first section and shows the positive outcomes that occur for adolescents, including types of outdoor programs for adolescents, and the mental health needs of adolescents who participate in wilderness therapy programs. Section 1 concludes with a summary of key points.

Problem Statement

Social workers are challenged to meet the psychosocial needs of adolescents. Adventure and wilderness therapy programs address effectively multilevel emotional and behavioral problems of adolescents through an individual, family, and group treatment modality (Fernee et al., 2017). Despite the success of these programs, little is known about the contributions of social workers to the outcomes of adolescents who participate in wilderness therapy programs.

Bettmann et al. (2016) noted that wilderness programs use mental health professionals, and the presumption is that this includes social workers to provide mental health services to adolescents (Tucker et al., 2018). Fernee et al. (2017) identified a new model of practice in wilderness therapy programs that emphasizes a psychosocial assessment component. In this model, it seems that social workers employed in these programs, especially those with the master's level of education, could contribute to the outcomes of adolescents.

Tucker et al. (2016) stressed the belief that social workers need to have an awareness of their clinical approach and roles in wilderness programs. Those concepts can be met through the understanding of social workers already working in wilderness programs, and their perceptions of their contributions to adolescents who are participants in outdoor treatment.

The outcomes of wilderness programs, including self-esteem, efficacy, behavioral disorders, and lack of resistance to program interventions, have been generally positive (Bettmann et al., 2016; Fernee et al., 2017; Norton et al., 2014; Widmer et al., 2014).

Within the context that social workers will likely be employed in the wilderness programs in greater numbers (Tucker et al., 2018), it is important to better understand and know how they contribute to those outcomes. The problem is that little is known about the role that social workers play in contributing to the outcomes of adolescents who participate in wilderness therapy programs.

Purpose of The Study and Research Questions

The purpose of this qualitative study was to explore how social workers contribute to the outcomes of adolescents who participate in wilderness programs. This knowledge was important to understand, given the likelihood that more social workers will be employed in the future to provide services in wilderness therapy programs. The following research questions guided the study.

Research Question 1: In what ways are social workers involved in the assessment of the psychological and social issues of adolescents who participate in wilderness programs?

Research Question 2: What types of interventions do social workers use in addressing the psychological versus social needs of adolescents who participate in wilderness programs?

Research Question 3: In what ways are social workers involved in evaluating their contributions to the outcomes of adolescents who participate in wilderness programs?

Wilderness therapy programs are model programs where the adolescents are placed in nature and problem-solving tasks, experiences, and learning are sequentially structured to facilitate mastery of learning. The structured learning experiences in

wilderness programs are continuous and evolving with the development of a therapeutic relationship that provides intrapersonal and interpersonal change and growth. The key component of these wilderness programs is the unique aspects of the therapeutic relationship that occurs in nature and promotes internal and external changes in the adolescent participants.

Nature of the Doctoral Project

Qualitative research is a fluid and flexible method concerned with acquiring an understanding of the experiences that individuals and groups have in their natural environment (Ravitch & Carl, 2016). Researchers who use qualitative methods search for an interpretive and contextual design with a relational paradigm for observing a phenomenon. Much of qualitative research embraces the belief that there is no one true reality, but many different realities formulated through the interpretations of a single experience (Merriam & Tisdell, 2016).

In this qualitative study, I utilized a semistructured interview approach to elicit information and explore how social workers contribute to the outcomes of adolescents who participated in wilderness therapy programs. I recruited social workers who held a master's degree in social work from an accredited university and who were employed in wilderness programs to participate in the study. I identified the sample of social workers in programs associated with National Association of Therapeutic Schools and Programs (NATSAP), Outdoor Behavioral Healthcare Council (OBHC). I sent emails to 50 social workers, and five consented to being interviewed. All five social workers were currently

employed in wilderness therapy programs who enrolled adolescents for treatment in nature. I used thematic analysis to interpret the collected data.

Significance of the Study

The findings in this study may have implications for social work education relative to training on assessment and diagnosis, with a special emphasis on the development of therapeutic alliances, rapport, and sensitivity for resistant clients. Policy implications would be competency training of delivering therapeutic interventions in a wilderness setting among the challenges of outdoor safety and nature interactions. I identified necessary components of training and education needed by social workers to address clinical needs, such as wilderness anxiety, fear, fatigue, injuries, and management of intense emotional responses of adolescents.

A practice implication from the study might be that social workers use evidence-based interventions with participants in wilderness therapy programs that demonstrate efficacy in treatment delivery. The increased knowledge acquired from the study may be used by social workers to understand the appropriateness of clinical interventions and evaluation outcome measures, with an increased awareness of ineffective treatment modalities in the wilderness environment. Another practice implication is the social worker's wilderness experiences as part of a multidisciplinary team and the ability to delivery treatment interventions in a collaborative manner with other mental health professionals.

Future research may be needed that focuses on identifying the extent to which social workers use particular interventions in practice with adolescents who participate in

wilderness programs. Additional studies that define how the personal, experiential, experiences of social workers in the wilderness impact their boundaries and interactions with adolescents would be valuable. Research surrounding the intensity of the relationships that formulate from spending extended amounts of time with each other in the wilderness would provide valuable practice implications for social workers managing boundaries and client relationships with the adolescents.

The potential for social change as a result of this study is in understanding that the contributions of social workers to the outcomes of young participants in wilderness programs can contribute to the already positive outcomes of participants in wilderness programs. Fernee et al. (2017) believed that wilderness therapy should enhance the understanding of the approaches that lead to changes in adolescents who participate in wilderness programs. The ethical challenge of working with involuntary adolescents can also be adequately addressed by social workers who follow the code of ethics of informed consent, which delineates sensitivity and clear explanations of the treatment model and expectations of program design.

Theoretical/Conceptual Framework

Russell and Farnum (2004) identified a wilderness therapy treatment model that includes a focus on the wilderness experiences, the physical self, and the social-self milieu. The wilderness experience is calming and rejuvenating environment for the adolescent, while the physical self is enhanced through the increased activities of the adventure experience. Finally, the social self is changed and altered through the interpersonal relationships, cooperation, team building, and traditional unhealthy beliefs

and stereotypes. Those experiences occur simultaneously in varying degrees as adolescents participate in the treatment program (see Fernee et al., 2017).

Fernee et al. (2017) expanded on the Russell and Farnum's model to include a clinical perspective. As such, Fernee and colleagues proposed adding a psychological aspect to the milieu by changing the social component of the previous model to a psychosocial component. In the process, there is the need to assess both the psychological and social states of adolescents as they participate in a wilderness program from beginning to completion. This suggests the need for using an approach for evaluating clinical progress that includes assessment, intervention, and measurement (Fernee et al., 2017).

The wilderness treatment model aligns with social work education and training relative to assessment, intervention, and evaluation models of change. It is well-documented that schools of social work emphasize evidence-based practice which focuses on accurate assessment and the best practice intervention to insure positive outcomes for clients. Even though the strengths and practice knowledge of social workers are ideally suited to address the psychosocial needs of adolescents in wilderness programs, little is known about the contributions that social workers make to the outcomes of the adolescents who participate in the programs.

Values and Ethics

Social workers that provide services in wilderness therapy programs are responsible for adherence to the NASW Code of Ethics (2022). The specific social work values that are distinctive for wilderness therapy are integrity and competence. NASW

Code of Ethics (2022) describes integrity as a social worker's responsibility to practice in a manner that is consistent with ethical behavior, and competence is the act of practicing within their scope of expertise and knowledge. Social workers who are delivering services in the wilderness have an ethical responsibility to perform in a manner that is trustworthy and honest, which includes a competency acquired through practice, knowledge, training, and a willingness to continue to strive for enhance skills in the profession (NASW, 2022).

Wilderness therapy programs are structured to ensure the safety of both adolescents and professional staff. Social workers who lack the training in outdoor challenges, and the emotional experiential responses of adolescents would not have the competence to provide services and with the ethical standards necessary for efficacy of treatment delivery (Tucker and Norton, 2012). Social workers in the field frequently start as field guides and get experience and training prior to getting their masters in a mental health field. Due to the specific dynamics of the wilderness therapy program, more and more programs are only hiring social work staff who have educational and in-field training for the delivery of treatment in the wilderness. This research study may result in awareness of the ethical challenges and needs within the social work profession by identifying the social worker's contributions towards the outcomes of adolescent's participants in wilderness therapy programs.

Review of the Professional and Academic Literature

The purpose of this qualitative study was to explore how social workers perceive that they contribute to the outcomes of adolescents who participate in wilderness

programs. The descriptors that were used in reviewing the literature since 2014 included: *adventure therapy programs, wilderness therapy programs, nature programs, outdoor behavioral healthcare, outdoor adventure, experiential education,* and *helping professionals in wilderness therapy programs.* The databases searched were SAGE, Google Scholar, Walden University Library, PsycINFO, SocINDEX, and Taylor and Francis Online. From 2014 through 2019, peer-reviewed literature gathered lacked information concerning social workers and wilderness therapy programs. Therefore, articles that dated back to 2010 provided additional information.

Review of Theoretical/Conceptual Framework

The literature review was generated from the conceptual framework of the wilderness experience, the physical self, and the social-self milieu, which was identified by Russell and Farnum (2004) as components that are specific to wilderness experiences (Gargano & Turcotte, 2019; Fernee et al., 2018; Gabrielsen & Harper, 2017). The wilderness experience is viewed as restorative for troubled adolescents, while the physical self is impacted by challenges and activity, and the social self is changed through the relationship formulation that occurs from interacting with others in the wilderness. I used this treatment model as the framework to identify social worker's perceptions about their contributions to the outcomes of participants in wilderness treatment.

Outdoor Therapeutic Programs for Adolescents

The terms adventure therapy, wilderness therapy, and outdoor therapy will be used interchangeably with the unified definition of therapeutic services including

individual and group therapy provided in remote nature, wilderness, and outdoors that addresses emotionally and behaviorally troubled adolescents. Generally, the focus in these programs is on adolescents between 12 and 18 years of age. In particular, wilderness programs are frequently self-pay, unless they are under the umbrella of a residential/community treatment center (Wilder, 2020).

Experiential therapy, adventure therapy, wilderness therapy, and outdoor behavioral healthcare share characteristics that overlap. First, they all occur outdoors. Second, there is an emphasis on physical activity. Last, they all have some type of psychosocial therapeutic component. While these programs share these characteristics, each program can be described separately and uniquely.

Experiential Therapy

Experiential therapy and/or education was defined by Russell and Gillis (2017) as the process of acquiring an understanding through the actual of experience of the event, which is the catalyst for emotional and behavioral change in an individual. It is a therapy process that occurs through activity between the person and the therapist: such as horse therapy, recreation, adventure therapy, horticultural, and play therapy. Christian et al. (2018) stated that experiential experiences are part of the adventure experience, because of the ability for the activity to generate reflection and self-contemplation. It was the success with experiential education with adolescents that resulted in the evolving of adventure therapy (Tucker et al., 2016).

Adventure Therapy

Adventure therapy is considered a psychotherapy provided by mental health professionals, that occurs as an activity that is experiential and provides an opportunity of learning through experiencing (Dobud, 2017; Gass et al., 2012; Norton et al., 2014; Russell & Gillis, 2017; Gillis et al., 2016; Tucker et al., 2016; Tucker et al., 2016). Much of adventure therapy occurs in nature or the outdoors. Adventure therapy has a multitude of positive treatment outcomes, such as reducing recidivism in juvenile sex offenders, improved depressive symptoms, improved interpersonal relationships, and improved ability to attach (Tucker & Norton, 2012).

Wilderness Therapy

Gass et al. (2012) stressed the interchangeable verbiage of adventure therapy and wilderness therapy, but Fernee et al. (2017) believed that wilderness therapy is actually one of the modalities under the overreaching umbrella of adventure programs. In this context, all of the clinical intervention and therapy implementation occurs in remote wilderness environments (Fernee et al., 2017). As such, wilderness therapy has evolved from camping and experiential education programs.

Kraft and Cornelius-White (2019) noted that most wilderness therapy programs derived from Boy Scouts of America, Girl Scouts of the USA, and Outward Bound USA. Wilderness therapy is described as a process wherein psychotherapy is implemented in the wilderness in the form of individual and group therapy (Bettmann et al., 2014). Bettmann et al. (2014) proposed that in conjunction with the therapy, the emphasis on natural consequences, reflection, the challenges of the environment, relationship and

skill-building, and the dynamics of role modeling create a therapeutic milieu for the individual.

Outdoor behavioral healthcare (OBH) is another treatment method that falls under adventure therapy umbrella. Tucker et al. (2016) defined OBH as an experience for adolescents that occurs in the outdoors or on an expedition for prolonged time frames. Simultaneously, adolescents receive individual and group therapy that focuses on how they experience nature's inherent challenges. The term wilderness therapy and OBH are interchangeable as a result of several wilderness programs leaders coming together in the mission of creating a council for shared best practices. The Outdoor Behavioral Healthcare Council (OBH Council) was a result of the collaboration of leaders and researchers to establish effective best practices (Hoag et al., 2016).

Adolescents and Need for Outdoor Programs

Bowen et al. (2016) noted that adolescents develop mental disorders at higher rates exceeding all other age groups according to the Department of Health and Ageing, Canberra, Australia. The authors posit that the increase in mental disorders for adolescents is occurring because adolescents are vulnerable to changing family dynamics in households with one parent and to societal changes. In addition, adolescents now display patterns of lower physical activity and isolation due to use of technology, which results in a lack of interaction with nature. Gabrielsen and Harper (2017) discussed the constructs of *urbanization* and *technification* as a phenomenon that changes an adolescent's method of coping that can become maladaptive, which can lead to anxiety and depression.

The National Institute of Mental Health (NIMH) statistics show that approximately 44% and 32% adolescents between 13 and 18 years of age seek treatment for mood disorders (Norton & Peyton, 2017). Bettmann et al. (2017) stated the most frequent diagnoses in wilderness therapy for adolescents were disruptive behavioral disorders, mood and anxiety disorders, and substance use disorders. It was estimated that in 2012 in the United States, 2.2 million adolescents have had one major depressive incident (Cohen & Zeitz, 2016).

Fernee et al. (2018) affirmed that a restorative balance is only possible when an individual can find a balance between self and others and self and the environment. Many therapeutic approaches used for adolescents were initially developed for adults, which resulted in inadequate engagement and treatment of the teenagers (Bowen et al., 2016). For this reason, several researchers (Bowen et al., 2016; Fernee et al., 2018) endorsed wilderness therapy as an effective treatment model for adolescents-at-risk and who are treatment-resistant to traditional therapeutic techniques and interventions (Gargano & Turcotte, 2019; Kraft & Cornelius-White; McIver et al., 2018).

Positive Outcomes for Adolescents

Bettmann et al. (2016) completed a meta-analysis on the effectiveness of outcomes for adolescents attending wilderness programs that rely on private pay. The results of the meta-analysis showed positive effects for six constructs of improved mental health among the young participants, regardless of involuntary transport to a wilderness program. In particular, participants in wilderness treatment who suffer from attachment disorders reported significant improvements in trust-building, belief in others,

interpersonal relationships, and significantly higher levels of functioning with mental health (Bettmann et al., 2017).

Several researchers (Bettmann et al., 2017; Bowen et al., 2016; Fernee et al., 2017 Tucker et al., 2016; Tucker & Norton, 2012) noted that wilderness therapy programs result in positive outcomes for adolescents who have experienced depression, engaged in substance use/misuse, have lacked self-esteem and/or self-efficacy, as well as improving a multitude of other affective and behavioral disturbances. Combs et al. (2016) stated that outdoor behavioral healthcare treatment have positive outcomes of restoring an adolescent's level of functioning to the normal range after completing a wilderness therapy program and maintaining that progress 6 and 18 months later.

International wilderness programs have resulted in outcomes of improvement in personal self and social self. For example, Dobud (2016) conducted research on a wilderness program in Australia and found that adolescents increased their self-efficacy and their self-concept improved. In addition, better social skills resulted from the group-based treatment model, and as a result overall improvements in behaviors.

Bolt (2016) compared adolescents who completes wilderness therapy to one standing on a summit, primarily due to their accomplishments relative to resiliency, the healing of relationships, sense of confidence, and clarity of thinking. The wilderness program is seen as a way to reach the summit with a need for aftercare to continue the changes and accomplishments (Bolt, 2016). Likewise, Demille and Burdick (2015) contended that completing wilderness therapy creates a mastery of competency among

adolescents in terms of the skills that are obtained within the challenges of the program and treatment.

Role of Parents in Outdoor/Wilderness Programs

Liermann and Norton (2016) interviewed parents about the outcomes of family relationships after their youth participated in a wilderness therapy program. The researchers found that family communication improved after the adolescents completed treatment, with a sustainable impact still present 6 months out from treatment. Tucker et al. (2016) found that 6 months posttreatment, adolescents and their families had sustained improved family functioning. Other researchers found similar results with stronger familial relationships, healed fractured family relationships, and improved family functioning (Bolt, 2016; Cohen & Zeitz, 2016; Tucker et al., 2016). Family involvement has shown that adolescents have increased positive long-term outcomes (Tucker et al. 2016).

Roles of Professionals in Outdoor/Wilderness Programs

Professionals play a key role in outdoor therapy programs. Wilderness and adventure therapy programs have at their core a group philosophy approach for the treatment of adolescent participants. Tucker et al. (2016) believed that the process of members-lead group work allows for effective problem-solving, social interactions, and group cohesiveness within the wilderness process. Karoff et al. (2019) detailed the fit between social worker's professional emphasis on holistic engagement of empowerment, strengths-focused, group work, cognitive, emotional, and behavioral, and the philosophies of wilderness therapy programs. The researchers elaborated on social

workers holding leadership positions in wilderness therapy programs with an ever-increasing involvement as the numbers of adolescents in wilderness programs continues to grow. Many professionals are employed in wilderness programs alongside social workers, such as psychologists, mental health counselors, and field guides.

Psychologists

Psychologists experience the same references as social workers in wilderness therapy. They are categorized as mental health disciplines or part of the clinical team. Gass et al. (2012) detail psychologists with social workers as part of the multidisciplinary team. Because the disciplinary teams are so diverse, Becker (2010) stressed the need for ethical considerations for boundaries and professional behaviors by psychologists and other mental health professionals.

Mental Health Professionals

Other mental health professionals who provide therapy with adolescents in the wilderness are referred to in the research as part of the multidisciplinary team who delivers clinical services to adolescents in nature. Bettmann et al. (2017) stated that wilderness therapy is conducted with an emphasis on the theory of adolescent mental health, clinical interventions, and lead by mental health professionals. Numerous researchers defined adventure therapy as mental health counselors providing adventure experiences on a cognitive and behavioral level (Dobud, 2017; Gass et al., 2012; Norton et al., 2014; Russell & Gillis, 2017; Gillis et al., 2016; Tucker et al., 2016; Tucker et al., 2016).

Field Guides

Field guides are individuals that stay in wilderness with the adolescents and are vital to the emotional and physical safety of the adolescents. Their schedule varies, but most commonly they are working for 7/8 days straight in nature with the adolescents, and then they will have 6 consecutive days off. Field guides are required to have a high school diploma and hold a current Wilderness First Responder (WFR) and cardiopulmonary resuscitation (CPR) certification. Harper et al. (2019) investigated adolescent's satisfaction with wilderness therapy and found a prominent theme of the social relationships with field staff during challenges and support.

***Social Work*ers**

Tucker and Norton (2012) noted the relationship between social work and camping/recreation as a therapeutic component, they also contended that many of the social workers lack education and/or training in outdoor wilderness therapy (Tucker & Norton, 2012). They proposed that social workers receive experiential training and increased awareness of social work values, ethics, and evidence-based practice as those concepts apply to outdoor/wilderness therapy. Likewise, Gass et al. (2012) referenced social work represented as one of the disciplines of a multidisciplinary team that provides treatment to troubled adolescents in wilderness therapy programs, but they also emphasized the need for social workers to have core competencies in their work with adolescents in the wilderness.

More recently, several researchers (Karoff et al., 2019; Tucker et al., 2016) noted the fit between the social work emphasis on holistic engagement of empowerment and strength-focused activities, such as group work as means of enhancing cognitive,

emotional, and behavioral functioning of participants and reinforcing the philosophies of wilderness therapy programs. Moreover, the researchers contended that social workers need to hold leadership positions in wilderness therapy programs to parallel the numbers of adolescents in wilderness programs that continues to increase.

Social Work Education and Experience

Karoff et al. (2019) also stressed the importance of training and awareness of social workers to the outdoors in providing therapy (see also Gargano & Turcotte, 2019), as well as the importance of their understanding of how to evaluate program implementation and the experiences of clinicians. Thirty-five percent of social workers have reported providing some form of adventure therapy in their clinical treatment, but only 18% percent of social workers reported having any formal training (Norton et al., 2014; Tucker et al., 2016). Numerous researchers have also shared ethical concerns about social workers practicing with adolescents where boundaries are more flexible, and adolescents are involuntary in the treatment program (Becker, 2010; Dobud, 2016; Fernee et al., 2015; Gass et al., 2012; Norton et al., 2014; Tucker et al., 2015; Tucker & Norton, 2012).

Revell et al. (2014) conducted a mixed-method online survey research study in the UK and internationally, including in North America on the perceptions of participant's regarding what was helpful in wilderness therapy programs. They found that residing in nature was the most beneficial component of the wilderness experience, as well as the reflection and the therapeutic relationship. These researchers recommended

that future research explore the perceptions of therapists regarding their experiences, but these researchers made no mention of social workers as therapists.

Dobud (2016) determined that the therapeutic relationship impacts the change in adolescents, but there was no mention of which professionals provided mental health care. Likewise, despite the emphasis on group work in wilderness therapy programs, there has been no specificity about who should provide the group interventions. Social workers extraneous are mentioned infrequently in the research that focuses on wilderness therapy, though there is an emphasis placed on "clinicians" and "mental health staff." There are frequent references for social worker's need for training, alignment with group therapy skills, and a call for additional research.

In exploring wilderness therapy in Norway, Fernee et al. (2018) found that the wilderness, the physical self, and the psychosocial self are three crucial components of wilderness programs. The construct of the psychosocial self includes the psychological aspect of the adolescent, while simultaneously adhering to the social aspect of the adolescent. The psychosocial self is what directs clinicians towards comprehensive biopsychosocial assessments, diagnosis, and treatment. The focus of this research was on exploring therapeutic opportunities for creating a holistic approach to the treatment of adolescents in nature who suffer from mental health issues. The researchers identified the need for a therapeutic intervention using a group process approach, but the researchers in this study also made no mention of the clinicians who would provide the service.

Even though researchers document incidents of improvement in mental health functioning of adolescents, there is a lack of information about the professionals

providing the services. The participants found nature, reflections, and the therapeutic relationship all beneficial and helpful, without identifying the disciplines who formulated the relationships. The research is consistent in detailing the relationship components of the adolescents in the wilderness programs without ever determining if social workers were part of the therapeutic dynamic.

Social Work and Contributions to Therapeutic Process

However, there have been some limitations in the research focused on wilderness therapy. First, it has been challenging for researchers to determine the actual program components that contribute to the consistently positive outcomes of participants in wilderness therapy programs. Fernee et al. (2017) referred to this paradox as a "black box," which means there is limited knowledge about the processes that occur in wilderness therapy programs that allow them to be so successful. Second,

treatment modalities are diverse across the wilderness programs, with different programmatic themes of academics, base camps, extended expeditions, prolonged camping, and various treatment interventions. All of these factors result in variances that create the "black box" problem. Although researchers have tried to address this concept through met-analyses of findings in research studies, they have yet to find definitive answers to the question of what processes contribute to the positive outcomes in wilderness/outdoor therapy programs (Bettmann et al., 2016; Bowen et al., 2016; Gillis et al., 2016).

Karoff et al. (2019) stressed that with the increase in outdoor behavioral health programs/wilderness therapy programs, there is a need for research on the structure of

programs and the experiences of the mental health persons providing services to troubles adolescents in the wilderness, as well as on the outcomes. Specifically, there is a need for research that focuses on how and in what ways social workers employed in these programs contribute to the outcomes of adolescent participants. With this gap in the research in mind, this research project will explore how social workers contribute to the outcomes of adolescents who participate in wilderness programs.

Summary

In this section, the problem, purpose of the study, and research questions were identified. The theoretical framework that guided the study was noted, and the implications that the findings of study will have for social work policy, practice, and research were highlighted. The nature of the study was described, as well as the values and ethics associated with the study were addressed. Last, a comprehensive review of the literature was completed. In section 2 of the proposal the methodology of the study will be described.

Section 2: Research Design and Data Collection

Despite the success of wilderness therapy programs, little is known about the contributions of social workers to the outcomes of adolescents who participate in wilderness therapy programs. Bettmann et al. (2016) noted that wilderness programs utilize mental health professionals, and the presumption is that this includes utilizing social workers to provide mental health services to adolescents (Tucker et al., 2018). Fernee et al. (2017) identified a new model of practice in wilderness therapy programs that emphasizes a psychosocial assessment component. In this model, it seems that social workers employed in these programs, especially those with a master's level of education, could contribute to the outcomes of adolescents.

Within the context that social workers will likely be employed in the wilderness programs in greater numbers (Tucker et al., 2018), it is important to better understand and know how they contribute to those outcomes. Social workers were interviewed about their contributions in the wilderness field to achieve a better understanding. This section details the research design and methodology process of obtaining data. The ethical procedures are presented, and the section will conclude with a summary of pertinent details of the research study.

Research Design

Generic qualitative research was the method chosen for this research study. It is an approach that pulls from all of the various qualitative methods for a design that is specific to the topic of interest (Kahlke, 2014). When the research questions do not fit into a specific qualitative methodology, then a unique study design can be created using

generic qualitative research. Kahlke (2014) described generic qualitative research as an approach that uses interpretive and descriptive components to explore phenomena. A generic research method matched the selected research questions of social workers' interpretation of their clinical treatment outcomes of adolescents in wilderness therapy programs. A generic qualitative approach is designed to obtain the understanding of how people assign meaning to their world or experiences (Kahlke, 2014).

The purpose of this qualitative study was to explore how social workers contribute to the outcomes of adolescents who participated in wilderness programs. This knowledge is important to understand, given the likelihood that more social workers will be employed in the future to provide services in wilderness therapy programs. The following research questions were developed for the study.

Research Question 1: In what ways are social workers involved in the assessment of the psychological and social issues of adolescents who participate in wilderness programs?

Research Question 2: What types of interventions do social workers use in addressing the psychological versus social needs of adolescents who participate in wilderness programs?

Research Question 3: In what ways are social workers involved in evaluating their contributions to the outcomes of adolescents who participate in wilderness programs?

This qualitative study was designed as an interview approach to elicit information and explore how social workers contributed to the outcomes of adolescents who participate in wilderness therapy programs. Social workers who held a master's degree in

social work and were currently employed in wilderness programs were recruited to participate in the study. Wilderness programs accredited through the Association of Experiential Education, Outdoor Behavioral Health (AEE OBH), an accreditation program for Outdoor Behavioral Healthcare providers were the targeted programs for participant recruitment. The recruitment of field social workers who provided clinical therapy in the outdoors was chosen to fulfill the purpose of this study, because their perceptions were able to fill the gap in the research.

In the hopes of recruiting seven to 10 social worker participants for the study, a search online was conducted for accredited wilderness therapy programs with social workers' email addresses. Once the identification of social workers occurred, each social worker received an email requesting participation in the research study.

The five social worker participants agreed to a semistructured interview schedule through Skype or Zoom in order to address their responses to the research questions. I described the study's value to the field of social work and answered any questions that the participants had surrounding their participation and the process of their involvement. Once the identified participants had agreed to be part of the research study, then they were informed of the next step of the research procedure.

The following are key concepts specific to the operational definitions of the study:

Experiential therapy and/or education is defined by (Russell & Gillis, 2017) as the process of acquiring an understanding through the actual of experience of the event, which is the catalyst for emotional and behavioral change in an individual. It is a therapy process that occurs through activity between the person and the therapist: such as horse

therapy, recreation, adventure therapy, horticultural, and play therapy. Christian et al. (2018) stated that experiential experiences are part of the adventure experience, because of the ability for the activity to generate reflection and self-contemplation.

Adventure therapy is considered a psychotherapy provided by mental health professionals that occurs as an activity that is experiential and provides an opportunity of learning through experiencing (Dobud, 2017; Gass et al., 2012; Norton et al., 2014; Russell & Gillis, 2017; Gillis et al., 2016; Tucker et al., 2016; Tucker et al., 2016). Much of adventure therapy occurs in nature or the outdoors. Adventure therapy has a multitude of positive treatment outcomes, such as reducing recidivism in juvenile sex offenders, improved depressive symptoms, improved interpersonal relationships, and improved ability to attach (Tucker & Norton, 2012).

Gass et al. (2012) stressed the interchangeable verbiage of adventure therapy and wilderness therapy, but Fernee et al. (2017) believed that wilderness therapy is actually one of the modalities under the overreaching umbrella of adventure programs. In this context of wilderness therapy, the clinical interventions and therapy implementation occurs in remote wilderness or nature environments (Fernee et al., 2017).

Wilderness therapy programs are model programs where the adolescents are placed in nature and problem-solving tasks, experiences, and learning are sequentially structured to facilitate mastery of learning. The structured learning experiences in wilderness programs are continuous and evolving with the development of a therapeutic relationship that provides intrapersonal and interpersonal change and growth. The key component of these wilderness programs is the unique aspects of the therapeutic

relationship that occurs in nature and promotes internal and external changes in the adolescent participants.

Methodology

This section presents the data and data collection procedure. It will demonstrate the selection and recruitment of the sample and the guide that was followed to interview participants. Last, it will describe the data analysis process and the ethical considerations that were apparent in the study.

Prospective Data

This study had a semistructured qualitative interviewing method to obtain information from five social workers employed at wilderness therapy programs. Interviewing was used with the social worker participants because of the specificity of the topic about their contributions to the delivery of treatment in nature. Rubin and Rubin (2012) discussed how semistructured interviews are a process that a researcher uses to explore a specific subject through prepared questions, with the opportunity of participants to expand and answer questions with descriptive detail. The interview followed qualitative interviewing techniques that addressed the social worker's experiences, and their personal interpretation of their processes in the wilderness programs. Ravitch and Carl (2016) identified six types of interview questions that are formative in covering not only what the participants experience in their lives, but also their beliefs and feelings.

The sample of the social workers was purposive with the intent of recruiting social workers who deliver all therapy interventions in the wilderness environment.

Vasileiou et al. (2018) described qualitative research as purposive sampling, when the focus is on a selection of participants who are able to provide information pertinent to the research study. Interviews with social workers occurred to obtain personal perceptions and thoughts concerning their contributions to adolescents in treatment. The interviews occurred after the social workers had a clear understanding of the study, and the constructs of anonymity and confidentiality of their participation.

Participants

The study recruited 50 social workers whose email addresses were on the webpages of programs accredited with the Association of AEE OBH, an accreditation program for OBH. These accredited programs all meet the necessary requirements and standards to qualify and describe their programs as wilderness therapy based. 50 social workers were sent an email message and invited to participate in the study. Five of the 50 social workers agreed to be interviewed via Zoom regarding their perceptions about their contributions to the outcomes of adolescents who complete the wilderness program. The participants who agreed to the study were scheduled an interview with a time and date. Interviews were structured from an interview guide and lasted approximately 1 hour.

Interview Guide

The technique used to collect data for this study was a five-question semistructured interview guide developed for specifically to address the research question. If there was a need for clarification and understanding of the information from participants, follow-up questions such as probing questions were added to the semistructured interview as needed. The interview occurred in a setting that the

participants choose and perceive to be comfortable and confidential, which was a Zoom setting. The interviews commenced with an introduction to the study and a description of the interview that was used for the participants in the study, followed by a demographic questionnaire. Each interview was recorded digitally.

The following questions addressed the purpose of the study by interviewing the participants to explore how they contribute to the outcomes of wilderness programs.

1. In what ways, do you consistently take part in the psychosocial assessment of adolescents?
2. In what ways are you involved in the actual treatment of adolescent participants in terms of using evidence-based interventions?
3. How do you measure the effectiveness of the interventions you implement with adolescent participants?
4. How are you evaluated as contributor to the outcomes of adolescents while they are in the program and at the completion of the program?
5. In general, how do you think you contribute in the most beneficial way to the outcomes of adolescents who complete the program?

The interview questions were identified from themes prevalent in the literature that demonstrate the roles/interventions that mental health professionals implemented with adolescents in the wilderness. Social workers in the field of wilderness practice a holistic approach of incorporating the components of mood/affect, behavior, cognitive, and body within the treatment context (Bettmann, et al., 2017; Karoff, et al., 2019; Tucker, et al., 2016). In order to explore the social worker's contributions to outcomes of

youth it was necessary to design interview questions based on the components of social work practice occurring in the wilderness.

Data Analysis

The interviews were audio recorded after obtaining permission from the participants. The interview responses were transcribed in NVivo, followed up with coding in Quirkos to determine and identify themes. The data were thematic coded and analyzed for organizational purposes to obtain meaning. Gibbs (2007) described thematic coding as a process where common themes are identified and analyzed for categories and formulation of ideas.

Williams and Moser (2019) described qualitative coding as a process to structurally organize data for thematic presentation, categorization, directionality, and analysis. Reading through of the transcribed data for code definition facilitated the process of developing codes. Coding is a fluid action that involves data reviewing multiple times for themes to be recognized, analyzed, and contributed to the research study (Williams & Moser, 2019). According to Ravitch and Carl (2016), coding provides an avenue of patterns, relationships, and shared/different patterns across multiple sources of data.

The responses were read and reread multiple times for the processes of analyzing all collected data from the interviews. Thematic analysis is a descriptive method of categorizing data to acquire and identify the important ideas of the data (Given, 2008). The formative data memos resulted from the data and provided an ability for reflections and connections to the conceptual framework. Williams and Moser (2019) stressed the

importance of a well-defined coding system, because of the consistency that is needed for conformity to validity. It is through the coding process that the analytic themes emerge or categories. Williams and Moser (2019) discussed the second level of axial coding where the themes start to take even more shape in their cohesiveness, alignment, and categories. Themes do not only emerge from the data, but also from the researcher's analysis of the data (Ravitch & Carl, 2016). The third level of coding is selective coding and involves taking the coding that occurred at the axial level and turning it into the creation of theory and alignment (Williams & Moser, 2019).

The trustworthiness of this research study was addressed through the credibility of site triangulation and obtaining a diverse collection of different perceptions from multiple wilderness programs through a research design in alignment with instrumentation and data analysis. This study had transferability in the substantial description of the social worker's narratives of their contributions to the outcomes of the adolescents in the wilderness, inclusive of geographic locations and specific contextual information unique to individual programs for comparison and understanding. The dependability of this research had rigor in that the research answered the research questions, because of the method of collecting data that aligned with an appropriate research design. Confirmability was apparent in this study, because of transparency about the subjectivisms of the participant's data. The interview script was the same for each social worker to ensure that the outcomes of any data collected involved the perceptions and experiences of the social worker interviewed. At the completion of the interview, member checking was completed through confirming what the social worker said via the

interview notes. Ravitch and Carl (2016) recommend triangulation plans, audits from an external source, and reflexivity for confirmability of findings. An audit trail is recommended by Shenton (2004) to ensure the methodology of the research study is followed with minimal impact of the researcher's bias. The member checking process is considered one of the most significant aspects of confirmability (Ravitch & Carl, 2016).

Ethical Procedures

A relational approach towards participants ensures ethical consideration and sensitivity to the minimization of harm towards participants. Ravitch and Carl (2016) stress the importance of informing the participants, and allotting time for questions about the explanations given about the study. The participants received an informed consent form detailing the study, which included the Institutional Review Board approval number, 09-25-20-0725667. The consent included clarity about the study, data collection, the voluntary aspect of the participants, time commitment, and consent to engage in the study with an ability to withdraw from the research study at any time. Informed consent should be approach with a transparency and with an ethical format (Ravitch & Carl, 2016).

Confidentiality

The privacy of the participants was kept through the process of limiting the scope of the questions. In comparison, confidentiality was assured through the protection of the disclosure of data. This researcher discussed with the participants' confidentiality and concerns about who has access to the information. The dissemination of data was done with alpha numeric letters to protect the confidentiality of the participants.

Data Protection

The interview data was stored in a secure software Quirkos program that is password protected. The data was disseminated using pseudonyms to protect the confidentiality of the participants. The digital data was stored in a confidential, secure location to protect the confidentiality of the participants.

Summary

Section two of this proposal detailed the qualitative design and nature of the study with the alignment of the methodology in exploring the contributions of social workers to the outcomes of adolescents in wilderness therapy programs. A semistructured interview method was used with recruited participants, and questions adapted from (Bettmann, et al., 2017; Karoff, et al., 2019; Tucker, et al., 2016) who promote the holistic practice of social worker's practice in the wilderness. The methodology section described data collection and analysis. Ethical guidelines and informed consent were addressed and outlined with stated guidelines. Section 3 will include the data collection, data analysis, and research findings.

Section 3: Presentation of Findings

The outcomes of wilderness programs, including self-esteem, efficacy, behavioral disorders, and lack of resistance to program interventions, have been generally positive (Bettmann et al., 2016; Fernee et al., 2017; Norton et al., 2014; Widmer et al., 2014). Within the context that social workers will likely be employed in the wilderness programs in greater numbers (Tucker et al., 2018), it is important to better understand and know how they contribute to those outcomes. The problem is that little is known about how social workers contribute to the outcomes of adolescents who participate in wilderness therapy programs.

The purpose of this qualitative study was to explore how social workers contribute to the outcomes of adolescents who participate in wilderness programs. This knowledge is important to understand, given the likelihood that more social workers will be employed in the future to provide services in wilderness therapy programs. The structured learning experiences in wilderness programs are continuous and evolving with the development of a therapeutic relationship that provides intrapersonal and interpersonal change and growth. The key component of wilderness programs is the unique aspects of the therapeutic relationship that occurs in nature and promotes internal and external changes in the adolescent participants. Five social workers who worked in wilderness therapy programs were selected to participate in this study and interviewed to elicit answers to the following research questions. The list below shows the connection between the research questions and participant questions.

Research Question 1: In what ways are social workers involved in the assessment of the psychological and social issues of adolescents who participate in wilderness programs?

Participant Question 1: In what ways, do you consistently take part in the psychosocial assessment of adolescents?

Research Question 2: What types of interventions do social workers use in addressing the psychological versus social needs of adolescents who participant in wilderness programs?

Participant Question 2: In what ways are you involved in the actual treatment of adolescent participants in terms of using evidence-based interventions?

Participant Question 3: How do you measure the effectiveness of the interventions you implement with adolescent participants?

Research Question 3: In what ways are social workers involved in evaluating their contributions to the outcomes of adolescents who participant in wilderness programs?

Participant Question 4: How are you evaluated as contributor to the outcomes of adolescents while they are in the program and at the completion of the program?

Participant Question 5: In general, how do you think you contribute in the most beneficial way to the outcomes of adolescents who complete the program?

In the following section is a description of the data analysis techniques used, and the process that was involved in summarizing the data. After the results are presented, the

findings will be discussed relative to the research questions. Finally, the summary of this section will include the implications of the integral findings and the connection to the practice aspect of the research questions.

Data Analysis Techniques

I collected data by conducting five interviews in 8 days. There were 14 wilderness programs accredited through the AEE OBH, in which wilderness programs had employee profiles with credentials. There were 50 social workers with master's degrees identified who worked at the 14 programs, and I emailed messages to the social workers to recruit participants. Only five social workers responded and consented to be interviewed regarding their contributions to the outcomes in wilderness programs. I used the Zoom platform to conduct the interviews because the five participants were employed in programs located across the United States. The semistructured interview guide was design to follow the five research questions with follow-up and/or probing questions asked to clarify and better understand each participant's responses. The interviews ranged in duration from 40 to 73 minutes.

Each interview was digitally recorded and then downloaded into NVivo for transcription. In addition, the texts in the responses to interview questions were read and transcribed twice for clarity and to identify software transcription corrections. The finished transcription was transferred to Quirkos for coding. Dr. Daniel Turner (2013) developed Quirkos for researchers to code data. The interviews were coded two times and then a final third time for analytical memos and themes identification.

In Vivo coding was used for highlighting the words of the social workers while maintaining the meanings of their views. In Vivo coding was used because the process offered the ability to adhere to practitioner action research and bring understanding to the participant's experiences and perceptions (Saldaña, 2016). The process also allowed for establishing a groundwork of meaning for the eventual progression of coding for themes and categories.

Ravitch and Carl (2016) discussed standards to meet the criteria for validity when engaging in qualitative research. The triangulation of the diverse perceptions of participants from different wilderness programs across the United States addressed credibility. The social workers shared specific types of contextual information about their professional job in practicing with youth in nature and from diverse geographic locations, which facilitated transferability by way of comparison and understanding.

The study established an audit trail with the use of careful digital recording, follow-up questions for clarification and understanding during interviewing member checking, and journaling of all member checking. In order to assess subjectivity, positionality, and the personal role of a researcher in the data collection process and analysis, consistent awareness of reflexivity was present. In turn, continuous reflexivity occurred through that awareness.

Assumptions

Simon (2011) discussed assumptions in research as beliefs about your study that provide relevancy. If these things or assumptions were missing, the research would not exist. Assumptions are somewhat controlled by the researcher. For example, I assume

this study is the homogeneity of participants because they all work in and for accredited wilderness therapy programs. Another assumption I have of the study was that wilderness therapy programs are effective in the treatment of mental health issues of adolescents, and nature was a significant therapeutic intervention. The final assumption that I had was the sample of the participants was probably a true representation of the social workers who work at wilderness therapy programs, because of the different geographic areas and the standards of operations required for accreditation in the AEE OBH.

Limitations

The major limitation of the study was the small number of participants, novel impact of environmental influences on practice in wilderness programs, and bias in the interpretation of findings. Theofanidis and Fountouke (2018) noted that study setting, population/sample, and interpretation of findings are often identified as limitations in qualitative research studies. Barusche et al. (2011) noted the importance of sample size in enhancing the rigor of qualitative research in social work.

Delimitations

Delimitations are the boundaries the researcher sets, including the rationale for setting the limits within the researcher's control (Theofanidis & Fountouke, 2018). A delimitation of this study was the choice to use only wilderness therapy programs with accreditation through AEE OBH. There are wilderness therapy programs in operation, but I chose accredited wilderness therapy programs, because of the consistency of standards of operations that the selected programs follow. Another delimitation of the

study was the lack of generalizability of findings to all programs due to participants working in wilderness therapy programs that are located in a variety of locations.

Findings

Prior to presenting the findings, I will introduce the participants. The five social workers who participated in the study were two men and three women who hold master's degree in social work and who were employed at an accredited wilderness therapy program. Each of the participants worked as a member of a multidisciplinary team that included combinations of counselors, marriage/family counselors, social workers, psychologists, psychiatrists, physicians, and field guides.

Participants

The five participants were from a diverse geographic area spanning from the East Coast to the Western United States. Participant A works on the East Coast of the United States. This participant was a field guide prior to obtaining a MSW. Participant A stands out from the other participants in providing counseling services predominately in an office setting. He still goes out into the wilderness with the youth, but more as a field guide mentor. While the participant still goes out into the wilderness with the youth, it is more in a framework of mentoring the field guides. The time in the wilderness is also a time for the participant to connect with the youth and perform evaluative outcomes of the youth and the field guides. The participant guides and directs on skill sets of crisis intervention, experiential learning, and processing in a hybrid program that has adolescents splitting time between academic boarding and time in the wilderness.

Participant A has been working as an MSW in a wilderness therapy program for almost three years.

Participant B also had previous employment as a field guide and currently works at a wilderness program in the Southwestern part of the United States. This participant drives with colleagues to the base camp and conducts individual and group therapy with an assigned youth. Participant B is an experienced guide, but only has 3 months of experience as an MSW wilderness therapist. Participant C is the only social worker who has no field guide experience prior to employment in a wilderness therapy program located in the Midwestern United States where individual and group therapy sessions are conducted in the wilderness. Participant C hikes in 2 days of the week to base camp and spends most of those days with her adolescents.

Participate D has spent the longest time in the wilderness as a social worker, which totals 3 years. This participant practices in the Southwestern part of the United States and is also a wilderness therapist who provides treatment in nature. The time in nature is on an average two days depending on the caseload. Participant E works in a wilderness therapy program in Southern United States. This participant spent 4 years working as a field guide and five years at a therapeutic boarding school for those transitioning out of wilderness therapy.

Participants B, C, D, and E all delivered individual and group treatment in the wilderness. All participants work at a wilderness therapy program accredited by the AEE OBH, an accreditation program for OBH.

The participants practice in geographically diverse areas, stretching from the Eastern United States to the Western United States. The programs are similar in many ways but differ in the implementation of treatment modalities. All participants were open and willing to share information about their program in which they are employed.

Research Question 1: In What Ways Do You Consistently Take Part In The Psychosocial Assessment of Adolescents.

Psychosocial assessment means gaining insight into how individuals functioning in terms of mental health and social interaction. How social workers engage in psychosocial assessment provides information about how social workers contribute to the outcomes of adolescents in wilderness programs. The responses that answer this question relate to the number of times assessment and psychosocial assessment were mentioned and used. Using word recognition in responses, one theme in 38 references to those words are that participants use a variety of psychosocial assessments in their practice to make intake decisions and plan and implement treatment in the wilderness.

Use of Psychosocial Assessment in Making Intake Decisions

When asked about the use of psychosocial assessments when making intake decisions, Participant A stated, "One is prior to enrollment is part of the application process to just see if they're appropriate…that our program is going to be a good match for them." Participant B stated,

> We do an intake procedure, it's kind of like a biopsychosocial, so we get all the information in that way. We also pull information from their application

> center…and then we do a parent call. Mostly we go through the student to get their perspective on their history.

Participant C said, "Well, I'm responsible for doing their safety screening, like their suicide screening when they come in." Participant D stated:

> The parents fill out the application before they even come into our program and then that application is reviewed before the adolescent is even admitted into our program. At that point, if they've been considered for admittance, then they, they do an intake and I'll do the psychosocial. I'll take questions. I'll kind of go deeper with the questions that were answered on the application.

Use of Psychosocial Assessment in Treatment Planning

Psychosocial assessment was used to plan the treatment of adolescents in the program. A psychosocial assessment is one that attempts to show any psychological problems adolescents may have, as well as their ability to engage appropriately in their interactions with others. Using word recognition, the word treatment planning was seen 10 times in three participant's responses. Participant A stated,

> …then once they get here, I do a more in depth psychosocial assessment to establish treatment goals and diagnosis. I get to build rapport with them [adolescents]…we use the *Youth Outcome Questionnaire*, which is like a sixty-four question umm questionnaire that we use with adolescents that assesses and evaluates a whole range of various behavioral and emotional wellbeing kind of measure points between interpersonal stuff, intrapersonal stuff with anxiety, depression, behavioral stuff, all sorts of different kinds of things and substance

> use disorders. and we look to measure their change in their score. We also do the *Sheehan Anxiety Index* score to measure anxiety at intake and discharge. The *Becks Depression Inventory* at intake and discharge. We also use a device called the *Family Assessment Device* to measure the client and the family's perception of family functioning."

Participant C stated, "…Also, coming up with their treatment plan and their treatment goals and kind of communicating their progress to their parents and their referral source." Participant E stated,

> Many of our kids will do full neuropsych evaluations which guides treatment by making some recommendations for specific therapeutic interventions based on that kiddo's cognitive or diagnostic profile. So, I think the treatment plan that I review with my kiddos once at the beginning of treatment, and once it is made where we establish goals and then I design treatment based interventions around those goals they set. I also cover the treatment plan with parents where we talk about like, hey, this week we were working on mood regulation.

Implementing Treatment in Their Wilderness Programs

Psychosocial assessment was used in the ongoing assessment process of adolescents in the program. Using word recognition, the word assessing was seen 11 times in four participants. The following examples support this theme. Participant A stated,

> We're really implementing my treatment plan in the first place. And then it's kind of an ongoing assessment based on feedback and data that I get from guide staff

> or teachers and the outdoor environment. My responsibilities out there [wilderness] dramatically shift…watching and listening and assessing to see how they are doing.

When asked about implementing treatment in their wilderness program, Participant B stated,

> We're really flexible with the amount of time that we need…sometimes it takes a few sessions to get information. So, when they
> come in we make a treatment plan for their stay. Every week we identify three therapeutic goals for them to complete over the week [in the wilderness].

Participant C stated, "So, I'm outdoors with them two days a week. They're pretty long days, so it's more like doing therapy in person in the woods with them and the coming back and sitting at a computer." Participant E stated,

> So, in a lot of different ways, I think we do parent calls, which help us take a systems approach to wilderness therapy. So, a lot of the calls that I do with parents, well, talking about the things that are showing up in the field and wilderness are designed to give the parents some parallels between what they've experiences at home and what is showing up in the field…drawing parallels to how certain behaviors present and then how kiddos are able to utilize new coping skills or the means of managing some of those challenges that are working in the wilderness. I would also say that we look at each group in wilderness as its own sort of milieu. I leave assignments or skills or snapshots from therapy for the field

staff who work directly with them to implement and use during the week that I am not there.

In summary, the participants do engage in psychosocial assessments. The assessments are conducted at intake, as well as for treatment planning and implementation. Parents are often involved in providing information about the adolescent when the psychosocial assessments are completed.

Research Question 2. In What Ways Are You Involved in The Actual Treatment of Adolescent Participants In Terms of Using Evidence-Based Interventions?

Evidence-based interventions are those recommended for use in social work practice because research findings indicate that they are effective in achieving positive outcomes for populations of clients in certain situations. As such, evidence-based interventions should result in positive outcomes for adolescents in wilderness programs. The responses to this question relate to the number of times either "evidence-based intervention(s)" or "interventions" was identified in responses of participants and what specific types of individual and group/family interventions are identified in their responses. In using word recognition, 24 references were made to interventions. One theme that emerged was that participants seem to use a variety of interventions in practice with adolescents and their parents, with CBT often mentioned. A second theme is the responses that social workers practice collaboratively with others in implementing interventions. The following examples support this theme.

Variety of Interventions Used with Adolescents

The following responses of participants show the variety of interventions used with adolescents. Participant A stated,

> So, I don't typically do a lot of actual therapy per say in the field. That's maybe just me observing as I talked about before. The individual work that I do is usually within the evidence based platforms of CBT, DBT, motivational interviewing, umm to some extent, maybe some exposure therapy. But certainly, I identify more like a generalist. And I kind of pull different pieces from that, from those different interventions that I feel like are most appropriate at that moment …a lot of it is CBT though because it is about student development.

When asked about the variety of interventions used with adolescents, Participant C stated,

> And I mean, I would say, you know, it's kind of like some motivational interviewing. It's mechanisms just for me like personally, I'm kind of interested in meditation and mindfulness and yoga and DBT…I think I try to balance being strength based,…We use heart math, which is just different kinds of coping skills,..we use brain spotting. I think there is always going to be CBT, DBT, and experiential therapy.

Participant D stated, "So, as the therapist, I'll provide the evidence-based practice, cognitive behavioral therapy, and sometimes I'll use motivational interviewing and then I use umm solution focused therapy." Participant E stated,

> So, I think the treatment plan that I review with my kiddos…is where we establish goals and I design treatment based interventions around those goals. And, so we

> use CBT and DBT modules that are interspersed throughout the wilderness phase book that guides treatment and helps to kind of assess and understand the specific things like where they are at within the program and what progress they made, and what work they have left to do…

Group and Family Intervention

Participant A stated, "And I do family therapy weekly…families is a lot of coaching, giving them insights. Maybe some psychoeducation. We run a weekly therapeutic group, and I think group therapy looks and sounds a lot different depending on what you're doing. There's plenty of DBT groups." Participant B stated,

> So, we have groups for the adolescents and I work with substance use issues. I also work with a girls group and with those I use a lot of CBT, and I also lead therapeutic groups. They're called wellness groups, and I do a lot of like psychoeducation on DBT, coping skills…it's a lot of motivational interviewing…kind of processing. And a lot of solution focused therapy. And so, therapists are generally in the field while they're completing these interventions, and then they come back the next week and check in with them. And we have therapy…and then we top it off with family therapy.

Participant C stated, "I usually do a group once a week…So how it works is that we do a parent update call once a week for an hour. It's kind of like parent coaching." Participant E stated,

> I also often run group to see how the group functions in a group therapy setting. There's a style of group therapy that the wilderness therapist uses called the Milan

> therapy…And the family therapy is their one hour long weekly calls with parents. And a lot of it is…a balance of treatment planning, catching parents up on what their kids have been doing and giving them a connection to the process assignment.

Interdisciplinary Team Leadership

Participants described how they collaborate and work as a team implementing interventions. Participant A stated,

> There are times in which I'll just be kind of a witness in there to observe those interactions and see staff do their job and interact with them. And then my role is really to be supportive, not only of the staff engaging in their work. I try and let the staff do their job…a staff development opportunity to give them feedback and praise…It's how I see myself as the whole perception of myself as a wilderness therapist…the guide staff who are really implementing all of the strategies and interventions. Participant B stated,
>
> Then we staff with our [field] guides and see how they completed them and if they did, and what it was like. And we get progress summaries for every day that they're out there and how they're doing, [from field guides]…we are either calling the group or texting the guides and getting updates regularly.

Participant C stated, "I am their [adolescents] primary therapist and I think help guide some of the interventions that the field guides are using." Participant D stated, "And so, like, I'll teach them or give them the psychoeducation of certain things, but then the

invitation is for them to practice that or to use that while they're in nature with our field guides and ah, and with their group." Participant E stated,

> Another way we direct treatment is I leave assignments or skills or snapshots from therapy for the field [guide] staff who work directly with them to implement and use during the week that I'm not there. And then, you know, each week I also debrief the staff on this is what happened, what worked, what didn't work, all that sort of stuff to help them process their week, but also get the information I need to do my work with the kiddos during the week, or, during the days I'm out there. And then I also debrief staff when they come into the field, preparing them for the week ahead. Like this is the hot spots in the group right now. This is what you have to be extra vigilant about. This is an intervention that we're going to try.

Based on the responses of participants to this question, most participants use cognitive behavioral therapy (CBT), which is considered an evidence-based intervention. Some use Motivational Interviewing (MI) and Dialectical Behavioral Therapy (DBT), both of which show promise as evidence-based interventions. Participants also implement group therapy and family therapy, but they shared no information about the approaches they use in implementing either group or family therapy. Last, the interventions are often collaborative with social workers taking on a leadership role in assisting others to implementing aspects of interventions.

Research Question 3. How Do You Measure The Effectiveness of The Interventions You Implement With Adolescent Participants?

Measuring the effectiveness of interventions means evaluating outcomes in terms of behavior, cognition, and/or affect (feeling). Outcomes measured are the changes adolescents in the program need to make in response to the deficits in functioning identified in the psychosocial assessment process. Using word recognition, the words "outcomes" and "outcome measures" were referenced nine times with five participants. One theme in the responses is that a wide variety of outcomes are considered, including behavioral, social, emotional, cognitive, and communication. A second theme is that although several participants use standardized instruments to measure the effectiveness of practice, others use observation coupled with subjective determination regarding effectiveness.

Intended Outcomes

The following words of participants describe how they perceive the intended outcomes for adolescents in the program. Participant A stated,

> …a whole range of various behavioral and emotional wellbeing kind of measure points between interpersonal stuff, intrapersonal stuff with anxiety, depression, behavioral stuff, all sorts of different kinds of things and substance use disorders…anxiety at intake and discharge…family functioning.

When asked about the intended outcomes of working in a wilderness treatment program, Participant C stated,

> …but a lot of it is kind of based on the opinion of the parent or the opinion of their referral source or how well is the kid able to, like, cope, and function outside of here. What are their insights like? [I] think it's really more based on how the student is functioning and coping and communicating and like what's actually happening, like day to day or week to week in the milieu consistently. So, I look at how were they able to participate and communicate and show up during the family visit, how are they able to accept things as they move towards discharge? umm How are they able to accept rules and boundaries from their parents? How were they able to engage in their life transition ceremony? You know, how are they able to…. Are they able to follow directions? Are they able to cooperate and collaborate with peers? And another thing is, you know, how do they show up in session versus how do they act every day? That's a really big one, too, because if those are completely different, then you know, what I'm seeing is only half the picture.

Participant D stated, "A lot of my clients specifically have substance abuse, depression or anxiety." Participant E stated, "…verbally or physically aggressive...daily living skills…brushing their teeth, their self-care type things…seeing, feeling, feeling better…fewer intrusive thoughts…peer relationships…better social skills…resolving that conflict better."

Outcome Measures

When asked about outcome measures in working in a wilderness program, Participant A stated,

> We are part of the Outdoor Behavioral Health Research Council, and so we are contributing a lot of data to the effectiveness of wilderness therapy or adventure therapy or outdoor behavioral health programs. So, students come in and they do a variety of outcome measures. Some of them kind of umm they kind of work for both student's outcome data, but also program outcome data. For example, we use the *Youth Outcome Questionnaire*, which is like a sixty-four question umm questionnaire that we use with adolescents that assesses and evaluates a whole range of various behavioral and emotional wellbeing kind of measure points between interpersonal stuff, intrapersonal stuff with anxiety, depression, behavioral stuff, all sorts of different kinds of things and substance use disorders. and we look to measure their change in their score. We also do the *Sheehan Anxiety Index* score to measure anxiety at intake and discharge. The *Becks Depression Inventory* at intake and discharge. We also use a device called the *Family Assessment Device* to measure the client and the family's perception of family functioning.

Participant B stated, "…a final evaluation for family members and the students…and assessments." Participant C stated,

> So, it's called outcome tools. Surveys that are given to the student and the families. But a lot of it is kind of based on like what's the opinion of the parent or the opinion of their referral source or how well as the kid able to, like, cope and function outside of here. What are their insights like? I think that can be like an area for growth, because a lot of the ways that I evaluate the work that I do, I

> don't use a lot of like measures where like I don't use the GAD [*Generalized Anxiety Disorder*] or those kinds of standardized things. Participant D stated,
>
> I will generally scale because a lot of my clients specifically have substance abuse, depression or anxiety. Mm hmm. And so, I will usually scale with them every week, like, okay. On a scale of zero to 10, 10 being like the worst you've ever felt, depression and zero being completely calm and content, like where would you put yourself on that scale. And generally speaking, that will go down with the longer the more weeks that they're out on. Quite a few generally go down."

When asked about outcome measures of working in a wilderness therapy programs, Participant E stated,

> There's a lot of self-reporting that I rely on. There's a lot of staff observation that I rely on also. And then I also, to an extent, rely on parent's observations based on what they are seeing in their letters. And so, a parent report is a big part, staff report-like are you noticing that we saw less instances where a student was verbally or physically aggressive with another student or staff or we noticing fewer escalations on a week-to-week basis? Are we observing more consistent participation in daily living skills, or are we finding interventions that are helping students learn how to do the things that they need to do it wait like they're waking up on time or they're consistently brushing their teeth, their self-care type things? And the most important indicators I started off with, I think, is the Kiddo themselves. Like, what are they doing? Something different? Are they seeing,

> feeling, feeling better? Are they noticing fewer intrusive thoughts? Are they noticing improved peer relationships and then connecting that back to that treatment plan that I described earlier? Their goal was I'd like to have more friends and we're working on building better social skills. And they're saying, well, my relationships feel like there's more conflicts, but I'm resolving that conflict better. Is that moving us towards that goal.

Within the context that the primary modality for change is the wilderness itself, the responses to this question indicate that a wide array of outcomes are intended, such as self-care in daily living, coping, communication, family functioning, and numerous others. As such, outcome priorities vary among adolescents, and in terms of measuring outcomes, this results in some participants using reliable and valid instruments to measure outcomes. However, participants also rely on observations, as well as on feedback from parents and referral sources to measure outcomes and determine whether progress is made in the adolescent's functioning.

Research Question 4. How Are You Evaluated as Contributor to The Outcomes of Adolescents While They Are In The Program and at The Completion of The Program?

How social workers are evaluated as they perform their duties helps understand how well they contribute to the outcomes of adolescents in the program. Evaluations of social work practice often result from expectations of immediate supervisors relative to agency regulations and expectations. In terms of satisfaction with services, evaluations may also rely on feedback from the consumers of services as well. Using word

recognition, parent, adolescent, and referral source feedback was referenced 12 times among five participants, while clinical and team supervision was referenced 19 times among four participants.

Ongoing Parent, Adolescent, and Referral Source Feedback

When asked about the ongoing parent, adolescent, and referral source feedback, Participant A stated,

> I would argue that the educational consultants that are working with those entities are my third clients. And I have to also take care of them and support them and do a lot of psychoeducational training and rapport building with them. Umm… So the level movement system is a huge indicator for me, for kids struggling to progress and master through that system. I'll use the level system and their performance each week.

Participant B stated, "I think. umm Every single week on parent calls, they're evaluating all the things that we're saying to them about their kids. And giving it, you know, questioning outcomes every week, most parents are pretty intense about that." Participant C stated,

> Unfortunately, I think a lot of it's based on are the parents happy? Is the referral source (educational consultants) happy? And unfortunately, a lot of times that's a motivator for growth and for improvement. And sometimes the parents and the referral source aren't really looking at the right things. I look at how were they able to participate and communicate and show up during the family visit, how are they able to accept things as they move towards discharge? And another thing is,

> you know, how do they show up in session versus how do they act every day? That's a really big one, too, because if those are completely different, then you know, what I'm seeing is only half the picture.

Participant D stated, “There's usually an email that sent out to our parents to identify, like how, you know, how are things going with your therapist.”

Supervisory Evaluation

The following words of participants describe how they perceive the clinical and team supervision as a means of evaluation regarding their contributions to adolescents in the wilderness program. Participant A stated,

> I think from a macro standpoint, I'm evaluated in the sense that I have, you know, a yearly review from my supervisor. I have like a yearly review on outdoor education more broadly, but wilderness therapy more specifically. Also, supervision with my supervisor once a week for an hour, and we have group supervision with our clinical team.

When asked about supervisory feedback while working at a wilderness therapy program, Participant B stated,

> And then, I mean, we get evaluated once a year by the executive director and staff. And so, I came in and I'm supervised by this, amazing therapist. So. Well, and then I get feedback from my supervisor and I'm always evaluating myself and making notes and kind of running over a session in my head.

When asked about supervisory feedback while working at a wilderness therapy program, Participant D stated,

> My supervisor will do kind of an employee evaluation, sit down with us, reviewing employee evaluation, and then we set some goals in those evaluations and then discuss what we feel like is going well and then some things that we can improve on.

When asked about supervisory feedback while working at a wilderness therapy program, Participant E stated,

> That would be a conversation I might have with the clinical director if we're seeing things really not working… so I guess my evaluation is always like, am I using the best practice for what we're working on right here? And whenever I have a question about that, it's something that I would check in with myself about and bring to our team."

In this study, two themes in responses were that, participants rely on ongoing parent/referral source feedback and on supervisory evaluation to determine how they contribute to the outcomes of adolescents. All participants perceived that their evaluation was based on feedback from others, including parents, adolescents, supervisors, field guides, and referral sources. Participants also noted that they engaged in supervisory evaluation to determine how they contribute to the outcomes of adolescents in terms of goals, clinical best practices, and outdoor education. The supervisory evaluation tends to be a standard annual session and the feedback is ongoing.

Research Question 5. In General, How Do You Think You Contribute in The Most Beneficial Way to The Outcomes of Adolescents Who Complete The Program?

This question is important because one's perceptions are the basis for their reality. In this case, the responses of participants to the question show how social workers see their contributions to the outcomes of adolescents in wilderness programs. The perceptions of participants about their contribution take on salience in terms of a social work model of practice. Participants referenced 51 perceptions about a particular skill set that they perceived contributes to the outcomes of participants in the wilderness program. Participant A stated,

> I would spend way more time out in the woods with the kids. That's where I'm happiest. And I'm immensely effective there. I think I'm pretty good at engaging young people coming in with a variety of different lives, you know, situations and just kind of meeting them where they're at and kind of buying them in in some way to do the work for them, not for their parents, not I. I think I'm good at trying to get kids to move from a place of being externally motivated to internally motivated or extrinsic to intrinsically motivated. I also think I'm pretty good at trying to value diversity and cultural competence and making serious spaces for kids who are not in the dominant culture.

When asked about how do you think you contribute in the most beneficial way to the outcomes of adolescents who complete the program Participant B stated,

> I lead I create these wellness, psycho-educational, and art groups and I've seen them be really, really successful. I think I'm really good at therapeutic debriefs. I

> think that's what [field] guiding has helped me with now as a therapist is I was out there biking with them, and I got to experience all this, and so I have that kind of lens into what it looks like out on the weeks.

When asked about how do you think you contribute in the most beneficial way to the outcomes of adolescents who complete the program Participant C stated,

> I think I can sort of assess kids pretty quickly and get a pretty good, decent read on them, trying to kind of just look at them and the family system as a more in-depth layered view and usually my instincts I think are pretty good. And it helps that I have a lot of information right now, like there's all the documentation that they provide on the front end of the fact that I'll get to work with the family and the kids and that we can talk to former providers, the parents. And a lot of times there's more similarities than differences with kids and parents. I think that's a value [acceptance] to a lot of the clients at work with who are transgender or maybe racially adopted or just really struggling with that identity piece.

When asked about how do you think you contribute in the most beneficial way to the outcomes of adolescents who complete the program Participant D stated,

> I'm here to assist and guide…starting from where they're at and kind of going from there. So, it is an open heart. It's a nonjudgmental attitude. I feel those and then my listening ear, I feel like it's important to listen.

When asked about how do you think you contribute in the most beneficial way to the outcomes of adolescents who complete the program Participant E stated,

> …the greatest value I can offer is an effective and supportive transition planning, because without that, all the work leading up to it is going to be significantly harder to generalize and effectively use outside of wilderness. I think one of my biggest skill sets is building appropriate and healthy work and then being flexible with the types of interventions that I put in place to help me meet each different kid's needs. So, building rapport, building a therapeutic alliance and then working together to find the best possible interventions for each kiddo. And doing that with parents also, I think those pieces are what I would say that I do best.

In summarizing the self-perceptions of participants about the contributions of social workers to outcomes of adolescents, the participants perceived that skill sets contribute to the outcomes of adolescents. Those skill sets include: spending time with adolescents in the woods, therapeutic debriefing, helping adolescents with sexual identity acquisition, and building a therapeutic alliance and rapport.

How Participant Questions Address Research Questions

Based on the five questions posed to the participants in the study, the following findings provide answers to the three research questions. First, in what ways are social workers involved in the assessment of the psychological and social issues of adolescents who participate in wilderness programs? Second, what types of interventions do social workers use in addressing the psychological versus social needs of adolescents who participate in wilderness programs? Third, in what ways are social workers involved in evaluating their contributions to the outcomes of adolescents who participate in wilderness programs?

Research Question 1: In What Ways Are Social Workers Involved in the Assessment of The Psychological And Social Issues Of Adolescents Who Participate In Wilderness Programs?

Participants in this study are involved in the assessment of the psychological and social issues of adolescents who participate in wilderness programs. They use a variety of psychosocial assessments for the purpose of making intake decisions, treatment planning, and treatment implementation. In terms of treatment planning, parents also have an opportunity to share their thoughts regarding the assessment process. While some participants use reliable and valid assessment instruments, others use observation of adolescents and feedback from adolescents, parents, and professionals in assessing the progress of adolescent in treatment.

Research Question 2: What Types of Interventions Do Social Workers Use in Addressing The Psychological Versus Social Needs of Adolescents Who Participate in Wilderness Programs?

Participants in this study use a variety of intervention approaches in practice with adolescents enrolled in wilderness programs. The most evidence-based intervention approach mentioned was cognitive behavioral therapy (CBT), though other approaches, including Motivational Interviewing (MI) and Dialectical Behavioral Therapy (DBT) were mentioned. While some participants use reliable and valid assessment instruments, others use observation of adolescents and feedback from adolescents, parents, and professionals to make assessments about adolescents' progress. Both individual, group,

and family intervention approaches are used as well to enhance competence with social interactions, although the effectiveness of these approaches are questionable.

Participants utilize an interdisciplinary teaming approach that involves their leadership in implementing interventions. The responses of participants show that there is an array of intended outcomes for the adolescents in the program, which includes improved communication, greater ability to cope, and function better in the family. Self-care in daily living is also a tangible outcome. While participants noted using reliable and valid instruments to measure outcomes, they also noted that they use observation and feedback, especially from parents and family members, as well as the educational consultants who referred the family to the program.

Research Question 3: In What Ways Are Social Workers Involved in Evaluating Their Contributions to The Outcomes of Adolescents Who Participate in Wilderness Programs?

Participants rely on parent and referral source feedback, as well as supervisory evaluations to validate how they contribute to adolescent outcomes. They also engage in a supervisory evaluation once a year, on average. Last and perhaps most important, most participants perceived that they had a particular skill set to use in contributing to the outcomes of adolescents in the program, e.g., rapport building, assessment, debriefing, nonjudgmental attitude, and transitional planning.

Conclusions

Based on the responses to questions posed to participants in this study, it seems that social workers determine to an extent how to practice with adolescents in wilderness

programs relative to ongoing feedback from parents and those who referred parents to the private pay wilderness programs. In the private pay business model, how social workers contribute to the outcomes of adolescents in wilderness programs seems relative to parent satisfaction, as well as the satisfaction of the consultant who referred the parent/adolescent to their program. Despite the importance of feedback in wilderness programs (Bolt, 2016; Cohen & Zietz, 2016; Liermann & Norton, 2016; Tucker et al., 2016), the reliance on satisfaction feedback may prevent social workers from engaging in the best professional clinical practice at times.

Social workers appear to be involved in psychosocial assessment in an ongoing way that contributes to the "psychosocial self" of adolescents in wilderness programs (Fernee et al., 2018: Karoff et al., 2019), and they appear to use a variety of interventions to address the behavior, cognition, and feelings of adolescents in pragmatic ways that are relative to the wilderness modality. Karoff et al. (2019) noted the importance of addressing the behavior, cognition, and feeling of adolescents in wilderness programs.

Social workers also appear to take on a leadership role in assisting other service providers, especially field guides, with treatment implementation, which is also often contingent on parent satisfaction. Gass et al. (2012) highlighted the importance of both psychologists and social workers engaging in interdisciplinary teamwork in wilderness programs, and Karoff et al. (2019) emphasized that team member should take on leadership roles.

Last, it seems that social workers may self-identify skill sets they have that enhance a fit with adolescents in wilderness programs. This finding suggests the need for

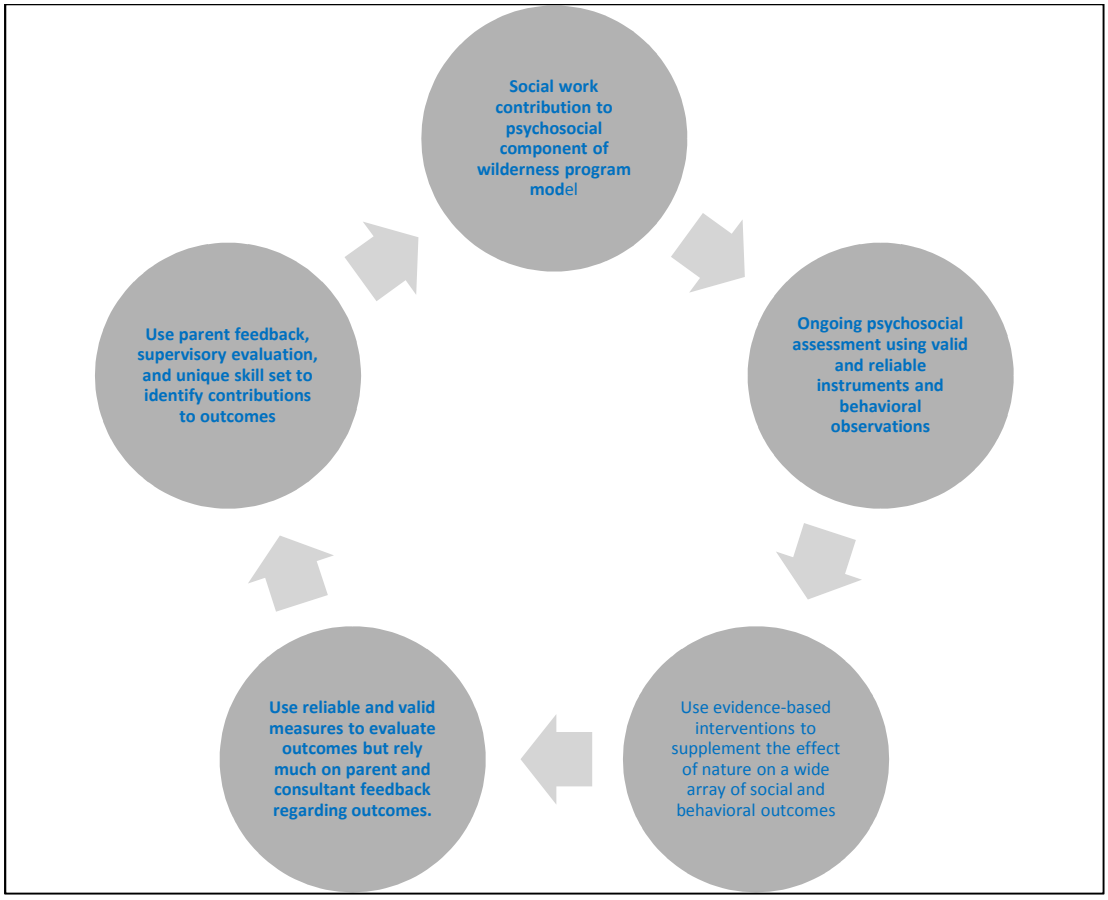
fit between the skills of social workers and the needs of clients they serve (Dobud, 2016; Karoff et al., 2019).

Model of Social Work Practice in Wilderness Programs

Fernee et al. (2018) proposed that wilderness programs focus on the psycho-social self of adolescent participants. Figure 2 shows that social workers focus on the psycho-self of adolescents using a traditional clinical model of practice with ongoing parent feedback in the therapeutic process.

Figure 1

Model of Social Work Practice in Wilderness Programs



Unexpected Findings

The unexpected finding in this study was that social workers rely heavily on feedback from parents and those who referred parents to a wilderness program, which brings into question who social workers consider the client to be. Another finding was that the steps social workers take in addressing the mental health of adolescents in wilderness programs are parallel to steps seen in a traditional office setting. In this regard, social workers seem to experience some stress in providing good treatment for

adolescents in wilderness program based upon the feedback of parents and referral sources.

Summary

This section presented the findings of the study, which provided social work perceptions about how social workers contribute to outcomes of adolescent clients in wilderness therapy programs. Figure 2 illustrates a model of social work practice based on the findings in this study. Section 4 will summarize key findings and provide practice implications surrounding the values and ethics for social workers providing treatment outdoors.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this qualitative study was to explore how social workers contribute to the outcomes of adolescents who participate in wilderness programs. This knowledge is important to understand because more social workers will likely provide services in wilderness therapy programs in the foreseeable future. The participants in this study were master level social workers from diverse regions of the United States.

Key Findings in the Study

The key findings of the study can be summed up through the themes identified from the research questions. First, the social workers used psychosocial assessments to guide intake decisions, treatment planning, and implementing treatment in the wilderness. Even though the treatment occurs in the outdoors, many aspects parallels traditional social work practice in an office setting. Second, social workers use a variety of interventions, both evidence-based interventions and those that have shown promise and effectiveness. Third, the perceptions of social workers regarding their contributions to the outcomes of adolescents are based on feedback from parents and referral sources, annual supervisory evaluation, and the belief that they have a skill set that meets the needs of adolescents with whom they work.

Findings Extend Knowledge in the Social Work Discipline

Fernee et al. (2017) referred to the "black box" in wilderness programs, which means there is limited knowledge about the processes that occur in wilderness therapy programs that allow them to be so successful. Findings in this study extend knowledge about the social work discipline by showing that social workers use a traditional clinical

approach in wilderness programs to address the psychosocial self of adolescent clients. However, this approach is juxtaposed with the wilderness as the primary modality in a business model wherein parents and referral sources provide ongoing feedback to social workers regarding the therapeutic process. Although several researchers have noted the importance of parent and family involvement in wilderness programs (Bolt, 2016; Cohen & Zeitz, 2016; Liermann & Norton, 2016; Tucker et al., 2016), social workers may experience some conflict when they are as accountable to parents and referral sources as they are to adolescent clients. Bettmann et al. (2016) alluded to the private pay business model in a study of outcomes for adolescents in wilderness programs.

Social work practice in wilderness programs is likely to be within the context of a private paid business model, therefore social workers must be aware that the client base extends beyond the adolescent to parents who pay for the services and to referral sources commission to make the best referral for parents and families who can pay. If referral sources are displeased with services provided in a program, they will not refer client to that program. The lack of referrals will inevitably result in loss of revenue for a wilderness program.

Recommended Solution

Social workers must understand how to practice within a business model. Improved structured outcomes and management of the referral sources and parental expectations would enhance ethical considerations and practice with adolescents in wilderness programs. Programmatic changes that allow social workers to address the treatment needs of their adolescents, rather than the expectations of parents and

educational consultants would allow for a clearer evaluation of how social worker contribute to the outcomes of the adolescents. Even so, it may be difficult for social workers to identify specifically their contributions to the positive outcomes of adolescent participants.

Application for Professional Ethics in Social Work Practice

The participants in this study work at wilderness therapy programs that are accredited through Outdoor Behavioral Healthcare. However, social workers must first adhere to the NASW Code of Ethics. In this study, there are two principles in the NASW Code of Ethics (2022) that are related to the contribution of social workers to the outcomes of adolescents in wilderness programs. Those include the application of social work intervention and confidentiality.

The first principle is the need for the appropriate application of social work intervention. This principle is based on clear communication where the client provides the information necessary for social workers to make decision about treatment and intervention. This brings into question how the information that parents and others provide in the form of feedback may affect the therapeutic relationship.

A related conflict focuses on the ethical value of integrity. Adolescents are the primary client identified in treatment, yet social workers in private pay wilderness programs are accountable to parents and referral sources. This expectation is reflected in the social worker's responsibility to disclose information to parents and referral sources such as educational consultants. The feedback and referrals that stem from these outside sources is sometimes what results in the viability of client referral. The dynamic of the

focus on others rather than on the adolescent presents ethical concerns of dual relationships and conflict of interests with the adolescents. The reporting to outside resources without consent impacts the integrity of the professional relationship with the adolescent.

A second principle that seems in question is the matter of confidentiality. Considering this principle brings into question how confidentiality is maintained across groups of professionals and parents who provide feedback to social workers. Confidentiality must be maintained in a way that allows social workers to develop a solid worker-client relationship with adolescents in wilderness programs. In this regard, adolescents are the primary clients identified in treatment, yet social workers in the wilderness are accountable to parents and referral sources.

This expectation means that social workers must disclose information to parents and referral sources, such as educational consultants. The feedback that comes from outside sources is sometimes what results in the viability of a client referral system. The dynamic of focus on others rather than on the adolescent presents ethical concerns of dual relationships and conflict of interest with the adolescents. The reporting to outside resources without consent impacts the integrity of the professional relationship with the adolescent.

A third principle involves maintaining human relationships in practice with adolescents in wilderness programs where social workers have multiple clients in a business model. When social workers have multiple identified clients for sustaining placement, which means keeping referral sources and parents happy, then the adolescent

relationship is secondary and weakened. The strength of the relationship between the social worker and the client is the vehicle for change, growth, and well-being (NASW, 2022). This process of change occurs through collaboration and partnership between the adolescent and social worker, but if this is interrupted by addressing the concerns of parents and referral sources, then the process is weakened.

Recommendations for Social Work Practice

Based on the findings in this study, there are two actions steps social workers in wilderness programs can take to enhance the contribution. The first action step social workers in wilderness programs take might be to propose boundaries for communication and confidentiality that are in the best interest of the adolescent clients they serve. For example, they should ask directors/managers to develop policy that limits the feedback from parents and referral sources to a limited number of times in a designated time frame, e.g. such as one time every 2 weeks. Doing so would allow social workers to focus more on the therapeutic relationship with an adolescent client and less on the satisfaction of parents and referral consultants.

A second action step social workers in wilderness programs might take is to request training to provide interventions in ways that supplement the wilderness modality. Part of wilderness training involves using challenges in nature to find increased insight and awareness for treatment progress and growth. The advantage of the wilderness experience is based upon kinesiology and an understanding of nature. Social workers who work in the wilderness should tailor interventions and pragmatically bring counseling skills into the wilderness.

As a result, it would be necessary for clinical social workers to engage in additional training to have the skill of initiating treatment objectives within the wilderness setting, as well as to understand the expectations of intensive short-term treatment interventions. Also, vital to the training would be a comprehensive understanding of nature, safety, and management of self and others in a different environment than a traditional office setting. A comfort with nature is necessary to provide treatment to adolescents in this unique environment.

Impact on Advanced Practice

The findings in this study have implications for advanced practitioners who want to invest in understanding wilderness therapy programs for their own professional growth as a practitioner. The findings may give impetus for some advance practitioners to pursue positions in wilderness programs. Reciprocally, the experience that an advanced practitioner would bring to a clinical position in a wilderness program would benefit the adolescent clients.

Transferability of Findings

This study has transferability findings to clinical social work because the core competencies that are used in wilderness therapy programs are in alignment with other clinical social work procedures. In fact, social workers who work in wilderness programs have used most of the same therapeutic modalities in other settings, which are established modalities recognized as evidenced based with adolescents suffering from mental health issues. The finding that social workers utilize a particular skill set in work with adolescents should be emphasized in transferring the findings to clinical practice.

Limitations of Transferability and Recommendations for Research

Some limitations of transferability might be the specialized approach of some treatment interventions that are designed for a wilderness setting versus an office setting. A second limitation is the nature intervention, which is not transferable to an office setting. A third limitation is the finding that parent satisfaction feedback must be addressed throughout the therapeutic process.

With these limitations in mind, more research seems needed to compare therapeutic modalities and interventions by program. Also, additional studies are needed to understand how wilderness geography impacts outcomes of social work interventions. Understanding how wilderness programs that are not accredited contribute to an understanding of how social workers contribute to adolescents in wilderness treatment might also bring valuable knowledge to the social work profession in terms of how social worker practice in those settings.

Dissemination of Findings

I will disseminate the findings of the study in several different ways. Publication of this study will promote the findings to the profession and to wilderness therapy programs to guide direction and changes in the field of adolescent wilderness therapy. In addition, the results of this study have the potential to be submitted to the *Association of Experiential Education, Outdoor Behavioral health and the National Association of Therapeutic Schools and Programs* (NATSAP) for knowledge and future study endeavors.

Implications for Social Change

The findings in this study have implications for social change at the macro-, mezzo-, and micro levels of social work practice that would benefit more troubled adolescents in the United States than are currently served. At the macro level, more social workers need education and training in how to adapt psychosocial treatments relative to the nature experience that is the primary treatment modality in wilderness programs. At the mezzo level, social workers can work from within programs to enhance access for troubled adolescents whose families lack the finances to pay for the programs. At the micro level, social workers with advanced leadership and management skills should consider ownership of wilderness programs as a means of providing more equitable access and services that adhere more to the ethical standards in the profession of social work.

Macro level

At the macro level, schools of social work across the nation need to introduce the option of practice in wilderness programs. More important, there is great potential for dual master's degree programs, such as a dual social work and adventure/recreational therapy degree or a dual social work and kinesiology degree. These types of degree programs would allow for social workers to be better educated and trained to understand the proposed notion of combining nature, the physical self, and the psychosocial self in the treatment of troubled adolescents (Fernee et al., 2017). Graduates with these types of degrees would allow for a more integrated approach to providing services to troubled adolescents in wilderness programs.

The increasing number of social workers who are entering the profession of wilderness therapy need information about what the experiences in the wilderness will be like, as well as and the practice guidelines with adolescents. At the micro level, social workers have a long history of working with adolescents, and as such, an increasing number of social workers will likely have a significant career experience in providing services in wilderness therapy programs.

Mezzo level

At the mezzo level, more troubled adolescents who are from low socioeconomic status (SES) backgrounds deserve access to benefits of the services that are provided in wilderness programs, but access to most programs is contingent on the SES of parents/families due to private payment for services and the lack of insurance reimbursement. This eliminates access for many low-income parents/families whose troubled adolescents might benefit from the positive outcomes of wilderness programs.

In this context most social workers with MSW degrees have been introduced to writing grant proposals in one or more courses, so they have a skill set that can be used to access grants and/or stipends for low-income parents/families who lack the financial means to enroll their troubled adolescent in a wilderness program. In taking a leadership role as members of an interdisciplinary team and seeking funding for adolescents from low-income families, social workers in wilderness programs could contribute to the broader societal goal of including more troubled adolescents from low-income families as clients in those programs. In doing so, social workers adhere to the social justice principle (NASW, 2022).

Social workers currently employed in wilderness programs could also advocate for low-income parents to have access to wilderness programs in the following way. Apart from and in addition to their specific clinical role in wilderness therapy programs, social workers might advocate for a sliding fee scale that would enable adolescents from low-income families to participate in wilderness. Again, this would create programs that are more inclusive and result in a more socially just means of providing access to population of adolescents who are troubled and who might benefit from the wilderness as a primary means of intervention.

Micro Level

Social workers with considerable clinical expertise should consider owning wilderness programs with the help from financial investors. This would allow them to intentionally create and develop wilderness programs that are accessible to all populations of adolescents regardless of parent/family SES. In using a leadership/management skill set, social workers would need to access both public and private funding and establish a sliding fee scale that would allow all families an equitable opportunity to access wilderness programs.

If social workers were program owners, they would be in a position to minimize the need for outside referrals sources, though this would require a marketing study to determine how best to recruit participants. Moreover, clinical treatment and interventions used might rely more on the professional-adolescent relationship when the potential for eliminating parental feedback that is often contingent more on parental satisfaction than on clinical outcomes that have been measured.

It is necessary for change to occur in the programs to strengthen relationships between social workers and adolescents. Those relationships will be strengthened with a treatment focus on the identified adolescent client without priority given to the extenuating entities of parents and referring sources. As the programs and aspects of programs are studied and recognition of the need for practice guidelines and boundaries (see Davis-Berman & Berman, 1993), then insurance reimbursement will alleviate many financial stressors that result from referring sources that rely on satisfaction parameters (see Davis-Berman & Berman, 1993).

Summary

Social workers use a traditional clinical approach to enhance the psychosocial self of adolescents in wilderness programs which includes clinical assessment, intervention, and evaluation. While the involvement of parents in the therapeutic process is proven to be helpful in achieving positive outcomes, involvement of parents based on satisfaction associated with their payment for services may mediate the professionalization of the therapeutic process in wilderness programs; in turn, it may mediate the contributions of social workers to the outcomes of adolescents. In the future, social workers in wilderness programs are challenged to take on roles that allow them to adhere more closely to social work principles of practice and to insure access to more troubled adolescents.

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