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Journal of Therapeutic Schools & Programs

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MANUSCRIPTS The Journal of Therapeutic Schools and Programs (JTSP) publishes articles that assist readers in providing comprehensive care for adolescents, young adults, and families receiving services from member programs. The editors welcome manuscripts that are the original work of the author(s) and follow the style of APA as presented in the fifth edition of Publication Manual of the American Psychological Association. Manuscripts and related correspondence should be sent to Dr. Michael Gass, Editor, JTSP, NH Hall, 124 Main Street, University of New Hampshire, Durham, NH 03824, mgass@unh.edu. Send six copies of the submission.

ABOUT THE NATIONAL ASSOCIATION OF THERAPEUTIC SCHOOLS AND PROGRAMS The National Association of Therapeutic Schools and Programs is a non-profit member organization of schools and programs from around the country and was formed to serve as a national resource for its members. Through a dynamic process, the National Association of Therapeutic Schools and Programs develops and advocates ethical and practice standards designed to protect consumers while improving the effectiveness of programming within member programs.

MEMBERSHIP Schools and Programs interested in membership the National Association of Therapeutic Schools and Programs are referred to their website, www.natsap.org or the Executive Director at (928) 443-9505.

JTSP

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A Mighty Change: The Influence of Larry Dean Olsen on the Evolution of Wilderness Therapy

Will White, MSW, LCSW

Abstract

This article presents a biographical narrative of Larry Dean Olsen and his significant degree of influence on the field of wilderness therapy. It reviews his influence through literature and interviews, highlighting his contributions of founding the primitive skills model of wilderness therapy, advocating a non-punitive approach to wilderness therapy treatment, and working with state regulators and insurance companies to develop standards for the field.

Introduction

The field of wilderness therapy is currently under scrutiny by U.S. government officials, media, and researchers due to isolated cases of death, abuse, and deception in marketing of some wilderness therapy programs (Government Accounting Office report, 2007; 2008; Szalavitz, 2006). Punitive practices in any form are not an acceptable treatment approach to the majority of modern practitioners of wilderness therapy, yet during the 1980's and early 1990's many wilderness programs were punitive in nature (Krakauer, 1995). Currently wilderness therapy has evolved to recognize the need for review by practitioners and regulators with the intent on ensuring the physical and emotional safety of participants, preventing deception, as well as acknowledging the professional growth of the field.

One way to clarify these issues is to identify how and why wilderness therapy emerged and evolved through initial programs, major influences, and pioneers of the field. Such information can shed light on how abusive practices occurred in the field and can be avoided in the future. This information is obviously critical as the field of wilderness therapy is currently under review by government officials investigating abuse and neglect in programs with the intention of increasing program regulation to a federal level (GAO report, 2007; 2008). It is important for present day practitioners of wilderness

therapy to learn about the field's history in order to understand some of the root causes for the criticisms of the field. This will also aid in joint efforts to work with regulators to move the professional field forward in its mission to help clients grow safely and productively through the experience of wilderness therapy experiences.

In researching the evolution of all major historical influences on wilderness therapy, this article focuses on how one person, Larry Dean Olsen, founded the utilization of the primitive skills model as one approach to wilderness therapy. When researching the history of wilderness therapy, Larry's name consistently surfaces as an individual who started programs in the 1960's and has been a consistent vocal proponent of a non-punitive approach to work with participants.

Several major influences have been identified in the development of wilderness therapy (Russell and Hendee, 2000). They include the: (1) early therapeutic camping models, (2) wilderness challenge and rites-of-passage models, (3) primitive skills programs, (4) adjudicated programs, (5) professionalism of AEE, TAPG, OBHIC, (6) scholarly influences producing recognition, (7) recognition by insurance companies and state agencies. Of these seven major influences on the development of the field, two directly involve Larry Dean Olsen. Larry is the founder of primitive skills programs, as well as being instrumental in having programs recognized by insurance companies and state agencies. Olsen is cited in books (Szalavitz, 2006), articles (Krakauer, 1995; Adams, 1999), and research (Russell & Hendee, 2000) related to wilderness therapy treatment. Although some researchers of the history of wilderness therapy failed to recognize Olsen (Davis-Berman & Berman, 1994; Davis-Berman & Berman, 2008), he has been cited by others as founding, influencing, or developing many of the primitive skills wilderness therapy programs in existence today including the ANASAZI Foundation, SUWS, and Aspen Achievement Academy (Krakauer 1995; Russell & Hendee, 2000). In February of 2008 Larry was awarded the National Association of Therapeutic Schools and Programs Leadership Award for his positive influence on the field, which includes his strong advocacy for non-punitive approach to treatment.

What influenced Larry Dean Olsen to develop primitive skills

programs and how did that evolve into a form of wilderness therapy? What was the field like when he first started and how does it compare to today? What is his philosophy in treating participants and how did that influence participants, licensure, and insurance reimbursement as well as modern day practices? In order to answer these questions, the researcher in this study used a literature review of wilderness therapy and Larry Dean Olsen, an interview with Larry, interviews with practitioners in the field, and an interview with Ezekiel Sanchez with Larry.

Introduction to Larry Dean Olsen

Michael Merchant, Executive Director of the ANASAZI Foundation, provided me (the researcher) with a verbal introduction to Larry. I called Larry to explain my professional background of starting an expeditionary model wilderness therapy program in Maine and how I became interested in pursuing the history of the evolution of the field. Larry stated that he "would be more than happy to help." I was fortunate to interview him on the phone, and then a month later at the National Association of Therapeutic Schools and Programs (NATSAP) Conference where he received the organization's Leadership Award. When I met Larry I was struck by his presence, humility, and kindness. Larry looks younger than his nearly 70 years with graying hair, clear eyes, and a pleasant smile. He had recently returned with his wife to the United States after two years teaching English in Burma. Larry shared wonderful stories of their time living with the Burmese people. We spent several hours talking alone and with his long time co-founder, Ezekiel Sanchez, about how they became involved in what is now referred to as wilderness therapy.

Origins of the Primitive Skills School
Larry explained that the origins of his entry into this field started as a young boy growing up in Wendell, Idaho. "I had learned survival skills as I grew up as a young boy in the desert of southern Idaho." When Larry showed his sixth grade teacher, Miss Romain, an obsidian arrowhead he had found, she encouraged him by giving him a book about primitive Indians and survival skills. Larry recalled, "That night I read, visions came and, when the sun came up, I had finished the whole book! I knew then, for sure, where my trail was going.

It led to canyons, mesas, desert wastelands and ancient stomping grounds. I spent most of my time as a kid in the desert experimenting with skills." From that point on Larry, "began reading everything I could find on Indians." In 1962 Larry enrolled at Brigham Young University to pursue a bachelor's degree in elementary education. "When I arrived at Brigham Young University (BYU) I discovered a lot of people were interested in primitive skills so I started a little non-credit evening course in the Special Courses and Conferences Department, titled "Outdoor Survival Skills." The course caught on very quickly and was doing very well. Then after a year or two of teaching the non-credit class parents in the community started to hear about what I was teaching and would ask me to take out youth groups such as Boy Scouts and high school groups... After taking out the groups the parents would ask me, 'What did you do to my kid? He eats everything on his plate; he is nice to his mother. He is doing well in school" …those sorts of things.' And I noted that things were changing there even though all I was interested in was teaching the skills."

In 1967 Larry graduated BYU with an elementary education degree and completed writing a comprehensive book on survival skills. In the spring of 1967 Larry Dean Olsen's *Outdoor Survival Skills* was published by the BYU Printing Press. The publication of *Outdoor Survival Skills* and his classes at BYU established Larry as one of the country's leading experts in the field of outdoor survival. The actor and director Robert Redford was so impressed with *Outdoor Survival Skills* that Larry was hired to be a consultant for the film, *Jeremiah Johnson* (Olsen, 1973). Redford wrote the Forward to the fourth edition of the book. The book is currently in its sixth edition.

In the summer of 1967 Larry was invited by the Colorado Outward Bound School to teach their staff about survival skills. Larry explained, "I took a month or two that summer and went to their school and watched. I was not particularly interested in their curriculum, but I watched their ways of doing things and they did have a lot of success with getting people out in the wilderness and bringing them back safely." Larry had been taking people out on survival trips for 10 days at a time while Outward Bound trips were typically 28 days. "I thought, 'Now I have got to do some survival expeditions

because I knew it was safe to take people out for long periods of time.' So I incorporated some features and started a program at BYU as an experiment".

A Mighty Change

In 1968 the Academic Standards Committee at BYU asked Larry to take 26 students who had failed out of BYU the previous semester on a month long primitive skills class. This class was titled the "480 Survival Program" and its purpose was to give failing students an opportunity for readmission to BYU. Larry explained, "Academic Standards (at BYU) gave me 26 students who had flunked out of school the previous semester and told them if they would go with me for a one semester class into the desert and literally come back alive they could come back to school the next semester, as well as give them five credits to boot. So we did that. I took 26 students for a month out in the desert near Blanding, Utah and Ezekiel Sanchez was one of those students."

Ezekiel Sanchez explained that he worked hard in order to get into BYU, but was ill prepared for the rigors of academic life. In 1968 after being academically suspended from BYU, he went back to work as a laborer on the rail lines and realized how he had lost a great opportunity. He explained, "One morning I woke up and said I would not eat or drink until I found a way back to BYU." At the end of the following day he received a letter from BYU. Ezekiel explained "The letter was written something like this: 'Dear Academic Drop Out, My name is Larry Olsen and I am inviting you to be a guinea pig to go on a primitive survival class. If you make it out alive you can return back to BYU on probation status.' To me this was the answer to what I was seeking." Ezekiel enrolled in the class.

Ezekiel explained his first meeting with Larry. "At the time Larry wore glasses that looked like Coca-Cola bottles. He was not an impressive individual, he did not look like a survivor man, he looked like Clark Kent. But when he went out into the field and put his buckskin on, he was Super Larry. On the third day of the trip Larry sat all of us down and said, "'All of you are like this chunk of obsidian, there is something good and beautiful in all of you. I invite you to find it while you walk on the trail.'"

Ezekiel was deeply touched by Larry's words, "You can hear things in nature clearer than anywhere else. That simple teaching of Larry's sunk deep in my heart, and eventually those words would overshadow what I had heard from old migrant workers who would say to me 'You are a migrant worker and will die a migrant worker.'" Later that day Larry's assistant could not continue on the trip and Larry asked Ezekiel to assist him. The next day Ezekiel joined Larry, helping with the first 480 Survival Class and subsequent classes. This was the beginning of a long collaboration, as Ezekiel would later join with Larry to start the ANASAZI Foundation.

When questioning Larry about the therapeutic nature of the first 480 Survival Class he responded, "Now as far as recognizing therapeutic processes, we did not know anything nor did we care to at the time. The experience itself is what we relied on and a mighty change would take place in a lot of cases. In fact, from what I know, all but one of those first 26 students graduated from college."

Private Sector Primitive Skills Wilderness Therapy Programs

After working for nine years at BYU, Larry left the University to explore the private sector. In 1980 L. Jay Mitchell, a former student of Larry's primitive skills class, approached him. L. Jay asked Larry if he wanted to be involved in developing the first for-profit primitive survival program for adolescents called the "School of Urban and Wilderness Survival" (SUWS) near Shoshone, Idaho. Larry explains, "I did not have any ownership of SUWS, but I did have a ten year contract with them." Larry was hired to work on philosophy, curriculum, and train the staff. Within six years the program went from being intermittingly busy to being in high demand. Larry states, "On the seventh year all of a sudden they got their advertising together and it was a turn. The kids started pouring in." In 1987 Larry became disenchanted with SUWS as the organization became busier and greater demands were placed on Larry. He decided to leave the organization and within a year started another program.

ANASAZI Foundation

In 1988 Larry approached Ezekiel about starting a new primitive skills wilderness program. Ezekiel explains, "Initially I did

not want to come, as I had a good job with a benefit plan, but one night I had a dream and with all these children thanking me for helping them." Ezekiel agreed to go in with Larry to start the ANASAZI Foundation in Arizona. "I had seven kids and Larry had 10 kids so we all worked on the program together. Sherrel (Larry's wife) ran the first 40 day trip."

During the early years "ANASAZI had a high success rate" according to Larry "but the office was not doing so well." In 1990 they hired Mike Merchant to run the operations. With Mike's help ANASAZI's office began doing well and making profits. Yet both Larry and Ezekiel were bothered that many families could not afford ANASAZI. Larry explained, "We went out in the desert and thought about things to set the direction of the program and to help everyone we could." After their time in the desert, Larry explained, "We wanted no financial incentive to bother us or impact the curriculum or water down the program or anything like that." The outcome was that in 1990 the ANASAZI Foundation became the first 501 C-3 not-for-profit primitive skills based wilderness therapy program. Ezekiel said, "We are a non-profit, and we don't have investors looking over our shoulders saying 'Are we making any money?' We can concentrate on the work we are doing, on the individual. The only pressure we have is to do our job well with the children. That's why we are a non-profit. We are suppose to love the children and send them back to their families." According to Ezekiel the program currently provides "$400,000 to $500,000 each year in scholarships."

ANASAZI possesses an official statement and 10 guiding principles listed on its website (anasazi.org), which constitute the foundation of the ANASAZI Way. The official statement written by Ezekiel and Larry in 1990 and revised in 2003 was to help people understand how ANASAZI is different from other wilderness programs. The official statement begins with; "In 1968 the two of us pioneered the wilderness philosophy at Brigham Young University. It soon became obvious to many that a sojourn in the wilderness could impact lives for good. We received many well-intentioned offers from experts in psychology, sociology, psychiatry, juvenile justice, family counseling, education, youth leaders and other professionals to analyze and offer suggestions on how to enhance what we were doing. In an

attempt to understand and improve the process, we sifted through, by trial and error, many ideas. Whenever we adopted what we have come to call "contrived" experiences, the overall impact diminished for the participants. Ultimately, we opted in favor of the original, down-to-earth walking daily in- and with- the simple realities of nature. The program based upon good moral principle became known as The Making of a Walking" (Olsen & Sanchez, 1990).

When asked what it is that ANASAZI is trying to do to help young people and their families, Larry responded, "We are inviting people to change their heart rather than just their mind or conformity. We want them to change their heart so what they are doing is true and then they are able to do what is right rather than just faking it."

Advocate of Non-Punitive Approach
During the late 1980's and early 1990's Larry reported that many for profit wilderness survival programs for adolescents, "were punitive in nature and sprung up all around us. We (ANASAZI Foundation) countered with a philosophy and ideas that talked about how you treat kids with a non-punitive approach."   Many of those punitive programs were started by people who had taken, or claimed to have taken, Larry's primitive skills class at BYU.   Larry reports that during those years their (i.e., Larry, Ezekiel, and the Anasazi Foundation) goal was to help other programs see that being punitive was not beneficial. "At that time, and during those years, I believe we were the only primitive skills therapeutic program that was non-punitive, while everyone else was escorting students and yanking them around, yelling in their faces, doing all kinds of stuff. We were the Lone Rangers out there saying, 'No, don't do this stuff.'" This period of time is chronicled in an article critical of wilderness therapy programs by Jon Krakauer in a 1995 Outside Magazine article titled "Loving them to Death." Although the article is generally condemning of wilderness therapy programs, Krakauer writes that if his child were in trouble "I'd scrape up the money and put my kid in ANASAZI" (p. 142).

In 1994 Larry was called by a colleague who ran a wilderness survival program in the East regarding a collegial meeting of programs held in May at Black Mountain, North Carolina. According

to Larry, the attendees proposed they all band together to help stop abusive/punitive practices in wilderness therapy programs. This first meeting evolved into an organization called National Association of Therapeutic Wilderness Camps (NATWC) to which Larry was elected to the Board of Directors. This appears to be the first organization with the words therapeutic and wilderness in the title.

Insurance Reimbursement and State Licensure

In 1988 Larry and Ezekiel approached a number of insurance companies seeking financial reimbursement for treatment of students who attended the ANASAZI Foundation with the goal of increased financial help to families. They were told if they could meet the State requirements for adolescent residential treatment programs they could qualify for reimbursement. According to Ezekiel, "This is when we started to bring psychotherapists into the field with us." The ANASAZI Foundation made changes to its program design to bring licensed psychotherapist to work with students. This appears to be the first time in which licensed psychotherapists were regularly brought into a wilderness program.

The involvement of licensed psychotherapists in the program helped ANASAZI to become licensed by the Arizona Department of Health Services, Office of Behavioral Health. ANASAZI was also the first wilderness program to be nationally accredited. The Joint Commission of Healthcare Organizations currently accredits ANASAZI.

Regional Influence

Of the 20 Outdoor Behavioral/Wilderness Programs with a primitive skills component listed in the 2008 NATSAP Directory, the majority were founded by people who were first trained and educated about the field in a program founded, developed, or influenced by Larry Dean Olsen (please refer to Table 1). His influence may also be reflected in that the majority of primitive skills wilderness therapy programs in the United States were started in or near the State of Utah where Larry first began developing programs in 1966 when at Brigham Young University. It could be argued that Larry either indirectly or directly influenced the majority of the primitive skills wilderness therapy programs in existence today. Larry has undoubtedly directly

or indirectly helped hundreds of thousands of adolescents and their families.

Conclusion

Larry Dean Olsen is considered one of the leaders in evolution of the field of wilderness therapy and the founder of the primitive skills model of wilderness therapy. This is evidenced in four ways. Larry's primitive skills program at BYU appears to be the first program of its kind to help struggling young people through the use of primitive skills expeditions. Larry helped develop the SUWS program, which is the oldest of the primitive skills wilderness program, listed in the 2008 NATSAP Directory (see Table 1). Third, Larry's vocal and persistent approach of working in a non-punitive manner with participants in wilderness therapy has become the standard of care in most programs today. Finally, ANASAZI's dialogue with state licensing agencies and insurance regulators allowed programs to become licensed by state and national accreditation bodies and, in most states, required licensed psychotherapists to be working with students.

What is important to recognize is that Larry is cited by both critics and supporters of wilderness therapy as being a tireless advocate for treating program participants with a non-punitive approach (Adams, 1999; Krakauer, 1995; Szalavitz, 2006;). This may be reflected in the fact that the programs Larry helped start are still in existence today, are licensed by the state in which they operate in, employ licensed mental health professionals, and are well respected in the professional field. The combination of state licensure, licensed mental health professionals, and a non-punitive approach advocated by Larry is the standard of care in NATSAP member programs.

Practitioners in the field of wilderness therapy need to work closely with researchers and regulators to continue to evolve and define standards of care to end any remnants of abusive and deceptive practices. The standards must be taught to all employees of wilderness therapy programs to ensure participants safety. Larry stated that all wilderness therapy programs "should be staffed by passionate, dedicated people who have a philosophy of working with young people that is not punitive. It has got to be a cause on behalf of a child and not money."

Programs listed as "Outdoor Behavioral or Wilderness Programs" that have a primitive skills component, in the 2008 National Association of Schools and Programs Member Directory. Listed by name, location (state), and start date. Larry Dean Olsen's first BYU primitive skills class was in 1966.

Table 1.

Name of Program	Location (State)	Start Date
SUWS (Co-founded by Mr. Olsen)	ID	1981
Wilderness Treatment Center	MT	1983
ANASAZI (Co-founded by Mr. Olsen)	AZ	1988
Wilderness Quest	UT	1988
Aspen Achievement Academy	UT	1989
Explorations	MT	1989
RedCliff Ascent	UT	1993
Sage Walk, The Wilderness School	OR	1996
Second Nature	UT	1998
Alldredge (Academy) Wilderness Journey	WV	1999
SUWS of the Carolinas	NC	2000
Outback Therapeutic Expeditions	UT	2001
Passages to Recovery	UT	2000
Ridge Creek	GA	2001
Second Nature Blue Ridge	GA	2002
Adirondack Leadership Expeditions	NY	2003
Second Nature Entrada	UT	2004
Open Sky Wilderness Therapy	UT	2005
Second Nature Cascades	OR	2005
True North Wilderness Program	VT	2005

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Leadership Award Keynote Address:
The Making of a Walking Far
February 8, 2008 – Savannah, GA

Larry D. Olsen
2008 NATSAP Leadership Award Recipient

With people like Mike Merchant and Ezekiel Sanchez around to introduce me, the stories just get so much better every year. It is all true history. I would like to tell you stories of experiences that are every bit as true as any Mike or Ezekiel have told, like this one:

One day when I was about 25 years old, I was crawling across a flat plain with patches of cactus here and there. Every once in a while a tumbleweed would go by. My leg was broken and I had been almost a whole day without water. I hadn't eaten for almost a week. As I crawled along, my mind began to get a little fuzzy. But I distinctly remember crawling up a little sand patch where there grew some Indian Rice Grass. It's a kind of bunch grass that grows about two feet high. It was gently swaying back and forth in the breeze. I drew myself up onto my elbows, stared at the tuft of grass and said, "You know, if this keeps up I just might get discouraged."

I encourage you to be patient as I tell you three more stories. You may be a little confused as to what the meanings are for each of them. But I'm not going to give you the meanings - you will feel them later. I will tell the stories, and then go right into what I promised you last night, (i.e., the 10 Principles). I will finish up with a little "philoso-fooey."

Cactus Chasing

The first story is entitled "Cactus Chasing."   It happened to me when I was a young boy of 10 or 11 years old. My cousin Richard Olsen and I spent a lot of time trying to be Stone Age Indians. We had bows and arrows. Our bows were modern, 1940's vintage.   Richard had a lemon wood recurve, and mine was made out of some kind of

fiberglass. But our arrows were authentic, Stone Age Paiute in every way! We made them from pictures, drawings, and ancient pieces found in dry caves near the Snake River in Idaho. And so we were truly bound to become the best ancient bow hunters in the world.

One day we put on our quivers and bows and headed out the back door of Richard's country house. I said to Richard, "What did Uncle Bill say about watching out for the cactus?" Richard didn't say anything except, "Let's just go." So we hiked along the canal bank. I asked Richard again, "What did he mean by cactus chasing?" "Oh, he says there's just a kind of cactus out there, the prickly pear, that if you're not real careful those pads will break loose, chase you, and slam right into you really hard -- so you have to watch out for the cactus patches." I said, " Oh, okay."   I had been out in the desert before. I'd been around cactus before, but I had never noticed any of it chasing anything or anyone. The edge of the alfalfa fields near Jerome, Idaho gave way to a sandy desert. We crossed a large flat area of sagebrush and June grass. We were after the crafty Jackrabbit. I kind of fell behind Richard because he was three years older than me and could walk faster. I watched him and thought: "He is my hero. He is my teacher. He is the one who shows me everything about hunting and fishing and finding arrowheads and doing fun things in life." I began to watch him very carefully…how he walked and how he spent his time. I noticed that most of the time he walked in a straight line—he headed right for the goal. But this time I noticed that he kind of veered off to the side and he went around from another angle. I was puzzled and thought "What kind of technique is this?" Then I noticed he was avoiding the cactus patches. And so I thought: "This guy knows everything!" So I avoided the cactus patches along with him. We went over into the sand dunes and sure enough, a big old jackrabbit jumped up and ran out. In those days in that area where we hunted, we had yet to bag anything and the older jackrabbits knew us by reputation. In fact, they knew just how far to run and stop and turn sideways when we whistled. That was our hunting arrangement with jackrabbits. They would immediately stop, turn their ears up and look sideways at you to make the perfect broadside shot. As we shot our arrows at the jackrabbit, one landed on one side and the other landed on the other side. Then he jumped up in the air and ran away. We both said, "Wow, we're getting closer!" We had a great time hunting those

rabbits. I think they had the most fun.

If you've never walked through sand dunes and seen where it blows out you've never seen history like we did. We found campfire rings, broken bones that had been cooked in the fire, chips of obsidian and other types of stone, and once in awhile we would pick up a beautiful arrowhead or a knife or a scraper. We spent the rest of the day just enjoying ourselves there. It arrived late and we moved fast, out of the sand dunes and onto the great flat where the sagebrush and June grass grew. That same old jackrabbit jumped out, laughing at us. Richard whistled. The jackrabbit stopped kind of far away, so Richard veered off to the right and I veered off to the left. Since I was closer Richard said, "Take the shot." I took careful aim, shot, and saw that arrow go right to my target. "I think you got him!" yelled Richard. We both started running like the wind to converge on that rabbit. We were running so fast and so hard in our excitement, when all at once we found ourselves in a vast cactus patch. I was going so fast I couldn't stop. I went airborne. I thought I could clear it, but I didn't. I landed in about the middle. There was just a little bare space of sand where my foot touched down. I went airborne again and reached the other side.

My heart was clear up in my throat. My imagination told me that I could see cactus flying behind me ready to slam into my rear. In fact there was cactus flying in the air! Now some of you might say that they caught on my pant leg and flew into the air. But I knew I had just flown above that big cactus patch and that my feet never touched down on cactus. I could almost feel the long, prickly spines slapping deep into my rear and breaking off in half. Over my shoulder I saw them in the air. My adrenalin flowed freely and I didn't stop running until I was completely far away from that cactus patch. Richard caught up to me and said, "What happened?" "Didn't you see the cactus flying?" I gasped. "Yea, I saw it!" he said.

This time we walked carefully looking for my rabbit. No rabbit. I found my arrow sticking in the sand with a little tuft of hair on it. In the distance, the rabbit was laughing at us again, broadside yet maybe just a little less confident. We ignored him and walked carefully a in zigzag pattern toward home. We talked some about

my phenomenal shot, but mostly we talked about cactus chasing. When we went to school, we told that story and other people began to say, "By golly, I've seen flying cactus too!" So it became a very respectful principle around Jerome, Idaho, that cactus will chase you if you disturb it. So, now you have all been warned.

Second Story

My second story happened a couple of years later. As I got older my father felt I needed some responsibility, and so he built a huge chicken run in our backyard. He put wire over the top of it and we had chickens and pigeons. I became the master of pigeons. I raised fantails, white kings, tumblers and several other different breeds of pigeons. I was very proud of them. I had over 200 at one time. In the process of raising those birds I began to experiment a little bit. I mated a white king with a fan tail and they were a great couple. The female laid two eggs and they both hatched. I watched very carefully as the little pigeons grew up. One day I noticed that they both had all their feathers and that they should be flying. One of them would come out and flap his wings and prepare to fly and the other one just sat in his nest. For a long time this went on until the one flapping his wings learned to fly and flew around the pen.

By then most of my pigeons could come out of the pen and fly in the open sky, returning every evening after feeding themselves down at the grain mill. But the little pigeon that didn't fly just sat in the nest and his mother kept feeding him and feeding him as he grew older and older. I wondered, "What was wrong?" One day I took the little bird out and it just sat on my hand. I thought, "I'm going to teach this pigeon how to fly." After two weeks of my attempts he still wouldn't fly. I knew the bird was strong because it had plenty of exercise with me working with it every day, but it just never flew. And so one day I thought, "I've had enough of this!" So I put my hand up and then brought it down quickly and he was airborne. He flapped his little wings, flew in a tight circle, and then just hit the ground. I thought, "What is going on here?" I repeated the process a whole bunch of times and he would always fly in a little circle and then hit the ground. It took me awhile to finally figure out the problem. After all my efforts, it became evident that my little bird was blind. My

compassion then took over and I decided he seemed to enjoy flying in that little circle and coming down. In fact with each flight he actually flew a little broader circle, stayed up a little longer, flew down a little slower, and seemed to know when he would hit the ground because his feet would go out and he would hit the ground a little easier. So I worked with him for two or three weeks and he eventually learned to fly. He would take off and fly in a tight circle that got bigger and bigger as he went up. He finally got to where he was flying above the trees. When he got tired he would go back to that same place where he started and circle his way down and land within a few feet of me on the ground. I really marveled at this feat! One day I needed to run into our house and get something so I perched my blind friend on the apricot tree. I was gone about three or four minutes. When I returned to the orchard the blind bird was gone. I walked over to where I had left him on the perch, and noticed a couple of feathers lying on the ground. I ran to the fence and looked over into the alley. I saw Old Tom, the alley cat, jumping into a culvert with my little, limp pigeon friend.

Third Story

As I got older I became a real amateur archeologist. There was a canyon behind our house with a lot of cliffs and caves. I occasionally hiked the canyon and poked around in little caves and rock crevices. I knew ancient Paiute Indians had lived in that canyon, setting traps and doing all kinds of activities. I also knew that ancient packrats were good at gathering up some of those traps and including them in their nests. I liked to take a stick and poke around in these old pack rat nests, made of sticks, leaves and debris of all kinds. Once in awhile something would roll out that had been carved on, something that ancient Indians had used like a broken arrow shaft or digging stick. They were dried and had been preserved for centuries. One day I was poking around in a crevice and found a stick. It was about eight inches long and had a plant fiber string finely twisted and tied on one end of it. On the opposite end of the string was tied a little stick about one inch long. I thought, "Wow, this looks like some kind of trap." I went to my house and placed my find in a glass jar. I studied that little artifact for about 12 years. I would see it every day. I took it to college with me, graduated, and had it with me as a father showing it often to

my kids. No one seemed to know what it was. I couldn't figure out how it worked, but I knew it was a trap trigger of some kind.   One year I took the artifact to the Rabbitstick Rendezvous, which I had started years ago. I showed it to all the primitive living people who came there and they couldn't figure it out. One day it occurred to me that it wasn't the whole trap. There must be another part to it. I had read in a book called *Basin Plateau Aboriginal Sociopolitical Groups* (by Julian H. Steward) that the Paiute Indians had created ingenious traps that could hold up a 10 pound rock with a grass stem hair trigger. It occurred to me that maybe the grass stem was the secret to this trap and the piece I had would work. So I began to construct different pieces that might work with it. It took me another year of periodically looking at the stick and studying it. Finally I discerned how it worked. I made a model of my artifact, added a support stick and a grass stem, and sure enough it worked. I could hold up a 10 pound or even a 20 pound rock in a deadfall position with a single stem of grass that was the hair trigger. That hair trigger was unequaled in any other deadfall trap I knew. I dubbed it the "Paiute Deadfall." It is now described in my book and used as the finest hair trigger trap known today for catching mice, rock chucks, and other small game to eat. It is universally used throughout the current primitive skills industry.

I'm not going to offer any interpretation of those three stories, but I want you to run them back through your minds as we talk about some principles. My hope is for you to discover that things don't just happen overnight. We seldom know how that happens to us today, how it is going to affect tomorrow, or all the tomorrows from now on. Something simple you may learn today may affect you for the rest of your life.

As I began teaching other people outdoor survival skills in the desert, some strange things started happening to a few of them. Students would return home and parents would ask me, "What did you do to my kid?" I'd think, "Oh, dear!" Then they would say "His grades are up in school, he eats everything on his plate, he's nice to his mom - what did you do?" I just didn't know. As the profession grew, others joined me. Still we didn't have a meaningful language for what was happening. It took a long time before we discovered that the very simple things we learn as children, kicking around in the desert, were

the very things that helped make the changes in these young people. As time went on and ANASAZI grew out of our experiences, my good brother Ezekiel Sanchez and others decided we needed to identify and determine what we were doing that made it so successful. We wanted to put a language to it.

TEN GUIDING PRINCIPLES

We came up with the ten guiding principles in 1990 that provided such language, presented them to ANASAZI, and revised them again in 2005.

Principle #1 – The emphasis of the entire program focuses, first and foremost, on the YoungWalkers. (YoungWalkers are our students.)
<u>**Not:**</u>
Money
Convenience
Personal interests
Logistics

Taking a band of young people into a wilderness setting and bringing them back alive is quite a proposition. Because of the history of some past punitive programs violating certain principles, the thought of almost every parent bringing a child into a wilderness program is fresh in my mind: "Are you going to bring my child back alive and safe?" We typically deal with this issue right up front with every parent. So we tell them that regardless of the money situation, regardless of how convenient or inconvenient something might be, regardless of our own personal interests or the logistics of the program, we are not going to use any of those as an excuse to take our emphasis off of the children. We stress very heavily with all of our training, which is ongoing all the time.

I specifically want to talk about logistics. We used to have people in charge of logistics (i.e., here is Point A on the map, and there is Point B. How many days is it going to take to reach that water hole and how are you going to get there by the time the food drop comes along, etc. On the other hand we had TrailWalkers who were actually walking on the trail with the YoungWalkers, doing the living

with them, making their way over to Point B, having opportunities to teach and experience the nature of the trail with their YoungWalkers and live the reality of the principles. Well, you can see the conflict that can develop when the people who are in charge of logistics run contrary to what's going on in the band. When the band really wants to go up a side canyon and find some ignimbrite or some fine grain basalt so the students can make stone knives, it just might mean a day and a half off the track and not making it over to point B at the appointed time. Then the people in logistics would say "That means we are going to have to drive another 60 miles around the mountain in order to get over to that point." The quarrels start and it becomes a continuing saga, if you will, of logistics. Those on the trail must make the vital plan for serving the YoungWalkers over logistics. That's an example of what we mean by the emphasis of the entire program focusing first and foremost on the YoungWalkers.

Principle #2 – Every YoungWalker is a person of worth, is inherently good, and deserves the respect and protection of his agency and dignity.
<u>**Not:**</u>
Seen as bad kids
Abused or degraded in any way
Punished
Forced

There are some terms that need to be identified. Some of you may be thinking, "How in the world do you make them go?" "How do they get from Point A to Point B if you don't make them hike? Well, we do. We don't do any of the bad things, we just do the good things and it works. Every YoungWalker is a person of worth, is inherently good, and deserves the respect and protection of his agency and dignity.

I was asked to be a speaker at a conference on the West Coast many years ago. I didn't have these principles written at the time. They were in my head and in my heart. I was the last speaker of the day. I went to the conference early in the morning and listened as speaker after speaker stood up and proposed different ways to control children in their care—ranging from monitoring ankle bracelets to

actual punishment techniques that could be used without any outcry from society. Most of the terms used were very negative in regard to the students or the young people. The worst term used was when a speaker talked about controlling the "maggots" in his unit. I was offended. I sat there all day long almost crying because of the tenor or the way things were going. This idea of control, the idea of forced compliance really bothered me. So when I got up to give my talk I did not tone it down. I gave it the way I had prepared it. At the end of my speech there was no clapping. There was just this stunned silence. Finally at the back of the room one fellow started a little clapping and two or three others joined him and that was it.

That was in the years when there were a lot of problems going on. I won't name the programs, but there were some programs doing pretty bad things to kids out there. In fact some students died on the trail. We were very sensitive to that. It was so disappointing that the answer was not that the children were persons of worth; it was that they were maggots and they needed to be controlled in their environment. So Principle #2 is really dear to my heart and I think that over the years we've proven that by teaching them to have agency and dignity is the way we work with young people.

Principle #3 – Each experience in the YoungWalker's wilderness walking is authentic and legitimate and is based on a reality that is subject to the causes and effects which occur naturally in that environment.
<u>Not:</u>
Manipulation
Contrived activities
Psychological games
Contrived consequences

Now think about this for a minute. If you are not going to have any contrived consequences and contrived activities, what do you do out there in the wilderness? In the early days, we sometimes set up ropes courses. We'd stage a river crossing just for the sake of doing it. We would do rappelling over cliffs just for the sake of the experience. We called it "thrilling education." Thankfully we finally opted for the "real thing." What is the real thing? It's a band of YoungWalkers

together with some TrailWalkers who have launched an expedition to go from Point A to Point B in about 40 days. Whatever happens between those two points is just going to happen. I guarantee you that in the wilderness things happen. It becomes high adventure; the steadiness that is needed and the reflection that comes to the minds of YoungWalkers as they contemplate those experiences. Mostly it is putting one foot in front of the other, day after day, consistently moving toward a goal. We develop a family atmosphere rather than an instructor/client atmosphere. Decisions are mostly made by the band. The principles then are not violated.

We don't see any reason to manipulate the child into therapy. We don't see any reason to contrive an activity just so they can have the thrill of it. There are thrilling enough events out there just stepping over logs that have rattlesnakes behind them. You don't need anything contrived. And regarding psychological games—I've seen dozens of them. We haven't found much use or need for them.

Contrived consequences are: "If you do this, this is going to happen." We would rather operate under natural consequences. If you don't build a shelter tonight, and it rains it's okay. No one is going to make you do it. But by the next morning when they are standing around the fire drenched and wet, they've taught themselves. They know themselves better. The suggestion or the invitation that was given to them the night before to build a shelter was real. It was well intended. It was in their best interest. They just chose not to listen. That's okay. No punishment from us is needed.

Principle #4 – ANASAZI TrailWalkers walk with the YoungWalkers and participate fully in all aspects of daily life on the trail, serving at all times as role models.
Not:
Privileged with special food, supplies, equipment, and paraphernalia
Merely unskilled wardens leading a trek
Relieved of the daily hardships of trail life

I think this is the main reason why we have such a high turnover in our TrailWalkers. I've visited a few programs that felt the

staff worked really hard and they deserved a rest once in a while, with extra food and little things that make life more comfortable for them while they are on the trail (and we actually used to do this ourselves in the early days). We've opted not to do that anymore. For many years now every TrailWalker that goes out on the trail lives and experiences everything exactly like the YoungWalkers. If they have any extra gear at all it is just added weight in the form of safety equipment (e.g., first aid kits and that kind of thing). There is nothing personal that is used out there that is more than what a YoungWalker has. The TrailWalkers earn their money, every bit of it. They are in constant in-service training. They understand the principles as best as we can deliver them to them. We give them correct principles and let them govern themselves out there; to make decisions regarding their band, their young people, so that the best possible activity can take place—naturally.

Principle #5 – The ANASAZI curriculum is a series of Makings that grow naturally out of the experience of living with one another on the land.
Not:
Theories and models
Outlines, workbooks, or classes unrelated to the wilderness experience
Busywork

You can't bring your favorite novel out there. Every day is real. You're very busy, but it's the Makings, not busywork. I want to explain the Makings. The Makings come from the idea of a making of a something. We say "The Making of a Walking." The making of a doing and the making of a being takes us into all types and realms of thinking and action that is poetic in its nature. The Making of those Speakings gives meaning to what we are doing in life. None of us are just doing random things with our lives; we are making our lives. The idea of the Makings, then, is that everyone is responsible for everything they think, do, and feel (i.e., the makings of life).

The ANASAZI curriculum is a series of Makings growing naturally out of the experience of living with one another on the land, and that's where the daily activities come from. They are not planned and written out the week before on a schedule. It's what happens in

the moment. We adhere to this as closely as we can. We do have some trail books. We do teach some small experiential classes, like how to chip an arrowhead or how to make a knife. Most of the time, it comes through the Making of an Asking. Let me give you an example. I mentioned before that if you don't build a shelter, you are going to get wet. Or if you don't make the proper bed on the ground, you are going to get cold in the night. A YoungWalker usually has a blanket, and in bad weather, maybe a small sleeping bag. By building the proper shelter and the proper bed and padding under him, sleep is possible. Most of the time when young people come into the program, they come because their parents want them to and they are not too enthused about it.   On the first day, no one teaches anything. At nightfall, TrailWalkers simply select their own little campsite right with the YoungWalkers.   They start making their beds for the night.

At this time most of the young people are a bit angry. They are not going to do anything. They are standing around a fire that somebody else built. They just watch what is going on, or choose not to watch. No one says a word. Night falls and people crawl into their beds. The next morning the leaders awake, and see that some YoungWalkers are sitting around a cold campfire chattering their teeth because they ran out of firewood at 2 a.m. Nothing is said about it. Everyone gets up and hikes. Finally as the second night settles, somebody will say, "How is it you sleep warm and I freeze all night?" At that point the asking has been made. There has been a Making of an Asking. At that point the TrailWalker begins to teach. "Come to my camp and I'll show you what I do." An invitation has been given. That person usually tells two or three other people, so 4 or 5 of them show up at that camp to learn how to make warm beds. That's how the teaching takes place. It's not busywork. It's not theory or models. It is just real life. When you make an asking, things happen. I found that out early in my life. I probably asked more questions in my classes at school than anybody in the class. I still got Cs, but at least I got Cs.

Principle #6 – Therapeutic interventions at ANASAZI consist of the intimate, personal availability of one who gently assists the YoungWalker in the Making of an Awakening resulting in a Change of Heart.

Not:
Behavior modification
Manipulative or coercive
Focused on perceived weakness but on individual strengths

I can't tell you how important this principle is in the way children go home to their parents. Rather than strive for compliance (i.e., if you keep this rule, then you are going to have this privilege.) we insist that the TrailWalkers live their lives as an example. Through this example, where love is required of each person when dealing with another person, the Making of an Awakening occurs. When a young person wakes up, you can tell it. There is a different look in his eye; there is a different look in the way he walks and talks and comports himself. He begins to contribute to other people. That results in a Change of Heart. I think that's the #1 thing that parents tell us: not only has it changed their own hearts toward their child, but they know that their children's hearts have been turned toward them. That's a very important part of what we do.

Principle #7 – Participation of the parents in the ANASAZI Parent Program is essential in the Making of a Healing for the entire family and completes the foundation upon which the family can start a New Beginning.
Not:
Viewing the YoungWalker as being the problem
An intervention independent of the family
Ignoring the fact that the whole family has contributed to the problems
Teaching parents techniques of control

The Parent Program at ANASAZI is based upon what we call the Arbinger principles, where parents are also introduced to the ANASAZI Way principles. You need to discover what those are. There are two books we recommend.
- The Anatomy of Peace – The Arbinger Institute
- Leadership and Self Deception – Terry Warner

Terry visited our program and was really taken by it. He offered his suggestions, help, and his materials. These have become a part of what we do as our parent program.

Parents are asked to bring their children to the ANASAZI Foundation office and stay on for a couple of days for a seminar teaching all the principles. They are asked to go home and practice the principles. They are in constant contact with the Shadows (therapists) who are working with their YoungWalker on the trail. At the end of the YoungWalker's walking, the parents return and go on the trail to pick up their YoungWalker. This is the DawnStar camp where the parents and their YoungWalker reunite to do the Talking of the Heart. The Talking of the Heart is for building a new relationship of trust so they can go home as a Family of We. The YoungWalker also has an opportunity to demonstrate his newfound skills by taking care of the parents. The hope of a new beginning gives self-confidence to both YoungWalker and parents. This is the Walking of We.

The parent program is very important in what we do. It's pretty hard for a YoungWalker to have a Change of Heart and then go home to a family whose hearts have not changed. They have not had the experience as the YoungWalker. In many ways in the seminars the same experiences happen inside.

Principle #8 – Safety and concern for the physical and emotional well being of each YoungWalker is a primary element in all aspects of the ANASAZI Way, and every situation and activity is monitored with that in mind.
<u>Not:</u>
Putting YoungWalkers at risk
Watering the program down with over-protection
Dismissing their physical complaints as being merely manipulation efforts
Requiring them to do things beyond their individual capabilities

It is obvious the element of surprise and adventure are a part of real nature. YoungWalkers are very savvy. They know how to manipulate systems, and can convince you pretty easily that they are sick, or "I need to go home, my mother needs me!" It would be real easy to say "Ah, get up and get walking." But instead, we pay attention to them. It may stop the whole band for a day. That's okay. That's reality. Eventually it comes out, that the person who is pretending doesn't want to pretend anymore. Pretending is not fun when life is

real. Remember that. If life is real on the trail for the YoungWalkers, the pretending dies away very quickly.

Not every YoungWalker is capable and physically able to start a fire with a bow drill. They don't have the manual dexterity for it. And so skills have to be individualized. Each YoungWalker needs to do things that are not beyond their individual capabilities to succeed so they become treasures to them. The little thing they carve that they put on a homemade string made out of yucca fiber around their neck may not be as beautiful as the great stone carving that the next YoungWalker does. But they treasure it as if it was. And that's what is important.

Principle #9 – Surrounding all of the principles of the ANASAZI Way is a tender concern for the spiritual well being and growth of every YoungWalker.
Not:
A toughening up exercise
An imposition of religious beliefs
A contrived inquisition or purging of the spirit of the YoungWalkers
Secular, academic treatment, which denies access to matters of the spirit

When we first announced this principle in our program, I had phone calls from individuals in other places saying, "How can you do that?" Especially since this program originally started at BYU, and the word Mormon seemed significant to some individuals. (I think some of you have probably been listening to the political scene and heard that name several times.) Many program leaders couldn't imagine how parents throughout the country would send us their children if we made that statement. I can testify to you that since we've had that statement, it's made all the difference. Parents overwhelmingly appreciate the fact that we do not discourage YoungWalkers from having spiritual experiences. Many do. It's simply allowing them to open up their own intuition, their own spiritual level, and letting it work for them out there. Not discouraging, or talking to them in ways that would convince them otherwise.

Principle #10 – The ANASAZI Way recognizes the absolute, separate, and individualized rights and concerns of each YoungWalker.
<u>Not:</u>
A herding through the wilderness
A prescribed set of generic activities and interventions
A set of arbitrary rules or restrictions unrelated to the safety and well-being of each YoungWalker

This is pretty obvious. If you go out with us on the trail as an observer, one of the first things you'll notice is there doesn't seem to be any set structure with regard to the band itself. It's not a band exercise. It's an individualized exercise. The exercises are designed by the YoungWalkers themselves, not on paper, not in meetings, but just as they live their lives in reality.

Let me conclude then by recommending a little booklet available on our website called "The Seven Paths of the Anasazi Way." It was written under the direction of Ezekiel Sanchez and myself. It was put it together in a nice, poetic way. The Seven Paths talk about seven things in nature that really help young people. It's a story. You'll really enjoy it.

Conclusion

In conclusion, I'm going to give you some words that mean a lot to me. It's called the Path of Wind.

If I could give you a vision of just how deep YoungWalkers may reach when they are not disturbed or affected by things around them, like television, radio, and friends, then you might invite them to walk on these paths with you. You might also offer formal things, but no one would be forced to do them. One of the invitations is called the Path of Wind. It is a philosophical way of perceiving the wind and breezes. We are all acquainted with wind and breezes. Outside we cannot escape their sensations. There are many lessons they teach. Walking in the desert deepens my feelings both on the surface and inside. Around me is a special cover that breathes and absorbs, yet keeps the dirt on the outside. It is my skin. It holds me together and my

job is to keep things from making holes in it, and letting the red out. This thin surface of me feels the movement of air, the breezes, the hot blasts of wind, and every degree of heat or cold. Thus I may be taught by the breezes, to know the ways of the seasons, and what I must do to weather them. I awaken to the realm of walking forward in these ways. The breezes also touch my other senses of taste, smell, sight, and hearing. It is best at waking my hearing. When I'm quiet, the sounds of the earth are free to reach me. Every sound is silent until it joins with me and resonates upon my gift of hearing. Each silent sound wave is set upon the breezes. It is eternal in its vibration, created to record, to take up space and time until it is heard. When I understand finally this great principle I am grateful, yet a little ashamed. What resonance is out there on the breezes that were born from my mouth?

Sometimes in strong and tender moments I am called on to speak words upon the breezes that are so welcomed by those who listen and welcomed back to me on the breezes. Thus I trust my own making of speakings to bring peace rather than hurt. When I walk hard, leaning into the wind, it stays long, strong, strengthens my body and clears my insides. When I finally shelter myself, the relief is good. The feeling of making it remains with me. It may be while sheltered, resting from the storm or perched pleasantly on the highest point overlooking vastness that the breezes watch for the right moment. When my heart is right, the lungs are clean, and my own words are pure. Then in the silent moment I may hear the song, my own song of remembering. Then I am awakened to even better ways of walking forward; to arise early and walk in the sunrise; to keep up in the walking far; to cast off all the burdens of the past that would slow me down; to walk softly on the trail and in other's hearts; to really see the beauty of the earth and of those I walk with; to be tall and sure in my walking forward, surrounded always by the breezes. I put gifts of remembrance in my pouch, and I can walk far.

I think that regardless of the programs any of us work in, and regardless of the training and the education that we have and in spite of the experiences some of us have from time to time, all of us inside know what is right. We know that by listening to breezes and listening to our own hearts we can identify with, we can empathize with, and we can be helpers in the awakenings that take place in young

people's hearts.   We can do this and not be punitive; without being confrontive; without being contentious or controlling in any way; and as we discover those ways in our programs I promise you they will get better and better and easier to do.   As you wear your bodies out in service to these young people, you will be worn out in a pleasant way, and you will enjoy every minute. Thank you.

NATSAP INTERVIEW WITH LARRY AND EZEKIEL
February 2008

Moderator: I am working a program in Maine, but I have been trying to trace back the roots of it which could go back hundreds and thousands of years, but more the roots of what is the current modern form which I have seen they came from three different influences or have read…One would be Kurt Hahn and the Outward Bound School, and Campbell Loughmiller with the therapeutic camping tents, and then the one that I had really looked at and seen that is probably the largest came from what is called the Primitive School Movement that came out of BYU, and both of your names are placed as the founders of that. Has anybody described that to you?

Larry: You're the first.

Ezekiel: Yes, we have heard that, and we think it is humorous at times.

Moderator: Humorous in what way?

Ezekiel: I'll speak for myself. When Larry asked me to join him, the word therapeutic or therapy was not something that was part of my language, and still isn't, but I did understand that people were coming out of a walking being therapeutically affected. What I was looking at was that people going out and doing a walking with us in those early days were coming out feeling better about themselves and deciding to be better individuals which had nothing to do with any therapeutic work that we were doing out there. For one thing, I don't know about Larry, but I had never been trained in therapeutic work, so what we did was what came naturally and treating each other in a wonderful and respectful way, and the challenges that caused the growth, self-

confidence. At that time Larry, as eluded in his presentation, we did some repelling, and we did, but it was not necessarily for recreation purposes. It was sometimes very real. We were up on a mesa, we were out of water, and the only way down is by dropping some ropes down and repelling down those ropes, that was real, and so we had to sit sometimes for hours trying to talk students into coming down that rope because of the fear they felt, but once they came down it became an experience for them that was so overpowering, so wonderful, I did it, I did it, and that in itself caused some wonderful reflection and changes inside the person that they had done something that they had never done before or that they were afraid of doing.

Larry: And it wasn't a game.

Ezekiel: It wasn't a game, so it was not anything therapeutic, okay. That is why the ANASAZI Way that Larry eluded to is a philosophy that is the opposite of the therapeutic approach that has been used for years because we realize that you cannot go out there and play games liked we talked about today and make contrived activities and expect somebody to say, "Oh that was great, I learned something from it." It is more of the wonderful way of experiencing something for real and saying "Wow, I can't believe we did that, and we are still alive."

Moderator: This all in '67 as Ezekiel was telling last night, about you teaching…

Ezekiel: Larry started in 1966.

Moderator: At BYU, and in '68 is when you first met. Can you tell a little bit about that first class and how it was they decided to say to you, you were skills focused in your class until that point? How did that occur? How did that evolve?

Larry: In the first place Outward Bound had asked me to come and teach their staff the skills of survival which I was happy to do.

Moderator: And that was Colorado Outward Bound.

Larry: Colorado Outward Bound, and while I was there they asked me also to take on a group of kids because they were short-handed, and so I did an expedition for them, and that was the first time I realized that it was possible to take groups of people out into the wilderness for a long period of time and still bring them back alive. Prior to that time a 10-day expedition for me was okay, but by the 10th day they were pretty tired, and then I realized that it was possible. So, when I came back to BYU, I thought now I need to apply the principles of survival skills and wilderness living like I do it, not like Outward Bound did it, but like I do it, and develop a program that would be long term and bring these people back alive, and bring them back with such confidence in their ability to live off the land that they could do it, and that was my motive. Well, I had already taken several 10-day trips out with students at BYU and somehow the Department of Academic Standards under Darrell Moses found out about it, and he put two and two together and realized there had been some changes made in these young people, and he contacted me, and he said, Larry what are you doing, and I explained it to him, and he was wise enough to see the value of it. So, he said let's send a letter out in the next semester to all of the students who flunked out of BYU, it was about 200 of them, and we would admit them back into the university the very next semester if they would just go on an expedition with you. And, I thought, that's a good experiment. So we sent those letters out, and Zeke got one of those letters. He was a "Gandy Dancer" on the railroad in Las Vegas when he got that letter, and it changed his life.

Ezekiel: When I got Larry's letter…first of all, you need to know that I went to Brigham Young University with an art scholarship, and everybody thought I was going to be a great artist, I believed that. So, I didn't know much about college life, having just come out of the migrant fields, I had been a migrant worker until I was 19. I lied to the principal, and I told him I was a freshman, which I wasn't, and I found myself as a 19-year-old young man sitting with 14-year-old freshman in high school, and it was rough going back to school without having hardly any schooling before, but I was 22 years old when I finally graduated. In my junior year I was given the opportunity to take my senior requirements, and I graduated a year ahead of the class that I started with, and then I had an art scholarship. The art teacher took me under his wing, just like that story last night, Ms. Romaine and that

arrowhead as Larry at his crossroad, mine was by an art teacher name Max Spinnell who took me under his wing and said you have talent, and I would like you to take an art class instead of doodling in this study hall, and I went. You know, every time that he saw something he liked, and he would say, can I keep these. I didn't know what he was doing, but he was putting together a portfolio, and that portfolio was sent to several universities, and BYU gave me an art scholarship. So, that is how I went to BYU. Nobody told me much about university life, so inasmuch as I had been given an art scholarship I concentrated on my art classes, but I ignored, like English 111, sociology, and I went to those classes once in a while, but didn't pay much attention there until I got my report card, you know my GPA, and the first semester it had two stamps. I had to ask my roommate what they mean, and he said it said "probation," that I was on probation, and then finally the second semester I got another and it said "academic suspension," and I lost my standing with the Brigham Young University, so when I went back to Las Vegas and I was working on the railroad as a Gandy Dancer, I realized being back in that hot sun, back with labor, that I had missed a wonderful opportunity. One morning I woke up and I decided I would not eat or drink until I found a way back to Brigham Young University. That morning when I got to the work area, it was called Little Diamond, it was a section of the railroad that our crew took care of, the man in charge said last night I had a call he says, and they have asked us to change all their railroad tracks, and all the railroad ties and put new ones in. And I thought for a moment "uh oh," and throughout the day some of the older men noticed that I was not drinking, especially when I didn't eat anything during the noon hour a couple sat with me, they called me Little Chief, they said Little Chief, we noticed you were not drinking anything or eating, are you sick or what is going on. I didn't want to tell them, but then they were insisting, so I told them, you remember the old Indian way where you could go out on the mountains and go for a vision quest. They said, "you folks still practice that?" I said yeah, I'm on a vision quest, and I said that to keep them off of my back, because actually I was fasting, abstaining from water and food, and I was praying to find a way back to the Brigham Young University. The first day went by, and by the second day my lips began to crack, and I was speaking at a whisper, and it was really rough in that hot sun and lifting those ties and the railroad steel, but they were very kind. They tried to get me to sit

in the shade and just to be careful. When I got home that night after two days of not eating and drinking, my mother met me at the door and says son you look a little pale, are you okay. I tried to clear my voice to sound normal, and I told her that I was okay. And she said "by the way, I prepared your favorite meal, and there is a letter that came to you on the kitchen table." I went and picked up the letter, and the return address on the side had Brigham Young University. I tore it open, and it had a letter in there that said something like this, "Dear Academic Dropout, my name is Larry Olsen, and I am inviting you to be a guinea pig on a trial basis, and if you make it back alive after spending some time with me in the desert, you will be readmitted back to Brigham Young on a probationary status." To me, obviously that was an answer to what I was seeking, and I went back to the Brigham Young University and found Larry Dean Olsen, and that is where I became acquainted with Larry, going out on a 26-day survival walking with him, the very first long one that he had. Three days later Larry came and flattered me--you know white man do that when they want something out of you--he told me how good I was out there and everything, and then he asked me to help him, and I said no because I had made a commitment that if I found a way back that I was going to finish and get my degree and not let anything distract me. But Larry is very wise. He said well think about it overnight, and I did, and I realized that the course was worth five credit hours, and I needed five credit hours of A, and I said to myself, "I should have said yes." But the next day he came and asked me again, and I said okay. Then Larry said, "okay what should we do tomorrow?" and then I knew that he didn't know what he was doing, and we have been together for more than 30 years, and we still don't know what we are doing.

Moderator: I don't know if I would agree with that.

Ezekiel: I'm being facetious.

Moderator: How was it after the end of that first trek? Which would be instead of just skills-based, it was also a shift to see this was about improvement. What was it like after that trek for yourself?

Ezekiel: Well, first of all I told a little story last night to complete my presentation. You can look it up, but Larry, I think unbeknownst to him

the effect he was having, which is what makes this wonderful, is that he wasn't following any procedure or learning that he had acquired by studying books, by studying psychology, he just went with his heart, and when he said that we were likened to that chunk of obsidian, and that there was something good in all of us if we look for it, he challenged us to look for it. That affected my whole walking because, as I mentioned, in the migrant fields, whenever I said this is not good for us as children, we need to get back to school to become something better than this, the old men would say, you were born to be a migrant worker, and you will die a migrant worker, and that hit me the wrong way. Now, a lot of young people believe that. I refused to believe that, that is why at 19 I lied to the principal and I got back to school. Well, hearing it from another person, an individual not related to me in any way, and out in the middle of the solitude of nature where you hear things that sometimes are spoken more clearly than anywhere else, I heard that and it sunk into my heart that I was something, and I could become something better, and then by Larry coming later within a day or so and asking me to help him, just verified what he was teaching. You understand what I am saying, he had confidence in me and he trusted me.

Moderator: So he believed in you.

Ezekiel: He believed in me, but not just in me but in the whole gang that was there. They all I think felt the same way, that here was a man who had, I mean, Larry at that time used to wear glasses that looked like the bottom of Coca-Cola bottles, you know, he was an impressive individual, you said whoa, he looks like a survival man, he didn't… he looked a little like Clark Kent, but when he went out and put his buckskin on he became Super Larry. He knew about nature working with the edible plants, medicinal plants, he knew what he was talking about. What made him wonderful is that he wasn't just walking and faking it, he already had been true and tested before. He had gone and actually lived that with his family, and that made it so much the better, we could say he knew what he was doing, and that gave us the confidence to follow him, even though at times we knew that he was making things up along the way. Of course, that is part of life, we all do that. So, it really affected me in such a way that I have a confession to make, well, I never did graduate, I still lack 19 hours, because I

believed what Larry was doing, I helped him develop that.

Larry: I worked him to death.

Moderator: So you followed him and worked with him since that time.

Ezekiel: Well, not all the time, you know, on and off.

Moderator: I was here during your discussions and meetings, and in some ways as we are talking more about, if you will, spiritual work than therapy if you will, healing, transformation, how would you see the work that you do if we have to put it into some sort, and that is the struggles of words, therapy, what have you been doing.

Larry: We are inviting people to change their heart rather than just their mind and their conformity to life. We want them to change their hearts so what they are doing is true to them, and they are able then to do what they know is right instead of having to fake it.

Ezekiel: There has got to be a way, okay. Remember I discussed that we were together for 30 years, and we don't know what we are doing? Yes we do know a little more about what we are doing. We have a philosophy we developed with the language, and we have certain ceremonies we do within that philosophy, and one of those is the invitation to a new beginning. Young people, and all two legged beings, we in this society are labeled, and sometimes we live those labels out. So, young people that come to us have been labeled if they have been in other lockup facilities, and they try to act out their labels, but we don't label the children. That is why we designed a language, and we call this ANASAZI, the making of the walking, and so we call them YoungWalkers because they are young and they're walking with us, and the staff we call them TrailWalkers because they know the trail, and they are also walking. So, see, everything has a rhythm, and it all ties together. The first morning that they find themselves out in the desert with us, we have a ceremony called a blanket stepping, and we lay down on mother earth two blankets, an old blanket and a new blanket, a crow hop away from each other, and we invite them to sit on the old blanket with us. On that old blanket we explain the ANASAZI

Way philosophy, the language and the walking that they are going to do, and that it is their walking, and we invite them there on that blanket through several principles that we have like the Making of a Trusting, and Larry alluded today to the Making of an Asking, the Making of a Listening. All these principles are part of the ANASAZI Way that they are going to have to utilize in their walking, and we invite them to the Making of a Trusting. And, there are certain things that Larry and I discovered, that if a child brings it to the walking will hinder their making good choices, things like drugs of any kind or any paraphernalia likened to that, and so we invite them to the Making of a Trusting. We tell them that they are the ones who tell us how much we can trust them by the way they choose to walk with us, and one of those is if they brought any drugs or anything, that we invite them in the Making of a Trusting to drop it on that old blanket, so these don't hinder their walking or someone else's walking, and we allow them to think and make a choice on that. Now some of them have nothing to drop, some that have might drop only half of it, that's okay with us, and then we invite them to step from that old blanket to the new blanket, and we ask them if they see any difference between the blankets, and of course they are a little upset and think we are stupid, and say that's old, this is new. That's right, what we have asked you to do is very symbolic. That old blanket represents your old life, and the new blanket represents your new life, and on that new blanket we invite them one more time, we invite them to drop the invisible things of the heart. The invisible things that you and I cannot see, but we feel them, like anger, revenge, frustration, you know, all these things that make our hearts at war. We invite them to take time and to take their hearts out and to look at them to see if there are any of those things that they would like to drop on their old blanket. And about six months ago I was with a young person who went like this (pretending to hold his heart). After he thought about it for a moment he went like this, and he went like this, and from his gesture I could tell that it was a heavy load he was dropping, and he put it on the blanket. With tears in his eyes he looked at me and said, I feel so relieved, I feel so free. Now, there is no other place that a child can go except to our ANASAZI walking to have a new beginning, no one is teaching that, we are. ANASAZI is not a panacea, it is not a cure-all, it is an invitation to a new beginning, and we do it by those ceremonies, and the children there look at us, and they say, is it possible that I could have a new beginning. See,

who would not want a new beginning sometime in their life, but there is no one telling them that they can, but we do, and they can. Any two-legged being can have a new beginning anytime in their lives, and so the children take great hope. You know, people teach them to cope with things in life. We use that word cope, we take the c out and put an h in front of it, and give them hope to a new beginning. That is what we are all about. So, after this many years of walking we discovered a wonderful way of reaching hearts because we are not here to change behavior like everyone else. We are here to touch the heart. If the heart is touched the person will change their ways because they want to, and because they want to, now they will own it. It is not to satisfy rules or steps or regulations, but because the heart is touched. So, we concentrate on touching the heart. That is why the 10 principles that Larry alluded to are so important that people follow them. Anytime they step out of those 10 principles there is war.

Moderator: How interesting, in looking over your history and Larry's work, did you work too at SUWS or were you separate at that time?

Larry: We were separate.

Ezekiel: SUWS, yes, I went with Larry the very first time that the meeting took place when they invited Larry and I. I refused to join them, Larry stayed behind. I went my way.

Moderator: During that period of time it seems to me there was eight years that you were at SUWS?

Larry: 7 years.

Moderator: What year was that, '81 I think?

Larry: Somewhere in there.

Moderator: For six years it was pretty slow, and then it got very busy. Now, it appears that there were different influences at play in SUWS that made a shift for you to say. Can you speak a little of those things?

Larry: Left me preface it by saying that SUWS is a wonderful program, and they are doing a good job now. When I was …

Moderator: To qualify it, we are talking about many years ago.

Larry: Yeah, I found myself in the position of trying to make something succeed without the students there, they just couldn't get them, and so I had been hired to train and hire the very best staff that I could find, and I had pulled a lot of my old BYU people away, and they were working there, and yet they weren't making any money, and finally they had to leave. And, so then I had to retrain new people, which is very difficult, so it was a strange situation for the first six years. I went often months to months without any pay at all, but I also had another profession that I was working, and so we had a living, we were okay, but I just kept giving my heart to this SUWS program. The second factor was that I had no ownership. I had no say as to how things should be, and so the philosophy that we were trying to implement there was a little difficult sometimes to implement, and finally the business started to come. They got their act together advertising-wise, and all of a sudden students started pouring in, and here I was with this shirt-tail crew still in training and lots of students, and so instead of being the director of the trail program and the training of the staff, I became a staff member myself. I was out there in the desert with them most of the time too, and it was very strenuous, but the money was coming in and it was good, and I was very happy with that. But, as things got under control and the program began to function very well, I started to back away from being out there so much which was not part of my contract anyway, and I started backing away from that. Well, the guys in the office started looking at that and saying he's not doing much, and he is still getting all this money, and that caused a little conflict for a while, but we resolved it, and I decided to take the payoff that they offered me on my 10 year contract after the 7th year, and I took that money and started ANASAZI.

Moderator: During that period of time there tended to be, and looking over historically, a lot of programs that were being developed.

Larry: At the same time…

Moderator: At the same time, and many of those people who developed those programs went to one of the classes at BYU.

Larry: I can use the names, you can delete it out if you want. A guy called me by the name of Steve Cartisano, and he said Larry, I was one of your students at BYU, and I am starting a program, and he says I would like some advice. Well, I looked at his program, and I did not want to give him any advice. It was just too foreign to anything that I could imagine in terms of the way that he treated the kids. I mean, it was this (smacks his fist in his hand repeatedly) with him, and I tried to talk to him, went down to his house even and spent some time with him and tried to talk him into having a little better approach, but he was a military guy, and when I first met him I had no idea who he was, I had never seen him in one of my classes. I did not find him on any of my roll sheets, and yet he insisted that he had been one of my students. But, we pulled ourselves apart rather quickly, and I did not have much to do with him after that, and then people started dying, and all of the things hit the fan, and it became a very popular notion in the newspapers that wilderness programs weren't any good. By that time we had started ANASAZI and were doing quite well, but that caused a great dip in enrollment because of the publicity that was out there. People were afraid to send their kids to a wilderness program.

Moderator: During that time it was pretty clear that ANASAZI was one of the few programs that was not punitive.

Larry: No, we were not at all, but you could not prove it to anyone. Everything was in the paper, and it was big headlines, you know, and so we suffered.

Ezekiel: You need to understand we have never been punitive, even from the old BYU days, and it is not in our nature anyway, and so our people that we trained, we never trained them that way. You know, we don't do takedowns, only if their lives are in danger, but we don't go and try to lay hands on a child just because they refuse to walk. So, you know, you need to study what we do. What Larry presented today called the Ten Guiding Principles of the ANASAZI Way, we just scratched the surface. It is complex, but it is complex because others have not walked the trail. Once our TrailWalkers walk the trail, they

understand what we are talking about. Larry says that until you feel it in your bones, you won't understand, and that is true. People can come and see what we have and try to compare it with other things, but it does not make sense to them. It is not 'til they walk with a child or out in nature, and you talk about spirituality, I always say that walking through nature is spiritual with or without us, but it really enhances when you have people that have high moral standards. It allows for the spiritual awakenings to come to the child. So, we have had young people that come to us that are atheists, that is what they say, and by the time they leave they say I am not an atheist anymore, they know that there is a greater and higher power. Be it what it is in the children's minds, whether it be God or the Great Spirit or whatever, yet they leave knowing that there is something greater that watches over them, and it is not something that we promote. It is just the actual experience. When they are in a monsoon and it is raining for one or two days and then somebody suggests, can we have a prayer, and they pray for that rain to stop and the rain stops, and it is quite something. Now, you can hear that story time and time again. It is not an isolated incident where the children do pray and things happen. And, it is not because we promote that and say let's cause the rain to fall today so they can pray. We are indeed divine creatures, we know we belong to something greater, and out there in the solitude of nature we can sense that greatness, we can feel it, we can breathe it. We can almost touch it, and the children you know they are wonderful, and they have a quality of spirituality that they discover. That it's a gift that we all have, but the commotion in this world with all the noise and TV and video games, things like this, does not allow us to hear that, it suffocates it.

Moderator: It must have been difficult during what I would call, kind of the dark period, of this field of primitive skills as some of the students were former students of you and did not take things to heart. They took things to their wallets and their intention, if you will, was to be somewhat punitive, and you at that time looking over historically were sort of a lone voice saying, and there were certainly others, but in the West, I could not see a lot of others besides ANASAZI in that you are one of the few, you're the first not for profit…

Ezekiel: And the first licensed…

Moderator: The first licensed. Can you tell me a little bit about how you came to that decision to be a not for profit versus for profit, and there are many, many programs that are for profit? Then secondly, about how you went about going for the licensure and trying to move that direction, and so that is two points.

Larry: Zeke's good on that.

Moderator: The licensure or all.

Larry: Both.

Ezekiel: When Larry invited me to come and join him again, you need to know that I had a wonderful job. I was the director of training of the Missionary Training Center. I supervised over 200 language teaching teachers.

Moderator: For…

Ezekiel: They were going out for different missions for the LDS church, and the responsibility was mine to train in the Asian, Pacific, and European languages, which consist of German, Swedish, Danish, Thai, Russian, you know, Mandarin, all these languages, none of which I spoke, but I supervised the teaching because I had young men and young ladies that learned those languages, and I supervised the training of missionaries in that. Larry comes by one day and says, "Hey let's start a program again. I found a place in Arizona that is beautiful terrain, and edibles…," and he just described it, and you know my heart started to pound, but I just had my 7th child born to us. I had been in this position for five years which means that I was going to get a five-year little award, that signified that my wife now could go back to school, have tuition paid, and if I retired there, my children would all have tuition, and Larry comes and invites me to go out in the desert and start a program, and I said what kind of money do you have? He didn't have, I think only what $30,000, and he said, okay let's go. I had a 401K, I had wonderful insurance, and Larry, I said how about insurance. He said we will figure that out, that is how he worked you know. So, you need to know that I did not want to come with Larry. That is not what I thought I was going to do with the rest

of my life. I found a little niche. I knew that what I was doing was important, very important, but in the midst of this Larry was insisting that I give him an answer. One night I had a dream and I saw these young people coming toward me, and as far as the eye could see I saw the line of young people coming to me, and they were coming and some of them were hugging me, and thanking me for the small part I played in their lives. I woke up from that dream, I woke my wife up, and I said we are supposed to go with Larry, and we packed and we then joined Larry in the desert. And so, Larry had said, because I have experience with that program Larry mentioned, and they made a lot of money, they figured out now that it is going to work and make money, and he says we can retire. So, it was for profit when we joined together, but in the beginning all our families, he had 10 children, I had seven and we put them all on the trail. In fact, Sherrell, with the very first group that went out, Sherrell, his wife, she was the very first TrailWalker, and she stayed out 40 days with those children, 40 days, and brought her children too. No, they went in and out, they helped the program.

Larry: Four of my children were instructors, and . . .

Ezekiel: . . .and three of mine. That was the beginning, but in doing so we did everything. I was the first shadow, or therapist, and I had never been trained in it, but I did not need to be trained because I was not following the philosophies of the world, and so in the midst of all that we used to answer the phone too when we were in town, and one day I picked up the phone it was a mother whose husband had left her, and the oldest boy was going haywire. She had no money, no insurance, and she is pleading with me, help me, help me, and I couldn't. That night I went to sleep, and I could not sleep. It was just a long night. The next morning I went to Larry, and I said Larry, let's go up to the Mogollon Rim, I need to talk with you. And, even though we were busy, Larry was kind enough to go. We spent about ¾ of the day up there, and I am trying to convince Larry to give it away. I said, let's give this away. Larry is saying, what can we retire on? We got to retire. We are not young anymore, and we talked, and we debated, and we discussed, and we prayed. By the time we got off that mountain we both knew that we needed to give it away. We came down and told that wonderful Mike Merchant to go ahead and start the procedures

to make it a non-profit. Oh, they were devastated, because they were hoping to have a piece of the pie, and Mike was obedient, and we became non-profit to the fact that we give anywhere from $400,000-$500,000 worth of scholarships a year to needy families. I am 65 now, and hopefully by the time I die we are giving a million dollars a year in scholarships for needy families. So, we are non-profit. We don't have investors looking over our shoulder saying, are we making any money. We concentrate on the work that we are doing on the individual, because we don't have anybody we have to respond to saying, well, yeah we are not making any money for you guys, and then they pressure us. The only pressure that we have is to make sure that we do our job well with these children, and that we are honest with them. So, that is how it became a non-profit foundation, a 501(c)3 program. So, we give ourselves a salary and just continue doing the work. We could have made a lot of money with this. But, that is not what I was sent to do in my dream. We are supposed to love these children and send them back to their families so they can be successful, and then they have a mushroom effect so they can help others.

Moderator: It seems like, was that part of your motivation. I think it was '80 or '92 or 93 that you went to the State of Arizona to look for licensure or insurance reimbursement? You two are also brought up in a piece by Keith Russell that you look for either regulation or insurance reimbursement by the State.

Larry: I don't recall much about the business part of that. You could ask Mike better, but what we did, we commissioned him to seek out the best path that we could follow with regard to regulations. Prior to this time, no one told us what to put in the food packs, no one told us how many calories they had to have, and so we would take students out there, and they would live off the land. They would come back 10-15 pounds lighter and healthier, and it was great, but then people started saying, well, you know, with all the problems that came with Challenger Foundation and the brutality that they were experiencing there, our students were not experiencing any kind of brutality or any kind of problem that way. They were just living a real life in the wilderness which was very healthy and very good for them, but as the states began to get involved we knew that we had to meet with them and try to give them a picture and a vision of what we were doing so

they wouldn't only see all this bad stuff that was going on, and it was about that time that there was some big trials and editorials come up with Challenger, and Deseret News, not Deseret News, KSL TV had an editorial in which they denounced all wilderness programs, and then they said if anybody wants to rebut this, they said to write so and so and contact us, and we will give you time on the air. Well, at that time we sat down and wrote our rebuttal as to what we were going to say about wilderness programs, and, was it you and I both went there?

Ezekiel: You went. We both went, but you were the one interviewed.

Larry: We have this written in case you want that. That was like '90 …

Ezekiel: That was in '90.

Larry: And we challenged KSL on their assumption that all wilderness programs should be deleted, and it was very effective, and it convinced them, and we were treated very nicely and very well, and the news went out, and things started to get better after that. It was during this time that we decided to finalize and present the idea of the Ten Principles, that was in '90 something, '92 I think.

Ezekiel: I want to go back and clarify something. By the time, when both our families were working out there, by the time Mike and others came to help us organize the business, we had already been licensed by the State of Arizona.

Moderator: You had been licensed?

Ezekiel: Oh yes, in 1989 we were licensed.

Moderator: And that was licensed as a wilderness program, they did not…

Larry: Well, it was licensed through an agency of the government of the State that really did not fit.

Ezekiel: Because they had never had that experience before, and they checked us out carefully. They gave us a license to operate so that we could take children in, because you needed a license to be able to work with children. At that same time we realized that we needed therapists to work with us, you know, so we began to hire some of those people to meet the license.

Larry: And retrain them (laughter).

Ezekiel: By the time that Mike came on, Mike will tell the story

Larry: That was in '89 that we got licensed.

Moderator: Probably the first that was licensed.

Ezekiel: We were licensed and able to operate so that we could have use of the forest lands and BLM lands, and so yes by the time Mike came on in 1990 we were already licensed, and he wondered how we had ever got a license, but I think it is because hearts were softened, and what we did was not punitive.
Larry: We took those agents out with us on the trail, and they saw what was going on.

Ezekiel: They thought this was wonderful, that children needed this kind of program. So, by the time others came to help us we had been licensed. I don't know how we did it, I can't tell you, other than the fact that we were licensed. It was really interesting how the way was open for that. And then when we became non-profit we had to go through the same hoops. Right now, they had just changed their name…JCAHO is no Joint Commission, and we were one of the first to qualify for that also.

Moderator: I think you were the first that I could find.

Ezekiel: We were the first ones that were nationally accredited. So, in a sense we were the first ones that started pioneering some of those things. So, by the time, what is it called, the fan that hit the?

Larry: Never mind.

Ezekiel: By the time all the commotion of young people that were being abused and dying in programs, we were already licensed. We already had a program that we were utilizing and training on. We were trained in wilderness first responders. We were doing everything quietly ourselves out there. By the time Utah discovered, oh, these programs are not licensed, we had been licensed for a couple of years. And, so when people tried to find fault with us they couldn't because we had already followed all the procedures, just because it was our desire to follow procedures to make sure that we were doing and following everything that we needed to be following so that we could do our work. Not necessarily that we licensed ourselves so we could have a protective layer, and what we did inside that protective layer was our way of walking with the children, nobody interfered with that, and everybody that came from the licensing bureau went out there and spent a day with the children, and they came out saying this is just wonderful, and they kept giving us the license over and over.

Moderator: That is wonderful. One of the things I have also seen and heard word of mouth, people have either worked for you, been to the BYU classes, helped to found some of the following programs, and maybe you could help if I'm missing some, SUWS, Aspen Achievement, and then within those programs Second Nature was founded from people who went to those, RedCliff Ascent was founded. Do you know of others?

Ezekiel: Oh my. I never kept track of those. For myself, I think it is like a feather in our caps. The way that they do things I might not approve of, but at least it is like multiplying our hands. We are barely scratching the surface. We help about 200 families a year, and there is so much need for other good people to be involved. Now, there is a time that Larry mentioned to me something that I agreed with, and I still do. He said that they have the skin but not the heart because some of them were a boot camp mentality and were abusive to children which to us, you know, that is not acceptable in any shape, way for form. These are human beings and they have feelings.

Larry: Yeah, it was interesting when the big debate about punitive programs hit the news, and everyone was talking about whether their program was punitive or not, and everyone was saying, Our program

is not punitive, but they were operating under a different definition of what punitive is. To us it was, as I explained today in the Ten Principles, that was non-punitive to us, but to other programs you could slap a kid around, you could put him in detention, you could deny him food, you could do all kinds of things that were punitive and not be defined as being punitive. And so, it took quite a long while for people to come around to that notion that punitive means you do not harm that child, you do not punish them in a way that diminishes them, and so.

Ezekiel: I guess what I am saying, Will, is that I am a witness to you and whoever is going to receive this information, is that Larry and I did not change what we were doing because of things that happened in other programs. We were already doing what we call the ANASAZI Way philosophy in treating the children and respecting them for who they are, their dignity, because they are human beings. We did not alter our way that we did things because there was rules and regulations that we were setting up now after all the incidents, we never did. We just kept doing what we were doing and trying to make it better each year. Do you understand what I am saying?

Moderator: Absolutely, Ezekiel and Larry, actually programs are more like you now than they have been, I believe in 15 to 20 years, that things have developed in a way that people came back to what you were doing.

Larry: And, you know what, one of the things that I have really appreciated about Mike and Zeke and as far as my own concerns are is that I made the statement back in 1988 that our job was to work ourselves out of a job. In other words, I wanted this philosophy to be spread into all the other programs so that they could be successful also, and if they took all the kids and we didn't have any, that's okay, if it would just happen. And, I think that today that is happening, it is really happening. As I stepped down from the podium after talking about the Ten Principles, this crowd of people came up and said, How do we get a copy of the Ten Principles, I want those Ten Principles in our program? And I just say, it is on the website, anasazi.org.

Moderator: You guys have always been pretty willing to share.

Ezekiel: Yes, in fact that is probably why we have never made any money (laughter).

Moderator: But, I hear clearly this is not about money.

Ezekiel: You know what, and this is not ours. As we ponder and we mediated, it came through the sacred wind to us how to treat the children, how to treat each other. So, it is not ours, so we have no ownership. I give credit to the Creator because he loves us and he loves his children. He wants them back to their families to their belonging place--we are just helpers. We are just helpers. In the process of helping, we are the ones that benefit the most, you know, we are not perfect, but I do know this, we need to be standing just a little higher to lift somebody up, so we have to be careful how we talk, how we act, what we do. We have to live in a way that the children will never be embarrassed to see us one day when they could say, "Whoa, they just acted like that on the trail, but there are different when they are off the trail." We want to be consistent throughout our lives so that those who walk with us can see that this consistency and way of life is possible for them as well as for us. And, that is what we are about.

Moderator: Well, I want to thank you both for what you have done, not only for your program, but for all of us and for all the families because the two of you, if you will, have helped millions, millions of children by your influence, and I appreciate that. Thank you very much.

Ezekiel: You're welcome.

Larry: You're welcome. Thank you.

Origins And Directions Of Therapeutic Camping

Grover C. Loughmiller, Ph.D.

Editor's Note: This text is a portion of the presentation presented by Dr. Loughmiller at the 2008 NATSAP Conference. Due to size and available space portions of the presentation have been edited.

I'm going to start off today talking in "broad brush strokes," first by mentioning the path on which my father developed, a path which may have made him (in his own small sphere) a man for the times. My Dad's life quietly evolved along a track that was different than most people. He was born in 1906 to a farm family and had 7 brothers and 3 sisters. He lived in a time and place where the south end of a hoe convinced more people to go to college than are convinced today by all the vocational tests administered. My Dad worked on the farm, and he knew what it was like to pick cotton in the blistering sun day after day, hour after hour, and he knew the importance of that monotonous doggedness to his family's survival. He also knew what home-made fun was like, and he shared endless stories of pranks and good-natured fun he had with his brothers and sisters and others in his community. He knew what it was like to grow up in a small group about the size of the groups we had at camp. With 13 people being in his family and him falling almost dead center in the birth order, this was a position where you learn to feel comfortable in both taking orders from those older and giving orders to those younger. This also was a place where you learn to get along with many types of personalities, a place where you don't stand out and learn to feel comfortable with obscurity, humility, and not being the "star," a place where you can understand the ideas and feelings of both younger and older siblings and help them bridge their differences and create harmony.

He knew the natural and logical consequences of not paying attention to Mother Nature. He learned that not doing this was the best way to insure non-survival. Authority, therefore, was imbedded and invested not only in people, but in the very nature of every living, breathing moment. Authority people and their admonitions were seen as friends, people who taught you how to escape Nature's "spankings." The connection between hard work and survival was very close, and

explanations of such were not hard to understand, even for a young child. The inadvisability of trying to be a "free-loader" was self evident in all aspects of life. He knew what poverty and good fortune were, as his dad and the family lived through both.

His Dad and Mom were both known as honorable people. He learned this gave you a good name, and that a good name meant something. It meant that you were a consistent force for the good in life and that people could depend on you for that (i.e., you could be trusted). He also knew that you didn't just stumble upon a good name, but that it came by the "day-in-and-day-out" of living your convictions, even when the North winds blew hard. I'll share a couple of examples of how he learned to live by convictions that came out of his early family life. Although some of these experiences are landmark memories that were deeply etched into his mind, they represent only a few of thousands of similar watershed experiences, from which each drop had its formative impact on my Dad's value system. Values are not created in singular experiences, but by the daily events of daily life. The "Gettysburg Address types" of life statements only mirror the seeds growing all along that show up in full flower under the test of the smelter's fire. It separates the gold from the dross, and the wheat from chaff, and shows the culmination of all the little watershed drops.

First, I'd like to tell you about my Dad's father, George Jasper Loughmiller. He raised his family in Van Zandt County for the most part in the small community of Wallace. His dad was known as a quiet man, but one who knew right from wrong. He became a wealthy man by the standards of his time, having a grist mill, five farms, and a cottonseed business with warehouses all over East Texas and shipping to places all over the United States. However, in one flooding year, his entire stock of cottonseed was washed out and was degerminated by the heat of wet seed in the storage warehouses. He had made commitments to the banks and when the entire crop failed, and the seed had to be sold at the cottonseed oil price, he was left with no way to pay off his commitments. Others in his position declared bankruptcy, but he refused to do so even though his own banker encouraged him to do so. Instead he sold nearly everything he owned, paid off all his debts, and at age 61 got back behind the plow and grubbed a living for

the last 20 years of his life. He never got his head financially above the water again. But to the day he died he could walk down the street and could look any man in the eye because he never made another man suffer for or carry the burden of his misfortune. That's what integrity and honorableness meant to him. It wasn't a "fair weather" or "sometimes" concept. It meant that when life calls on you to do so, you put all the marbles on the line, walk away, and you don't look back. You do the right thing because it's the right thing, and you don't stutter or stammer about it. That's what my dad's father did, and you can't live with a man like that without some of it rubbing off on you. And a lot of it did rub off on my dad and his brothers and sisters.

Second, during the time when my Dad's father had more money, he wanted a church for the community. So he quietly got three other men in the community together and they, without any fanfare, provided the money to build the church. He not only provided the money but helped provide the labor. The church still stands, and a state historical marker placed on it long after he died lists his name as one of the four original contributors. When he had no money, he gave his labor to build a bowery and picnic area beside the church. Having money or not made no difference, because for an honorable man integrity precedes all other considerations and is not affected by the winds of fortune. These lessons were not lost on my Dad.

I remember another story he told me once that apparently made an impression on him. One of the farmers who brought his corn every year to grind at his Dad's mill, yet one year did not come around. In those days they milled on the shares, with the miller getting a percentage of what he ground. My dad and his father met the man downtown one day and his dad asked the man when he wanted to get his corn ground. This man told my Grandfather that he'd switched to McCarty's Mill because McCarty charged only 1/5, and my grandfather charged 1/6. The man, an uneducated man, did not know much about fractions, and to my father's surprise his dad never corrected the man or explained that 1/6 is less than 1/5. I guess he knew who he was and figured the man would find out in time. Such stories about his quiet integrity are many, and I have heard many others from his sons (on whom his actions made a deep impression). Two of these sons remained in that community, one being the county school superintendent for 20 years

and the other serving as a district judge for an equal number of years. And, of course, you know what my dad did with his life.

On at least one occasion, I got to see my dad experience the long term benefits of that good name. Once in 1950 when I was a teenager, our family was traveling to Dallas to visit my Aunt Mary for three days. We had a 1941 Plymouth, and just as we were about three or four miles outside of Canton, near where my dad was raised. The front wheel of our car abruptly rolled off, not just the tire but the entire wheel housing. My father was able to bring the car to a stop without incident. Nearby was a farmer's fruit and vegetable stand. My Dad asked the man there if he could use his telephone, and that was fine. He called collect to my aunt so as to not put his call on the man's bill, which was the only way you could do this in those days. In so doing, he had to give his name to the operator. After he got off the phone the man asked my Dad, "Did I hear you say your name is Loughmiller?" My Dad answered in the positive, and then the man asked him if he was related to George Jasper or A.O. Loughmiller and he said, "That's my father and my brother." With that statement the man said, "You folks take my car and go on to Dallas and bring it back when you get through with it, and I'll have my son (a mechanic) fix your car while you're gone." Although accustomed to country hospitality, my Dad was surprised by such a generous offer. He had never laid eyes on the man, and as far as he knew the man had never laid eyes on him. Many things go through your mind when a man makes an offer like that. I don't know what went through my Dad's mind, but I know what went through mine. I wondered what sort of experiences he may have had with my grandfather and his son that would prompt such trust and generosity. As you might guess my Dad was reluctant, but the man insisted and when it seemed that the man would be more offended if we didn't do it than if we did, my dad accepted his offer. We were gone for three days and when we came back, the man returned our car in working order and refused to take a penny for fixing the car or for use of his car. My dad's father had been dead for eight years at that time, but obviously was not in the man's memory.

His mother shared similar values of integrity and honorableness. When the Second World War broke out, my Dad and seven of his eight brothers immediately volunteered for military service. The thought of

waiting for a draft board call never entered their minds. It was *your* country. You *defended* it. To them, waiting for draft board calls was what people without principle did. In any case, my Dad told about what happened at the house one evening when the remaining brother who hadn't volunteered was present. My dad's mother was not much of one to warm up to a subject, especially when there was a matter of principle involved. My dad said that she asked his brother why he hadn't volunteered and he said, "Mama, the draft board will call when they need me and when they do, I'll be ready." My dad said she was silent for a moment and made only one terse statement, which was, "I'd hate for the shame of a draft board notice to settle on my head." She said no more, and my dad said that her comment was followed by a profound silence. He reports that later his brother came to him and told him, "When your own mother tells you that, what can you say?" The next day he went down and volunteered. It wasn't that she wanted her eight sons to die. It was that to her there were certain principles that were higher than personal safety and personal needs. They were not to be adjusted according to circumstance. As a footnote to that, that particular brother of my Dad lost one of his legs in the marine amphibious landing at Guam. Even so, I'm sure my Dad's mother never looked back with regret.

One last story to share about what went into the making of my Dad. When he was in Weatherford College during Depression times, even with his work as janitor at a local bank he was unable to get enough money together for tuition. So he wrote his mom saying that he was dropping out of school temporarily for lack of funds. This was not a request or even a hint for money, just to inform her. His mom, in difficult circumstances herself but caring about him, unbeknownst to my Dad, wrote the President of the small college and asked if there was some way he could help her boy. The man was able to arrange a tuition loan of $50 for him that he could pay off a little at a time and continue in school. Concerning this event my Dad said, "Mr. Borger (the President of the college) never did tell me Mama's part in it, and Mama didn't either until 10 years later." This sort of quiet and caring integrity sticks in a child's mind. There was no pomp or ceremony, just a silent, caring gift. She just figured that it was the right thing to do, and that if my Dad ever learned of it, he could figure out its meaning. My dad was like that. He never made grandiose announcements about

the good he did or why he did it. It was just the right or honorable or caring thing to do.

Many other things went into making my Dad who he was. With his mom and dad signing for him, at age 16 he went into the Merchant Marines. He traveled around the world several times, getting education when he was in port and using money obtained from his trips to make college possible. Always a curious man, he had an insatiable thirst for knowledge, more than anyone else I've ever known. He found the idea of learning being something you did only in school or in a building to be a foreign concept, so foreign that he could barely contemplate it. He learned everywhere he was and had a store of knowledge that ranged from metaphysics, recognition of hundreds of bird songs, knowing how a squirrel determines without cracking which pecans are good and which are not. (Note: My Mom kept a squirrel for one of the boys over a home day and fed him pecans. The squirrel threw 15 or 20 out of the cage and my Mom and Dad cracked all of them to verify the squirrel's judgment and decisions. How many of you would do that?) Learning like this was not just something they talked about. It was their life, and living with them was like living in a "Learner's Wonderland." They had nothing against books or book learning, having written 10 themselves on topics ranging from a guide to flowers to therapeutic camping to history.

While in the Merchant Marines and on a boat, my Dad found a book in the ship's library that he read at age 17. The major message of this book was that if you picked out someone that you didn't like, and for 30 days acted as if they were your best friend, you would come to like them. That fit my dad's temperament and he latched onto the idea. He immediately tried it out on the ship's Second Mate, a man universally disliked on the ship. He made him a dedicated friend (even at age 17) and continued as a life-long pattern a determination to never let anyone be able to do anything that would cause him to see them negatively or as an enemy. He was a second Will Rogers, and he and my Mom both were determined to love all other people. They were very successful at it, and conversely I've never run into anyone that disliked them. There may be some out there, but I've never run into them.

In my Dad's college years during the Depression, he hoboed around the country and lived in "hobo jungles" (as they were called) here and there, using his thumb and hopping freight trains as a means of transportation. He rubbed shoulders with every conceivable type of person and saw all parts of the world, so he had a broad liberal arts education long before he ever graduated from college with even his first degree. Rubbing shoulders at close range with people of every shape, form, and variety I think made him less judgmental. It also made him more inclined to see the good in people that sometimes was lying well beneath the surface. My Dad also loved the land and nature. He was even a realtor for about a year and found people and the land his greatest sources of learning and entertainment. When I was 12 or 13 years old, he strongly urged me to read "Sand County Almanac" and "The Web of Life," two landmark books on ecology. He was interested in ecology long before Rachel Carson's "Silent Spring" and the subsequent ecology movement. He cared deeply about nature and felt a deep responsibility toward preserving the earth and working with the earth rather than arrogantly "taming it." He would be almost as offended by someone hacking on a tree with a hatchet as he would be if they hacked on his leg. He felt a keen responsibility to Nature and the preservation of the balance between man and Nature. He said the most spiritual experience he had ever had as being when he was in the Galapagos Islands and a mockingbird, without any apparent fear or concern, lit on his shoulder and stayed there for several minutes. In his life, his pleasures were simple and he regarded possessions as a burden that restricted freedom of movement and which made constant demands on you. Therefore, he lived his life traveling light. Most of the wealth he accumulated was from investing in the land he loved.

All of these and many other factors forged my dad into who he was, and they had their most fruitful confluence in his work at the camp. My Dad reached back to his farm-era notion of survival where you cooperated and worked together with Mother Nature, or She gave you a learning experience you did not forget. He reached back to the quiet, principled caring; to the firmness in what's right, to ascribing of dignity to all people and a resolve in what they could become. That's why he fought so strongly against incursions of the "modern ailments" in any shape, form, or fashion at the camp. He knew that it would simply transport the cultural malady into the campsite which would

only bring the virus to our doorstep and frustrate the good he intended to do. It was (and is) a constant battle. As my Dad said, "We have had to guard carefully against the gradual infiltration of ideas and facilities that would slowly but inevitably convert the camp to adult standards. There is no stopping these incursions once they have begun." And my Dad also knew that the boys needed more than a survival experience. Survival experiences prove individual mettle, but they don't require the daily, repetitive cooperation, caring, and leadership that creates harmonious and happy social living and good character. That cannot be taught in a week or a month. It comes through the furnace of daily living and is hammered into useful form on the anvil of unrelenting daily struggles and crises. The hammer must fall repetitively, over and over before the shape takes form. That takes time.

History: How Camp Came To Be

I'd like to turn now to the history of what has at various times been known as "Camp Woodland - the Salesmanship Club Boys' Camp," and various other subsequent titles. The Salesmanship Club of Dallas was organized in 1921 by a large group of Dallas businessmen who pooled their talents, benevolent interests, and money-raising capabilities to form a summer recreational camp for financially underprivileged children at Bachman Lake in Dallas. With the advent of World War II, they closed down their camp. When they re-opened operations in 1946 after the war, they decided to move elsewhere and change the focus of their child-benefitting efforts to help underprivileged boys experience the out-of-doors and camping on a weekend and summer basis. Following the completion of a degree in Philosophy and English from the University of California at Berkeley in 1935 (with a one-year graduate certificate in Social Work from the same institution), my Dad worked several jobs. These included his work as the Director of Welfare Services in Del Norte County in Northern California, the 8-State Assistant Regional Director for the War Food Administration, and several other government jobs related to the war before he took the job this camp. He was hired earlier by Mr. Ira McCollister as the Director of the Dallas City-County Welfare Department as its first Director. Mr. McCollister, later as Chairman of the Salesmanship Club Camp Board liked my Dad and what he did for the agency, and approached him on being Director of the Club's

new venture. He persuaded my Dad to go out with him to visit the 200 acre plot of land the Salesmanship Club had purchased, and I think that's what attracted my Dad to the position. Loving the land as he did, he was a "sitting duck." My Dad also became interested in the camp's possibilities. The Club wanted to do something more serious than just a "fun camp," and that interested my Dad and he accepted the position.

The Club sponsored him through a summer of training at Life Camp (also known as "National Camp") in New Jersey. This was an experimental camp funded for 10 years by *Life Magazine* for the specific training of camp leaders in camp directing, camp programming, and preservation of primitive camping skills and outdoor knowledge. Doctor L. B. Sharpe directed the "hands-on" training camp and pulled together a camp staff of what later became the "Outdoor Recreation" movement through people such as Ray Carlson, William Gould Vinal (Cap'n Bill), Rya Gellovitch, and others. At the request of L. B. Sharpe, my parents later served on the camp staff for one summer. I was permitted as an 11 -12 year old to be present and to tag along in this whole process, and it was a marvelous summer-long experience. There were hikes that waded hip-deep in the bogs while picking blueberries. There were all-day, cross country compass hikes in the Catskill Mountains to see how close you could come to arriving at the established destination (or alternately have to be rescued). There was swimming, canoeing, and other water skills in Lake Mashiplakong. Bark was peeled off of logs to get the raffia, and from this rope was made. Ash tree annual rings were soaked and pounded to peel off the strips that were later woven into packs. There were nature hikes with those who quoted from their own books, and those who had a deep knowledge and appreciation of nature. There was the primitive cooking of breads, desserts, and buffalo steaks on live coals. There were campfires, rich in singing, folklore, stories, and fun. And there were processing sessions around a pot-bellied stove as shavings from wood carving littered the floor during the talking times. My Dad was raised in an era when primitive skills camping and nature were much more a part of daily life than now, and I'm sure the experiences he had here added a depth and focus to the camp he later developed. Friendships he established there also continued throughout the rest of his life, one group being the National Council of Churches. This group

later asked my parents to write a set of two books for church camps across the country to use as a training guide and reference manual, which they did.

Armed with these additional experiences, my Dad and Mom returned to their own camp. I definitely should add here that my mom was a very integral part in the whole process. Although she was always content to be out of the spotlight, she was a very bright and capable person in her own right. She possessed a perpetual "sunny" nature and early-on served as camp nurse, cook for a period of time, nurturer, therapeutic counselor to camp counselors, a caring listener to all, secretary, dietitian, and an effervescent "lifter of spirits" to all she met. She was also a penetrating thinker who added dimensions to many of my Dad's thoughts. Above all, she was an untiring worker, hostess, and mother. Though usually in a supportive role, her contributions cannot be over-estimated. She was pulling in the traces right along with my Dad all the way, and she added dimensions that would never have occurred without her presence.

As a family we always lived on the camp property, and our house was always a hub of camp activity (especially in the earlier years when the first camp secretary used a corner of our living room as her office). Perhaps you can imagine or contemplate what it might be like to have a secretary in your living room every day! Fortunately, the secretary was a fine person and became a part of the family. At the outset my Dad hired two well-educated individuals, Oswea and Alejandro (who were students at Perkins School of Theology at SMU) and others, to help with campsite construction. Others, including theology student John Spencer, were hired later on as camp counselors. Some of these individuals stayed with the camp many years. At first we used tepees as tents, and had one campsite of eight boys shortly became two and three campsites. My Dad got campers through connections with Big Brothers and other social agencies. These were boys from urban areas with "city-boy notions" (e.g., one boy woke to find a possum on the woodpile and declared it to be a "wild boar").

Most of the boys were basically good kids who benefited primarily from exposure to new and exciting experiences of hiking, fishing, bird watching, animal lore, etc., But some of the boys exhibited

problematic behaviors requiring appropriate attention and ways to deal with this behavior had to be generated. This was not a formal scientific process, but yet it followed the basic processes that parallel all scientific knowledge. You present the problem, determine what the central ingredients of the problem are, and decide what interventions might affect or alter the outcome. You try out your small theory, and if it works you draw deductive conclusions. Inch by inch, the process began. Experiment upon experiment led to better practices, as well what we learned from discarded ideas. We began to generate more effective strategies for dealing with behavior. Central to all of this was "a criterion for effectiveness." Not all ways to achieve good behavior and good character are equal in merit. This is where my Dad's particular set of talents and history proved beneficial. All methods influencing behavior had to reach certain standards such as:

• Did they achieve a more loving environment?
• Was the boy's free agency trampled in the process?
• Was respect and caring maintained for the boy being dealt with?
• Am I being a model of fairness and caring?

My dad did not start with any preconceived theory to prove or implemented plan. All steps were taken on a day-to-day experimental basis, incorporating into tomorrow's actions with the things learned today. This "store of useful knowledge" accumulated and increased in volume and the boys responded. Instead of being disabled by one or two boys or incidents, groups dealt with the issues and progressed. Dealing with problem behaviors began to become an inherent and integral part of the whole outdoor experience.

Note there was no initial thought or intent of working with emotionally disturbed boys, but some were accepted for one reason or another. In some cases, the boy's family situation deteriorated while they were at camp for a month in the summer. Therefore, they were held over for a second monthly session and some even a third month. In other cases, boys were making giant strides in progress and stayed to continue to expand their gains. In all these cases, the staff noted substantial improvement in the behavior of these holdover boys, and it fostered the idea of long-term camping for emotionally disturbed boys. Two boys in particular caught my Dad's attention. Both came to

camp barely able to be understood due to speech problems, and both had been in speech therapy for years. In three short months without a word being said about speech, both boys spoke clearly and fluently. This encouraged and excited my Dad and the boys' parents, and he told my mom, "What we've got here is dynamite." These and other similar experiences led my Dad to present the idea of long-term, year-round camping to the Salesmanship Club Camp Board. After some discussion, a plan was forwarded for setting up the program initially on an experimental basis. School and other necessary approvals were obtained (I might add here that the schools were only too glad to be shed of these boys who were a thorn in their side, so permission to participate was fairly easily obtained). The program began with 8 boys and 2 counselors. The success of this initial program ultimately led to expansion to 5 groups of 10 boys on sites scattered out over the 200 acres of wooded land with a huge natural spring that provided water for the camp. These boys were not the kind represented in most therapeutic camps today. They were seriously disturbed or character disordered boys. For example, in my group I had one schizophrenic boy who would pick up and eat raw frogs or raw anything if not watched. Another was from a West Dallas street gang, and another buried a 6-inch knife blade in another boy's belly in a street fight, so success with them was not a trifling thing.

At the outset, our house was the only permanent building on the property. It was a log house built of trees cut off the property and supported with concrete. The logs were not squared, but simply laid on top of another as in frontier times. Since the logs were put in place while green, they shrank and the old house leaked air like a sieve. It had to be laboriously caulked to slow down the winter winds, the scorpions, and copperheads infiltrating the house. It was normal to catch 5 -6 scorpions a day in the house. An interesting sidelight is that the property was purchased by the Salesmanship Club from a Mr. Cane who won the property in a bet on a single hand of poker. All foodstuffs, bedding, supplies, tools, etc., initially came through our house, as did all staff meetings, counselor training, visitors, and telephone calls.. That tells you a little bit about my mother's patience.

I was nine years old when we moved to camp in 1946 and lived there continuously until age 20 in 1957. I was counselor for

four summer sessions (three with full-time groups, and another with boys brought back for a "refresher course," something tried for a few summers). I served as relief counselor for a year and worked there full-time for a year after I got out of the Marine Corps. I was raised in it, lived with it, heard it talked about in our house, on the phone, around the table, in staff meetings in our house, in crises that landed at our house, and when going to pick up runaways or new campers. In this way I was immersed in a lot of learning that I hardly thought of as learning at the time. Much of it has "stuck."

Evolution Of Camp Concepts

The lore and store of learning at camp grew in volume like raindrops on the watershed. I cannot possibly mention them all, but will mention at least some of them. I will then focus in and expand on a few of the most central issues, without which the therapeutic camping focus that my Dad and others developed could not have existed. Some of the evolutions were as follows:

1. At the outset, some of Club members were bound and determined to put in electricity, flush toilets, and roads to all the campsites. They wanted to clear the land and the Club wives wanted to plant flowers around the trees. My Dad successfully resisted all of these "upgrades" except the flowers. These were later "fertilized" with salt, and you know not a single one of them made it/survived!

2. Familiar with their recreational summer camp of previous years, many of the Club members wanted to have competitive sports (e.g., baseball, football, basketball) as part of the program. My Dad never let them be brought onto the property. He felt these could be obtained at school or at park programs and fostered a competitiveness likely to discourage already discouraged kids. In addition, he stated that the boys, "… are too insecure to be good competitors. It would take more umpires than players to conduct a game of baseball or any other game played according to strict rules…..The idea has the same logic as trying to get a boy with a broken leg to enter the relays."

My Dad encouraged self-created games, many involving cooperation rather than competition and evolving out boys themselves.

3. The first winter the boys were at camp we had the biggest snow in years. Club members were calling right and left, worried about boys in their tents. Meanwhile the boys were sledding, slipping, and sliding and having a great time. This winter helped confirm that it was possible to have a successful outdoor camp in this part of the country on a year-round basis.

4. From the outset the boys also did their own washing in a tub with a washboard. This was later abandoned in favor of a central washer and dryer, and even later hiring someone to do the washing to give the groups more discretionary time for a broader range of activities.

5. Having the boys cook all of their own meals at camp was also an initial part of the curriculum. This became optional, with the boys generally eating in five days and out two days (as well as any other time they wanted to, such as when they were doing camp construction and didn't want to stop their activity). A man was finally hired to live and cook in an old dilapidated house on the property we fixed up enough to serve this purpose. A big tent pyramid was raised outside of this house and became the first "chuckwagon.." Later on we built a "permanent building," and two young girls served as camp dieticians with Mom Taylor as cook. Although the two girls were wonderful persons and well-trained, they nearly starved the kids and counselors with their small serving portions.

6. During early phases of the camp we had a park/picnic area, a rifle range, a swimming pool, and a few other things of this nature. With increasing experience, these were all eventually abandoned, as my Dad did not favor "gadgets" (as he called them) or "stations" where you went to do a set activity or some pre-packaged experience. Daily life

experiences seemed to have more to offer the boys, to say nothing of reducing the maintenance of equipment, going to check it out, and having to schedule to use the facilities at a certain time to conflict with other groups using them.

7. Many other suggestions were made by well-meaning people who didn't understand the type of boys we were dealing with and who tried to press my Dad on various ill-conceived ideas. Some of these would be appropriate for well-grounded and well-functioning kids (e.g., playgrounds, archery, horses, gardens, cabins, formal schooling, ranching). Some of these were tried and some were not. All were abandoned with experience for reasons such as dangerousness, limiting the flexibility of the group to move in any direction, making factors other than behavior the first order of business, taking away struggle or removing the natural consequences of Nature, and many required consistent and sustained efforts not characteristic of the boys' needs.

8. We went from total-camp campfires to small-group campfires (i.e., "pow-wows") trying to keep the small group at the center of the activity. We generally maintained the noon meal as a time together to share announcements, get a weather report, sing songs together, and to have a sense of larger community. We also retained the total camp church services on Sunday and Vespers on Wednesday evening. Total camp campfires became an occasional thing and then eventually were dropped in favor of not intruding into the small group's control over its own life and scheduling.

9. The age of boys accepted into camp changed some over the years and moved to younger ages, Those taken at an older age were generally less successful, and those over 15 were "worldly- wise," took longer to help, and two younger boys could be helped in the same amount of time necessary to help one older boy.

10. There were other evolutionary aspects of defining what camp was and was not. It was decided that camp would not be a farm or ranch. It was not a school, military school, ''boot camp," prison, or a hospital. It had no resemblance to any of these, with their regimentation and inability to adapt to the needs of a boy. Camp was also not an "excitement/adventure camp," even though adventure sometimes played its part. As my Dad stated, "A boy comes to camp for a purpose. He does not come to have fun, he does not come to avoid school, he does not come just to get out of an unpleasant situation at home. He comes to solve a problem, a problem that gets him into difficulties that he recognizes and is able to describe. It is undoubtedly true that the boy does look forward to having fun at camp, as he should, and that he will escape some of the tensions that he may be experiencing at home. And we work hard to see that he does but we never paint a rosy picture of the fun he will have, the canoe trips he will make, or other romantic aspects of camp life. Fun and satisfaction come from responsible living and this becomes self-evident to every boy in the group."

11. The idea of having the boy and his parents make a pre-camp visit and having the boys' consent became standard. We also had the boy set goals when he came to camp, and be referred back to in subsequent conferences with his parents, counselors, and the boy.

12. Girls were later added to those served, but my Dad insisted they be on separate property, feeling that troubled youth had enough problems to deal with without hormone-generated ones. It was also kept separate to reduce administrative problems and to reduce legal vulnerability.

13. Over time it became apparent that a good program was one that was well balanced with a set of plans where the boys were committed to accomplish these plans. This led to greater involvement by the boys and prevented many problem situations.

14. Over time we also found that groups without a developed culture and norms were more chaotic and hectic. Therefore we decided to release only one or two boys at a time in order to maintain the integrity of the group and to give each boy the chance to be the most experienced leader. This served the purpose as a sort of "polishing-off experience" before leaving camp. This tended to "cement" good qualities in boys as they became a leader and standard bearer for the good of the group.

15. My Dad always looked for educational opportunities and ways to milk a little more learning out of life situations. As time went along, trips were added, a camp newspaper, planning menus, a campsite library, a weather station, and even a snake pit (which we had to give up because it frightened the Club members). Over the years, my Dad became less inclined toward the heavy use of trips, especially those in buses where the boys sit and are delivered, spend a good deal of time in and around towns, and are off at a distance where counselors cannot be supervised and trained.

16. From the very beginning there always was a caseworker working with the boys, my Dad being the first. Later on he turned this role over to other caseworkers, and their responsibilities for working with families of the boys expanded. Club members were also later assigned to each boy who exited camp, and he served as a mentor for the boy and maintained at least monthly contact with him.

17. With increased experience, we learned that different kinds of trips fostered different types of benefits. River trips were known to be good for developing group cohesiveness, cooperation, responsibility, teamwork, leadership development, etc. Bus trips developed more social awareness, preparation for learning, self-discipline in social situations, meeting commitments, personal appearance, etc. In time, all these were downplayed in

favor of daily camp living and programming, the real heart of change in the boy. My Dad routinely asked each boy when he left camp what he liked most about camp. More than trips or other special experiences, the boys consistently mentioned building tents and chopping wood, two of the very basic requirements of camp living.

18. One of the things my Dad did well, and got better at as data and experience confirmed his position, was to serve as a guardian against specialization. With its constantly narrowing focus of attention, specialization often leads to the point where no one is around who sees the whole picture. We see this in medicine, computers, and in almost every field of knowledge. My Dad consistently prevented increasing levels and layers of services that put decision-makers further and further away from the person who received the service. Although the service of professionals was sought for specific cases and problems or for staff training, none of this distracted my Dad from the basic issue of how to be a friend to a boy. Because of his attitude, he avoided the labeling and categorization that characterizes increasing specialization. Although there were staff meetings, they were not "staffings" where 10 different specialties focus their attention on one person to get a composite picture that often ends up looking more like a camel than a human being. My Dad was not obnoxious about this, but he was adamant and persisted at achieving this goal. The boy who was in the relationship with him was the "Court of Final Appeal" for the merit or utility of any idea.

19. Church evolved from ministers of various faiths conducting the services on a rotating basis, with the counselors and boys leading them mainly because ministers were not familiar with the camp program and often talked in terms remote from the boys' experience. For example, one minister held up a burned handkerchief and said, "This is what your soul looks like," and then pulled out a white handkerchief and said, 'This is what it looks like after

you've accepted Christ and been saved.' My Dad told the counselors as they left the chapel area, "Correct as much of this as you can." We felt the counselors and boys knew what each other needed and were more down to earth. Involving them also helped the boys gain additional spiritual experiences and the ever-present opportunity for increased learning.

20. My Dad experimented with several time-off procedures for counselors (e.g., one counselor taking off the first half of the weekend and the other the second, having two relief counselors come in for a weekend, having a utility counselor come in to replace the counselor who was off). The split weekend became to be the standard, mainly to maintain the continuity of the boys' relationship with as few different people as possible. He didn't want the boys to have the equivalent of what so many have today (e.g., three fathers and three mothers).

21. Group sessions became more than storytelling or "gabby" times with experience. They also became more of a spiritual thing where there was a self and group evaluation, the promoting of good feelings, and fostering feelings of accomplishment.

22. In groups, problem solving took increasing precedence over all other aspects of the program. Being on a solid footing and having the entire group moving in concert became the first order of business. One boy's problem became everyone's problem, and each boy learned to sacrifice for the welfare and learning of others.

23. A "Ranchers" group (as it was called) was eventually established to address the needs of boys who were ready to return home. But these boys either needed more transitional assistance or did not have a satisfactory home situation for appropriate support. These boys went to regular public schools, but lived in housing on camp property.

24. One of the things that did not change over the years, but which could benefit many seeking to follow in his footsteps, was my Dad's fiscal frugality and Spartan-like budgets. In a time of unlimited spending, where residential care for a child with behavior problems can cost 2 to 20 thousand dollars a month, and where the "for profit" motto is, "We care about you as long as you have money or insurance," my Dad's program starkly stands out against such a notion. This included himself. He went for five years without a raise, and when he retired from the program in 1966 he was still making only about $12,000.00 a year (a very average salary at that time). On several occasions the Club offered to pay for my Mom to go to various programs along with him, but he always insisted on paying her way. My Mom and he refused to accept any money for the huge amount of services my Mom gave at camp. My Mother stated, "Campbell always operated the camp as if it were our money supporting it." Camp counselors were also not paid large salaries, and this helped sift out those dedicated to boys' lives from those who were more self-seeking.

Group Work/Group Process

A great deal more could be said about things that evolved at camp and took on different shades and hues over time, but time does not permit even a brief examination. But I would like to turn now to those things that my Dad would consider the most basic, core elements of therapeutic camping and theory. Without these, therapeutic camping (as my Dad perceived it) did not exist. As is unfortunately the case, many who have not traveled "the road each step of the way" fail to understand the importance of various practices and procedures. Because of this well-intentioned yet ignorant approach, essential elements can be discarded along the way. Before long all you end up with is a hollow form of the original.

Certainly the most central of all the concepts is group work and group process. When my Dad began the camp in 1946, group

therapy and theory of group therapy did not exist. It was not even available. He looked everywhere, trying to find information on it. The military had done a few preliminary things in groups, but this did not involve specific elements group dynamics and was more a matter of people listening while one person received therapy. Other isolated islands of rudimentary beginnings were present, but there was absolutely no body of group work knowledge. Every step of the way was self-created in response to situations as they arose in the group. This became the major method of therapy and vehicle for learning. Those who do not understand the group process can easily overlook its depth, particularly when watching someone who is skilled with the concept.

I remember a time when I had been a counselor a short while, but long enough to discover my ignorance in how to use the group process. One day I went down to Beavers' Campsite when Chief Mac was one of the counselors there, and had the group by himself on the weekend. When I walked into camp I saw what to me seemed nothing short of a miracle. The group was in the process of planning menus and was sitting around the kitchen table. Miguel Hernandez was leading the discussion on menu-planning. Chief Mac was in the background, working casually on a woodcarving and comfortably observing what was occurring. The boys were calm, almost sedate, paying attention to the project at hand. But others were also carving, one writing down the selected menu items, and one getting a drink for everybody. The campsite was spick and span. The trails were neatly raked. There was an air of peacefulness and serenity. At that point in my learning and training if I had experienced something like this in my own group, I would have thought I had died and gone to heaven or was having an out-of-body experience.

I also remember another time, fairly early in my experience at camp, when things reached their lowest ebb. I was a neophyte in group process, and had tried all the ways I was familiar with to bring about harmony in the group, with generally the opposite outcome. At one particular crisis point, I was trying to hold one kid down to keep him from kicking my shins. Another kid was trying to steal my pocket watch, another was hitting me across the back with a board, while yet another was running away. And the best behaved kid in the

group was sitting over on the ready logs crying. At about that time the Group Work Supervisor (Mac) was making his rounds to see how everyone was doing and walked into our camp. I felt like it must be divine intervention in my behalf. Only those who have stood in those shoes of desperation have any idea what I am talking about. His first comment was a friendly but commanding, "Hey boys, what's going on?" And miracle of miracles, they stopped in their tracks. He said to one of the boys, "Come here," and, to my surprise, he came instead of running the opposite direction. He told another, "Go get the other boys and tell them to come to the ready logs." And again, miracle of miracles, the boy responded and the group came. More miraculous than before, the boys sat on the ready logs like 10 relatively sane boys with a minimum of picking, jabbing, and putting sand on each other. They answered questions with sane answers. They came to conclusions and they had good feelings toward each other. I was relatively mystified by the whole process. It appeared so simple when he did it, and when he walked out of camp I felt like I was being thrown to the wolves but a few increments wiser. It took me 6 months to a year of experience at camp to achieve a reasonable facsimile of what I had just observed.

Like many things that look simple when an expert does them, group work is similarly deceptive in its apparent simplicity. As I watched Mac that day in the group, I couldn't imagine why I couldn't do the same things he did. Yet I'm absolutely certain that there were many things going on in his mind that never entered mine, things from experiences he had repeated over a thousand times over until they were second nature. My Dad stated, "Group life is always changing, and counselors are never able to maintain an entirely positive climate over a long period of time without occasional regression. In fact, there are times when a group gets out of hand and loses its control entirely. On these occasions, two counselors may not be able to restore order without intervention of the Group Work Supervisor or another member of the staff. These rare occasions are a cause for concern but not alarm, because we know from experience that group equilibrium will be restored and the group will again be able to proceed satisfactorily. Experienced counselors seldom let it get out of control. They are able to discern changes within the group that threaten its cohesiveness and take steps to deal with the situation before it reaches a climax. No matter how well trained or dedicated, few counselors have sufficient

sensitivity to group feelings to prevent occasional regression."

As my Dad said in another setting, "Group process is used all the time. It is a way of life, not just a treatment tool employed occasionally as "therapy." Group work skills must be taught on the job, as most counselors do not have them when they begin. It is the primary method we employ, and the one we find most effective. The values that are important in the life of a group emerge from the way they live and the decisions they make (and how they make them), rather than from discussions of hypothetical situations. These values have been hammered out of the daily experience of the group and not acquired by adoption. When a problem arises they solve it on the spot, and nothing supersedes this in importance. They are never too rushed to handle any situation as it arises. We are just living together, not carrying out a "program." We are organized to channel most of our help to a boy through the two counselors in charge of his group. Any trouble the boy has, and any difficulties he encounters, are dealt with in the context where they arise. All members of the group are familiar with the circumstances, all are affected, and all have an interest in the solution. It would be easy enough for a counselor to call a boy aside and come to an understanding, but this does not help. It is in the group where every member is a part of the group; that is where it counts. With the help and participation of his peers a boy is able to overcome the difficulties that brought him to camp. But what is perhaps equally important, he acquires a frame of reference, a set of values, a basic attitude, a tool, and a method that will serve him well throughout his life.

The continuous use of the group process in real life situations enables a boy to think, evaluate, and express himself. These are three vital aspects of democratic living. Where, and in how many situations, does Society really give youth actual experience in the very process we cherish so highly? There is no better place to teach the real essence of democracy than at camp. Respect for the dignity, the personality, and the rights of each individual are tenets of democracy and a foundation of our work with boys. This is lived and experienced. It is not something discussed in a meeting and forgotten outside, but the fabric of our daily experience. For this reason, the boys are not being prepared for life - they are living it. And when they leave camp,

they will not be catapulted from some laboratory experience or some "hot-house" environment out into the world. Their experience at camp has been real, and they will not have to shift gears when they leave. The methods and processes they use here can be used as long as they live. In other words, everything at camp is done as a group, not just solving problems, but education, recreation, planning, survival. Of course around the campsite one boy may carve, another read, one write a letter, two play checkers, etc., but even that they could all have "individual time," is a group decision. They work together - to plan meals, eat meals, build shelters, play games, go fishing or swimming, etc. It is like a family only more so, and pressures for cooperation, consideration, adapting to the needs of others, providing ideas and motivation, exhibiting attitudes of selflessness, and being caring are present in every activity of every day. This makes the group a microcosm and mirror of an ideal society with its organizations and structures. These are developed in the group under conditions of high motivation and investment (i.e., their plans, activities, eating, sleeping, warmth). It fosters the constant attitude of the second of Jesus Christ's two Great Commandments, often paraphrased as the Golden Rule.

This is the major curative aspect of the boy's "illness." They come to live in camp within the bounds of this universal truth and thus become cured of not only social problems, but of school, home, community, and even physical problems. As much as the group stability will allow, every experience is made into a group activity or learning experience. The counselor who guides this group process comes to represent what might be all the roles of social control and social benevolence in the larger society (e.g., parent, judge, sheriff, CPS, church, school, psychologist, service organizations). The counselor hopefully represents social authority in its most mature and caring form, but with the flexibility and speed of movement and action, and the consistency of application that could never be possible if all these roles were separately brought to bear. In this unified and trusted person, all authority, social control, and social services systems are embodied And attitudes of trust of all these systems likewise is developed at the same time, so that when the boy leaves camp he is generally favorably disposed to general authority systems that are present in Society.

Physical Punishment

Before turning to how therapy and group process are blended into a composite, I'd like to first say a few words about punishment because it was determined early on in the development of camp to never use it. So there were no "belt lines," hitting, slapping, squeezing, punching, individual deprivation, or any of the other myriad of physical punishments that could be done, including ostracizing. Physical punishment is generally individually administered, and is never as effective as the group process (which is a mirror of the best aspects of society, in part because it comes from peers). As my Dad stated, "Punishment puts people farther apart. It develops negative feelings among the individuals involved or reinforces a power struggle already developed between the boy and adults. The boys give us every excuse in the world to punish them and would be happy if we did. They feel secure in such a relationship. It puts them on their own battleground where they can take us without a struggle. If a counselor falls for this trap, however, he sets himself up for a losing battle and a lost cause."

I remember one of the most crushing experiences of my life at camp. I had mastered the basics of group process and I could move the group, albeit often with "dirt in the gears." Yet things in the group were going reasonably well. We were on a canoe trip and a counselor from another group had been transferred to my group to replace a counselor that had left. This new counselor apparently had "gotten away" with the habit of grabbing kids b*y* the hair of the head and shaking them. When he came into the group he began to do this. Since we were off on a trip on the Red River, it was easier to employ this behavior and not have observers. I noted that there were remarkable and immediate results of obedience that followed this form of discipline. I succumbed in times of desperation to copying it with equally good results. It was so much simpler, and got the immediate problem removed. After this had gone on for about a week, one of the boys in the group, Cary Ashton, who I dearly loved for his unabashed honesty, came to me and pulled me aside and asked if he could talk with me for a minute. I said, "Sure, Cary." He then went on to tell me that he and the other boys in the group had had a short talk after the previous night' group meeting and that he had been elected spokesman to come and talk to me. With his head down, and sort of kicking the dirt with his tennis shoes, he said, "Chief Grover, you never pulled our hair before Chief

Jim came into the group, and we liked you that way. We were just wondering if we could go back to the old way, and we'll try to be a better group." His words cut me clear to the core, and I must say that the tears flowed freely. I gave him a big hug, thanked him, and told him that so long as I was in the group, it would never happen again or anything like it. I then pulled my peer counselor aside and talked with him, and then we got the group together. And like the boys it was my time to face my music, and I did. It was amazing the immediate change that occurred after the group meeting. There was whistling, singing, and cooperation. Only then did I realize that although we had increased the level of obedience, that there had developed a pallor that had come over the group, a sort of deadness that was only apparent to me when it reversed. As Mac stated in his Counselor's Manual, "It must be noted that physical punishment or deprivation may stop a problem (e.g., "shut a kid up"), but they never solve one!"

Therapy At Camp - What It Is And Isn't

In what constituted therapy at camp, I would say that my Dad's therapeutic methodology never became captive of any school of therapy (e.g., Reality Therapy, Behavior Modification, Alderian Therapy). The therapeutic modality at camp rose out of daily experience and was distinctly unique in its own right. It was far ahead of its time, and even now not fully understood and appreciated by most. Essentially, all therapy that occurred revolved around group process as described earlier and was implemented by laymen trained on-the-job. Whereas traditional therapy in an office attempts to solve narrowly defined problems from a remote setting, therapy at camp did the opposite. It approached a broad range of total living experiences in context, with the "helper" and guide being constantly present to assist and strengthen at every step taken along the way. In this way, problems of every shape, form, and description were met as they occurred, and the boy gradually worked all the "knocks out of his engine until his whole engine ran smoothly." In other words, the therapy process was holistic. Help in one area naturally assisted growth in other areas, and each round of help in one area assisted the whole organism to become better functioning (e.g., like replacing tires, giving a tune-up, and changing the oil each favorably impact the other and have a cumulative effect greater than the sum of the individual

maintenance procedures performed). The two boys I mentioned earlier who overcame their speech problems were the seed that sprouted my Dad's initial belief that if you treat the organism holistically rather than as a specialist would approach it, the organism would heal itself of all its specific maladies. As my Dad stated, "We have all kinds of boys referred, diagnosed as having everything from schizophrenia to dyslexia. New labels are constantly being created to describe them, and yet 85% of the seriously disabled kids in our programs make a satisfactory recovery and are able to resume the usual responsibilities appropriate to their age. The symptoms that brought the boy to camp disappear. The 'dyslexia' is gone, and his schizoid condition has vanished. He is no longer hyperkinetic, his antisocial behavior ceases, and his "learning disabilities" are overcome."

As with punishment, my Dad objected to behavior modification with its emphasis on attaining a behavioral outcome with the element of relationship primarily left out. When speaking about behavior modification, he stated one time, "I wouldn't train my dog that way." He did not like treating those he loved (i.e., the boys) as mindless rats baited or prodded this way or that down a "behavior mod-like maze." As he said, "Camp was not a bag of therapeutic tricks to be practiced on kids. It was a person-to-person, friend-to-friend association of people in a common endeavor. We do not set out to achieve control of behavior. Everyone feels that he can blow his stack, say his piece, or do his worst. A boy must have freedom to do this. If he can control his expression of his feelings well enough to avoid an occasional outburst, he would not be in our care. But his behavior must be squared with the group. His negative behavior may have prevented them from getting to the dining room in time to eat, or to the trading post in time to pick up their supplies for an overnight trip, and this fact brings him face-to-face with nine other boys who take a dim view of what has happened. The boy does not like the disapproval he feels in the discussion that ensues. Moreover, he also is disappointed that he is not able to go ahead with their plans." Also, more than "good behavior" was required to be prepared to leave camp. In other words, the boy could not just "beat the system," as often occurs in prisons and other places where behavior modification programs are employed. At camp, he had to face himself and nine other people who cared about him but who would not indulge him. This posed a whole different set of

problems and solutions.

Early on at camp, my Dad once asked counselors at camp to keep notes on the boys in their group. All the counselors came back with lists that were primarily negative, and he told them to go back and make notes of everything positive they found in each boy and his behavior. My Dad said that if he had compared the notes from the two different writings, he wouldn't have been able to tell that they were talking about the same boys. He used this as a teaching tool to show them that what they looked for dictated what they found, and what they found dictated what they expected and hoped for, and that what they expected and hoped for affected how they dealt with the boy. And how they dealt with the boy affected whether or not anything therapeutic would occur in their relationship with the boy and with their work with him in the group. In this sense, each counselor had to find a way to love each boy. You could not "fake it." In concurrence with this, Patterson and Meir (1996) concluded, "Psychopathology courses are usually taught using a biomedical perspective and the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-N) as the primary text. This can result in students developing little empathy for their patients and objectifying them as 'disorders' rather than people with problems." My Dad would have said "Amen" to this.

My Dad drew no lines between therapy and education and regarded them almost as interchangeable, and that was reflected in what he did at camp. Helping a boy learn how to make a bed was educational, but it was also therapeutic in that a bond of caring and trust developed. Teaching a kid how to chop wood was educational, but it also helped him gain a sense of competency and self-esteem and that was therapeutic. Some people have commented that just getting the kids in the out-of-doors is therapeutic. Of this, he stated, "The therapy-education at camp lies in the specific utilization of professional techniques. It does not just happen. Getting boys in the out-of-doors may provide a favorable setting, but it does not guarantee results. There is no magic in a camp unless we put it there." My Dad also felt that therapy was not the result of some dramatic cliff-scaling, river-running, or something of the sort. He felt that the real therapy took place in the daily interactions in the group. As he stated, "Ego growth is anchored in the mastery of a wide range of minute, common experiences. Our

efforts in a boy's behalf, therefore, must aim at helping him do the usual (not the unusual) things: Build a fire, saw a log, cook a meal, dig a post-hole, make his bed, lash a table, write a letter, bait a hook, sing a song, paddle a canoe, stalk an animal, or make a friend." Each of these things had their incremental therapeutic effect, as did overcoming problems with other boys in the group, learning how to accommodate oneself to a variety of people with different personalities, learning to be patient, learning to adapt, learning how to take leadership, and thrusting forward ideas, etc. All of these made for a person who could function well in whatever setting they entered. He regarded this as the real acid test of therapy (i.e. when the boy leaves camp, that he is able to function happily and effectively in whatever social milieu he is dropped into). His approach was neither hard nor soft, but down the middle. As he stated, "We cannot help a boy through a soft approach or sentimental indulgence. We deal with reality. To approach a boy's negative behavior with deference is to show a lack of confidence in his ability to deal with it responsibly; to excuse him would mean that we would think that he is too weak to do anything about it. If a boy in a group turns to violence, we restrain him; if he pretends inability, his excuse is not accepted; if he throws a tantrum, it is handled by the group to a satisfactory conclusion."

As my Dad stated in his book *Wilderness Road*:
        "We share with counselors our knowledge, insight, or judgment about a boy's personality and the dynamics of his behavior, but our work (i.e. therapy) with the boy is primarily around practical, concrete, and reality-based problems. We start with the least effort he can make, and if necessary help him to its completion. We do not like to see him fail. It takes a great deal of effort on the part of the counselor and the boy to get this process underway; we start with an instance and work toward a tendency, and the growth is almost imperceptible until the boy has acquired enough confidence to move more boldly. It takes a long time. He moves slowly over a long road to recovery, but as he gains strength of his own, he makes fewer demands on those about him…". He stated further, *"We believe that every boy sent to us has enough resources to assume responsibility for himself and lead a satisfactory life, and we fully expect him to do it. One of our main responsibilities is to provide the opportunity, the environment, where his strengths can be discovered and his abilities can find expression.*

In the relatively few instances where this has not happened, we regard it as our failure more than his."

Therapeutic Laymen Versus Therapeutic Specialists

My Dad had a great trust in the therapeutic capability of laymen and counselors with good basic instincts. Such trust was confirmed by Weisz, et. al. (1995) in a review of 150 studies of child psychotherapy where they found paraprofessionals (defined as individuals without graduate training in mental health, but trained to implement a therapeutic regimen) tended to generate larger effect sizes therapeutically with children than did professionals or graduate students. This matches my Dad's basic feeling and practice at camp. Although my Dad brought many specialists and professionals with degrees in for staff training and conferences, and counted many of them as good friends, he never became a "slave" to professional jargon. He disliked it, particularly jargon that treated people as specimens in labeled bottles to be scrutinized by "all-knowing, wiser" ones. In particular, he never used such language in talking to a boy (and seldom in talking about him.) As stated in an article in the *Journal of Marital and Family Therapy*, Therapy (has) come to be seen too much as something you perform on someone rather than as something to facilitate or foster." Too often we hear phrases such as, "We need to slap a shaping sequence on that behavior," or "They need a medication review," or "You need to put him on Ritalin," or "You need to challenge their defenses or dependencies (or whatever)." These are things you do to people. They have a tendency to place the therapist a notch higher than those they purport to help, rather than as fellow travelers on the same road. My Dad was always, I repeat, always a fellow traveler. I remember my Dad's particular disgust when he came home after a graduate class meeting at S.M.U. one night where the professor had ended the class with the comment, "Well, I guess I better go in and drain off a little guilt from my patients." The statement bothered him enough that he commented, and that was rare him, but he could never be persuaded to think of people in that manner. He always approached others as equals, as friends, and the way of talking to the other person always ascribed dignity and value to them. As he said at one point in *Wilderness Road:*

"In working with a boy seriously handicapped emotionally, we do not think of him as 'sick' or 'delinquent.' We see him primarily as one who faces a problem he does not know how to handle. We are not oblivious to his behavior record, nor do we question the diagnostic category into which he has been placed, but these factors can get in one's way. Several times we have concluded on the basis of written summaries that a boy was too retarded or too psychotic to benefit from the camp program, and would have rejected the application entirely had we not seen the boy. Though the information was complete and the diagnosis was sound, the situation did not seem so hopeless after talking to the boy. Somehow, we saw more of 'the boy' and less of 'the illness,' and the task did not seem so formidable… "We are not therapists treating a boy with an illness: we are friends helping boys with a problem… This involves the best in human relations and can be indeed considerable and consists mainly in implementing attitudes and techniques common in theory but scarce in practice."

He also said:

"We are already hearing suggestions about an Association of those in Therapeutic Camping, of certifying counselors, of criteria to define our work. Those suggestions have merit, but they can be damaging in practice if we follow tradition and rigidify our standards. Some of the finest work I have seen - in social work and in education - has been done by persons who could not be certified in either. There are qualities in people we cannot measure, and these qualities may be the most vital force in their performance. The last two Directors in our program have not been college graduates. It does not mean that they are not educated and well-trained, but it does mean that they could not be certified under any criteria for any professional job. Our own program has been certified over the years, and occasionally evaluated by people who could not survive as a counselor until sundown. Many concepts and procedures are neither good nor bad in themselves, but only in context; and this is understood best by those in the program where they are used. Results constitute the ultimate basis for judgment, and this can be determined reasonably well on the basis of criteria we could agree on - after a boy goes home."

Elsewhere, my Dad elaborated:

"I realize the need for criteria and discrimination. I am just

a little apprehensive - maybe I should say cautious - about how we go about it, as I have rarely seen a professional group whose criteria did not become increasingly restrictive and exclusionary. If carried too far, if based too much on things we can measure objectively, they can exclude the vitality and spontaneity of our whole effect… I would suggest that in seeking ways to extend our programs, we do so not by adding specialists of various kinds, but by discovering ways to use the layman who brings a quality of life more to what he is as a person than to any specific training. We can give him the training on the job."

Physical Setting/Structures At Camp

Certainly another major concept that cannot be overlooked is that of physical environment of camp. At camp, the goal was to leave everything as natural as possible with the fewest number of permanent structures to get the job done. And at the campsites everything was to be as basic as possible. Tents were designed by the boys, and there was no limitation on their imaginations as long as they felt big enough to build it. A number of unique tents were created, some even catching the attention of architects in the Club who visited the camp. They were impressed with the structural complexity of some of them and how they were put together with pegs or lashing instead of nails. The floors of the tents were packed clay with pea gravel on the top of it. Tents did not have wooden floors, did not all look alike, and were all built entirely by the boys themselves. The more unique the designs, the more pride the boys felt in their tents. This was particularly obvious when boys who were showing guests around camp would first take them to their point of pride in the camp; their tents where they had the greatest investment. Running cold water was piped to the camps, but that was about the only evidence of civilization. The only general requirement of the setting was a place of adequate isolation.

What the natural setting provided (beyond beauty) was nature's natural consequences for things such as green firewood, tears in tents that created problems if left unrepaired (i.e., the "no work - no benefits outcome"), places where a kid could scream, holler, and cuss and not disturb anyone, and a place to become curious, excited, have fun experiences, and let the world of possibilities open up.

My Dad stated:

"We are in the out-of-doors - not a wilderness setting - but at least a natural area, sufficiently removed to avoid the distractions of what we commonly call civilization. We could operate in a West Texas canyon or an East Texas forest, or on the South Carolina coast, or in many other environments, so long as they afforded the isolation required; and, even this is a relative factor. We happen to be in a forest."
He further stated: *"We have had to guard carefully against the gradual infiltration of ideas and <u>facilities</u> that would slowly but inevitably convert the camp to adult standards. There is no stopping place once this is begun… We have worked hard to keep the camp simple and free of gadgets that would take away the necessity for the boys to use their imaginations creatively. We have opposed the use of modern sanitary facilities, electricity, cabins, and other such things that were suggested by well meaning people… Boys are not apt to destroy what they themselves build, but cabins built by hired carpenters would be in a constant state of disrepair. This is not just an assumption. It has been true in and around the permanent facilities that have been provided in a central area… It is not only because of the maintenance problem we prefer simple facilities; there is a positive value. A good feeling comes from putting an adequate shelter over one's head. A boy has the satisfaction that he has met a very fundamental problem of living. The tent serves him well. There is an element of adventure in it. Moreover, the structure will not last forever, and other boys will be able to get the same experience in rebuilding this or some other shelter during their stay at camp."*

For youth who may be used to fighting rules or authority, nature provides the authorities and the counsel they need, as well as reinforces good teaching from authority people. Such lessons are not learned in dormitories, cabins, barracks, hospitals, or other settings more remote from nature and instead offer central heat and air conditioning. For example, I had a boy in a group once who refused to help with winterizing the campsite tents. This involved waterproofing the tents, patching holes, putting in or repairing ground cloths, etc. The group decided to allow him not to participate, but to also not waterproof or patch the tent over and around his bed area. As good fortune would have it, a small pin-head size hole in the summer over his bed became a gaping, foot-long tear, and gushed ice water in on his

bed at 3:30 a.m. on a winter night under the weight of ice on the tent. He leaped out of bed and went to a neighboring boy's bed and told him about the tear and asked him to let him get in bed with him. The boy reminded him that it was he who had not wanted to patch tents earlier, and that he could light the fire already laid in the woodstove and wrap his wet blanket around him until it became dry. He got a similar message from the other two boys in the tent. After calling them a series of names that I won't repeat, he did follow their suggestion. By 6:00 a.m., counseling from adults and peers seemed to make a lot more sense, and he began to see them as people to listen to and trust, people whose counsel would benefit and help him. No amount of talking by an adult could have achieved this result.

To elaborate or illustrate what my Dad meant by "gadgets" referred to in a quote above, ROPES programs are often used in Scouting, some therapeutic camps, at many psychiatric hospitals, and even for management teams. My Dad considered "ROPES" programs and structures as "gadgets," mainly because it is an artificially created situation meant to bring out certain awarenesses or learnings. ROPES programs certainly have their place, but my Dad would have objected to the artificiality of the experience as opposed to the real, everyday learning experiences available in the group to teach the same things, only much more comprehensively and indelibly, and do not require a person to go to a specific "station" or to have on staff a ROPES specialist. Recent ROPES programs have become popular and faddish. Those who understand group work and group process find all things learned in camp in wide abundance in everyday group process. The development of all the same personal qualities comes out in the real tests of daily life. More importantly, life isn't over in a few minutes or hours and it isn't a one or two-time event. When you "graduate" from camp you have a "certification" for more than a quick course in trust, team building, communication, leadership roles, group problem-solving, and social awareness. You have all of that and more. You have a "certification" for righteous and healthy living, proven in the melting pot of daily living, with all your peers and supervisors agreeing that you have successfully passed the test and are a real and meaningful contributor to life. It reflects an enduring, day-by-day, successful mastery of all that life has to throw at you.

Education

Another defining characteristic of therapeutic camping, as my Dad developed it, was a school without walls. It was one of the most basic tenets of his program, and one he did not, and would not, compromise. One of the most unique things about my Dad was his curiosity and how contagious it was, and his absolute certainty that if negative associations toward "school learning" could be stripped away, the natural curiosity of the boy could be easily piqued and he could be drawn into becoming an eager learner. Interestingly, most kids came to camp failing in school and stayed a year or so without any further education of a formal type and without ever entering a classroom. These kids were able to return to school at age-appropriate levels and make passing or better grades. This was proof of his philosophy that curiosity is native to the being and learning is everywhere around us.

My Dad stated,

"It was a surprise to me, though it should not have been, that learning to a camper is one of the most satisfying things in his life. Deprive him of the opportunity, and he will raise more hell than we can handle. And this comes from boys who cannot be contained in a classroom… They enter school and face tasks for which they are (either mentally or emotionally) not ready and get bogged down in difficulties that cause us to label them as (emotionally disturbed) 'slow learners,' 'retarded,' or 'exceptional;' and we give them the works: we test them, we analyze them, we evaluate them, we label them; we employ a complex professional vocabulary which mystifies the layman but which is inexact and means different things to different people. We see more difficulties than opportunities, and thus begins the long cycle of frustration for the boy and the teacher...We provide a whole raft of specialists for remedial help and psychiatric treatment for boys who are not failures - in themselves - only failures in the straight jacket we put them in. In the process, we create a distaste for learning… We sometimes talk more about the problems than we work with them. The farther we get from the boy, the less effective our efforts become. More time is spent coordinating our services than we spend with the boy… At camp our greatest aim is to see that nothing interferes with the relation of counselors to their group… There we are friends and partners in the enterprise of meeting life requirements. A boy discovers many abilities

not recognized in the narrower setting of the classroom, and many opportunities are provided for him to succeed in ways important to the group. Recognition is given in an obvious, if non-verbal way. We not only provide the opportunity, we create the necessity for him to learn; but it is a necessity he recognizes out of his <u>own</u> interest and not one arbitrarily imposed."

Regarding walled schools, my Dad stated:

"It is amazing how many persons think of education as something that goes on in the classroom and nowhere else. They do not stop to realize that some of the finest education in the world formerly took place outside the classroom, the classroom coming about as the result of the need to educate greater numbers rather than from any inherent superiority of its own. What does education consist of in the first place? It involves a learner and a teacher, but the teacher may be a person or a situation - or both. Two priceless ingredients of the educative process are interest and curiosity, part of which is often referred to as motivation. It would be hard to find a richer environment than camp for the development of these two ingredients…Educational opportunities are simply unlimited at camp…Counselor training is in large part an effort to increase their awareness of these opportunities and the method of using them most effectively…So many opportunities for learning are available that we have to be selective for those we use. A boy wonders how deep the lake is, and the group ends up with a profile of the lake bottom from "soundings" taken from a rowboat… Someone is curious about which leaves turn red first in the fall and ends up with a list of all area trees in the order in which they change colors… A logjam in a river is used to teach watershed patterns, the rain and moisture cycles, topography, etc."

As always, group process was at the center of all camp learning. My Dad tells of a typical leaning situation where a group came across a skeleton on a hike, and wondered what kind of animal it had been. Rather than tell them or ignore the question, he used his usual questioning approach and asked them to list the things they could learn about it with the information that was before them. The group spent the next 45 minutes in rapt attention. They figured the animal was a vegetarian because of the size and shape of his jaws and teeth. His legs were short in relation to his body, and it was not likely he depended

upon speed as a defense against other animals. The size and shape of his front feet indicated he used them for digging rather than fighting or climbing. He had a long tail. His nose had an extremely tough, durable covering of cartilage that had not completely deteriorated, so the group figured he used it for rooting in the ground. The identity was not definitely known until another part of the skeleton (i.e., the outside shell) was discovered near by and he was tagged as an armadillo. The group later looked up the facts about armadillos, confirming most of their observations made on the basis of their examination. If my Dad had answered the first boy's question, "What was he?" little would have come from their discovery.

The same procedure applied to plants. As he said:

"Many persons set about trying to identify every tree on the campsite. Almost everyone is interested in knowing the names of the trees they see, but more important is a knowledge of a tree's uses to people. Does it make a good shade? Does it bear edible fruit? Does it produce beautiful flowers? Does it have medicinal qualities? Is it valuable commercially? Will it make a good fire? Does it burn fast or slowly? Will it be good for broiling meat or heating water? There are many other things concerning the tree and its functions one may learn. It is more important to know the character of a thing as God created it than to know the name that man has given it."

In still another type of context, suppose a rake is left on the trail with the tines pointing upward. A counselor passes. What is he going to do? He can pick up the rake easily and hang it in its appropriate place, or can use the group process to create a learning experience. He calls everyone together. He asks who left it there. The one who answers learns self-honesty, that he is loved even if he makes a mistake, how to be honest with himself, and to love his own "self" when he makes a mistake and admits it. All 10 boys learn the same concepts. They all learn care for tools, safety lessons, and consideration for others. They establish norms of pride and proper care for equipment. They learn a process of legislation and making laws and rules for all to abide by the mutual benefit of all. They learn that if they do not act responsibly they create a burden for the next person, and this negatively affects everyone in the group. Many other things are learned, all of which could have been lost by a well-meaning counselor who failed to use

the group's own process and simply went over and picked up the rake and put it away. This does not mean that there are not occasions where that might occur, particularly if the group has bogged down in learning experiences or is experiencing too much negativity. Or if this learning has already occurred and is most of the time accommodated. This is always a judgment call, but the hasty solving of problems aborts many useful learning experiences that can be of benefit to all in the group and not just to the counselor or the boy who left the rake there.

The Future

Research shows that after a creative person dies or withdraws from an organization they founded, it seldom continues to maintain the original integrity the mission or focus, vision, and direction of its founder. Either the concept is diluted by successors who each drift farther and farther away from the original essence, or the concept suffers from "hardening of the categories" as people attempt to rigidly hold onto the original concepts or structure. In either case, what is missing is the originator's vision and wisdom that helped guide the organization in a constructive direction. Others may take the organization off in different directions, and some of these directions may have merit in their own right, but they will not have the essence established and maintained by the originator. After several generations of leaders this can lead to a gradual watering-down process, loss of essential direction, and perhaps death of the concept. My Dad and I talked numerous times about evolutions he saw developing, to the point that he felt that much of his concept was lost. As long as he was in the driver's seat he drove, but when he was out he also recognized that fact that others would follow and take his ideas in other directions. At times it disturbed him, and he told me so. Still he was a realist and practical, and in time resigned himself to this (although he never liked it). The basics I have mentioned certainly cannot be tampered with and maintain any resemblance of what my Dad attempted to up. They cannot be franchised, syndicated, or marketed like a Wal-Mart. They are the basic core of his life contribution, and the particular things he brought to the setting that seemed to address cultural needs in a meaningful way. Only time will tell if the concept survives. In our day of rapid obsolescence change is often mistaken for progress, and it is my observation that in the study of human behavior this is

probably less the case than in any of the scientific fields of endeavor. Individuals like Moses and Jesus Christ set the standards millennia ago for successful human interchange. They are not likely to change with the next research study. Research in some ways *may* contribute to *methodology,* but it is unlikely to contribute to *the goals* of human behavior.

There are certainly other places where many of the concepts my Dad developed can be applied. Some of them are as follows:

1. The use of lay people, with its lower cost and sometimes better results, can be applied in many behavioral settings where no alternate route other than educational certification is presently available.

2. Many of the concepts of education can easily be adapted to traditional schools. I had the opportunity to do so in a very progressive school in West Texas. I seldom had more than 5 students in my class at a time, with the others being off talking to a mechanic, the County Agent, the District Judge, or working in groups as another source of learning.

3. Therapy in the natural environment has much to offer that can be applied to a host of different clinical, adjudicated, and educational groups.

4. Movement by professionals and professional training institutions away from an attitude of superiority, specialization, jargon - in favor of the "friend, equal, and fellow traveler" concept - would undoubtedly help both professionals and the people served.

5. Perhaps the most striking contribution and concept possessing the greatest potential for the future is the dramatic effectiveness of the holistic treatment concept. In our day of increasing specialization and proliferation of diagnostic labels, the idea of treating the organism as one unit and curing its specific maladies in comprehensive

format could have a tremendous cost benefit.

Beyond these possibilities, my Dad joined forces with a number of people during his retirement years to help apply the concepts in a variety of settings with a substantial degree of success. Some of those that were successful are the following:

1. Using the program with a class in special education.

2. Taking people from a state hospital into experiential settings.

3. Taking youth from adjudicated institutions into the outdoor programs.

4. Group process applications to classroom settings.

All of these ideas fall along two dimensions, one of them taking the concepts into other settings, and the other of developing more camps to serve a broader range of groups. The success of my Dad's program exceeds almost any other social service program of which I am aware.

Conclusion

I would suggest that anyone who wishes to have particular training in my Dad's methodology, Ken Edgar and "Chief Mac" in North Carolina offer the purest version and best source for current training. This is because Mac was with my Dad for 13 years and worked side by side with him in developing many of the concepts represented above. I can also testify from personal experience that he knows the concepts like the back of his hand. He also has written a couple of counselor manuals that are an excellent source for information about day-to-day operations, as well as general theoretical background.

Last I would say that when reflecting on my Dad and the contributions he made to therapeutic camping, he was a man for the times who through his background and personal inclinations was well suited to deliver the type of medicine most needed to remedy the

ailments present in our culture. His contribution to boys' and girls' lives is summed up by a statement he often quoted (and which he put in the front of his book, "Kids in Trouble") by Geothe, "Treat people as if they were what they ought to be and you help them become what they are capable of being."

A few days before my Dad's death, I talked with him about his preferences regarding his funeral. His voice was weak and he could barely whisper, so I did most of the talking. I told him that I couldn't imagine him wanting a tear-jerking funeral where everyone talked about "Ain't it awful about how old Jim isn't with us anymore'!" I told him that if anything to me epitomized him, it was his life, energy, and zest for living. And that I felt that he would want his funeral to be primarily to comfort the living and if there was anything in his life that might be uplifting or motivating to others and would lead them to go away from the funeral wanting to be better people, that that would be his wish. He whispered, "You got it about right." That is my goal today as well, and I hope that it has been accomplished.

Quotes from my Campbell Loughmiller, were taken from "Wilderness Road"; "Kids in Trouble"; "Camping and Christian Growth"; his two-volume autobiography "These Fish Had Wings"; written copies of speeches he made; from personal communications.

Buford McKenzie,
"Counselor's Manual" -Volume I." Wilderness Road Therapeutic Camping Association, Inc., Cameron, North Carolina.

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A Comparison Between Specific Autism-Spectrum Disorders According to Clinical and Demographic Factors in Children, Adolescents, and Young Adults

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Abstract

Kanner-type autism and Asperger's disorder are characterized by deficits in communication, socialization, or both. Little work has been done to compare Kanner-type autism with Asperger's disorder in terms of demographic and clinical variables. This chart-review study compares Asperger's syndrome, Kanner-type autism, and Asperger's syndrome comorbid with other neuropsychiatric disorders. It also compares Kanner-type autism comorbid with other neuropsychiatric disorders, finding that neuropsychiatric comorbidity was common. Overall, there were few differences between groups, but allergies,

pregnancy complications, family history, maternal and paternal age, birth order, and medical problems may distinguish between groups. Asperger's disorder accompanied by other neuropsychiatric illness was more likely to be associated with pregnancy and medical complications and less likely to have a family history of autism-spectrum disorders and neuropsychiatric illness than were cases of uncomplicated Asperger's disorder and Kanner-type autism. Kanner-type autism complicated by other neuropsychiatric disorders was less likely to have a family history of neuropsychiatric disorders than Kanner-type autism.

Kanner-type autism can be a pervasive and severely disabling developmental disorder characterized by deficits in language and other aspects of communication, deficits in social interaction, and a restricted range of behavior and interests (Firestone & Steinberg, 2007; Reichenberg et al., 2006). Another pervasive developmental condition, Asperger's disorder, is similar to Kanner-type autism in that it is characterized by deficits in communication and socialization, although people with Asperger's disorder generally have fewer communication deficits than individuals with Kanner-type autism (Countryman, 2008; South et al., 2005). Despite relatively intact intelligence and verbal ability, people with Asperger's disorder typically have significant difficulty in social functioning (Gutstein & Whitney, 2002). Both Asperger's disorder and Kanner-type autism are autism-spectrum disorders (ASDs). Because of the lingering difficulty distinguishing between the different ASDs (Gutstein & Whitney, 2002) and the apparent complexity of the etiology of the ASDs (Lainhart et al., 2005), we report data in this paper from a retrospective study comparing clinical and demographic features of Asperger's disorder and Kanner-type autism.

While the exact prevalence of Kanner-type autism and Asperger's disorder is unknown, findings from an epidemiological study suggested that ASDs as a whole occur in 6.2 children out of every 1,000 (Nicholas et al, 2008)). Moreover, the diagnosis of Kanner-type autism appears to be increasing, but it is unknown whether this represents an actual increase in prevalence or is due to increased awareness or other diagnostic patterns (Schechter & Grether, 2008). Despite intense study, the causes of Kanner-type autism and

Asperger's disorder remain unknown. A number of findings, however, indicate a neurobiological etiology, and research has focused on genetic, anatomical, intrauterine, immunological, and environmental influences in Kanner-type autism and Asperger's disorder (Greenspan & Weider, 1997; Lainhart et al., 2005; Solomon et al, 2007; Weiss et al., 2008). Heritability estimates of 90 percent indicate a considerable genetic contribution to Kanner-type autism (Freitag, 2007; Weiss et al., 2008). Although genetic factors are considered important in the etiology of Kanner-type autism, environmental factors are likely involved as well (Freeman et al, 1991; Skuse, 2007). For example, Reichenberg et al. (2006) found an association between advanced paternal age and Kanner-type autism. Birth order may also be relevant to understanding some of the causes of Kanner-type autism (Glasson et al., 2004). Like many other diseases (e.g., cardiovascular disease, Alzheimer's disease, and schizophrenia), Kanner-type autism and Asperger's disorder are likely etiologically complex conditions entailing genetic, neurobiological, psychological, and environmental factors (Lainhart et al., 2005) .

To date, it is unclear whether Kanner-type autism and Asperger's disorder are separate disorders or whether they fall along a continuum (Baskin et al., 2006). Accordingly, researchers have not always distinguished between people with autism or high-functioning autism (Gutstein & Whitney, 2002). In fact, Kanner-type autism and Asperger's disorder are collectively often referred to as autism-spectrum disorders (ASDs), a designation that underscores the difficulty in separating Kanner-type autism from Asperger's disorder. Regardless of whether they are separate disorders or exist along a continuum, ASDs are quite heterogeneous and affect each individual differently in terms of learning ability, learning style, socialization, and communication (Greenspan & Weider, 1997; Gutstein et al., 2007; Solomon et al., 2007).

Given the growing understanding of the putative complex etiology of ASDs, a clearer understanding of the demographic and clinical characteristics of ASDs may better guide genetic, neurobiological, environmental, and psychological studies into the basis and nature of ASDs, as well as inform clinical, behavioral, educational, and psychopharmacological intervention. Further, a better

understanding of the factors differentiating Kanner-type autism from Asperger's disorder would also help guide research into the etiology of and educational and clinical interventions for, ASDs. Even though it is now recognized that ASDs exist on a continuum ranging in severity from mild to severe, certain clinical and developmental concerns emerge across the lifespan for people with an ASD. This includes the need for early identification and for integrated education- and research-based interventions and skill-building practices for children, adolescents, and young adults with ASDs. There also is an additional need to assemble a comprehensive system using and integrating a continuum of overlapping services, programs, and national and state funding to assist people with ASDs at all stages of development (Firestone & Steinberg, 2007; Gutstein et al., 2007; Seltzer & Krauss, 2002; Solomon et al., 2007).

Based on these factors, the primary aim of this research study was to conduct a retrospective analysis comparing the demographic characteristics, clinical characteristics, and risk factors for Kanner-type autism and Asperger's disorder in a private, community-based, North American clinic specializing in the treatment of ASDs.

Methods

Subjects

All study subjects came from a private, community-based clinic specializing in the treatment of ASDs in children, adolescents, and young adults. The Brigham Young University Institutional Review Board approved the research and its associated procedures. To obtain subjects for this research, clinic staff randomly asked the parents or caregivers of potential subjects whether they would consider having their children voluntarily participate in this research. In the cases where the participants themselves were capable of determining whether they would like to be involved in the research, clinic staff also asked the potential subjects if they would like to participate in the research. Inclusion criteria for the study were: (1) a willingness to participate in the study, (2) enrollment in the clinic, and (3) a diagnosis of an ASD.

Diagnostic Classification and Data Extraction

After participants and their parents provided written informed consent, two members of the research group (trained by the principal investigators in the extraction of data from clinical records) retrospectively reviewed the patients' medical and developmental files. These researchers recorded specific information about age, gender, primary ASD diagnosis, intellectual function, a history of developmental regression, comorbid neuropsychiatric diagnoses, medical history including pregnancy and birth complications, allergies, gastrointestinal problems, season of birth, birth order, medication use, family history of ASDs and other neuropsychiatric conditions, reported family income, paternal and maternal age at the time of the patient's birth, parental educational attainment, parental occupation, and medication status.

On the basis of the information about the primary diagnosis (either Asperger's disorder or Kanner-type autism) and the presence or absence of other neuropsychiatric disorders, subjects were classified into one of four groups: 1) Asperger's disorder, 2) Kanner-type autism, 3) Asperger's disorder with at least one other neuropsychiatric condition, and 4) Kanner-type autism with at least one other neuropsychiatric condition. These four groups were compared on the collected variables listed above.

To determine intellectual function, records from previously administered standardized tests of intellectual ability or speech-and-language testing, rendering chronological scores according to age and ability, were used. For the purposes of our analysis, the subjects were classified into below-average, average, or above-average intellectual function because the methods used to assess intellectual function varied from subject to subject. In determining socioeconomic status of the subject's family of origin, we used caregivers' reports of family income to classify them into low, middle, upper-middle, and upper categories according to the ranges used by the Bureau of Labor and Statistics for the state in which the study was conducted (Bureau of Labor and Statistics, www.bls.gov).

No *a-priori* hypotheses about the differences between the Asperger's disorder and autism groupings were made. Rather, the

study focused on assessing several different potentially relevant variables.

Chi square and the Z test of two proportions were used for all comparisons when the necessary minimum frequency criteria were met. When frequency criteria were not met, Fisher's Exact Test was used. All tests were run using the FREQ procedure of SAS (SAS Institute, Inc., Cary, North Carolina) and Microsoft Excel (Seattle, Washington). Effect sizes reported as contingency coefficients were also calculated along with the significance testing.
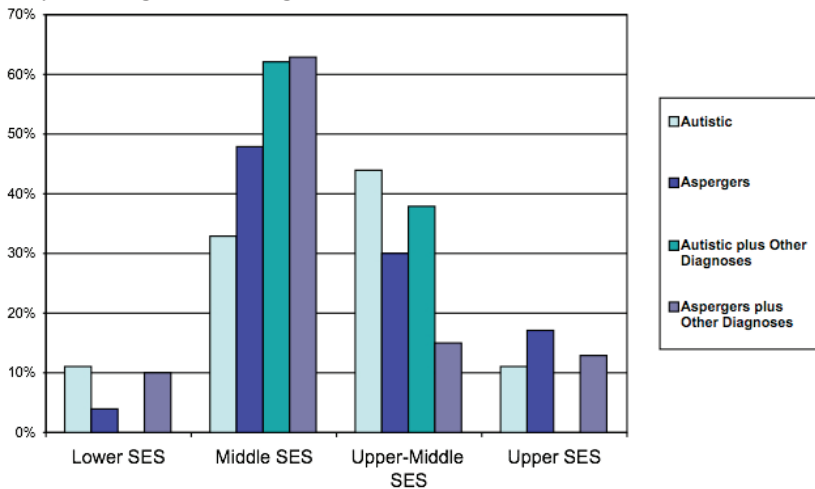
Results

In all, 96 families provided informed consent for study participation. Of these, we excluded 11 potential subjects because of a lack of an ASD diagnosis, leaving 85 subjects for analysis. The mean age of the sample was 11.17 years (range: 3.17 to 27.50; standard deviation = 5.00).

In this sample, 23 (25.1%) subjects had Asperger's disorder, nine (10.6%) had Kanner-type autism, 40 (47.1%) had Asperger's disorder complicated by at least one other neuropsychiatric condition, and 13 (15.3%) had Kanner-type autism complicated by at least one other neuropsychiatric condition. This sample had considerable comorbidity. Of the 22 people with Kanner-type autism, 13 (59.1%) had other neuropsychiatric illness, and 40 of the 63 (63.5%) people with Asperger's disorder had comorbid neuropsychiatric illness.

In this study, subjects came predominantly from the middle and upper-middle socioeconomic categories. That is, most of the sample was restricted to subjects whose parents or caregivers were predominantly in the middle or upper-middle socioeconomic levels, implying a limit to generalizability but providing a socioeconomic control to the sample as well. Within each socioeconomic-status category, the relative distribution of diagnostic categories was not significantly different as indicated in *Figure 1*, suggesting that in this sample no particular parental socioeconomic level appears to be more associated with any one of our diagnostic categories compared to the others.

The majority of the subjects had average or above-average

intellectual ability, with only three subjects having below-average
intellectual ability. While this indicated an atypical sample in that
approximately 70 percent of all people with Kanner-type autism have
mental retardation (Volkmar et al., 2005), it also in a sense controlled
for intellectual function by examining primarily ASD subjects
within a relatively narrow range of intellectual ability. Accordingly,
the interpretation of the findings from this study requires awareness
that the sample is restricted to subjects whose intellectual ability is
limited primarily to the normal range. Furthermore, the distribution of
diagnostic categories did not significantly differ according to the level
of intellectual ability *(Figure 2)*.

Consistent with previous findings suggesting a male/female
ratio of approximately four to one in pervasive developmental
disorders (Countryman, 2008), males dominated all of the diagnostic
categories (percent male: Asperger's disorder = 91.3%; Kanner-type
autism = 77.8%; Asperger's disorder complicated by at least one other
neuropsychiatric condition = 85.0%; Kanner-type autism complicated
by at least one other neuropsychiatric condition = 84.6 %.). As such,
we found a male predominance even in our socioeconomically and
intellectually restricted sample. That is, the male predominance

Figure 2. Percentage distribution of intellectual ability for each of the four diagnostic categories.
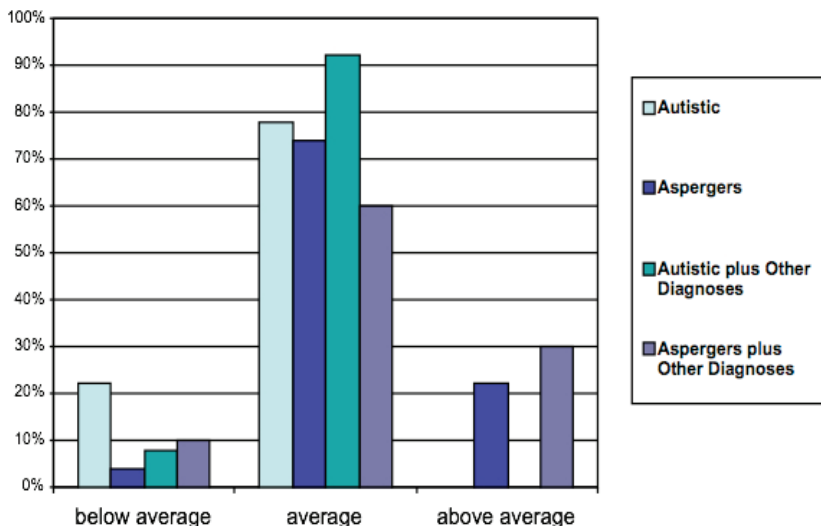
The Fisher's exact test comparing the relative distribution of intellectual ability across the four categories is not significant.

was preserved in a middle-class sample of intellectually normal subjects. Moreover, there were no significant differences in gender distribution between groups *(Table 1)*. In *Table 1*, the percentages of the clinical and demographic variables are found for each of the four diagnostic groups (Asperger's disorder, Kanner-autism, Asperger's disorder complicated by at least one other neuropsychiatric illness, and Kanner-type autism complicated by at least one other neuropsychiatric illness). The results of Z tests (or Fisher's Exact Tests where Z tests were not possible) comparing 11 clinical and demographic characteristics between groups are also shown in *Table 1*. As seen, there were few [13 out of 99 calculations (13.1%)] significant differences between groups overall across the 11 variables (percent male, allergies, history of regression, gastrointestinal complications, medications, family history of ASD, pregnancy complications, birth complications, family history of neuropsychiatric illness, medical problems, prematurity). No significant differences between diagnostic groups were found in gender distribution, developmental regression, gastrointestinal complications, birth complications, and prematurity.

Table 1.

Percent in each diagnostic category with 11 demographic and clinical characteristics and the results of Z tests (or Fisher's Exact Tests where Z tests not possible) for each of the 11 characteristics on each of nine analyses (Aut vs ASP, Aut+ vs Asp+, Aut vs Aut+, Asp vs Asp+, Aut/ Aut+ vs Asp/Asp+, Aut vs the other three groups, Asp vs the other three groups, Aut+ vs the other three groups, and Asp+ vs the other three groups.

	Asp	Aut	Asp+	Aut+
Percent male	91.3	77.8	85.0	84.6
Percent with history of allergies	17.4*	55.6	37.5*	15.4
Percent with regression	4.3	0.0	12.5	7.7
Percent with GI complications	4.3	22.2	17.5	7.7
Percent with medications	43.5**	33.3**	70.0**	61.5**
Percent with relatives with an ASD	56.5***	55.6***	55.0***	30.8***
Percent with problems in pregnancy	26.1#	44.4#	55.0#	30.8#
Percent with birth complications	21.7	22.2	35.0	53.8
Percent with family history of neuropsychiatric illness	95.7##	100.0##	77.5##	61.5##
Percent with medical problems	65.2###	77.8###	85.0###	69.2###
Percent with prematurity	26.1	22.2	17.5	7.7

Asp = Asperger's disorder
Aut = Kanner-type autism
Asp+ = Asperger's disorder plus at least one other neuropsychiatric illness
Aut+ = Kanner-type autism plus at least one other neuropsychiatric illness
GI = gastrointestinal
[*] Asp+ had significantly more allergies than Asp (z=1.674, p= .0470, C=.206)
[**] Asp+ had significantly more medication use than Asp (z=2.072, p=.0192, C=.253) and than the other three diagnostic categories as a group (z=2.173, p=.0149, C=.229)
[***] Aut+ had significantly fewer relatives with an ASD than the other three diagnostic categories as a group (z=1.646, p=.0499, C=.176
[#] Asp+ had more pregnancy complications than Asp (z=2.224, p=.0131, C=.270); Asp had significantly fewer pregnancy complications than the other three diagnostic categories as a group (z=1.849, p=.0323, C=.197; and Asp+ had significantly more pregnancy complications than the other three diagnostic categories as a group (z=2.225, p=.0130, C=.235).
[##] Aut was significantly more likely that Aut+ to have a family history of neuropsychiatric illness (z=2.117, p=.0172,C=.411); Asp was more likely to have a family history of neuropsychiatric illness than Asp+ (z=1.898, p=.0288, C=.233); Asp was significantly more likely than the other three diagnostic categories as a group to have a family history of a neuropsychiatric illness (z=1.959, p=.0251, C=.226); and Aut+ was significantly less likely to have a family history of neuropsychiatric illness than the other three diagnostic categories as a group (z=2.139, p=.0162, C=.226).
[###] Asp+ was had significantly more medical problems than Asp (z=1.818, p=.0345, C=.223), and Asp+ had significantly more medical problems than did the other three diagnostic categories as a group (z=1.748, p=.0402, C=.186).

Figure 3. Comparison of the four diagnostic categories on five of eleven characteristics.

Autism = Kanner-type autism
Asper+ = Asperger's disorder complicated by at least one other neuropsychiatric illness
Autis+= Kanner-type autism complicated by at least one other neuropsychiatric illness
NPI = family history of neuropsychiatric illness
ASD = family history of autism-spectrum disorder
BC = birth complications
PR = prematurity
AL = history of allergies

Despite the overall similarity in clinical and demographic variables among the diagnostic categories, several clinical and demographic characteristics did distinguish between groups. Asperger's disorder complicated by other neuropsychiatric illness had significantly more allergies than Asperger's disorder (z=1.674, p= .0470, C=.206). Further, Asperger's disorder complicated by other neuropsychiatric disorders had significantly more medication use than Asperger's disorder (z=2.072, p=.0192, C=.253) and than the other three diagnostic categories as a group (z=2.173, p=.0149, C=.229).
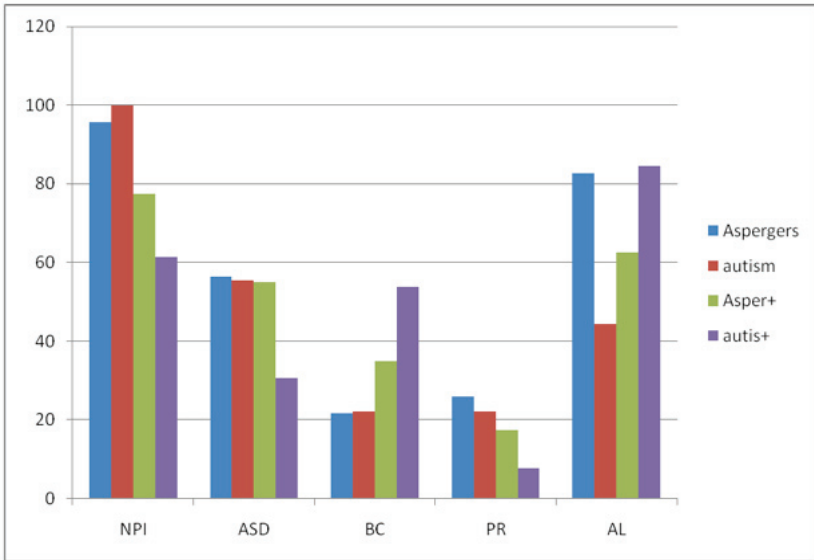
Asperger's disorder complicated by other neuropsychiatric illness had significantly more pregnancy complications than Asperger's disorder (z=2.224, p=.0131, C=.270) and than the other three diagnostic categories as a group (z=2.225, p=.0130, C=.235), while Asperger's disorder had significantly fewer pregnancy complications than the other three diagnostic categories as a group (z=1.849, p=.0323, C=.197). Asperger's disorder complicated by other neuropsychiatric illness had significantly more medical problems than did Asperger's disorder (z=1.818, p=.0345, C=.223) and the other three diagnostic categories as a group (z=1.748, p=.0402, C=.186). Asperger's disorder was more likely to have a family history of neuropsychiatric illness than was Asperger's disorder complicated by other neuropsychiatric illness (z=1.898, p=.0288, C=.233) and the other three diagnostic categories as a group (z=1.959, p=.0251, C=.226). As a pattern, Asperger's disorder complicated by other neuropsychiatric illness compared to the other diagnostic categories seemed to be associated with more pregnancy and medical complications but less family history of neuropsychiatric illness *(Figure 3)*.

A broadly similar pattern was found for family history with respect to Kanner-type autism. Kanner-type autism complicated by other neuropsychiatric illness had significantly fewer relatives with an ASD (z=1.646, p=.0499, C=.176) and was significantly less likely to have a family history of neuropsychiatric illness (z=2.139, p=.0162, C=.226) than the other three diagnostic categories as a group and Kanner-type autism (z=2.117, p=.0172, C=.411) *(Figure 3)*.

Differences in paternal age, maternal age, season of birth, and birth order between diagnostic groups (Asperger's disorder, Kanner-type autism, Asperger's disorder complicated by neuropsychiatric illness, and Kanner-type autism complicated by neuropsychiatric illness) were compared using Chi Square (or Fisher's Exact Tests when Chi Square was not feasible). Of the 36 calculations, three showed significant results, showing again few differences between the diagnostic groups. Kanner-type autism complicated by other neuropsychiatric conditions, however, had significantly younger fathers at the time of birth than the other three diagnostic categories as a group (p=.0462, C=.306). Kanner-type autism had significantly younger mothers than the other three diagnostic categories as a group

(p=.0301; C=.428). The total Asperger's disorder group were more likely to have an earlier birth order than the total Kanner-type autism group (p=.0049, C=.372). There were no differences in season of birth between the four diagnostic groups.

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Discussion

This study compared Asperger's disorder, Asperger's disorder complicated by neuropsychiatric illness, Kanner-type autism, and Kanner-type autism complicated by neuropsychiatric illness in terms of clinical and demographic characteristics in a sample taken from a North American clinic specializing in the treatment of autism-spectrum disorders. In this sample, the majority of subjects had parents or caregivers from the middle and upper-middle socioeconomic levels and were of normal intelligence, restricting our sample primarily to subjects of normal intellectual ability. In general, few significant differences were found between diagnostic categories. Consistent with previous reports (Countryman, 2008), males predominated in our sample. However, there were no differences in the proportion of males in any of the four diagnostic groups.

A main finding is this study was the high prevalence of comorbidity. More than half of the subjects with Kanner-type autism and Asperger's disorder had other neuropsychiatric conditions. The high rate of comorbidity suggests a need for clinicians, parents, and teachers to be on the alert for factors in addition to those commonly associated with Asperger's disorder and autism. The finding of an increased use of medication by the group with Asperger's disorder complicated by other neuropsychiatric conditions shows that the added neuropsychiatric load tends to require increased clinical intervention, even though the exact reasons for the increased use of medication in this group are not clear. Future work might address the reasons that people with Asperger's disorder complicated by other neuropsychiatric comorbidity tend to be treated with more medication than the other three diagnostic categories as a group.

Despite the overall lack of differences between the diagnostic groups, there were several areas of significant difference. Allergies were more prevalent in Asperger's disorder complicated by other

neuropsychiatric diagnoses than in Asperger's disorder.   Should the difference in allergies between Asperger's disorder and Asperger's disorder complicated by other neuropsychiatric conditions be verified in additional studies, it may imply different risk factors for or different developmental paths for Asperger's disorder compared to Asperger's disorder complicated by other neuropsychiatric conditions.

Although Niehus & Lord (2006) found a non-significant trend for more gastrointestinal problems in children with ASDs, we did not find evidence of any differences in the percentage of people with gastrointestinal problems between the four diagnostic groups. Similarly, the four diagnostic groups did not differ with respect to a history of regression, birth complications, or prematurity.

In contrast to birth complications and prematurity, the percentage of pregnancy complications did differ between the four diagnostic groups in that Asperger's disorder had more pregnancy complications than Asperger's disorder and the other three categories as a group. In addition, Asperger's disorder complicated by other neuropsychiatric conditions had more medical problems than the other three diagnostic categories as a group.

In terms of family history of other neuropsychiatric conditions and a family history of ASDs, the Kanner-type autism group that was complicated by comorbid neuropsychiatric disorders had a significantly lower rate of family histories of ASDs than the other three diagnostic categories as a group. Furthermore, the Kanner-type autism group complicated by neuropsychiatric comorbidity also differed from Kanner-type autism by being significantly less likely to have a family history of neuropsychiatric conditions. Likewise, Asperger's disorder complicated by other neuropsychiatric conditions was less likely than Asperger's disorder to have a family history of neuropsychiatric conditions.

Together, the overall findings of a comparatively low family-history loading and high rate of medical and pregnancy complications in the Asperger's disorder with neuropsychiatric complications and to some extent with the autism group complicated by neuropsychiatric comorbidity compared to the uncomplicated Asperger's disorder

and autism groups suggest a possibly greater role for brain injury from adverse gestational and medical events in neuropsychiatrically complicated cases of Asperger's disorder and autism than in cases without such complications. Alternatively, the same factors that lead to neuropsychiatrically complicated cases of Asperger's disorder and autism may also result in gestational and medical problems. If the medical and gestational events do lead at least in part to neuropsychiatrically complicated cases of Asperger's disorder and autism, obstetrical and pediatric care may carry preventive implications.

While both advanced paternal age (Reichenberg et al., 2006) and maternal age (Glasson et al., 2004) have been associated with Kanner-type autism, we found few differences between groups for either paternal or maternal age. Autism complicated by other neuropsychiatric disorders had younger fathers than the other three diagnostic categories as a group, and autism had young mothers than the other three categories as a group. Otherwise, there was little difference in parental age between group, indicating that parental age may not be strong a factor in determining the diagnostic course of an ASD. Similarly, Kanner-type autism is often associated with being firstborn (Glasson et al., 2004). In our sample, we found that the group composed of both autism subgroups were less likely to be first born than the combined Asperger's group.   We found no evidence that season of birth differed significantly between our four groupings. Several limitations require consideration in the interpretation of our findings. While there were 85 subjects in the study, several of the subgroups were quite small. For example, the non-comorbid, Kanner-type autism group had only nine subjects. This small sample size makes the study's conclusions highly sensitive to additional data and argues that at best our findings should be considered tentative. Another limitation of the study was the use of patient and parent reports about medical, obstetrical, and regression history, parental age, family history, and socioeconomic status. In addition, the study relied on a variety of measures of intellectual function instead of re-testing subjects on the same measure, a practice that introduces the possibility for imprecise estimates of subjects' intellectual abilities. Additionally, there was no healthy control group for comparison in the study; instead the focus was on differences between the four clinical groupings in an attempt to identify demographic and clinical characteristics that distinguish

between Asperger's disorder, Kanner-type autism, Asperger's disorder complicated by neuropsychiatric comorbidity, and Kanner-type autism complicated by neuropsychiatric comorbidity. Nonetheless, a healthy control group would have enabled a clearer focus on those factors that distinguish ASDs as a group from healthy controls.

In conclusion, this retrospective, chart-review study found high rates of neuropsychiatric comorbidity in children, adolescents, and young adults presenting with ASDs, but differences in only a relatively few factors distinguished between Asperger's disorder, Kanner-type autism, Asperger's disorder complicated by other neuropsychiatric comorbidity, and Kanner-type autism complicated by other neuropsychiatric comorbidity. However, allergies, pregnancy complications, family history, maternal and paternal age, birth order, and medical problems may distinguish between groups, suggesting that risk factors among the four diagnostic groups may vary. Asperger's disorder was accompanied by other neuropsychiatric illness was more likely to be associated with pregnancy and medical complications and less likely to have a family history of autism-spectrum disorders and neuropsychiatric illness than were cases of uncomplicated Asperger's disorder and Kanner-type autism. Kanner-type autism complicated by other neuropsychiatric disorders was less likely to have a family history of neuropsychiatric disorders than Kanner-type autism, implying again that differences in etiology may differ among the four diagnostic groups. A small sample size and reliance upon self-reports necessitates replication of our findings in a larger, more diversified sample.

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Treating Adolescents with Adoption and Attachment Issues in Wilderness Therapy Settings

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Abstract

Using therapeutic and educational activities, wilderness therapy programs provide therapeutic care within remote outdoor settings. This treatment modality has become increasingly common for adolescents facing behavioral issues, yet different programs use different theories to conceptualize treatment and intervention. The authors present John Bowlby's attachment theory as a lens for re-conceptualizing adolescent behavior in wilderness treatment, particularly with the application of attachment theory to adopted adolescents. The authors present specific recommendations for programmatic changes to accommodate adolescents' attachment needs.

Attachment in Wilderness Therapy:
Treating Adolescents with Adoption and Attachment Issues

Beginning around 1920, Sigmund Freud began to acknowledge a type of separation anxiety experienced by infants upon separation from their mothers. Freud believed this reaction was motivated by basic instinctual drives. In contrast to Freud, (Bowlby, 1958) saw humans motivated not just by instinctual drives but also by relationships, particularly by the need in infants to attach to a primary caregiver. Borrowing heavily from animal biologists while breaking

from traditional psychoanalytic thinking, Bowlby defined human's "instinctual responses" toward attachment as including "sucking, clinging, following, crying, and smiling" (p. 362). Rather than explaining such behavior as drive impulses, he believed these were attachment behaviors and essential to survival. Bowlby understood the nature of the relationship between mother and child as crucial to the child's development (Bowlby, 1958). He viewed attachment as a fundamental behavioral system grounded in relational needs and separate from the instinctual drive for food (Bowlby, 1958, 1988). This assertion was later supported by Harry Harlow's research with rhesus monkeys, concluding that comfort through physical contact was imperative in the development of attachment bonds and that actual nursing for nutrition alone played a very minor role in the development of these bonds (Harlow & Zimmermann, 1959)

Bowlby (1958) described attachment as an evolutionary system emerging out of the biological desire for proximity, responsible for regulating infant security and survival in the environment (Bowlby, 1958). This ethologically-based perspective held that infants are born with instinctive proximity-seeking behaviors. Over time, these behaviors become organized into internal structures as the child interacts with the environment (Bowlby, 1958, 1988).

Since Bowlby's development of this theory, most attachment researchers have defined attachment as a relatively stable concept (Bowlby, 1988; Daniel, 2006; Hamilton, 2000; Shorey & Snyder, 2006). Through repeated interactions, the child develops internal representations of self and caregiver (Bowlby, 1988; Sable, 2004), enabling the child to anticipate behaviors of attachment figures (Shilkret, 2005). For example, securely attached children learn that when in distress, caregivers will be responsive to their needs, yet allow them to successfully explore their environment and negotiate fearful situations. With each successful interaction, children begin to internalize a sense of personal security, eventually learning that they are able to deal with small adventures on their own. In contrast, insecure attachment patterns with caregivers force children to develop alternative strategies in order to navigate their environment. These strategies include maintaining contact with a needy parent, even when the child wants to adventure or avoid contact with a parent who is

unable to tolerate closeness. At the time these strategies are adaptive, allowing children to maintain necessary contact with parents for survival. However, children internalize these strategies and continue to use them even when they have become maladaptive.

During infancy, this internal blueprint of relational strategies (also termed the "internal working model") is established and the child's patterns for future relationships become relatively fixed (Bowlby, 1988). The developing child assimilates other relationship experiences into existing internal working models. As a result, the child perceives other attachment figures as similarly attentive, sympathetic, helpful, or unhelpful (Bowlby, 1988; Daniel, 2006; Mickelson, Kessler, & Shaver, 1997).

Bowlby (1969/1982; 1988) described several fundamental beliefs concerning attachment. First, children are born with a predisposition to develop an attachment to their caregivers. Second, children will organize behavior and thinking in order to maintain those attachment relationships believed to be key to psychological and physical survival. Third, they will often maintain such relationships at great cost to their own functioning. Finally, the distortions in feeling and thinking that stem from early disturbances in attachment strategies and continue to use them even when they occur most often in response to the parents' inability to meet the child's needs for comfort, security, and emotional reassurance (Bowlby, 1969/1982, 1973; Slade, 1999).

Based on these beliefs, Bowlby (1969/1982; 1973) established four basic principles of attachment relationships. The first is proximity maintenance. This principle involves the infant seeking physical closeness with the caregiver and finding security in this closeness. The second principle is separation distress. When separation from the attachment figure is involuntary, the infant will protest. The third principle is safe haven. This principle describes the child using the caregiver as a safe base, returning for comfort when faced with a threat. The fourth principle is the concept of secure base. This principle illustrates the sense of safety that the child experiences when in the presence of an attachment figure. The child displays a greater ability to explore their environment when in the presence of the attachment figure (Bowlby, 1969/1982, 1973; Cassidy, 1999; Slade, 1999).

Beginning in the 1960's, Mary Ainsworth created the research foundation from which social scientists view attachment theory today (Davies, 2004; Shilkret, 2005). Developing a research protocol termed the "Strange Situation," Ainsworth studied the behaviors of infants temporarily separated from their mothers (Ainsworth, 1979; Ainsworth & Bell, 1970; Davies, 2004; Main, Kaplan, & Cassidy, 1985; Shorey & Snyder, 2006; Westen, Nakash, Thomas, & Bradley, 2006). Based on the results of these studies, Ainsworth discovered variations in the quality of maternal responsiveness and sensitivity during the first years of infant's lives that led to demonstrable differences in their patterns of comfort-seeking. These empirical findings confirmed Bowlby's central hypothesis: patterns of seeking care and nurturance and expressing affect emerge as a function of the parent's response to them (Bowlby, 1988). A child learns from an early age which responses will elicit care from the parent and which ones will not. Those responses that elicit at least some elements of attentive parenting become chosen ways of interacting with caregivers (Slade, 1999).

From her research, Ainsworth also developed a clearer understanding of the dynamics of attachment. This understanding resulted in the identification of three distinct patterns of attachment styles: secure, anxious-ambivalent, and avoidant (Ainsworth, 1979). Several years later Main and Solomon (1986) identified a fourth attachment category: disorganized/disoriented/unresolved. During the "Strange Situation" protocol, children were rated as "secure" if they approached their mothers for nurturance if upset during her absence. These "secure" children greeted their mothers with warmth and wanted to interact. Conversely, children rated as "avoidant" avoided their mothers at her return. Children rated as "anxious-ambivalent" mixed anger toward their mother with proximity-seeking behaviors. Children in the "disorganized/disoriented/unresolved" category were a small group of infants who adopted a range of attachment strategies from the other categories without using one central organizing strategy (Ainsworth, 1979; Hesse & Main, 2000; Main & Solomon, 1986).

Adolescent Attachment

During infancy and into becoming a toddler, children primarily seek out their caregivers, need enduring physical and emotional nurturance from them, and rely entirely on caregivers.

During a child's development into adolescence, attachment needs shift and they no longer depend entirely on caregivers. Although they still need relationships with caregivers, adolescents increasingly turn to peers for support (Freeman & Brown, 2001; Keiley & Seery, 2001). They often resist physical comfort from parents, looking instead to a boyfriend or girlfriend. They begin actively shifting attention from family of origin to peer relationships outside of the family (Freeman & Brown, 2001).

Developmentally, adolescence is a stage in life defined by acute emotional, cognitive, and behavioral transformations (Allen & Land, 1999; Burrow, Tubman, & Finley, 2004; Feigelman, 2001). Within Western cultures, there is substantial emphasis placed on adolescents developing a sense of independence, psychological individuation, and necessary skills to function apart from the family (Freeman & Brown, 2001; Kenny, 1994; Kuperminc, Allen, & Arthur, 1996; Pavlidis & McCauley, 2001). Culturally, completion of these task are very important and central features of adolescent development (Kuperminc et al., 1996; Markiewicz, Lawford, Doyle, & Haggart, 2006; D. Moore, 1987).

Behaviors that differentiate adolescents from others (e.g., independent thought and self-determination in social settings) are critical indicators of adolescents striving for autonomy (Allen & Hauser, 1996). There is increasing evidence that the balance between individuality and connectedness, also termed "autonomous-relatedness," is important for adaptive functioning and serves as a favorable source for supporting functional adolescent-parent relationships (Allen, Aber, & Leadbeater, 1990; Allen, Hauser, Bell, & O'Connor, 1994; Kenny, 1994; D. Moore, 1987).

Adolescents who are comfortable with closeness (which is an indicator of secure attachment) generally display trust, relationship satisfaction, interdependence, and self-disclosure in relationships (Allen, Hauser, O'Connor, Bell, & Eickholt, 1996; Grotevant & Cooper, 1985; Kuperminc et al., 1996; Lamborn & Steinberg, 1993). Adolescents who are anxious in relationships (which is an indicator of insecure attachment) tend to lack trust, display relationship dissatisfaction, jealousy, and lack of compromise. They typically

engage in high levels of interpersonal conflict and coercion, and display significant distress (Allen et al., 1990; Feeney & Cassidy, 2003; Keiley & Seery, 2001).

Attachment Issues in Adopted Adolescents

There are a number of factors faced by children placing them at risk for developing insecure attachment (Gray, 2002). These risks are particularly salient in adopted children. As adopted children move toward adolescence, they often begin to have questions about their birthparents' motives. They begin to assess their feelings of belonging in their current family situation. They also may develop a sense of abandonment or feelings of isolation, which form additional obstacles at this already turbulent developmental stage.

The process of identity formation (e.g., defining oneself while individuating from family) is particularly prominent during adolescence, strongly affecting adolescent attachment relationships (Gray, 2002; Grotevant, 1997; Kohler, Grotevant, & McRoy, 2002). Adopted children often experience increased difficulty during this developmental stage (Grotevant, 1997). The developmental process can reawaken feelings of loss, loneliness, and abandonment by biological parents (Riley & Meeks, 2005). Further complicating this process for adopted individuals can be a heightened sense of missing personal history based on a lack of knowledge about birthparents (Grotevant, 1997; Riley & Meeks, 2005). All of these factors can impact adopted adolescents' attachment relationships with their adoptive parents.

Adopted adolescents are also at a heightened level of risk for insecure attachment relationships with caregivers if they were adopted after attachment to a different primary parental figure, experienced prenatal exposure to drugs and alcohol, were exposed to severe trauma, abuse, or neglect, or spent time in foster care (Gray, 2002). The single most critical factor predicting adoption adjustment, however, is age of placement (Riley & Meeks, 2005). There is a growing body of research analyzing the effect of severed attachments on the adjustment of children adopted after their first year of life (Riley & Meeks, 2005). Parental awareness of the effect of such circumstances can help families deal with the behavioral and emotional difficulties faced by these children. Being aware of their own and their children's

attachment needs places parents in a healthy position to strengthen family relations and address these challenges (Gray, 2002).

Awareness of differences from other family members emerges with increased consciousness for adopted adolescents. This is particularly true for children adopted across racial and/or cultural lines. With these children there often are social pressures to categorize oneself by group identification or affiliation during adolescence, as well as personal awareness of differences and internal struggle to find one's place and identity (Grotevant, 1997; Riley & Meeks, 2005). It is important to note that being able to speak openly to parents about these issues is linked to higher functioning in adopted adolescents (Riley & Meeks, 2005).

As indicated earlier, peer attachment relationships become a central issue during adolescence. Peers are increasingly used for companionship while parents continue to be a source of comfort during times of distress (Furman & Buhrmester, 1985). By the end of high school, the transition from parents to peers as principle attachment figures should be well-established (Freeman & Brown, 2001; Hunter & Youniss, 1982). Adopted adolescents may experience this connection as somewhat compromised. Many adopted adolescents believe that they are "different," which can interfere with the sense of comfort and similarity obtained by belonging to a peer group (Riley & Meeks, 2005). If this common bonding element is less available, adopted adolescents may experience increased isolation in their search for independence (Riley & Meeks, 2005) This can make this life stage particularly tumultuous and further compromise attachment relationships.

Adopted Adolescents in Treatment

Adopted adolescents tend to be over-represented in clinical settings (Brinich, 1980; Brodzinsky, Radice, Huffman, & Merkler, 1987; Miller et al., 2000; Warren, 1992; Wierzbicki, 1993). In fact, some studies have shown that one-third of adolescents referred for treatment are adopted (Miller et al., 2000; Riley & Meeks, 2005). By contrast, recent U.S. Census data show that only 2.5% of all children in U.S. households are adopted (U.S. Census Bureau, 2003). A meta-analysis of 66 published studies found that while adopted

individuals possessed a significantly higher level of maladjustment than non-adopted peers, research is not conclusive regarding whether this is indicative of environmental or genetic influences (Wierzbicki, 1993).

Research considering adopted adolescents' mental health is mixed. Some studies have identified increased emotional and behavioral problems for this group (Brodzinsky et al., 1987; Hoksbergen, 1997; Rhodes & Copeland, 1993), while others have found that emotional health is comparable between adopted and non-adopted adolescents (Feigelman, 2001; Marquis & Detweiler, 1985). Marquis and Detweiler (1985) found adopted children compared favorably to non-adopted individuals when both groups came from a community sample. Other research, however, found that adopted adolescents were more likely than their non-adopted peers to experience difficulties in school, display acting out behavior, drug use, and other complaints common to this developmental period (Brinich, 1980; Brodzinsky et al., 1987; Miller et al., 2000; Riley & Meeks, 2005; Wierzbicki, 1993). Even with these divergent findings, it is clear that adoption can be an issue of great emotional importance to adolescents.

Studies looking at why there are disproportionate numbers of adopted adolescents in treatment have varied conclusions (Ingersoll, 1997; Warren, 1992). The higher socio-economic status of many adoptive families may make them more inclined to seek mental health treatment for mild problems. Alternatively, adoptive parents may be more likely to obtain professional services (Feigelman, 2001; Warren, 1992). Parents who are more highly educated tend to use therapy more often. On average adoptive parents have higher levels of education, and therefore may be more likely to utilize mental health services (Ingersoll, 1997; Miller et al., 2000). The more difficulties experienced by an adoptee, the more likely those difficulties will be attributed to adoption than to other sources or typical developmental issues (Kaye & Warren, 1988). Adoptive parents may be more anxious about the health and welfare of their children and may be more likely to seek mental health services (Ingersoll, 1997). Warren's 1992 empirical analysis, replicated by Miller et al. (2000), found a lower parental threshold for referral combined with increased problems linked to a heightened representation of adopted children in treatment. The exploration of various hypotheses persists.

Wilderness Therapy as Treatment for Attachment Issues

Wilderness treatment programs can create an environment conducive to the disruption of insecure attachment cycles. Similar to residential treatment programs, wilderness therapy programs typically provide 24-hour care away from the home environment in a therapeutic community. Wilderness therapy programs, however, provide therapeutic care entirely within a remote outdoor setting.

Russell (2003) defines wilderness therapy as a "type of program that works to address problem behaviors…through a variety of therapeutic and educational curricula in outdoor environments." (p. 3). Among other therapeutic activities, clients often participate in individual and group psychotherapy with psychotherapists several days a week. These therapists typically create individualized treatment plans for each client and work with each client's family to provide appropriate aftercare planning.

Wilderness therapy is one type of program among a variety of wilderness experience programs (WEPs) differentiated by the provision of therapy (Russell, 2001). WEPs are typically designed around the general purposes of helping individuals to develop their human potential (Friese, Hendee, & Kinziger, 1998). Their focuses vary around issues of personal growth, therapy, rehabilitation, education, or leadership/organizational development (Friese et al., 1998; Russell, 2001). Wilderness therapy programs have a specific therapeutic focus, addressing problem behaviors and inadequate social functioning. Often misconstrued with other types of WEPs, wilderness therapy are not challenge courses, adventure-based therapy, or boot camps (Russell, 2001).

During wilderness therapy programming, clients live in the wilderness with groups of peers and several staff, hike most days to primitive campsites, and participate in other outdoor activities. Clients work together to accomplish daily living tasks. They typically learn skills such as pack building, shelter construction, primitive fire making, and meal preparation. Therapeutic assignments initially focus on effective communication, individual responsibility, and accountability. Tasks assigned later on in wilderness therapy treatment focus on developing emotional competencies, appropriate leadership,

and group contribution.

The setting of wilderness therapy programs provides clients with a space away from family, friends, and the comforts of modern technology. Contact with the outside world is typically limited to letters exchanged several times a week. In wilderness programs, there are no electronic means of communication or comfort. Clients spend their days engaged in activities focused on developing basic living skills and therapeutic activities (e.g., one-on-one time with staff or group therapy sessions) (Bettmann & Jasperson, 2008).

Wilderness therapy programs incorporate numerous elements of family treatment throughout the treatment period. Designed to improve familial relationships, treatment usually incorporates weekly update phone calls between the family and program therapist, families' participation in weekly family therapy at their home location, regular phone contact between the family's home therapist and the client's program therapist, weekly written therapeutic assignments sent from client to parent, and regular written therapeutic assignments sent from parent to client (Bettmann & Jasperson, 2008).

Attachment Styles in Wilderness Treatment
It is essential for wilderness therapy programs to recognize general adolescent attachment patterns and specific adopted adolescent attachment patterns. Typical clients will likely have insecure attachment patterns as well as possess a strong sense of mistrust for authority figures (Cunningham & Page, 2001; Zegers, Schuengel, van Ijzendoorn, & Janssens, 2006). While some therapists utilize behavioral treatment paradigms in these settings, this focus does not address the internal representations of adults as being rejecting and untrustworthy (Cunningham & Page, 2001; K. Moore, Moretti, & Holland, 1998). An awareness of clients' internal working models and attachment styles becomes an important aspect in understanding clients' troubled behaviors (K. Moore et al., 1998).

Similar to "Strange Situation" dynamics, wilderness "therapy concerns itself over and over again with loss, separation, and reunion – both in its consideration of such events in patients' lives, and in the constant separations and reunions that are intrinsic to the therapeutic

process" (Slade, 1999, p. 589). The treatment staff and therapists often serve as models of attachment figures for adolescents, utilizing this unique therapeutic relationship to explore the functional reshaping of internal working models.

Attachment theory holds that successful treatment includes the client's ability to utilize therapy and the therapist as a secure base (Bowlby, 1988). This utilization involves addressing past and present relational experiences, abstracting meaning and applying it in a way that facilitates the healing process (Slade, 1999). Even if the therapist provides a secure base, clients whose attachment organizations are insecure are likely to initially respond in ways consistent with their established patterns of defense and affect regulation (Slade, 1999). Bowlby (1988) believed, however, that therapists' behavior could re-shape clients' healing processes, allowing clients to improve understanding of experiences and develop positive relational growth in treatment.

Strategies for Treating Adolescents in Wilderness
Wilderness therapists are strongly encouraged to openly address adoption issues with adopted adolescents in the field. For the wilderness therapist, however, the first step in discussing adoption is communicating a comfort level discussing adoption issues. Displaying openness to talking about adoption issues can have the immediate therapeutic effect of lowering a client's feelings of shame and secrecy about adoption. Observing the therapist's comfort level with this topic is essential for the adolescent to feel comfortable exploring adoption issues. The adolescent needs to sense the therapist's competency with adoption issues.

During the initial interview, it is important to be aware of body language and voice tone while addressing adoption. Adopted children can be sensitive to questions surrounding their parental histories. Often they do not know much detail, and may experience fear and anxiety around questions regarding health history. A comprehensive clinical assessment for adopted clients should involve their adoptive parents. Not only do many adolescents fail to disclose important information, they are generally not aware that information surrounding adoption issues is essential for treatment planning. It is important to obtain

information regarding relationship history during infancy, pre and post-natal development, the familial comfort level communicating about adoption, the adoptive parent's attitude toward birth parents, and the dynamics of the adoptive family (Riley & Meeks, 2005). In cases when the adolescent participates in psychological testing during wilderness treatment, it is important for the wilderness therapist and the testing psychologist to share information gathered about adoption issues and ensure that it is passed on to the next treatment provider.

Therapists should keep in mind that out-of-home treatment can be particularly unsettling for adopted adolescents. Often the decision for the child to be in wilderness is the parents' decision, not the adolescents', and the experience of separation anxiety and relational rejection can be highly disorganizing. Being sent away to be cared for by somebody else can mirror the original adoption dynamic, which the adolescent may or may not consciously acknowledge. Having knowledge of these relational dynamics can help the therapist and treatment staff put into context adolescents' feelings of desperation.

Wilderness programs often create the feeling of an isolated environment. While this can serve as a powerful element in this form of treatment, it is essential to pay particular care to clients' previous attachment relationships. Exploring all clients' feelings and meanings around relationships, as well as exploring feelings of grief and loss related to the interruption of these home attachment relationships, is an important part of the treatment plan. Therapists must emphasize to parents the importance of consistently writing letters, sending pictures, and being fully involved in family treatment meetings. Therapists may encourage letter writing with other important attachment figures, including previous therapists, close family members, siblings, and even peers. Although family therapy phone calls may not be a regular intervention in all wilderness treatment programs, the therapist may consider facilitating a family call in order to support familial attachment relationships during this time of separation and stress. Transitional objects, such as a stuffed animal or piece of jewelry that connects clients to family members, can also help decrease clients' anxiety during separation and support healthy attachment relationships (Bettmann & Jasperson, 2008).

For all adolescents in wilderness treatment, it is important to intentionally process relationship losses and transitions. In wilderness, clients often spend a week at a time with the same staff. When these staff members depart, clients often experience a great deal of emotional distress and may act out. For example, a client during staff change might project anger toward a staff member with whom he/she has become close. Such a response is indicative of insecure attachment strategies, and treatment staff must be trained to recognize these strategies.

Interventions should balance behavioral and relational interventions. For example, a student may need to be separated from the group for several hours after she has spoken aggressively to a staff member. During this time, the staff member may work one-on-one with the student to develop a behavioral contract regarding healthy communication. During this time, it is also essential that staff members process underlying emotions. For example, the staff member may have a conversation with the client about what it is like to grow close to someone and have them leave. The client may or may not demonstrate insight into her/his behavioral patterns around relational transitions. However, when staff members stay attuned to the attachment behaviors of clients, and respond by being consistent, display healthy boundaries, and serve as nurturing attachment figures, they create an environment where clients' maladaptive attachment patterns can begin to shift.

Peer relationships are particularly important to adolescents and it is critical for the therapist to recognize this when treatment planning. While a primary treatment goal for adolescent clients is to strengthen parent-child attachment relationships, addressing peer attachment relationships can help improve clients' attachment strategies. Maintaining a connection with healthy peers (e.g., via letters or photos) may help adolescents ease feelings of separation anxiety. Emphasizing the development of healthy peer relationships in the treatment environment is also important. Peer relationships are central attachment relationships for adolescents and can provide a sense of security and connectedness which serves as a foundation for client growth.

Although adolescent clients often present as having little interest in relationships with adults, these relationships are essential.

Adolescents want and need attachment relationships with adults. A central focus of treatment should be the development of healthy relationships between client and therapist, and client and treatment staff. When the clients begin to develop positive relationships with adults in treatment, their ability to transfer those positive relational experiences to familial relationships can grow. Interventions aimed at supporting this goal include: (a) talking openly with the client about how practicing healthy interactions with adult treatment staff is important practice for family relationships, (b) exploring transference issues with the client, and (c) facilitating role plays using clients' family relationships.

Given the short duration of most wilderness treatments, only initial progress may be made on adoption and attachment issues. While it is important for therapists and treatment staff to create openings for conversations about adoption and attachment issues, it may not be appropriate to push these issues unless the client presents as being motivated to address adoption and relational issues. This is because wilderness treatment may be too short-term in treatment length to adequately address this issue. It may be more appropriate for relational issues to be explored in long-term treatment, in the context of longer-term therapeutic relationships. Even when adoption or attachment issues are not addressed directly in wilderness, attachment interventions during this phase of treatment can have a powerful effect on establishing an appropriate base for clients to explore these issues in depth during the next phase of treatment.

Working with Parents of Adopted Adolescents

It is also essential for therapists to be aware of common emotional experiences of adoptive parents. An adoption in a family can affect parenting styles, shape family dynamics, and influence parents' self concept. Adoptive parents often express feelings of uncertainty, anger, shame, guilt, (Riley & Meeks, 2005) and face unique parental identity issues. Some adoptive parents feel uncertain about their adopted child, feeling as if they do not have full right to the child (Riley & Meeks, 2005). Adoptive parents may feel that their status as parents comes from luck and they are not fully parents. Parents often adopt because they are unable to have children of their own. When the adopted child struggles or acts out, parents might question whether

they should be parents, viewing their child's difficulties as evidence to support this doubt. Disavowal is also a common parental response, with parents keeping their children at arm's length. Parents may experience grief and loss associated with the fantasy that a biological child may have been more compatible in the family (Riley & Meeks, 2005).

Many adoptive parents harbor feelings of anger toward their children and then feel shame regarding this anger. Anger may also surface in the form of blame. Adoptive parents may harbor thoughts such as, "Look at all I've done for you – I gave you this chance for a good life. You're not even my kid, and now you are treating me like this?" This is a common defense for parents who may be feeling guilt for sending the child away or shame in experiencing themselves as inadequate parents (Riley & Meeks, 2005).

Frequently expressed by adoptive parents, guilt manifests itself in various ways. Adoptive parents often feel guilty about the adopted status of their child, and feel as if the child started life at a disadvantage. Some adoptive parents may respond to this dynamic by having difficulty setting limits or boundaries for their child. Facing out-of-home treatment can bring up unique feelings of guilt for adoptive parents. Sending their child to wilderness or other out-of-home care can mirror the original adoption dynamic (i.e., sending the child away to receive adequate care in another environment). This evoked dynamic may elicit complex feelings of guilt or shame in adoptive parents (Riley & Meeks, 2005). Adoptive parents may also be defensive in discussing the impact of adoption. They may want to deny that adoption is an issue. If they are willing to entertain the possibility of adoption's significance in the child's clinical picture, they may be ambivalent about its importance (Riley & Meeks, 2005). Many parents seem to be fearful of putting too much weight in this area. Within society and sometimes the family itself, the status of adoptive parents as "real" parents is often challenged (Riley & Meeks, 2005). These dynamics can make it difficult to openly address adoption issues with adoptive parents.

Many parents find it helpful when a therapist educates them about adoption dynamics. One study showed that parents found this to be the most helpful element of therapy (Riley & Meeks, 2005). Even

if adoption is not the wilderness therapist's primary area of expertise, the therapist can provide education in various ways. For example, a clinician can direct parents to educational resources, encourage family therapy with a therapist who has expertise with adoption issues, and encourage parents to attend specialized parent support groups. Therapists should have awareness of the feelings commonly experienced by adoptive parents in order to work effectively and sensitively with this population.

Conclusion

Wilderness therapy is becoming an increasingly common treatment for adolescents (Werhan & Groff, 2005). Adolescents with insecure attachments often lack trust and typically engage in high levels of conflict. While some programs utilize primarily behavioral interventions, this limited focus ignores insecure adolescents' internal representations of adults as rejecting and untrustworthy. Attachment-oriented wilderness therapy programs create an environment conducive to the disruption of insecure attachment cycles by challenging clients' long-held relational beliefs. Although clients' internal working models are long-lasting and hard to change, wilderness treatment programs can facilitate change, beginning to disrupt the influence of early negative relational experiences (Bettmann, 2007). The introduction of different relational experiences, in addition to the continuous exposure to evidence that contradicts existing relational representations, creates an opportunity for personal re-evaluation.

Family involvement is a key element in this attachment-focused therapeutic process for adolescents. Making parents aware of their own and their children's attachment needs places them in the best position to strengthen family relations. This is particularly true for families with an adopted child. Not all wilderness programs, however, incorporate family treatment into the client's treatment plan. With all clients, addressing family dynamics is a critical component to successful treatment outcome. Wilderness therapy programs could greatly benefit from developing more fully this critical therapeutic element.

In addition to family involvement, staff members are

important components in attachment-focused wilderness treatment. Unfortunately, many programs do not adequately educate staff on attachment strategies and clients' attachment needs. Staff should be trained to re-conceptualize specific acting out behaviors as adolescents acting out of attachment needs. Attachment-focused treatment is most successful when a consistent staff team, enabling clients to experience a secure base in the treatment milieu, regularly applies such interventions. Thorough and regular training on the relational needs of children and their attachment strategies is recommended.

Wilderness therapy programs historically have based treatment on cognitive and behavioral interventions rooted in social learning theory (Cunningham & Page, 2001). These interventions typically use reward and consequence to reinforce pro-social behaviors and to discourage undesired behaviors. However, this approach can lack emphasis on the relationship between client and staff (Cunningham & Page, 2001). The incorporation of attachment-focused interventions that consider the critical impact of relationships and relational strategies for all clients is highly recommended. Such focuses further enhance and strengthen the wilderness therapy treatment milieu.

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Therapeutic Schools and Programs: Managing Growth and Maturation

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Abstract

Pressures are being brought on therapeutic schools and programs to affect and demonstrate positive change with their clients. One way to address these pressures is to adopt program models that can manage such changes, understand program maturity processes, and measuring changes to aid the maturation and growth of service and efficacy. The Capability Maturity Model Integrated (CMMI) is one such model for therapeutic school and program use. The CMMI model addresses the necessity for "proving" program efficacy and directs programs to follow to change for greater success of programming. By envisioning the connection between changes as maturation and the ability to build processes as instruments for maturation, therapeutic schools and programs will better understand and manage shifts in the industry.

Introduction

Within the industry of therapeutic schools and programs there has been a great deal of discussion on the necessity for "proving" that programs work. This pressure for proof and for change in therapeutic schools and programs often originates externally by professionals from governing agencies demanding oversight. Requests from such agencies usually revolve around evidence based practice, risk

management and outcomes assessment and program management as means for proving programs can produce positive client change.

This article serves as an introduction of the Capability Maturity Model Integration (CMMI) within the behavioral health industry. Our introductory article is designed to acquaint the reader with the basics of CMMI. Following articles will address the adaptation of CMMI to the "Therapeutic Schools and Programs Maturity Model", the progressive instruction for application and validation of this application in therapeutic schools and programs.

Change and Proving Our Worth

Change typically occurs when individuals evolve from one state of being to another. Therapeutic schools and programs, obviously strive for positive client movement usually through planned and systematic methods involving the use of proven models, methods, techniques and processes. Envisioning such maturity as the connection between change and the ability to build processes as instruments for leveraging change or maturation often leads to better understanding and management of such processes.

Initiating the Desire for Change from Within

Initiating change through such processes often begins by fostering the internal desire for change from stakeholders within the program's purview. While there are many models for spurring a group to pursue change, we believe that the model presented below by Kotter and Rathgeberger (2007) offers one model that sets the stage for organizations to become cultures that embrace methods and approaches necessary for the institutionalization of positive maturation processes. This model consists of eight stages for encouraging positive change which are:

Set the Stage

1. Create a sense of urgency. Help others see the need for change and the importance of acting immediately.

2. Pull together the guiding team. Make sure there is a powerful group guiding the change—one with leadership skills, bias for action, credibility,

communications ability, authority, analytical skills.

Decide What to Do

3. Develop the change vision and strategy. Clarify how the future will be different from the past, and how you can make that future a reality.

Make It Happen

4. Communicate for understanding and buy-in. Make sure as many others as possible understand and accept the vision and the strategy.

5. Empower others to act. Remove as many barriers as possible so that those who want to make the vision a reality can do so.

6. Produce short-term wins. Create some visible, unambiguous successes as soon as possible.

7. Don't let up. Press harder and faster after the first successes. Be relentless with instituting change after change until the vision becomes a reality.

Make It Stick

8. Create a new culture. Hold on to the new ways of behaving, and make sure they succeed, until they become a part of the very culture of the group (Kotter & Rathgeberger, 2007, p.130).

Once a program has adopted a new culture of positive response to change, through such a process, it is also ready for the processes associated with growth and maturation. Changing and maturing require a "map-like" structure for guidance to help assess a program's current state of operation as well as design an appropriate series of "next steps" for an organization. This type of map becomes operational through the adoption of a model for managing program maturation and benchmarking processes. Such a model should enable a therapeutic school or program to recognize its current practices as well as identify other practices that encourage new processes for expanding its capability and program effectiveness. Following such a map will produce opportunities for production of positive and effective outcomes. In addition, through the use of frequent quantitative outcome measurements of this model, organizations can establish program fidelity and consistency, develop evidenced based practices, and proactively address changes. These outcome measurements will

also allow for a more effective response to critics and arguments against harmful legislative controls.

The genesis of this type of model for use with therapeutic schools and programs originated from observing how technology and manufacturing industries addressed change and program maturation issues. Emerging out of a need for differentiation from competitors and for controlling their culture, these industries have developed an assortment of models that benchmark their ability to define and adhere to their practices, demonstrate their level of maturation and competency, and showcase their strides to optimize processes through orderly change. Demonstration of their level of achievement within this model is typically demanded by their customers and can lead to beneficial product selection and financial rewards (e.g. contract awards). One of the frequently referenced models found in the technology and manufacturing industries, and increasingly in service industries (Garcia & Turner, 2007), is the Capability Maturity Model Integration (CMMI) (CMMI Main Page, 2008).

Capability Maturity Model Integration for Development
The CMMI is a process model that provides organizations with the essential elements of effective processes, along with the necessary tools to assess their own capability or maturity levels against the model (CMMI for Development, Version 1.2, 2006). Taken from the original CMM model described by Watts Humphrey (Capability Maturity Model, 2008) the CMMI assesses the maturity level of an organization's key process areas against a scale of five levels of process maturity namely (a) Initial, (b) Repeatable, (c) Defined, (d) Quantitatively Managed and (e) Optimizing (CMMI for Development, Version 1.2, 2006). *(see Figure 1)*.

The CMMI model seeks to reflect best practices by covering the development and maintenance of products and services over their life cycle (Persse, 2007). When used in the service-based industry of behavioral healthcare the CMMI model provides critical information on how programs define and use best practices as well as how they prove their effectiveness. Interested programs can use quantitative feedback (e.g. evidenced based treatment) to support all processes, pilot new ideas and tools and then movement toward optimizing

practices. Over the recent years behavioral healthcare has begun to address the need for development and maintenance of its "product" through movement toward evidenced based and best practices as well as the employment of outcomes management in order to ensure both positive outcomes and maintenance of treatment gains. The National Association of Therapeutic Schools and Programs adopted its own best practices addressing several facets of programming within its member programs (Principles of Good Practice, 2008). These mirror the processes used with the CMMI model.

Figure 1. Capability Maturity Model.

Consider how aspects of CMMI model offer a systematic, structured way to approach assessment and progress toward program maturity, where achieving each maturity level provides an adequate foundation for the next maturity level (Persse, 2007). This allows therapeutic programs and schools to move from a reactive to proactive management model.

Programs should obviously select those processes that form a

"best fit" for the particular task, program resources, environment and personnel for their circumstance. When any of these (i.e. task, resources, environment, or personnel) are in flux they must be synchronized and stabilized for the organization to operate successfully. Imbalance or discord in these areas should be addressed as assessment of process effectiveness or maturity may be inaccurate during this time. When processes are well planned and these elements are working together, the organization then progresses in a positive manner (Garcia & Turner, 2007) *(see Figure 2).*

Figure 2. Elements of Organizations
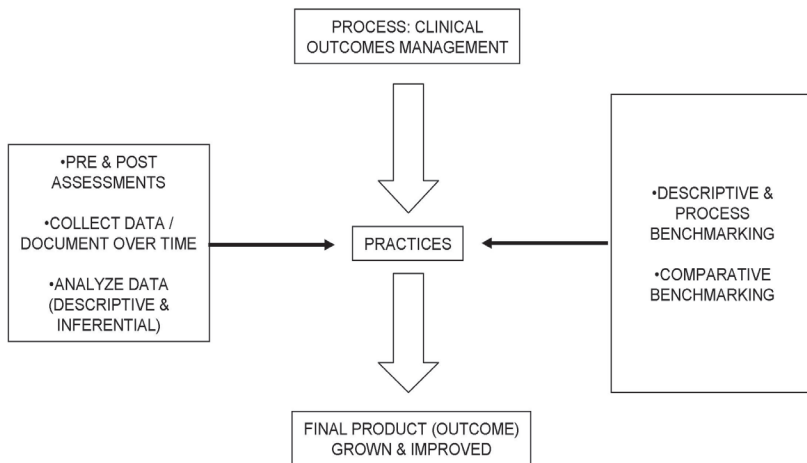
Other reasons also exist for implementing and using change models for program maturation and process development. Some of these reasons can include:

1. Provides a common framework and language to help you communicate across your organization and with other organizations
2. Leverages years of experience as to critical success factors for the processes within their scope
3. Limits tunnel vision by reminding you of the big picture
4. Allows you to concentrate on improving more than creating

5. Generally is supported by training, consulting and ancillary literature
6. Provides an arbiter for disagreements.
(Garcia & Turner, 2007, p.20)

The Relationship Between Process and Final Product

The result or end product of such process is knowledge of program effectiveness. In other words are children and families better off having participated in a specific therapeutic program or school? And what does this "better off" look like? A reasonable list of potential outcomes may include improved relationships, reduced symptoms, an increase in educational achievement, a sense of personal safety, stable behavior, improved adaptive functioning, increased health and fitness or sobriety.

Setting these as the goals to be accomplished by the program demands planning, management, monitoring, and control (see Figure 3). Management of the project then occurs through the specifics of defining, planning, resourcing, deploying, implementing, monitoring, controlling, appraising, measuring and improving the processes as defined in CMMI (CMMI for Development, Version 1.2, 2006).

Figure 3. Relationship between process and final product
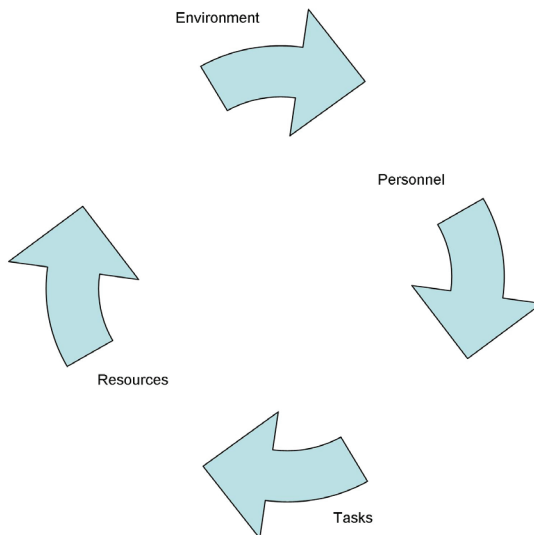
What type of support would be required of a therapeutic school and program to implement such process management and growth initiatives? The more critical elements involve personnel, program culture, strategic planning and infrastructure (Garcia & Turner, 2007) Personnel elements include the presence of knowledgeable leadership, as well as willing, qualified and participatory staff. The program culture elements include a strategic plan founded on developing continuous quality improvement that is willing to embrace self examination and change. Some basic elements of the infrastructure could include the presence of policies and procedures or the ability to establish them; risk management plans; committee process; and an HR/training program.

How Organizations Mature

Regarding growth, Maslow (1954) stated "Either step forward into growth or you will step back into safety." The direction of positive organizational maturity with therapeutic schools and programs is often connected to influential forces outside of a particular organization, (e.g. JCAHO, CARF, state licensing bodies). An adaptation of the CMMI can provide a framework for therapeutic schools and programs that can be applied to both small and large operations wanting to monitor their change processes,

According to CMMI model an organization can self-initiate and select those processes and practices that they believe to be the best practices to result in their preferred outcome (CMMI for Development, Version 1.2, 2006). . By choosing their processes and how many they wish to work on at any given time, the organization determines how it will mature in accordance with its particular size. This initiation and selection may occur with a single programmatic element or cover multiple programmatic elements across multiple processes depending on the program needs. It is generally recommended that a systematic approach be used but the choice belongs to the program.

Rating and Evaluation

The CMM model (CMM, 2007) and CMMI (CMMI for Development, V1.2, 2006)   provides useful evaluation tools for assessing therapeutic programs and schools against a scale (1 to 5)

for key processes. According to the model, an organization at the first level of maturity possesses few processes and the processes that do exist are ad-hoc or ill-defined. There are few persons within the program who know the processes so work is accomplished in a different manner each time even if performed by the same person. At a level two of maturation, processes are repeated, meaning processes are often established by individuals implementing the "tried-and-true methods" but they may not be well-defined or recorded. While there is a commitment to carry out these processes, if key individuals who developed these methods are absent then methods and eventually the program breaks down. An organization at level three utilizes processes that are somewhat defined, where documentation, standardization and integration of processes are occurring. Key individuals are less critical as the documentation, allowing others to follow the process and to understand when it has been completed successfully. At level four processes are managed, meaning that processes are conducted in a manner where data is collected on specific processes and information is generated, speaking to process quality. Information is often generated through a mixture of qualitative and quantitative data. Finally at level five, processes are optimized where continuous process improvement is occurring, quantitative feedback is ongoing, adjustments are made during the process and new ideas are tested.

Assessments

Various depths of assessment exist within CMMI model. A simple self-assessment can be conducted to evaluate whether an approach was adopted as intended, how the change was implemented at the program, and were the processes institutionalized into the organization culture. (Blanchette & Keeler, 2005) Deeper assessment can also include examination of the maturity level of the program (CMMI for Development, Version 1.2, 2006).

Qualitative analysis of the change processes can be developed around the five generic goals of CMMI and used to alter the program. A set of questions based on these goals can include:

- is there an identifiable process employed?
- is the outcome successful, did I finish on time?
- was it the optimal outcome desired, can I adjust my process?

- what were the costs, were schedules or timelines established and followed?
- what productivity was observed?
- what was the quality of care, what was the feedback on customer satisfaction?
- what was the program's return on investment for the efforts expended to implement the change?

External assessments conducted by a third party may also be used. These frequently combine evaluation of both maturation level and process capability (Blanchette & Keeler, 2005). Organization should always remember that regardless of whatever the type of assessment, objective evidence provided by benchmarking and quantitative measurement activities typically serve as the best representation of true implementation and maturation.

Conclusions

The pressures being brought to bear on the therapeutic school and program community, both from within and from without the profession, possess a great deal of influence on the industry. Selection and design of implemented changes, how these changes are actually implemented and the measurement of ultimate effectiveness of these changes within the programs can be internal or external forces. In either instance, the CMMI model provides a means for understanding current program processes and outcomes, as well as providing a series of objectives for managing and measuring change to aid the maturation and growth toward higher levels of service and efficacy.

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Supervision Considerations for Working with Students with Sexual Behavioral Problems In General Boarding School or RTC Environments and the Need for Appropriate Assessment and Treatment

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It is very possible that within the walls of your therapeutic program are adolescents exhibiting inappropriate or unusual sexual behaviors, some of which you may already be aware and others you are not.

The purpose of this article is to increase your awareness of some of the supervision considerations when treating adolescents with sexual behavioral problems in a general boarding school or RTC environment, particularly from a therapeutic, programmatic, and liability perspective.

This article particularly covers students who may have the following sexual issues:
- a history of hands-on sexual offenses;
- a history of engaging in fetish behavior (e.g., sexual attraction or acting out with a non-living object such as underwear, shoes, or feet);
- actually offending in programs;
- engaging in ongoing sexual acting out that does not stop despite intervention from treatment staff.

Most adolescents with sexual issues can be successfully treated. It is critical, however, that their behaviors are not minimized or ignored when detected. Three areas for specific consideration include:
1) Identification of risk factors,
2) The need for a psycho-sexual evaluation, and
3) Treatment modality and interventions and the

effectiveness of specialized therapy.

IDENTIFICATION OF RISK FACTORS

The National Task Force on Juvenile Sexual Offending (1993) defined inappropriate sexual behavior among adolescents as "any sexual behavior that occurs without consent, without equality, and/or as a result of coercion" (p. 1). Programs should consider any of the following student behaviors as red flags: (1) students who have previously committed hands-on types of offenses with these offenses listed in their history; (2) students who commit offending types of behavior while in your facility; (3) students who begin to or continue sexual acting out in the program after repeated staff attempts to intervene; (4) students who have a history of or are exhibiting signs of engaging in fetish types of behavior; voyeurism; and exhibitionism. Examples of these kinds of problematic sexual behaviors may include:

- Students who sexually touch other students while they are sleeping.
- Students who may expose themselves to others without consent as in public masturbation or flashing.
- Students exhibiting behaviors that may involve voyeurism directed to other students. Such students may persistently seek sexual contact from their peers, even after peers rebuff them, or these students may steal other's personal items for sexual masturbatory purposes.
- Students who have significant boundary issues where they are persistently told by peers and staff to cease making physical contact. These can be frottage types of behaviors, where students will purposefully grope or touch their peers for sexual purposes but attempt to normalize the act or pretend it was an accident.

While inappropriate for the setting, clinicians should be aware that students who engage in sexual behaviors that are genuinely consensual with peers who are within one or two years of the same

age are *not* considered abnormal. These students also differ from their maladaptive peers because they may stop the behavior when it is discovered by staff, or they may admit to the sexual activity themselves. While these kinds of sexual behaviors are probably a violation of the program's rules of conduct, these types of students are generally not seen as struggling with sexual issues.

ADMISSIONS PROTOCOL

The appropriate place to begin risk assessment is in the admissions process. If in the course of application to your program sexual issues begin to surface in interviews with parents or previous clinicians, dig deeper. It is critical for admissions personnel and therapists to adequately question the details and dynamics of each sexual circumstance.

Once a student is accepted to your program, if acting out occurs in your facility or the student is engaging in any of the above mentioned behaviors, you must meet as a treatment team with line staff to determine if the behaviors are normal or manageable. You will also need to determine if an intervention will end the behavior.

Programs failing to take these precautions or to adequately address sexual issues when they arise place themselves, and their students, in jeopardy. From a treatment perspective, they fail the culpable student and put peers at risk. These programs may also face legal issues as well. From a therapy perspective, it can be problematic for the student who is engaging in the behavior in that they are often at risk of becoming more ingrained in their patterns of deviancy, if indeed a deviant pattern is being established. In addition, students who have come to us under these circumstances from other programs report that once they either started exhibiting their sexual issues, or started openly talking about them with peers and therapists, they began to be isolated and ostracized from other students as well as staff.

John (pseudonym) (age 15) was referred to us because he was repeatedly sexually acting out in two previous placements. Each placement had a policy against these behaviors. Supervision was only adequate for students without sexual issues. John, however, required

more extensive monitoring. Although he was acting out with same age peers, the sexual activity was not consensual and other students were complaining to their therapists, counselors and parents that John was actively and persistently seeking sexual activity with them. Subsequently, John was repeatedly warned and given sanctions but nothing stopped his behaviors. Treatment became marginalized for both John and his peers. Other students ostracized him from activities and would not discuss their issues in group therapy settings because he was present. Parents complained to therapists that they did not want this young man anywhere near their student, let alone in a therapy group. John was eventually removed from both placements.

By the time he came to our program, John was extremely embarrassed, ashamed, and appeared to be genuinely ignorant of how to control himself. His parents were devastated and embarrassed. They were not ready to take John home because of his anger management issues and substance abuse, not to mention the sexual acting out with other students. As we worked with John we discovered that prior to his first placement he had been in trouble for inappropriately touching a female cousin and his younger brother. The behavior had been reported to child protective services. No criminal charges were forthcoming because his parents were in the process of sending John to a wilderness program. His evaluation for that program contained only a casual mention of sexual behaviors. Apparently, no one thought it was a serious issue, that is, until the sexual acting out in these programs was out of control. At Oxbow, John reported much more extensive sexual acting out than either of the previous programs were aware.

The lesson from our experience with John is two-fold. First, our experience indicates that if sexual issues are disclosed prior to program placement they are almost always minimized. Your admitting personnel should probe much further. Second, students like John are often admitted to therapeutic programs with behaviors that mask their sexual issues (e.g., depression, substance abuse). Treatment for those conditions, or the simple fact that the student has been enrolled in a residential therapy setting, will not result in the cessation of sexual behaviors. So this is how to help students like John within your organization or direct students like John to sex-specific programs?

A therapeutic setting that deals with sexual issues allows students to openly address lapses, relapses, inappropriate fantasies, and sexual urges. In a sex-specific setting these students have the support and encouragement of staff and students. Such support encourages disclosure of poor choices and pending problems. For optimal treatment success, programs wishing to help this type of student have two options:

> 1) Refer the student to a sexual-specific program where the student population has similar diagnoses, or
>
> 2) Create an environment where all of the therapeutic, residential, and any other activities are conducted in a safe and highly supervised manner. If clinicians choose to try and create this type of environment within an existing program, they should realize that physical separation is critical. Sexual dependent students will require separate sleeping, recreational, residential, and therapeutic space.

Supervision with these students is absolutely critical, not only in terms of helping the student interrupt behavior patterns, but also in terms of personal safety for peers. Until these students demonstrate an ability and willingness to control sexual impulses and replace them with healthy behaviors they will remain at risk in traditional program settings.

LEGAL IMPLICATIONS FOR PROGRAMS

When sexual acting out occurs parents and or guardians should be immediately notified. This notification should include both the students' families and the nature of the contact. Parents may understandably question whether the program possessed adequate supervision or treatment. Administrators should meet these concerns head on and be prepared to discuss them at the time the behavior occurs. On one occasion, I (Heather) was consulted on a case where parents, years after the fact, sued the therapeutic program their child attended after the boy claimed he had been raped by a fellow student. At the time the incident occurred, the acting out was alleged to be consensual. Later the victim said he had been too afraid of his attacker

to acknowledge he had been abused. In their lawsuit, the victim's parents claimed the program did not adequately supervise students nor did they take appropriate precautions for student safety. The family also discovered the perpetrator had a previous sexual offense in his past and that the program was aware of this. They claimed the program was culpable for placing their son in the same room as the offender without adequate supervision.

Sexual abuse reporting laws present a second aspect to legal liabilities of which programs should be aware. These laws vary from state to state. For example, in Utah if a youth sexually acts out by exposing himself to staff and/or other students, it is a reportable offense. If there is sexual activity between two youth who have more than three years difference in their ages that also is a reportable offense, even if the behavior is consensual.

Experience has shown that even though the sexual behavior may appear consensual, that is not always the case. Generally there is a great deal of subtle or overt forms of intimidation or grooming involved.   In the early stages of our work with this highly specialized population, we were often surprised at how often these students engaged in sexualized behaviors in previous therapeutic placements. We also learned programs seldom reported the incident when a student exposed himself, masturbated in front of others in non-consensual situations, or aggressively pursued others for sexual purposes. Presence of these behaviors and failure to report them may result in serious legal liabilities for your program.

Bill (pseudonym) (age 16) illustrates this dilemma. Bill was referred to us from a general boarding school. He had been referred to that program for pornography and oppositional issues. The school informed us he was sexually acting out with students and would not stop, even after staff intervention. His behaviors included groping other students, breaking into staff offices to access pornography via the computer, and engaging in excessive and chronic masturbation.

Once enrolled at Oxbow Bill revealed that, in addition to those behaviors, he had also been a voyeur on young male children in the locker room when his school visited the community recreation center. He had exposed himself and masturbated in front of different male

children on at least 12 separate occasions while he was in treatment. No one in that program was aware of these behaviors. Bill also told us he wanted to sexually touch one child but did not because the child appeared frightened. Bill said that the child's fear was the only thing that kept him from sexually abusing the boy. He reported there were other occasions where he had the opportunity and had not crossed that line, but felt he could and was close to doing so. Keep in mind all of these incidents occurred while Bill was enrolled at another therapeutic boarding school. By the time Bill was placed in our program there were no known victims that could be identified. Child protective services determined there was nothing they could do so the offenses were not prosecuted.

Bill's behavior could have resulted in the first program being banned from the recreational center, which was a major component of that program's treatment protocol. It could also have resulted in his facing sexual abuse charges. Bill's story is not uncommon and represents the tremendous risk programs assume when dealing with students with sexual issues. Litigation issues can be extensive and can often place the programs where the adolescent has engaged in sexual misconduct in jeopardy. Furthermore, programs who deal with students like Bill must be prepared to interface with local law enforcement authorities and serve as a go-between for parents and prosecuting agencies. Since Bill's parents lived in a different state than the boarding school, they would have had no first hand knowledge of local reporting laws, legal fees, or detention options. Students facing sexual charges are literally at the whim of the judicial system in the states in which the offense occurs. That can present a daunting maze of red tape for both parents and providers.

As with John, Bill's behaviors in his first placement isolated him from his peers. He was unable to go into the community and program therapists were at a loss when it came to how to approach his treatment. Program administrators and therapists made the wisest choice for Bill and their school when they referred him to a sex-specific program.

THERAPEUTIC SUCCESS

There is an abundance of research suggesting that specialized

therapy and supervision can minimize sexual acting out with adolescents. Studies indicate many (if not most) adult sexual offenders began sexual offending when they were adolescents, and that for some adolescents sexual offending behavior develops and progresses from less to more serious offenses through adolescence into adulthood (Rich, 2003). There is also evidence to suggest that some juveniles will cease offending types of behaviors with minimal, if any, treatment intervention and will not go on to become adult offenders. The problem is that it cannot be predicted which juveniles will develop ingrained patterns and which will naturally extinguish these behaviors on their own. It is therefore important to provide assessment and therapy and intervene while these boys are adolescents to prevent or minimize the risk of this from happening.

PSYCHO-SEXUAL EVALUATION

In making treatment and placement decisions, program staff must determine if the child can be effectively managed and supervised in your program while assessment information is being gathered. If this is not the case, the student should immediately be discharged and referred to an environment that can adequately supervise and contain his behaviors while the evaluation is completed.

A psycho-sexual evaluation is a major component of the information gathering process. An appropriate psycho-sexual evaluation determines therapeutic needs, whether or not a specialized placement is required and treatment duration. Good collaboration with the family, treatment team, the student, previous placements, previous clinicians, current therapists, etc. will help determine if specialized therapy is appropriate, if current supervision is adequate and what should be the therapeutic focus. In our opinion, a thorough psycho-sexual evaluation will include the following components:
- Screening Test
- Multiphasic Sex Inventory
- Estimate of Risk of Sexual Recidivism (ERASOR)
- Juvenile Sex Offender Assessment Protocol (JSOAP-II)
- Juvenile S• Wechsler Abbreviated Scale of Intelligence
- EyeBurg Child Behavior Inventory, Mother
- EyeBurg Child Behavior Inventory, Father
- Child Behavior Checklist, Mother

- Child Behavior Checklist, Father
- Youth Self Report
- MMPI-A
- Millon Adolescent Clinical Inventory
- Reynolds Adolescent Depression Scale
- House-Tree- Person Family Drawings
- Self Description I
- Self Description II
- Sentence Completion Test
- My Vocational Situation
- Parent Interview
- Clinical Interview
- Mental Status Exam
- Sexual Behavior Risk Assessment
- Sexual Offender Treatment Personal History
- Self-Assessment Survey
- Sexual Addiction ex Offense Recidivism Risk Assessment Tool (JSORRATT)
- Predicts Risk Sexual Safety Plan
- Sexual Behavior Interview

Our policy is to administer each of those diagnostic tools to students as part of the evaluation process. These tests help us determine the extent of the student's sexual issues, as well as their strengths and weaknesses. This type of comprehensive evaluation helps clinicians establish treatment direction and duration. It can be an excellent indicator of whether the student will require residential therapy, outpatient treatment, or a combination of both.

While effective psycho-sexual evaluations can help determine which students may be good candidates for sex-specific therapeutic settings, these evaluations can also help determine when a non sex-specific approach will work. Such was the case with 16-year-old Ben.

Ben was enrolled at a residential based substance abuse program. While there, he disclosed a pornography addiction and public masturbation. Ben also revealed he had been exposed to highly explicit pornography and sexual devices by a member of his family. The

treatment team at that program determined Ben was not appropriate for their program due to the sexual issues. He was subsequently referred to Oxbow. We conducted a psychosexual evaluation, observed Ben for one month, and also had his sexual history polygraphed. At that point, as a treatment team we determined that although these issues needed to be addressed, Ben's treatment could be handled in a non-sex specific program. Our decision was based on the fact Ben had been victimized by the family member who exposed him to pornography and purchased sexual toys for him starting at the age of 10. The public masturbation Ben disclosed in therapy was actually a case of masturbating in public restrooms but inside the stalls where he was never seen. The pornography issue could be addressed with an effective relapse prevention plan. Perhaps most importantly, this student did not have a history of sexually acting out in any treatment program. Our evaluation determined what Ben really needed was a psycho-educational approach to substance abuse and pornography that could be addressed in a non-sex specific setting. Based on this information, we tailored his therapy to be short term, targeting the issues previously discussed and preparing him to re-enter a general residential therapy program.

TREATMENT MODALITY AND INTERVENTIONS

In the latter part of the 1970's, clinicians treating youths with sexual misconduct issues discovered their behaviors were more than the "normal maturation process." Numerous studies followed. The result was the determination that sexual deviance in adolescence included a wide range of paraphillic behaviors (e.g, rape, child molestation, voyeurism, exhibitionism, obscene telephone calls, transvestism, fetishism) beginning as early as 10 years of age. The likelihood that these sexual problems could escalate and lead to ingrained and pervasive patterns without specialized therapy is a legitimate concern. In the past, treatment for adolescents with sexual issues has largely followed the guidelines of therapeutic interventions that have been effective with adult sexual offenders.

Today's literature, however, strongly recommends abandoning this approach in favor of a more holistic based intervention that takes into account the developmental stages of the adolescent. Clinicians

dealing with this population can be most effective by focusing openly and directly on the causative agent in a setting that is a sex-specific, safe and supervised environment. Furthermore, it is strongly recommended these students not be categorized as sexual offenders. One of the biggest concerns we see in working with adolescents with sexual issues are the risks of labeling them as sexual offenders with the accompanying stigma and how that will impact their futures. While we do not in any way minimize the behaviors of youth who have committed hands-on offenses, they are not in the same category as adults.

TREATMENT OPTIONS

The most recommended treatment approach for these students is cognitive behavioral therapy while also focusing on healthy relationships, social skills, anger management, and a moral reasoning component. Relapse prevention is also a component of treatment. Our experience indicates successful treatment of adolescents with sexual issues should consist of the following:

- Psychosexual evaluations
- Individualized therapy goals
- Standardized therapy goals
- Group therapy
- Family therapy
- Individual therapy
- Healthy relationships
- Substance abuse groups
- Educational needs

In addition, we have found the following therapeutic adjuncts to be extremely effective:

- Equine therapy
- Aggression replacement training that includes moral reasoning, anger management, and social skills training.

There is a great deal of support among researchers and clinicians that treatment with sexually dependent adolescents is effective. There are, however, some that urge caution and that more work and research needs to be done in order to prove treatment efficacy. One study that demonstrates the optimistic view is Worling and Curwean

(2000). In this study, a group of 58 treated juvenile sexual offenders were compared against a group of 90 untreated, under-treated, or otherwise-treated juveniles, with an average follow up of 6 years. The study found 5% recidivism in the treated group, compared to 18% in the comparison group. The treated group also had reduced rates of nonsexual recidivism.

While we are currently in the process of compiling our recidivism data, we believe our therapeutic success numbers will exceed those of the Worling and Curwean study. Stephen is one example of the kinds of success we are seeing with adolescents we have treated. Stephen calls every year at approximately the time when he completed his therapy. It has been four years since he has successfully completed our program. Since that time he has transitioned back into the community, married, and is attending college. Each year he continues to express his gratitude for the help he received from our program and offers to come with his wife, who he says knows about his history, and share his story with current students and our parent support group. This is just one example of success. Numerous students return to our program years later with family members and fiancées to report on their progress.

Students with sexual issues have often committed very serious crimes. Their behaviors need to be taken seriously without any attempt to minimize or excuse their actions. Clinicians should, however, remember that these students are still children themselves. They are open to corrective emotional and thinking experiences that can help them reframe their ideas and world outlook. A holistic therapeutic approach in a sex-specific environment can help them address their problems and engage pro-socially in ways that are satisfying to them and the communities in which they live.

Current Descriptions of
National Association of Therapeutic Schools and Programs (NATSAP) Members

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Introduction

The National Association of Therapeutic Schools and Programs (NATSAP) was created in January 1999 "to serve as a national resource for programs and professionals assisting young people beleaguered by emotional and behavioral difficulties…members include therapeutic schools, residential treatment programs, wilderness programs, outdoor therapeutic programs, young adult programs and small residential programs" (NATSAP Overview 2007, p. 1). NATSAP currently consists of 181 member programs.

In the Spring of 2007, the Board of Directors and the NATSAP Research Committee surveyed member programs in an effort to gather information about basic program characteristics. Based on the results of the survey, NATSAP can be defined as an organization whose membership consists of predominantly privately funded residential programs serving special needs and at-risk youth typically between the ages of 10-18. Based on these findings, it appears that member programs provide services for a specific sector in the youth and educational spectrum of care that are underserved by: (a) public funded residential programs, (b) public funded alternative school services for challenged youth, and (c) privately funded schools targeted at more mainstream students.

Alternative and Private Programming Options for Youth in the United States

It is difficult to get an accurate estimation of the total

numbers of private and public funded residential and non-residential programs for youth in the U.S. As for public funded programs, the U.S. Department of Education (DOE) reported there were 10,900 public alternative schools across the country in 2000, with 59% of these schools (6400) located in separate facilities (Kleiner et al., 2002). This survey did not include privately run alternative schools for public funded students. However, the National Association for Private Special Education Centers reported a total membership of 262 programs in 2007 (NAPSEC, 2008). American Association of Children's Residential Treatment Centers (AACRC) members are predominantly public funded residential facilities, and according to their 2007 Membership Directory had a membership of 96 programs.

Determining accurate numbers of private funded alternative schools and programs is also difficult. However, the DOE's 2003-04 "Private School Universe Survey" reported 28,384 private schools in the U.S., 2,373 of which were identified as alternative or special education facilities (Broughman & Swaim, 2006). Although the Department of Education's survey did not distinguish between day and residential settings, the National Association of Independent Schools reported in 2007 that 127 of its 1018 members were boarding schools (NAIS, 2007).

Very few NATSAP programs are also members of the AACRC. Programs from both organizations, however, appear in *The Directory for Exceptional Children.* Of the nearly 2000 programs listed in this Directory, there were 298 listed with residential components that did not serve youth designated as either mentally retarded or suffering from exclusively orthopedic/neurological disorders[1] (*The Directory for Exceptional Children, 15th edition*, 2004). Although this Directory may offer one of the more complete listings of alternative residential treatment options for emotionally and behaviorally challenged youth, it by no means lists all the programs of this type operating today, and likely lists a number that are no longer in business.

Multiple surveys, dating back at least to 1969, have been conducted to gauge the numbers of children in residential treatment in the U.S. (Edwards, 1991; NIMH, 1983; Pappenfort & Kirkpatrick, 1969). It is very difficult to accurately compare one survey to another

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[1]   These criteria were used in order to identify programs to include in the count that resembled the NATSAP membership: residential programs catering to youth with emotional, behavioral, or learning disabilities.

in order to estimate trends of growth or decline in the industry. Much of this difficulty is due to the various approaches used to define the type of program as well as client population characteristics (Edwards, 1994). Zimmerman (1998), however, surveyed the 1990 Directory for Exceptional Children (12th edition) using the same criteria used in this study. The number of public and private funded residential treatment centers for youth with behavioral disorders in 1990 was 447, compared to the 2004 number of 298.

It is clear that determining the precise range of educational and therapeutic services available for youth in the U.S. is difficult. It does seem possible that based on the aforementioned surveys and membership listings, NATSAP likely represents a large number of the programs at this intersection of alternative programming for predominantly private pay clientele.

The 2007 NATSAP Membership Characteristic Survey

All NATSAP members listed in the 2007 NATSAP Directory were invited to complete an on-line survey designed to identify NATSAP program characteristics. Eighty seven (87) programs (48%) completed this survey. Programs that completed the survey were compared to non-respondents with regard to program region, program type, and genders served. In comparing these two groups on these three characteristics, no notable differences were found (see Tables 1 and 2 and Figures 1 and 2 for more detail). These comparisons provide some credibility to the belief that programs that responded are a representative sample of all NATSAP member programs and that these findings can be generalized to the entire NATSAP membership. Such generalizations still need to be done cautiously as certain variables may include only a couple of data points. For example, there were only two small/home-based residential programs in the sample, and the findings may vary significantly from the other similar programs in the NATSAP membership who did not respond.

The data summarized in this report were compiled in a way to provide meaningful benchmarking information while preserving the anonymity of the programs that responded to the survey. The summary is divided in to the following categories in the following order:

I. General Program Characteristics

Program Size and Ownership

The maximum size of a NATSAP program in the survey was 217 beds and the minimum size was four beds, with an average program capacity of 60 clients. In comparison to the 66 AACRC programs in the 2007 AACRC Member Directory that indicated program capacity, the largest AACRC program served over 800 clients while the smallest reported having eight beds. When the largest AACRC multi-site program in this sample was viewed as an outlier, the next largest program was listed at 417 beds, resulting in an average program size of about 100 beds. Elson & Murtagh (1999) analyzed program size in a survey of 96 residential treatment centers for youth by single site vs. multi-site programming, finding the single site program mean size was 57 beds verses a multi-site mean size of 118 beds. Although not necessarily a reflection of program capacity, the average enrollment at a National Association of Independent Schools (NAIS) member boarding school was 265 clients ("NAIS Facts 2006-2007", 2007). The average size for a secondary private alternative/special education school identified in the DOE's 2003-4 "Private School Universe Survey" was about 53 and for a combined ages school it was about 81 (Broughman & Swaim, 2006).

The NATSAP survey also asked if programs were either owned independently or by a corporation with multiple programs. The results indicated that 58% of programs in the sample were independently owned and the remaining 42% were part of multiple-program corporations. In comparison, based on the 66 programs in the 2007 AACRC Membership Directory that provided similar information, 58% of the membership was part of a larger organization or systems of care. Elson and Murtagh's (1999) survey sampled 96 programs from the memberships of the AACRC, Children Welfare

League of America, the National Association of Psychiatric Services for Children, and the National Association of Homes for Children. Their survey indicated two-thirds of RTCs were single-site facilities and one-third was multi-site.

Region, Gender Served, Setting, & Years in Operation

Tables 1 and 2 and Figures 1 and 2 depict geographic region, program type, and gender served for both the sample and the entire NATSAP membership (as of June 2007). Table 3 summarizes the type of areas where NATSAP programs in the sample were located. Outdoor/wilderness programs were separated as a subset in Table 3 due to the specific nature and location of their work. It is clear that the majority of NATSAP programs were located in less urban, more rural settings. Finally, Figure 3 shows the number of years NATSAP programs in the sample have been in operation. As can be seen in the graph, on average, NATSAP programs are relatively new in their establishment.

Table 1. Total Membership vs. Sample by Region.

Region	NATSAP Programs in region		Survey Respondents in Region	
	%	#	%	#
Midwest	5%	9	2.3%	2
Mountain	14.9%	27	17.2%	15
Northeast	13.8%	25	13.8%	12
Northwest	9.9%	18	9.2%	8
Southeast	17.7%	32	13.8%	12
Southwest	10.5%	19	8.0%	7
Utah	22.7%	41	33.3%	29
West	3.9%	7	2.3%	2
International	1.7%	3	0%	0
Totals	100%	181	100%	87

Table 2. Total Membership vs. Sample by Program Types.

Program Type	NATSAP Program Types		Program types of Survey Respondents	
	%	#	%	#
Boarding School	3.9%	7	1.1%	1
Emotional growth Boarding School	5.5%	10	8.0%	7
Home-Based/Small Residential Program	2.8%	5	2.3%	2
Outdoor/Wilderness Program	22.1%	40	20.7%	18
Residential treatment Center	37%	67	33.3%	29
Therapeutic Boarding School	21%	38	23.0%	20
Transitional Independent Living	2.2%	4	5.7%	5
Young Adult	5%	9	5.7%	5
Other	.6%	1	0%	0
Totals	100%	181	100%	87

Table 3. Percentage of Programs in NATSAP Sample Found in Each Location Type.

Program Type	Urban	Suburb	Small-Town	Rural	Wilderness
Outdoor/Wilderness	0%	0%	6%	69%	25%
All other Program Types	11%	19%	16%	49%	6%

Figure 1. Genders Served: NATSAP Membership (n=181).

Female Only Programs 16.6 %

Male Only Programs 18.8 %
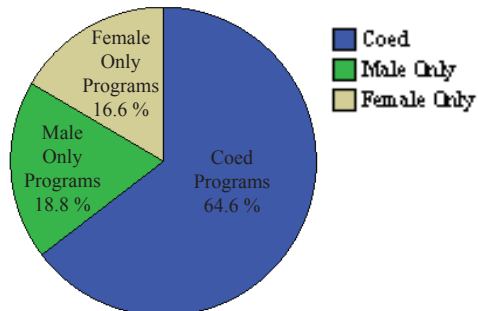
Coed Programs 64.6 %

Coed
Male Only
Female Only
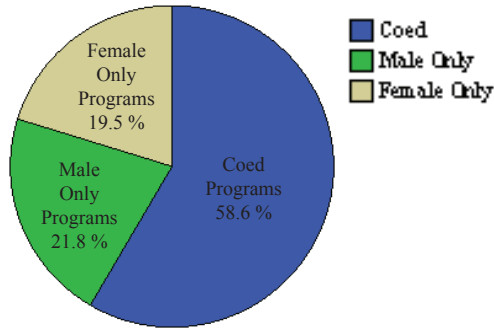
Figure 2. Genders Served: Survey Sample (n=87).

Figure 3. Years in Operation for Programs in Sample.
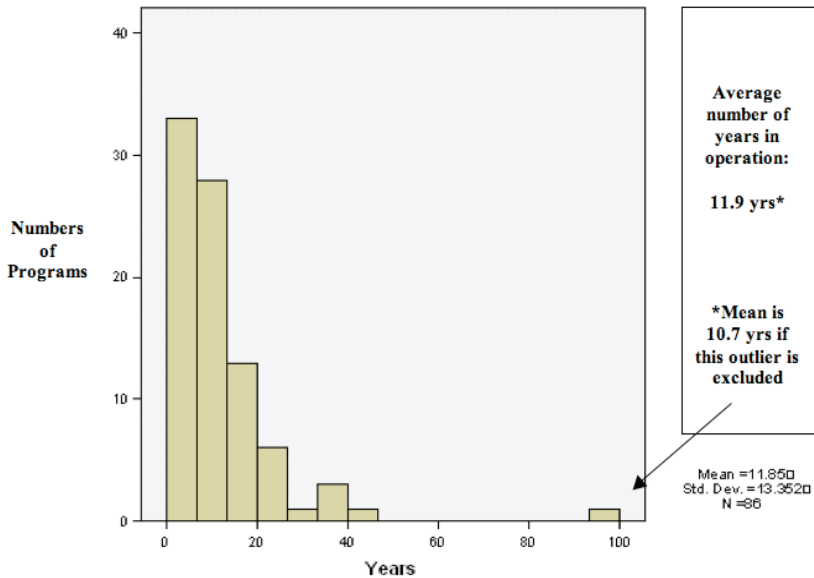
The AACRC membership was distributed quite differently from that of NATSAP. For example, while approximately 38% of NATSAP programs were located in the western states (including the Southwest and Utah) and 18% in the Southeast, only 7.3% of their public funded counterparts in the AACRC were found in the same western region with only 10% in the Southeast. Conversely, AACRC member programs were more likely to be found in the Northeast (30%), on the West Coast (13%) or in the Midwest (25%) than NATSAP member programs (14%, 4%, and 5% respectively). The regional breakdown

of the secondary and combined private schools surveyed nationwide by the DOE in 2003-04 (Northeast: 30%, Midwest: 18%, and West: 14%) resembled the AACRC distribution more than NATSAP member programs (Broughman & Swaim, 2006).

While NATSAP programs are often located in more rural settings (particularly when outdoor/wilderness programs are included), secondary and combined-age private schools are more likely to be found in urban/large town settings (70%) than in small town/rural settings (29%). Although this difference could be due to the fact that the majority of these private schools are non-residential, serve local communities, and are more likely to be located in more populated areas, it should be noted that more rural private schools identify themselves as alternative (6.5%) than do those in the urban/large towns (4.7%) (Broughman & Swaim, 2006).

The difference in length of operation between predominantly private funded NATSAP programs and the predominantly public funded AACRC programs was notable. Whereas NATSAP programs have operated on average of just under 12 years (ranging from one year to 98 years of operation), AACRC members have operated on average for 88 years (ranging from 4 years to 209 years) (AACRC, 2007). Also, predominantly public funded programs in the Elson and Murtagh (1999) survey were much older than NATSAP programs: 13% in this survey were under 10 years old; 22% were 11-15 years old; 42% were 26-100 years old; and a full 22% of the sample had been operating for over 100 years.

II. Clients/Students Served

Numbers Served

NATSAP programs participating in the study reported they served 8,863 individual clients or students a year. Furthermore, when comparing the total reported average daily census for the past year (3,857) with the sum of the reported maximum enrollment figures (5,123), it can be estimated that the average program in the sample was operating at approximately 75% capacity. Assuming that the sample is representative of the total NATSAP membership, it can be estimated that the entire NATSAP membership served over 17,726 students/clients a year and has the capacity to serve 23,630 clients a

year. In comparison, in October 2000 approximately 612,900 students (or 1.3% of all public school students) were attending district run public alternative schools (Kleiner et al., 2002); in 2004 176,868 students were being served nationally in secondary and combined-age private schools identified as alternative or special education (Broughman & Swaim, 2006); and in 2007, 36,873 students attended NAIS member boarding schools (NAIS, 2007).

Ages served

The majority of NATSAP programming in the survey was oriented toward adolescents. A summary of the data pertaining to ages served by programs are listed in Table 4 (note that the percentages exceed 100% because some programs serve youth in more than one of the listed age groups). These data were obtained from the NATSAP membership database and not just from survey responses (i.e., N=181)

Table 4. Ages Served by NATSAP Programs.

≤ 10 yrs old	Percentage of programs serving youth 10 and under:	12.4% (N=22)
10-12 yrs old	Percentage of programs serving early adolescence/middle school:	29.8% (N=54)
13-18 yrs old	Percentage of programs serving adolescents exclusively:	49.2 % (N=89)
>18 yrs old	Percentage of programs serving students/clients over 18:	15.2% (N=27)

This trend in age of clients served mirrored the national trend of public funded alternative special education schools. For example, in 2000 while 21% of districts offering such alternatives offered them to students at 6th grade or under, availability increased steadily as students entered adolescence, peaking at 92% availability for grades 10-12 (Kleiner et al., 2002).

Admission Requirements

Table 5 summarizes the types of diagnosis that NATSAP survey respondents accepted or rejected for treatment. Elson and Murtagh (1999) found a similar breakdown of symptoms when they asked their sample of programs to list the three most common reasons for placement. According to the authors, "reasons, in order of frequency, tend to cluster around clinically diagnosable conditions, aggression, and problems with family and/or school or the community" (p. 12). More specifically, they outlined four areas:

1. *Severe emotional disturbance* – clinical depression, post traumatic stress disorder, mood disorders, attachment disorder, and self-destructive behaviors.
2. *Aggressive/violent behavior* – oppositional & defiant behaviors, conduct disorder, assault, and other forms of physical aggression including self-injurous behavior.
3. *Family/school/community problems* – inability to function at home, in school, or in the community; family dysfunction, placement failures, needing an alternative to juvenile justice and drug use/abuse
4. *Abuse* – physical, sexual, or emotional abuse.

Table 5. Treated and Non-Treated Diagnoses for Surveyed NATSAP Programs.

Diagnosis/problem	% of programs in sample identifying this diagnosis/ problem as something their program can directly address	% of programs in sample that exclude from admission clients/students with the diagnosis/problem
Abuse (physical or sexual)	91%	3%
Adjustment Disorders	83%	2%
Antisocial Behavior/Conduct Disorder	48%	39%
Anxiety Disorders	93%	2%
Attachment Disorder	85%	29%
Aspergers Disorder	53%	5%
Attention Deficit/Hyperactivity Disorders	95%	3%
Autistic Disorders	9%	66%
Bi-polar Disorder	87%	8%
Conduct Disorder	38%	40%
Depression	97%	3%
Dissociative Disorders	31%	37%
Eating Disorders	41%	37%
Impulse Control Disorders (Explosive, Kleptomania, Pyromania, Hair pulling)	46%	37%
Learning Disorders (including mental retardation)	53%	24%
Oppositional Defiant Disorder	91%	5%
Parent-Child Relational Problem (including Adoption)	93%	3%
Personality Disorders	53%	17%
Schizophrenia and other Psychotic Disorders	10%	74%
Sexual Offense	9%	78%
Sleep Disorders	25%	30%
Somatoform or Factitious Disorders	23%	32%
Substance Addictions or Related Disorder	82%	14%
Tic Disorder	26%	23%
Tourette's Disorder	32%	31%
Trauma Including PTSD	77%	5%

Referrals

It was clear that educational consultants were a major source of referrals for NATSAP programs. In addition to the percentages displayed in Table 6, it was also noted that 11 programs (13% of the sample that answered this question) received more than 90% of their referrals from educational consultants. This was particularly noteworthy considering none of the other seven referral sources (i.e., clinical professionals, 3rd party payers, internet, NATSAP directory/ website, previous clients/families, "other" advertising, other programs) made up more than 85% of any program's total referrals (with the exception of a single program that received 100% of its referrals from "Other Advertising."). In other words, with the exception of one outlier, educational consultants provided a higher percentage for referrals for 13% of the NATSAP sample than any other referral source did in any other program.

Table 6. Referral Sources of Surveyed NATSAP Programs.

Referral Source	Percentage of programs in sample that receive referrals from this source	Mean percentage of programs' total referrals coming from this source
Educational Consultants	95%	46%
Clinical professionals	80%	14%
3rd Party Payer	28%	20%
Internet	82%	22%
NATSAP Directory or Website	44%	6%
Previous Client/Parent	78%	10%
Other Advertising	35%	8%
Other Program	71%	12%

In contrast, of the 26 programs in the AACRC's 2007 Membership Directory whose funding/referral sources were explicitly indicated, 20 (77%) came from public sector mental health or social services. Similarly, Elson & Murtagh (1999) identified that 79% of the funding/referral sources for the surveyed programs came from a combination of public social services and public mental health sources.

III. Programming

Length of Stay

Table 7 summarizes the average length of stay by program type (as reported by the programs in the NATSAP survey sample). Treatment generally lasted for about a year (exceptions are outdoor and young adult programs, where treatment averages about 6 months). Although the average length of stay reported by AACRC programs in the 2007 Membership Directory (N=65) was confounded by the wide variety of services offered by the listed programs, the estimated mean length of stay was similar at approximately 13 months (Kleiner et al., 2002).

Table 7. Average Length of Stay of Surveyed NATSAP Programs.

Avg. Length of Stay (days)	Boarding School	Emotional growth Boarding School	Home-based/ Small Res.	Outdoor/ Wildness.	Res. Treat. Center	Therap. Boarding School	Trans./ Independ. Living	Young Adult	All programs
Mean	365	494	430	188	275	409	343	187	309
Min.	365	210	360	22	60	152	270	52	22
Max.	365	912	500	540	660	700	450	365	912

Academic Programming

Table 8 summarizes the types of academics provided by programs in the NATSAP survey. Table 8 includes both grade levels in which instruction was offered, as well as the ability of a program to grant high school credit and/or a high school diploma.

Table 8. Types of Academics Provided by NATSAP Programs in the Sample.

Percentage of programs providing grade-school level academics	Percentage of programs providing middle school level academics	Percentage of programs providing high school level academics	Percentage of programs offering high school credit	Percentage of programs offering high school diplomas	Percentage of programs offering college level academics
10%	56%	90%	77%	68%	29%

Not surprisingly, although 90% of the NATSAP programs provided high school curriculum and 77% school credit, public alternative schools were more likely to be able to grant an actual high

school diploma (91% of programs able to do so) than private NATSAP programs (68%) (Kleiner et al., 2002). As one might expect, when NATSAP school program types were separated out from the general NATSAP membership (i.e., Boarding Schools, Emotional Growth Boarding School, and Therapeutic Boarding Schools), the percentages of programs offering school credit and diplomas rises to 89% and 82% respectively.

Clinical Programming

Table 9 summarizes the types of therapies offered by NATSAP programs. The percentage of programs in Elson and Murtagh's (1999) sample offered similar therapies: individual (96%); group (88%) and family (85%). Although somewhat similar, when compared to the NATSAP sample the public sector programs placed a slightly larger emphasis on individual therapy than on group therapy.

Table 9. Therapy Modalities Offered at NATSAP Programs in Sample.

Type of therapy	Percentage of Programs Utilizing Therapy Type
Individual/Psychotherapy	87%
Experiential	84%
Group	98%
Family	84%
"Other Therapies" (therapies identified by more than one program as a type they offered)	Equine or Animal Assisted: 8% Spiritual: 2% Outdoor/Wilderness: 3%

In comparison, 79% of public alternative schools utilized crisis and behavioral interventions on site, and 58% of them offered psychological counseling. In order to provide their students with additional services, 52% of these same public schools collaborated with a "family organization or association," 47% with a crisis intervention center, 75% with a community mental health center, and 59% with a drug and alcohol clinic (Kleiner et al., 2002)

Activities

Table 10 lists the most common activities offered by the programs responding to the survey. In comparison, 48% of public alternative schools offered vocational skills training. In order to provide their students with additional services, 40% also collaborated with a job placement center and 23% did so with a parks and recreation department (Kleiner et al., 2002).

Table 10. Types of Activities offered at NATSAP Programs in Sample.

Type of Activity	Percentage of Programs Offering Activity Type
Adventure Activities	89%
Art	64%
Challenge Course	47%
Vocational Training	40%
Equine	39%
Independent Living Skills	24%
Volunteer Work	18%
Team/Individual Sports	18%
"Other" activities offered by one or more programs: Aikido, building, foreign travel, health & physical education, karate, parent-student retreat, passion work, dream work racquet/sports club membership, triathlon training participate in activities in surrounding community, woodshop, blacksmith	

IV. Staffing

Numbers Employed

Approximately 77 of the NATSAP programs in the sample responded to questions asking for the numbers of staff employed. For full time staff, programs employed between 2 and 350 staff members, with a mean of 47 full time employees per program. The range for part time and seasonal employees was 0 to 100, with a mean of 13 part time employees and 5 seasonal staff. Total staff employed by the reporting programs was 4882 employees (3654 full time, 990 part-time, and 238

seasonal). Conservatively, one could estimate that the entire NATSAP membership employed approximately 10,000 people.

Staff to Student Ratios

Overall staff to student/client ratios in the NATSAP sample ranged from 4:1 to 1:12. Fifty four (54%) percent of the sample (N=83) operated programs with staff ratios of 1:2 or lower (i.e., at least 1 staff for every two students/clients) and 88% of the programs had staff ratios of at least 1:4.

Comparatively, although different than an overall staff to student ratio, the mean teacher to student ratio in 2004 at special education/alternative private schools serving secondary and combined-age populations was approximately 1:7 (Broughman & Swaim, 2006). For NAIS member boarding schools in 2007, the average teacher to student ratio was also about 1:7 and the student to over-all staff ratio was 1:3 (NAIS, 2007).

Clinicians

The average case load for clinicians in the NATSAP sample was nine (9) clients. Seventy nine (79) programs in the sample reported average case load numbers for their clinicians. The minimum reported was three and the maximum was 18 (with one extreme outlier excluded). Table 11 summarizes the number of clinicians of differing academic levels employed by programs in the sample.

Table 11. Numbers and Types (by academic degrees) of Clinicians Employed at NATSAP Programs

Degree held by on-site full time equivalent clinician(s)	Total number of clinicians with this degree reported in the sample	% of total number of clinicians in sample with this degree*	% of programs in the sample employing at least one clinician with this level of degree**
Ph.D.	46	6%	16%
Masters	407	52%	86%
Bachelors	288	37%	31%
High School or Equivalent	32	4%	7%

*Remaining 2% were in an "other" category which included written in responses of varying academic levels.

** 11 programs in the sample (13%) reported not having any clinicians on staff. Two of these programs appeared to have skipped or missed this set of questions on the survey. Of the remaining programs that reported having no clinicians included one Home-based/small residential, one outdoor/wilderness, four transitional living/ young-adult, and three RTCs.

Teachers

Programs responding to the NATSAP survey employed approximately 676 academically oriented teachers. This indicated the NATSAP membership in 2007 likely employed about 1,350-1,400 teachers. Comparatively, in 2004 approximately 26,629 FTE equivalent teachers were working nationally in secondary and combined-age private schools identified as alternative or special education (Broughman & Swaim, 2006). When the NATSAP school program types were analyzed separately (i.e., Boarding Schools, Emotional Growth Boarding School, and Therapeutic Boarding Schools), the percentages of full time program staff that were teachers was 29%. For NAIS member boarding schools in 2007, this percentage was a similar 31% (NAIS, 2007). As for teacher qualifications, Table 12 summarizes the numbers of academic teachers of differing academic levels employed by programs in the NATSAP sample.

Table 12. Numbers and Types (by academic degrees) of Teachers Employed at NATSAP Programs.

Degree held by on-site full time equivalent teacher(s)	Total number of teachers with this degree reported in the sample	% of total number of teachers in sample with this degree*	% of programs in the sample employing at least one teacher with this level of degree**
PhD	21	3%	18%
Masters	190	27%	71%
Bachelors	363	52%	71%
High School or Equivalent	102	15%	11%

*Remaining 3% were in an "other" category which included written-in responses of varying academic levels.
** 13 programs in the sample (15%) reported not having any teachers on staff. Two of these programs appeared to have skipped or missed this set of questions on the survey. Of the remaining programs that reported having no teachers included three outdoor/wilderness, four transitional living/ young-adult, and four RTCs.

Salaries & Benefits

Fifty one (51) programs in the NATSAP survey responded to a question asking for the percentage of their budget committed to

payroll. The minimum reported was 25%, the maximum was 75%, and the average was 50%. Table 13 summarizes the average salaries paid at programs in the sample for each type of position and academic level listed. NAIS member boarding schools reported in 2007 the following teacher salary figures: the median high salary was $57,750; the mean salary was $39,791; the low salary was $26,000; and the starting salary was reported to be $25,450 (NAIS, 2007).

Table 13. *Average Salaries Paid at NATSAP Programs by Position and Academic Degree.*

Position	Number of programs reporting an average salary	Minimum average salary reported	Maximum average salary reported	Mean average salary reported
Admissions	55	$25,200	$90,000	$45,044
Ph.D. Level Teacher	6	$40,000	$55,000	$48,000
Masters Level Teacher	42	$25,000	$55,000	$39,482
Bachelors Level Teacher	40	$18,850	$54,000	$33,728
Ph.D. Level Therapist	26	$45,000	$100,000	$65,881
Masters Level Therapist	58	$30,000	$80,000	$48,062
Child Care Worker	61	$14,000	$37,000	$25,961
Night Shift Staff	47	$12,800	$35,000	$22,643

In the NATSAP survey, 77 out of 85 programs reported they provided health insurance benefits to their employees (91%). Also in 2007, 122 of 124 (98%) of NAIS member boarding schools provided 90% of their employees with health benefits (NAIS, 2007).

V. Funding and Costs

Funding Sources

NATSAP programs relied heavily on private funding. Every program in the sample received some amount of private funding. Seventy-one (71%) of the programs receive 90% or more of their funding from private sources, including a large number of programs

(40%) that were completely funded from private sources. Table 14 summarizes the funding sources of the NATSAP sample. In contrast, as stated previously, 77% of the programs in the AACRC's 2007 Membership Directory came from public sector mental health or social services. Similarly, the sample explored by Elson & Murtagh (1999) identified 79% of the referrals and payment for the surveyed programs came from a combination of public social services and public mental health sources.

Table 14. Utilization of Funding Sources by NATSAP Programs in the Sample.

|	Percentage of programs in sample that receive funding from this source	Average percentage of programs' total funds coming from this funding source
Percent Privately Funded	100%	85%
Percent Insurance Funded	33%	12%
Percent Publicly Funded	19%	29%
Percent Funded by School Districts	40%	14%

Cost per Day

Table 15 and Figure 4 depict the average cost per day at various program types in the NATSAP sample. For NAIS member boarding schools, the average annual tuition in 2007 was $32,594 (NAIS, 2007). If a 270 day school year is used as an estimate, this means tuition would translate into a daily cost of $121. An estimated average price per day for the 33 programs in the AACRC's 2007 Membership Directory that indicated rate information was $277. It should be noted that the range of services offered by many of the AACRC programs made it difficult to determine the rate per day for residential treatment. When a specific RTF rate could be identified, this figure was used. When a specific rate could not be identified, an average of the relevant rates listed was used. Consequently, this estimated cost should be interpreted cautiously.

Table 15. Average Cost per Day by NATSAP Program Type.

	Emotional Growth Boarding School	Outdoor/ Wilderness	Residential Treatment	Therapeutic boarding School	Transitional Living	Young Adult
Average Cost per day	$165	$332	$318	$216	$181	$223
Minimum fee charged	$134	$115	$125	$158	$110	$115
Maximum Fee charged	$197	$495	$700	$370	$263	$495

Figure 4. Average Cost per Day by Program Type
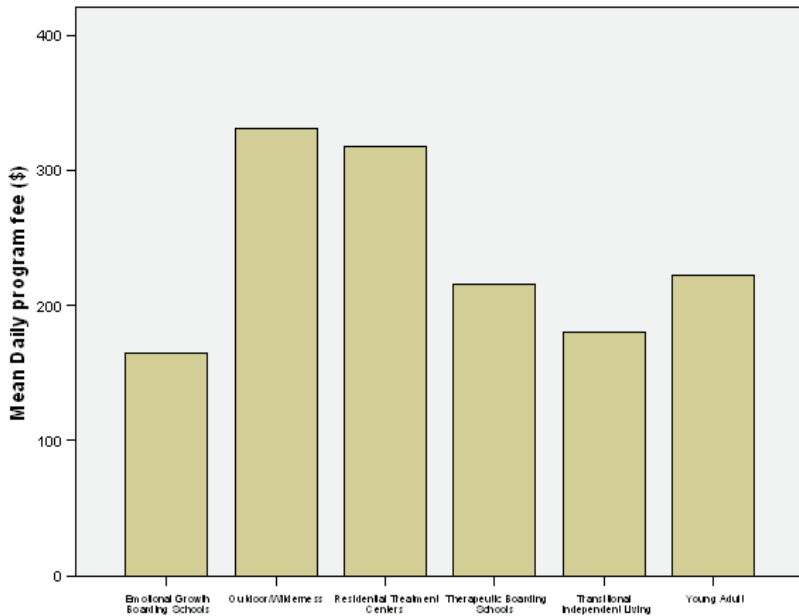
VI. Licensure and Accreditation

Clinical and Organizational Accreditation and Licensure

According to the NATSAP survey, 79% of the programs in the sample (N=84) reported employing a full time licensed clinician as their clinical director. Two per cent (2%) of programs reported having a part time licensed director, 8% had one as a contracted position, and 7% reported not having one at all.

Table 16 identifies the rate of accreditation by national non-academic organizations for programs in the sample. It appears that The Joint Commission (JCAHO) may offer the accreditation that was sought by the most number of NATSAP Member programs, but it is clear that accreditation of any sort was by no means the norm. Of the 85 programs in the 2007 AACRC Membership Directory that reported accreditation information, 49% possessed Council on Accreditation (COA) accreditation, 33% held JCAHO accreditation, and 27% possessed accreditation from some other organization (83% of this last group, however, were accredited by COA or JCAHO as well).

While 26% of the sample did not report accreditation of any kind, it should not be assumed that they were not accredited, as it is possible that some of them simply did not include this information in their listing.

Table 16. NATSAP Program Accreditation by National Non-Academically Oriented Organizations.

Program Type	Percentage of programs accredited by AEE	Percentage of programs accredited by CARF	Percentage of programs accredited by COA	Percentage of programs accredited by JCAHO
Emotional growth Boarding School	0%	0%	0%	0%
Home-based/Small Residential	0%	0%	0%	0%
Outdoor/ Wilderness	19%	13%	13%	13%
Residential Treatment Center	3%	0%	0%	38%
Therapeutic Boarding School	9%	0%	5%	9%
Transitional/ Independent Living	20%	0%	0%	0%
Young Adult	0%	0%	0%	0%
All Program Types Combined	8%	2%	4%	18%

Table 17 summarizes the different types of state licensure (or lack of licensure) possessed by programs in the NATSAP sample. Some type of licensure was held by all but 14% of the programs that answered the question (N=80). Furthermore, 8% of the programs had a state business license as their only form of state licensure (the other 23% with state business licenses also had at least one additional licensure in another of the listed categories in the table). Thus, 78% of the programs in the sample answering this question possessed state licensure of some sort beyond a basic business license (note: seven programs chose not to answer this question).

Table 17. State Licensure by Program Type and License Type.

Type of Facility State Licensure	Emotional growth Boarding School	Home-based/ Small Residential	Outdoor/ Wilderness	Residential Treatment Center	Therap. Boarding School	Trans./ Independ. Living & Young Adult	Total for all programs
Addiction	0%	0%	21%	14%	0%	0%	9%
Behavioral Health	0%	0%	29%	24%	0%	13%	15%
Child Care	17%	0%	36%	3%	5%	0%	14%
Outpatient	0%	0%	7%	14%	10%	0%	9%
Outdoor behavioral	0%	0%	50%	3%	0%	13%	11%
Psychiatric care	0%	0%	0%	7%	0%	0%	3%
Residential care	33%	100%	14%	21%	5%	0%	15%
Residential treatment	0%	50%	36%	86%	25%	0%	45%
Boarding School	33%	0%	0%	0%	15%	0%	6%
Therapeutic boarding School	33%	0%	0%	0%	20%	0%	8%
General Business license	17%	50%	14%	28%	40%	63%	31%
No License	17%	0%	7%	0%	20%	50%	14%

Academic Accreditation

Table 18 summarizes academic accreditation and licensure schemes within the NATSAP survey sample. Note the data in the last two columns of this Table was provided by programs that reported their overall program was NOT accredited by an academic agency [e.g., North Central Association Commission on Accreditation and School Improvement (NCACASI), Northwest Association of Accredited Schools (NAAS), National Independent Private Schools Association (NIPSA), Southern Association of Schools and Colleges (SACS)].

Table 18. NATSAP Program Academic Licensure and Accreditation.

Program Type	Percentage of programs licensed or accredited by state ed. dept.	Mean Percentage of teachers at program that are licensed or certified by the state	Percentage programs accredited by regional or national academic agency	% of non-accredited programs whose ACADEMIC program is accredited through a third party	% of non-accredited programs, Whose CURRICULUM is accredited through a third party
Emot. Grwth. Brd. School	86%	76%	71%	50%	0%
Home/Small Residential	0%	100%	0%	50%	100%
Outdoor/ Wilderness	71%	88%	64%	33%	40%
Res. Treatment Center	96%	97%	82%	75%	75%
Therapeutic Boarding Schl	64%	88%	68%	33%	63%
Trans/Indep. Living	0%	0%	0%	33%	0%
Young Adult	50%	50%	25%	50%	100%
All Program Types Combined	71%%	87%	64%	43%	50%

(Note: between the "Percentage programs accredited..." column and the "% of non-accredited programs whose ACADEMIC..." column a box reads "If not accredited, then..." with an arrow.)

Conclusions

If the sample of 87 programs responding to the NATSAP survey was representative of the NATSAP membership as a whole (which at first glance it seemed to be), then several conclusions can be made about NATSAP member characteristics at the time of the survey:

- NATSAP member programs were a youthful group, with the majority being developed in the last 15 years,
- NATSAP member programs utilized over 10,000 staff to serve over 17,000 clients/students a year.
- Most of the programs were outdoor wilderness programs, therapeutic boarding schools, or residential treatment centers primarily operating in rural settings.
- Most programs were licensed by the state where their

operations were based and used a broad range of group, experiential, and psychotherapeutic programmatic approaches.
- These programs relied heavily on private pay clients for revenue and educational consultants for referrals.
- Staff to student ratios were high: the vast majority of programs average 1:4 or lower.
- The majority of the clinical staff possessed at least a Masters degree and nearly 80% of the teaching staff had a Bachelor's or Master's degree.
- The predominantly adolescent clients/students arrived with a large variety of DSMIV-R psychiatric diagnoses. Diagnoses accepted by the largest percentage of programs included behavioral disorders such as oppositional defiance or attention deficit with or without hyperactivity, mood disorders, anxiety disorders, and incipient personality disorders. Only a few specialized programs admitted children who are sexual offenders or children who were identified with psychotic or autistic conditions. Treatment generally lasted for about a year (exceptions were outdoor and young adult program, where treatment averaged about 6 months).

In a general and approximate comparison to other private, residential, and alternative schooling options for youth:

- The cost of NATSAP programs compared similarly to those of the publicly funded residential centers.
- The recent establishment of most NATSAP programs was particularly evident in comparison to the much older legacy of public funded residential treatment programs.
- Academic teacher to student ratios in NATSAP school-oriented programs were similar to both those of mainstream boarding schools and other private alternative/special education schools.
- The NATSAP membership serviced less than 10% of the nation's alternative and special education private school students, and about half as many students as NAIS member boarding schools.

NATSAP member programs seemed to fill a niche for special-needs services somewhere between public alternative schools, publicly funded residential treatment, private alternative day schooling and private boarding schools for mainstream populations. The authors hoped the information provided here can help place the characteristics of NATSAP programming within this larger context.

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