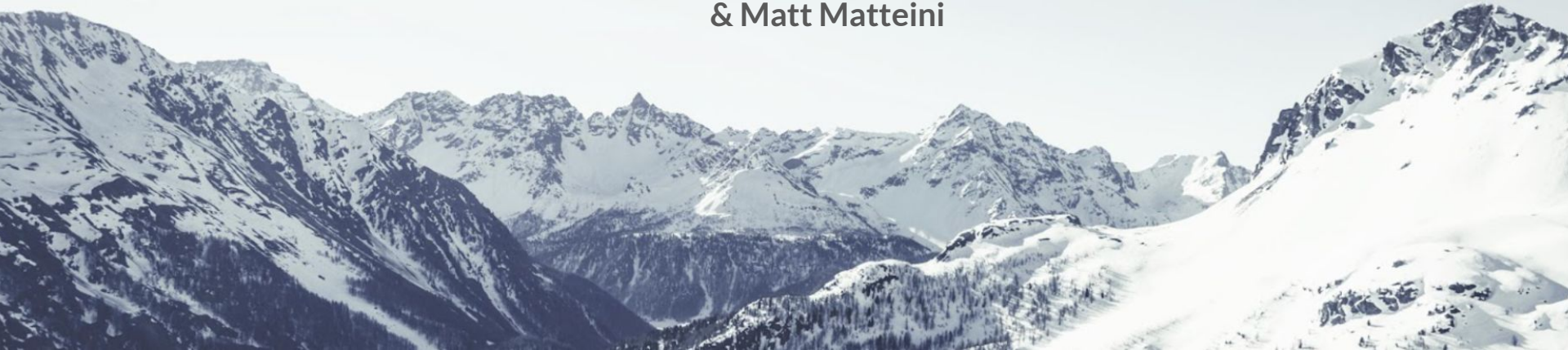




Reforming Wilderness Therapy: Enhancing Client Rights and Client Voice

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Overview

This workshop will highlight the pros and cons of current wilderness therapy (WT) program models. It will address the critiques of the “troubled teen industry” by highlighting client rights and client voice. The workshop presenters bring perspectives of WT clients, field staff, clinicians and researchers. Together, the facilitators hope to promote safe and open space for dialogue to better establish a trauma-responsive WT intervention model. The larger context of mental health treatment in the US will be highlighted as a limitation, but with a focus on how both wilderness and adventure therapy practitioners can embrace more of a human rights perspective, bringing in some of the work of the recent work done by the ATIC Ethics Committee, as well as the revisions being made to the OBH Accreditation Standards re: involuntary treatment and transport.





Creating Safe/ Brave Space

CREATING A BRAVE SPACE

1. WELCOME MULTIPLE VIEWPOINTS.

Speak from your own experiences by using "I" statements. Ask questions to better understand the source of disagreements.

2. OWN YOUR INTENTIONS AND YOUR IMPACTS.

Respect the experiences and feelings of others by taking responsibility for the effects of your words. If you have a strong reaction to something, let the group know. Be open to having those conversations.

3. WORK TO RECOGNIZE YOUR PRIVILEGES.

Use this space to recognize and investigate your privileges (i.e. class, gender, sexual orientation, ability, etc.). Honor the different experiences that we bring to this space.

4. TAKE RISKS: LEAN INTO DISCOMFORT.

We are all processing. Challenge yourself to contribute to our conversations even if your contribution is not perfectly formulated.

5. STEP BACK.

Share speaking time and try to allow those who have not spoken to speak.

6. ACTIVELY LISTEN.

Use your energy to listen to what is being said as opposed to trying to think about how you will respond. Notice when defensiveness and denial bubble up.

7. CHALLENGE WITH CARE

Find ways to respectfully challenge others and be open to others challenging you. Think about how to answer questions without defensiveness.

8. BREAK IT DOWN.

Ask for clarification when you need it. Use background information when necessary. State your intentions when needed.



Workshop Objectives

1

Build a safe, brave, and respectful community of practitioners and researchers who can dialogue about difficult issues in the field while holding space for positive intentions, yet also owning impact.

2

Develop awareness of ethical dilemmas in current wilderness therapy models.

3

Explore ethical, trauma-responsive ways of working with clients with acute mental health and substance abuse issues.

4

Apply human rights approaches to enhancing client rights, client voice, and informed consent.

Where
does the
client go?





Overview of Ethical Dilemmas & Negative Client Experiences

Areas for consideration:

- Informed consent F.R.I.E.S.
- Autonomy and coercion
- Threats and deception
- Humiliation and isolation
- Client voice and choice
- Safety and risk management
- Therapeutic boundaries/power dynamics
- Confidentiality and privacy
- Cultural/gender sensitivity
- Transitions/aftercare
- Staff burnout/vicarious trauma
- What else?



I survived a wilderness camp: 'It's not necessary to break a person's will'



Stories from the field...

Client to practitioner: How being in WT shaped my views on practice





Current context:

CONS:

- Negligent client death
- Program closings/rebranding
- OBH Council diminishing
- OBH Research Center sunsetted
- Media firestorm
- Hostile environment
- Private pay constraints
- Conflating outdoor therapy for secure care

PROS:

- Activism: [Open Letter](#)
- Survivor/former client voices
- OBH Center divested (in 2022)
- Legal/ethical standards re: transport (AMATS) and other residential practices
- Programs evolving
- Community-based programs increasing
- Insurance/public funding
- Focus beyond clinical models: nature and health



Miracle Question: If you had a magic wand, what would your version of wilderness therapy look like?

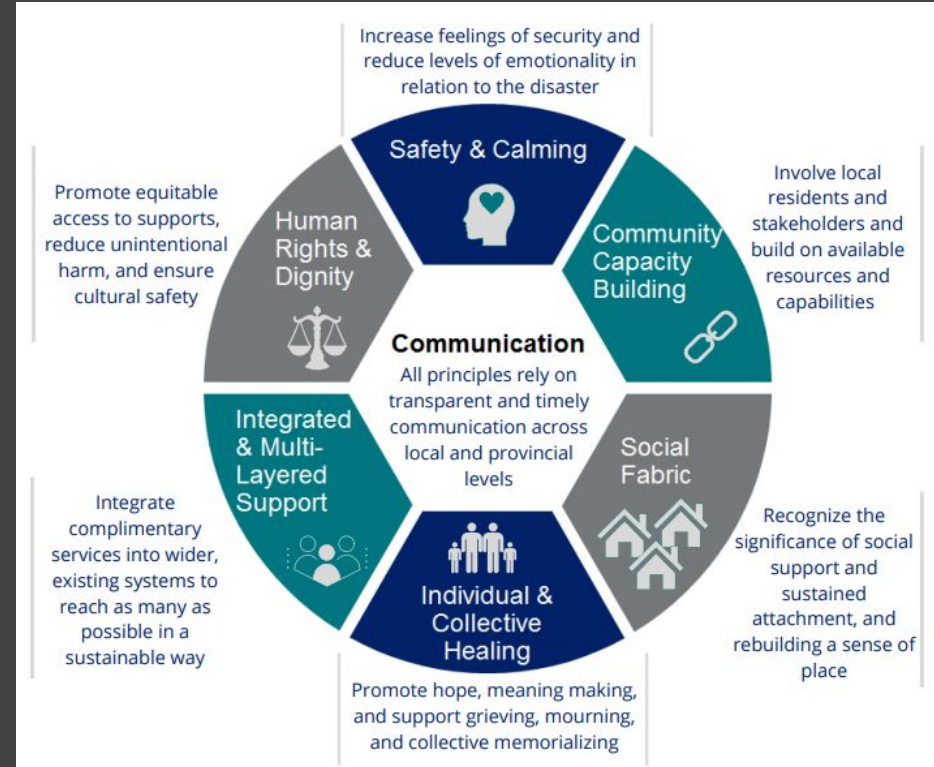
Consider legal, ethical, and clinical alignment in WT practice.

Share and explain your reasons in small groups of 3-4 people.



Our proposed solution

- A trauma-responsive, culturally sensitive, human rights-informed approach that voluntarily engages clients, families, and communities in prevention, treatment, and aftercare planning through ongoing progress monitoring, accreditation, risk management science, and research.





Finding our True North: What is being done?

Progress/reforms:

- Revised AEE/OBH Accreditation Standards
- ATIC Ethics Committee
- Outdoor Health Ethical Principles (Australia)
- Outdoor Research Collaborative for Health, Wellbeing, and Experiential Engagement
- Humanistic risk management: An inclusive, trauma-informed approach
- Greater focus on staff wellbeing and training
- Research ethics, methodologies, process and outcome data
- Inclusion of non-clinical ways of knowing and healing: Peer support, Indigenous practices, testimonios
- Federal Oversight/ Stop Child Abuse Act





- 1. DO NO HARM: OUTDOOR THERAPY IS NOT SECURE CARE.**
- 2. PROVIDE OUTDOOR HEALTH OPPORTUNITIES ACROSS THE CONTINUUM OF CARE.**
- 3. KNOW BETTER. DO BETTER.**



Thank you.

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