



OUTDOOR BEHAVIORAL HEALTHCARE RESEARCH COOPERATIVE
Department of Physical Education, Health and Recreation
Western Washington University
www.obhrc.org

Introduction and Overview

Outdoor behavioral healthcare treatment (OBH) evolved from outdoor- and wilderness-based treatment programs that have been in existence for over 50 years, with strong influences found in the therapeutic camping, established in 1946 with programs like the Dallas Salesmanship Club and the Outward Bound wilderness challenge model brought to the U.S. in the early 1960s. Most OBH programs subscribe to an eclectic treatment model that incorporates a blend of therapeutic modalities, but do so in the context of wilderness environments and backcountry travel. The approach has evolved to include client assessment, development of an individual treatment plan, the use of established psychotherapeutic practice, and the development of aftercare plans. OBH programs apply wilderness therapy in the field, which contains the following key elements that distinguish it from other approaches found to be effective in working with adolescents: 1) the promotion of self-efficacy and personal autonomy through task accomplishment, 2) a restructuring of the therapist-client relationship through group and communal living facilitated by natural consequences, and 3) the promotion of a therapeutic social group that is inherent in outdoor living arrangements (Davis-Berman & Berman, 1994a; Kimball, 1983; Russell, 2001). The OBH definition presented here was developed by program practitioners who coined the phrase to more accurately describe a clinical treatment approach that is integrated with a wilderness expedition to help effectuate change in adolescents seeking alternative treatment choices.

Purpose and Goals of OBHRC

The purpose of the Outdoor Behavioral Healthcare Research Cooperative [OBHRC] is to *carry out a comprehensive monitoring and evaluation program to help individual program members examine the process and outcomes of the outdoor behavioral healthcare (OBH) industry*. The goal of such an endeavor is to provide objective information to program members and other interested parties to stimulate discussion as to standards of best practice and theoretical frameworks guiding the treatment process, as well as appropriate research designs, data collection and analysis protocol to conduct research on program safety and effectiveness. In this way, researchers, practitioners, parents, and other interested entities can be informed as to what OBH is, and how research is informing its' practice and outcome.

The OBHRC is guided by a "steering committee" of representatives from OBHIC member programs and scholars in the areas of adventure education, counseling and psychology, and related fields. The OBHRC Steering Committee meets regularly to hear progress reports and provide additional feedback and guidance as needed. All research and publications are reviewed by the OBHRC Peer Review Committee.

Steering Committee and Program Membership

The OBHRC plan of work is guided by a “steering committee” of representatives from OBHIC member programs and scholars in the areas of adventure education, counseling and psychology, and related fields. The OBHRC Steering Committee meets regularly to hear progress reports and provide additional feedback and guidance as needed. All research and publications are reviewed by the OBHRC Peer Review Committee.

Current OBHRC Steering Committee

- Rob Cooley, Ph.D., Catherine Freer Wilderness Therapy Albany, Oregon
- Thomas J. Doherty, Psy.D., Sustainable Self and Managing Editor, Ecopsychology, Portland, Oregon
- Alan Ewert, Ph.D., Professor, Patricia and Joel Meier Outdoor Leadership Chair, Department of Parks and Recreation Administration, Indiana University, Bloomington, Indiana
- Michael Gass, Ph.D., Professor, University of New Hampshire, Durham, New Hampshire
- H. Lee Gillis, Ph.D., Professor, Georgia College and State University, Milledgeville, GA
- Mike Merchant, Chief Operating Officer, Anasazi Foundation, Mesa, Arizona
- Sandy Newes, Psy.D., Clearview Psychological Services, Asheville, North Carolina

Founding OBHRC Member Programs

Anasazi Foundation , Mesa, Arizona	1999-Present
Aspen Achievement Academy , Loa, Utah	1999-Present
Catherine Freer Wilderness Therapy , Albany, Oregon	1999-Present
Redcliff Ascent , Springville, Utah	1999-Present
SUWS , Shoshone, Idaho	1999-Present

Recent OBHRC Member Programs

Mountain Homes Youth Ranch , Vernal, Utah	2004-Present
OMNI Youth Services , Buffalo Grove, Illinois	2002-Present
Wendigo Lake Expeditions , Ontario, Canada	2002-Present

Research and Evaluation

In addition to annual risk assessment monitoring for OBHIC programs, and maintaining an on-going database of programs operating in the United States, OBHRC has conducted the following studies since its inception in 1999: 1) Defining the Scope of the OBH industry in the United States, 2) Assessment of Treatment Outcomes using the Youth-Outcome Questionnaire, 3) Qualitative Examination of Youth Well-being and the Role of Aftercare use Two-years Posttreatment, 4) Risk Incident Monitoring in OBH, and 5) Depression and Substance Use Disorder Prevalence and Outcome in a Sample of Adolescent Clients. Each of these studies was published as a technical report and also submitted to a peer reviewed academic journal for publication.

For a complete list of publications by OBHRC to date, please see below.

Contact

Outdoor Behavioral Healthcare Research Cooperative

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Complete list of publications associated with the outdoor behavioral healthcare research cooperative from 1999-2008

- Russell, K., & Hendee, J. (2000b). *Outdoor behavioral healthcare: Definitions, common practice, expected outcomes and a national survey of programs* (Technical Report No. 26). Moscow, ID: UI-Wilderness Research Center-Outdoor Behavioral Healthcare Research Cooperative.
- Russell, K. C. (1999). *Theoretical basis, process, and reported outcomes of wilderness therapy as an intervention and treatment for problem behavior in adolescents*. Unpublished doctoral dissertation, University of Idaho, Moscow, ID.
- Russell, K. C. (2000). Exploring how the wilderness therapy process relates to outcomes. *Journal of Experiential Education*, 23(3), 170-176.
- Russell, K. C. (2001). What is wilderness therapy? *Journal of Experiential Education*, 24(2), 70-79.
- Russell, K. C. (2002a). Does outdoor behavioral healthcare treatment work? *Therapeutic Wilderness Camping, Summer/Fall*, 5-10.
- Russell, K. C. (2003a). An assessment of outcomes in outdoor behavioral healthcare treatment. *Child and Youth Care Forum*, 32(6), 355-381.
- Russell, K. C. (2003b). A nation-wide survey of outdoor behavioral healthcare programs for adolescents with problem behaviors. *Journal of Experiential Education*, 25(3), 322-331.
- Russell, K. C. (2004a). Research directions in wilderness therapy. In S. Bandoroff & S. Newes (Eds.), *Coming of age: The evolving field of adventure therapy* (pp. 137-155). Boulder, CO: Association of Experiential Education.
- Russell, K. C. (2004b). *Two-years later: A qualitative assessment of youth well-being and the role of aftercare in outdoor behavioral healthcare treatment*. (Technical Report # No. 1). Durham, NH: University of New Hampshire-School of Health and Human Services.
- Russell, K. C. (2005). Two years later: A qualitative assessment of youth well-being and the role of aftercare in outdoor behavioral healthcare treatment. *Child & Youth Care Forum*, 34(3), 209-239.
- Russell, K. C. (2006). Wendigo Lake Expeditions: An experiential program for young offenders. *Journal of Juvenile Justice and Youth Violence*, 4(2).
- Russell, K. C., & Farnum, J. (2004). A concurrent model of the wilderness therapy process. *Journal of Adventure Education and Outdoor Learning*, 4(1), 39-55.
- Marchand, G. **Russell, K. C.** & Cross, R. (2008). An empirical examination of wilderness therapy field instructor job satisfaction. In press, *Journal of Experiential Education*.
- Gillis, H. L.; Gass, M. & **Russell, K. C.** (2008). The effectiveness of Project Adventure's behavior management program for male offenders in residential treatment. *Residential Treatment for Children and Youth*, 25,3, 1-23.
- Harper, N. & **Russell, K. C.** (2008). Family involvement and outcome in adolescent wilderness treatment: A mixed-methods evaluation. *International Journal of Child and Family Welfare*, 2008/1, 19-36.
- Russell, K. C.**, Gillis, H. L., & Leiws, T. G. (2008). A five-year follow-up of a nationwide survey of outdoor behavioral healthcare programs. *Journal of Experiential Education*, 31,1, 55-77.
- Ross, S., **Russell, K.C.** & Bangs, G (2008). An empirical examination of spectator-based brand equity in sports based brand equity. *Journal of Sport Management*, 22, 322-327.
- Russell, K.C.** (2007). Adolescence substance use treatment: Service delivery, research on effectiveness, and emerging treatment alternatives. *Journal of Groups in Addiction and Recovery*,2(2-4), 68-96.
- Harper, N., **Russell, K.C.**, Cooley, R. & Cupples, J. (2007). Catherine Freer Wilderness Therapy Expeditions: An exploratory case study of adolescent wilderness therapy, family functioning, and the maintenance of change. *Child and Youth Care Forum*, 36, 111-129.
- Russell, K. C.** (2006). Brat camps, boot camps, or...? Exploring wilderness therapy program theory. *Journal of Adventure Education and Outdoor Learning*, 6, 1, 51-67.
- White, D.D. , Caulkins, M., & **Russell, K.C.** (2006). The role of physical exercise in wilderness therapy for troubled adolescent women. *Journal of Experiential Education*, 29(1), 18-37.
- Gassner, M., Kahlid, A. & **Russell, K.C.** (2006). Investigating the long-term impact of adventure education: A retrospective study of Outward Bound Singapore's classic 21-day challenge course. In Paisley, K., Bunting, C.J., & Young, A.B. (Eds.) *Research in Outdoor Education*, (Vol. 8) (pp.75-94). Cortland, NY: Coalition for Education in the Outdoors.
- Attarian, A., Ewert, A. Hollenhorst, S., **Russell, K.** & Voigt, A. (2006). Evolving adventure pursuits on public lands: Emerging challenges for management and public policy. *Journal of Parks Recreation Administration*, 24, 2, 125-140. [authors acknowledge equal contribution].
- Russell, K.C.** (2006). Evaluating the effects of the Wendigo Lake Expedition program for young offenders. *Journal of Juvenile Justice and Youth Violence*, 4, 2, 185-203.
- Russell, K. C.** & Harper, N. (2006). Incident monitoring in outdoor behavioral healthcare programs: A four-year summary of restraint, runaway, injury, and illness rates. *Journal of Therapeutic Schools and Programs*, 1, 1, 70-90.

OUTDOOR BEHAVIORAL HEALTHCARE RESEARCH COOPERATIVE

Strategic Plan of Research 2008 – 2010

Introduction and Overview

The purpose of the Outdoor Behavioral Healthcare Research Cooperative [OBHRC] is to carry out a comprehensive research program to advance the outdoor behavioral healthcare (OBH) industry. OBHRC is a contractual arrangement between the Outdoor Behavioral Healthcare Industry Council (OBHIC) and the Western Washington University. The OBHRC plan of work is guided by a “steering committee” of representatives from OBHIC member programs and scholars in the areas of adventure education, counseling and psychology, and related fields. The OBHRC Steering Committee meets regularly to hear progress reports and provide additional feedback and guidance as needed. All research and publications are reviewed by the OBHRC Peer Review Committee.

Overview of Strategic Research Plan Timeline

	Resources	SP 08	SU 08	F 08	SP 09	SU 09	F 09	SP 10	SU 10
Strategic Initiative 1 Adolescent Outcome Family Involvement	Harper Russell	-Analysis -Writing -Present - Publish	-Writing -Present -Publish	-Writing -Publish -Follow	-Analysis	--Writing	-Publish		
Strategic Initiative 2 Field Instructor Training	Marchand Russell	-Proposal -Pilot Study	-Data Collection	-Data Collection -Analysis -	-Analysis	-Writing	-Publish		
Strategic Initiative 3 Health and Wellness	Grad Asst. Russell	-Proposal -Pilot Study	-Data Collection	-Data Collection	-Data Collection	-Analysis -Writing	-Publish		
Future Proposal Development	Russell				Future proposals	Implement	Data Collection	Analysis	Writing

Strategic Initiative 1. Client Outcome Situated in the Context of Family Outcomes

Overview

Much has been written about the role of families in the treatment process for adolescents. Current OBHRC research endeavors have begun to identify key issues that inform OBH practice and outcome. Important research questions (all should be considered from parents, client and staff perspectives) that have arisen from this recent work are:

- What is the role of families in treatment?
- How do OBH programs involve families in treatment?
- What process/role/types of family contact enhance outcomes from treatment?
- What role would they *like* to play in the treatment process?
- What family-based outcomes are associated with treatment?
- What is the relationship between the adolescent outcome and the family outcome from treatment?

Three specific datasets currently exist in which several publications are planned to explore this issue:

1. Therapeutic Alliance and Adolescent Outcome and its Relation to Family Functioning
 - Coalition for Education in the Outdoors Abstract: Paper presented January 2008
 - Invited paper and presented: NIDA Special session on recreation and physical activity and relation to substance abuse prevention and treatment, Rockville, MD April 2008
 - APA 2008: Group Psychotherapy Subdivision: To be presented August 2008 in Boston, MA
 - Publication in press (February 2008) *Journal of Groups in Addiction and Recovery*
 - Publication: Therapeutic alliance and its relation to adolescent and family outcome. To be submitted to *Journal of Residential Treatment*
2. Nevin Harper Dissertation Project and Publications (Postdoc began January 2008)
 - Coalition for Education in the Outdoors Abstract: Poster presented January 2008
 - Types of family involvement in OBH treatment and expected outcomes (Qualitative) to be published in *Child and Youth Care Forum*
 - Examining adolescent outcome in family contexts (Mixed –Method) To be published in the *Journal of Groups in Addiction and Recovery*

3. Y-OQ and family functioning from data gathered on monitoring website (2006/2007)
 - o Random sample of data gathered on monitoring website since January 2007 to examine the relationship between adolescent outcome (Y-OQ) and family functioning. To be published in the *Journal of Family Therapy*, *Journal of Marriage and Family Therapy*, *Journal of Adolescent Health*

Timeline

- o **January 2008 – January 2009**

Resources

- o Nevin Harper collaboration
- o Keith Russell time (to be taken 1-month summer salary for Summer 2008)
- o Utilize OBHRC Graduate Assistant (Currently funded spring 2008 through release time Russell)
- o Data collection already complete, no impact on current programs

Strategic Initiative 2. Field Instructor Characteristics, Experiences, Training, and Job Satisfaction

Marchand and Russell (2008) recently completed a publication based on Marchand’s 2006/7 master’s thesis entitled “An Empirical Examination of Field Instructor Qualifications, Experiences, and Job Experiences” in the *Journal of Experiential Education*. Based on initial findings from this study, Marchand (currently a doctoral student at UMN) is proposing further work in this area to examine training practices and other experiences of field instructors. This strategic initiative is also based on a recently completed manuscript examining the findings of the 2007 follow-up survey of OBH programs examined in the context of the Kutz & O’Connell GAO report that found three factors consistent with all 10 case studies presented to Senator Mitchell. These factors were discussed in the context of the empirical data generated from the nationwide survey. Key research questions include:

- What current practices guide the hiring of field instructors in OBH?
- What training practices are currently utilized to train and prepare field instructors?
- According to Utah Standards, several technical and outdoor leadership skills are taught during this training. What other skills issues are taught and why?
- How does one teach *counseling, teaching, and supervisory skills*, and *leadership and judgment skills*, in addition to other more technical skills, over a two-week training period?
- What strategies do OBH programs have to limit burnout and enhance employee retention for field instructors?

The following study and subsequent research efforts are proposed to implement this strategic initiative

1. An empirical examination of hiring, training, and supervising of field instructors in outdoor behavioral healthcare
 - o Abstract present at Symposium on Experiential Education Research 2007-Marchand & Russell
 - o Paper accepted for publication in *JEE* on field instructor characteristics (small sample, lessons learned) (young, 7 month tenure, difficulties and benefits experienced)
 - o **Marchand Dissertation:** Pilot study (survey) of all OBH programs examining current hiring and training practices including perceptions of key issues faced by instructors
 - o Survey and interview field instructors prior to employment at selected OBH programs to assess job expectations, fears, etc.
 - o Assess and evaluate (possibly manipulate) training protocol to understand how certain training procedures may impact employee satisfaction/well-being/tenure.
 - o Assess job satisfaction and psychological well-being at 6-months post-hire and receive feedback on stressors, expectations, resources needed.

Timeline

- o **January 2008 – May 2009**

Resources

- o Genevieve Marchand Ph.D. Assistantship (working full-time with OBHRC)
- o Keith Russell time in advising (no summer salary)
- o Utilize OBHRC Graduate Assistant for data entry (Currently funded spring 2008)
- o Data collection from certain programs, may be in-kind support

Strategic Initiative 3. Physiological Health and Wellness of Adolescent Clients

The National Institute of Drug Abuse has put together a program of research led by Aleta Meyer that seeks to examine the role of physical exercise and nutrition in helping prevent substance abuse by adolescents. Using the three levels of prevention as a framework, wilderness treatment is situated in the secondary and tertiary levels: *primary prevention* includes efforts to control the underlying cause or condition that results in disability; *secondary prevention* aims at preventing an existing illness or injury from progressing to long-term disability, and *tertiary prevention* refers to rehabilitation and special educational services to mitigate disability and improve functional and participatory or social outcomes once disability has occurred. This initiative is also in direct

reference to GAO findings that a common factor in case study deaths was *Lack of Adequate Nourishment*. Key issue is federal agencies, policy makers, and parents are keenly interested in this issue.

- What are the current standards of practice by OBH programs in developing menus/diets/ and calorific intake for clients (Utah Standards 3000 calories a day/adjusted appropriately for physical activity and energy expenditure).
- What current systems are in place to develop, monitor, track and report calorific intake and nutritional information.
- What levels of physical activity are currently experienced by OBH clients during a typical 50 day treatment process?
- What attitudes, values, and behaviors regarding physical activity do clients possess at admission and subsequent follow-up assessments?
- What types of improvement in key health indicators are indicated by involvement in a typical OBH treatment experience?

The following study and subsequent research efforts are proposed to implement this strategic initiative

1. A systematic study of the health and wellness benefits of participation in OBH treatment
 - Develop and finalize physical activity questionnaire to assess attitudes, values, and behaviors around physical activity and nutritional habits pre and follow-up to treatment.
 - Develop monitoring system to assess energy expenditure and calorific intake through physical activity and eating behaviors during treatment.
 - Physical fitness will be assessed using the FITNESSGRAM protocol designed by the Cooper Institute [8]. Measurements will be conducted in existing field groups. The FITNESSGRAM protocol is easy to administer to large numbers of participants and includes four valid and reliable measures of health-related fitness: body composition, cardiorespiratory endurance, muscle strength and endurance, and flexibility. Follow-up assess current physical activity levels.

Timeline

- **March 2008 – September 2010**

Resources

- Graduate Research Assistant through current funded assistantship (Popelka)
- Keith Russell (part of one-month summer salary indicated in Strategic Initiative 1)
- Data collection from certain programs, may be in-kind support

Strategic Initiative Development

The following topics were developed in the Fall of 2007 in Buffalo Grove IL by OBHIC attendees

- ✓ Adolescent resiliency and hope study
- ✓ What is the ideal treatment length (all programs)*
- ✓ **Health and wellness (all programs)**
- ✓ Aftercare study (where do our kids go? How do we get an answer to "Which is the most effective aftercare?")*
- ✓ Attention Restoration Disorder (the role nature and wilderness play in this area)
- ✓ "Nature Alliance" Study (the importance/impact of nature and the wilderness for students in our programs, "No child left inside" type of study and does it contribute to outcome?)
- ✓ Standard measures for drug and alcohol treatment outcomes - what is the best treatment?
- ✓ Behavioral competency - behavioral results (YASI)
- ✓ **Staff studies - retention, burn out, etc.**
- ✓ **Relation between family participation and outcomes**

*Can implicitly work on these issues in monitoring and outcome tracking/data analysis from database already gathered.