What Changes in Wilderness Therapy? Moving Beyond Outcome

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What Changes in Wilderness Therapy? Moving Beyond Outcome

- Need for outcome research
- Research goals
- Methods
- Results
- Challenges and limitations
- Conclusion
- Discussion
Need for evaluative research in wilderness therapy

- Growth in the wilderness therapy industry
  - Demand for mental health services and lack of them
  - Estimated 10,000 clients each year in wilderness

- Expectation for evidence-based practices in mental health
  - Fundamental need to evaluate programs and outcomes
  - Accountability to clients and families, the GOA, insurance, and accrediting bodies

- Growing, but still limited data
  - OBHRC major contributions over the last 10 years
  - Other than OBHRC, few others have employed large sample sizes and sophisticated methodologies
Research Goals

- To evaluate the efficacy of Second Nature Entrada
  - Efficacy – Behavioral changes over the course of the program

- To learn more about what may predict and improve treatment outcomes in wilderness therapy
  - Factors examined: motivation for treatment, hope, ….
Methods

- Adolescent and adult clients enrolled from May 2008 through February 2011

- Adolescent clients, parents of adolescents, and adult clients completed standardized and validated measures at:
  - Week 1, Week 3, Week 5
  - Discharge
  - 6 months post discharge
Pilot Measures

- Adolescent measures
  - YOQ (Parent, teacher & Self-Report)
  - Treatment Expectancy Questionnaire
  - Therapeutic Alliance Scale
  - Life Effectiveness Questionnaire
  - Hope Scale

- Adult measures
  - OQ-45.2
  - Motivation for Therapy Scale
  - Helping Alliance Questionnaire-II
  - Life Effectiveness Questionnaire
  - Dysfunctional Attitudes Scale
Adolescent Study Flow Chart:

Baseline
- Parents: Y-OQ 2.01
- Students: Y-OQ -SR 2.0, TEQ, LEQ, HS, TAS

Week 3
- Parents: Y-OQ 2.01
- Students: Y-OQ -SR 2.0, TEQ, LEQ, HS, TAS

Week 5
- Parents: Y-OQ 2.01
- Students: Y-OQ -SR 2.0, TEQ, LEQ, HS, TAS

Discharge
- Parents: Y-OQ 2.01
- Students: Y-OQ -SR 2.0, TEQ, LEQ, HS, TAS

6 months post discharge
- Parents: Y-OQ 2.01
- Students: Y-OQ -SR 2.0, TEQ, LEQ, HS, TAS
Adult Study Flow Chart

Baseline
- Clients: OQ, CMOTS, DAS, LEQ, HAQII

Week 3
- Clients: OQ, CMOTS, DAS, LEQ, HAQII

Week 5
- Clients: OQ, CMOTS, DAS, LEQ, HAQII

Discharge
- Clients: OQ, CMOTS, DAS, LEQ, HAQII

6 months post discharge
- Clients: OQ, CMOTS, DAS, LEQ, HAQII
<table>
<thead>
<tr>
<th>Time</th>
<th>Adolescents</th>
<th>Adults</th>
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<tbody>
<tr>
<td>Baseline</td>
<td>116</td>
<td>294</td>
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<tr>
<td>Week 3</td>
<td>100</td>
<td>243</td>
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<td>Week 5</td>
<td>96</td>
<td>215</td>
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<td>Discharge</td>
<td>85</td>
<td>156</td>
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Typical Client Profile

- 69% male, 31% female

- Average stay for all clients from May 2008 to January 2011: 9.3 weeks

- Presenting problems
  - Depression, bipolar disorder, and anxiety
  - Substance abuse and dependence
  - ADHD, learning difficulties
  - Low self esteem
  - Attachment and adoption issues
  - Family Conflict
  - NLD, Aspergers
  - Social problems
Outcome among adolescent clients

- Significant improvements from intake to discharge on:
  - YOQ-SR
  - YOQ 2.01
  - LEQ
  - HS
  - TEQ

- TAS and YOQ-Teacher were not significant
YOQ – Adolescent Self Report

- Intake
- 3 Week
- 5 Week
- Discharge
- 6 Month

Community functioning cutoff score
Life Effectiveness Questionnaire

- Intake
- 3 Week
- 5 Week
- Discharge
Hope Scale
# Adolescent paired t-tests

<table>
<thead>
<tr>
<th>Measure: Intake - Discharge</th>
<th>Lower CI</th>
<th>Upper CI</th>
<th>t</th>
<th>df</th>
<th>Sig (2 tailed)</th>
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<td>YOQ - SR</td>
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<td>TAS</td>
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<tr>
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<td>-5.04</td>
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Outcome with Adults

- Significant improvements from intake to discharge:
  - OQ 45.2
  - LEQ
  - TEQ
  - DAS

- HAQ-II did not show significance
Adult Client - Outcome Questionnaire

Intake  3 Week  5 Week  Discharge  6 Month

Community functioning cutoff score
Dysfunctional Attitudes Scale (Adult)
Life Effectiveness Questionnaire (Adult)
Motivation for Therapy (Adult)
## Adult paired t-test

<table>
<thead>
<tr>
<th>Measure: Intake-Discharge</th>
<th>Lower CI</th>
<th>Upper CI</th>
<th>t score</th>
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<th>Significance (2 tailed)</th>
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<tr>
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<td>-11.03</td>
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Challenges and limitations:
Attrition and parent participation
## Attrition rate

<table>
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<th>Adolescent clients</th>
<th>Parents of adolescents</th>
<th>Adult clients</th>
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<tbody>
<tr>
<td>Intake to discharge</td>
<td>31%</td>
<td>60%</td>
<td>47%</td>
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<td>Intake to 6 months</td>
<td>91%</td>
<td>73%</td>
<td>97%</td>
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<tr>
<td>follow up</td>
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Attrition in comparison

- Behrens, 2008
  - Post discharge follow up attrition:
    - Parents 63%
    - Students: 81%

- Russel, 2003
  - Intake to Discharge attrition:
    - Parents = 53%
    - Students = 21%
  - 12 month post discharge
    - Random sample of 99 students and parents
    - Response rate: parents = 78%, students = 40%
Comparing Parent Y-OQ Scores for Adolescents

Graph showing the comparison of Parent Y-OQ scores for three different programs: Russell, Open Sky, and 2NE. The graph plots scores from intake to discharge, with a downward trend indicating improvement over time.
Comparing Y-OQ student self reports

Intake
Discharge

Russell
Open Sky
2NE
Summary

- Significant improvements for adolescent and adult clients while in the program
- Clients also demonstrated more hope, life skills, optimism, problem solving abilities, and felt better about themselves
- Challenges following up with clients
Future directions

Focus on attrition, follow up, and parent participation
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