

Dissecting the Wilderness Therapy Client

Examining Clinical Trends, Findings, and Industry Patterns

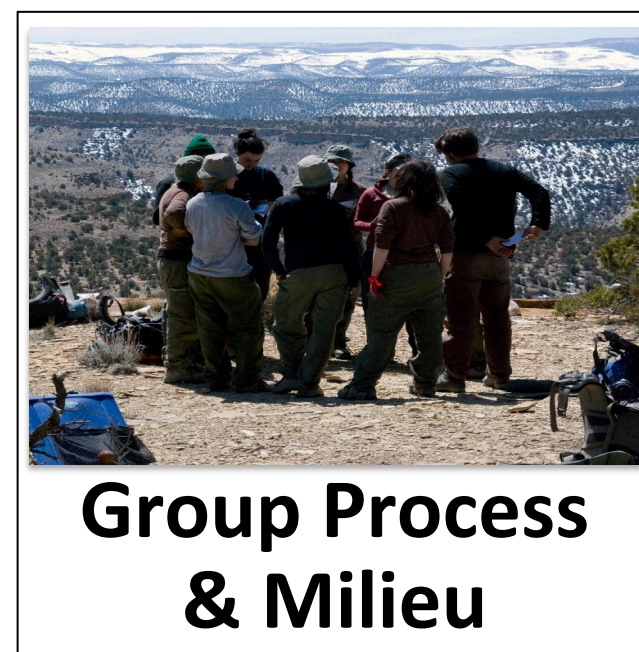
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Introduction

To better understand diagnostic makeup of clients referred to wilderness therapy our research questions included:

- What is the diagnostic profile of clients in wilderness therapy?
- Do young adult and adolescent clients differ diagnostically?
- Do males and females differ diagnostically?



Therapeutic Elements

of Wilderness Therapy



Methods

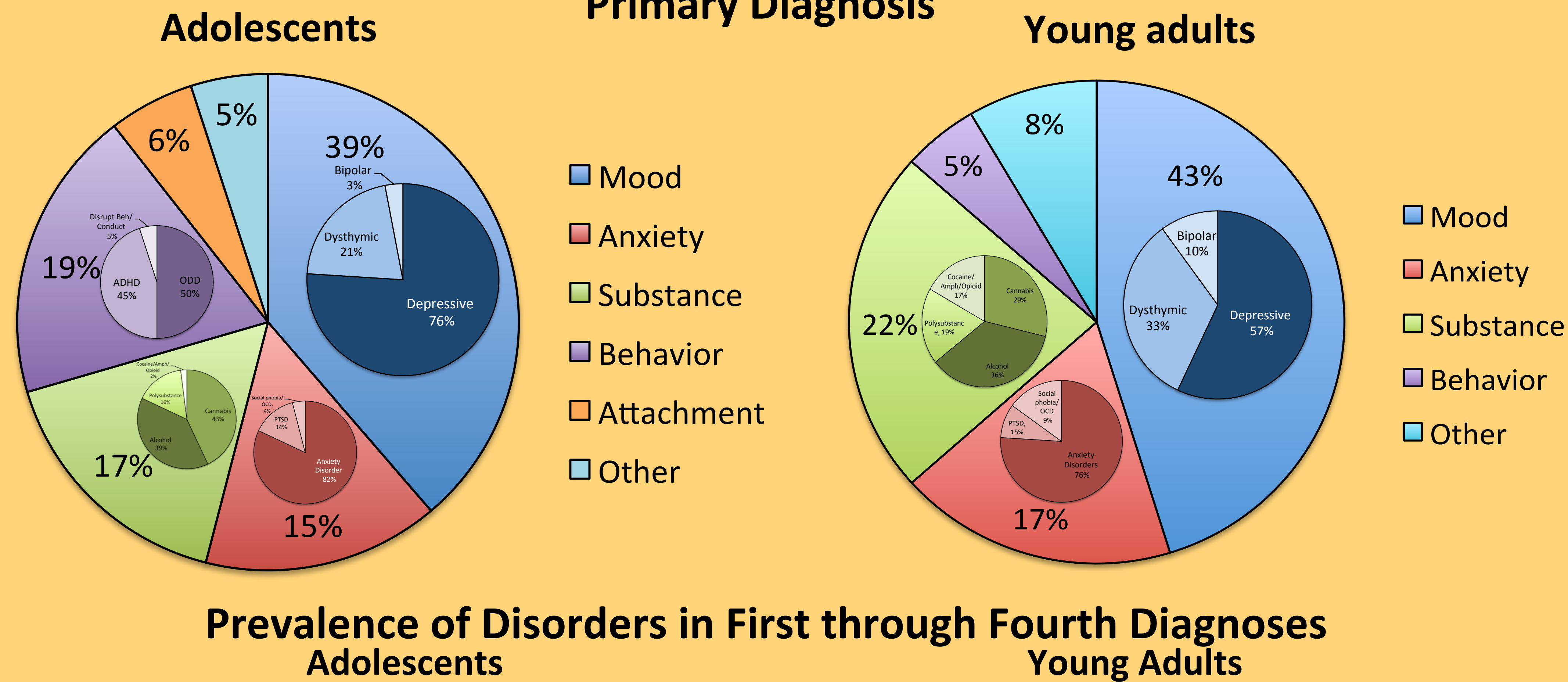
- Secondary analysis of discharge summaries for clients admitting to 4 wilderness therapy programs between Oct 2010 - Nov 2011.
- Distinguished between primary diagnosis and first four diagnoses
- Coded diagnoses according to nine most common DSM diagnostic categories found in our population:

- Substance-Related
- Mood
- Behavior
- Anxiety
- Learning
- Pervasive Develop.
- Attachment
- Psychotic
- V Codes

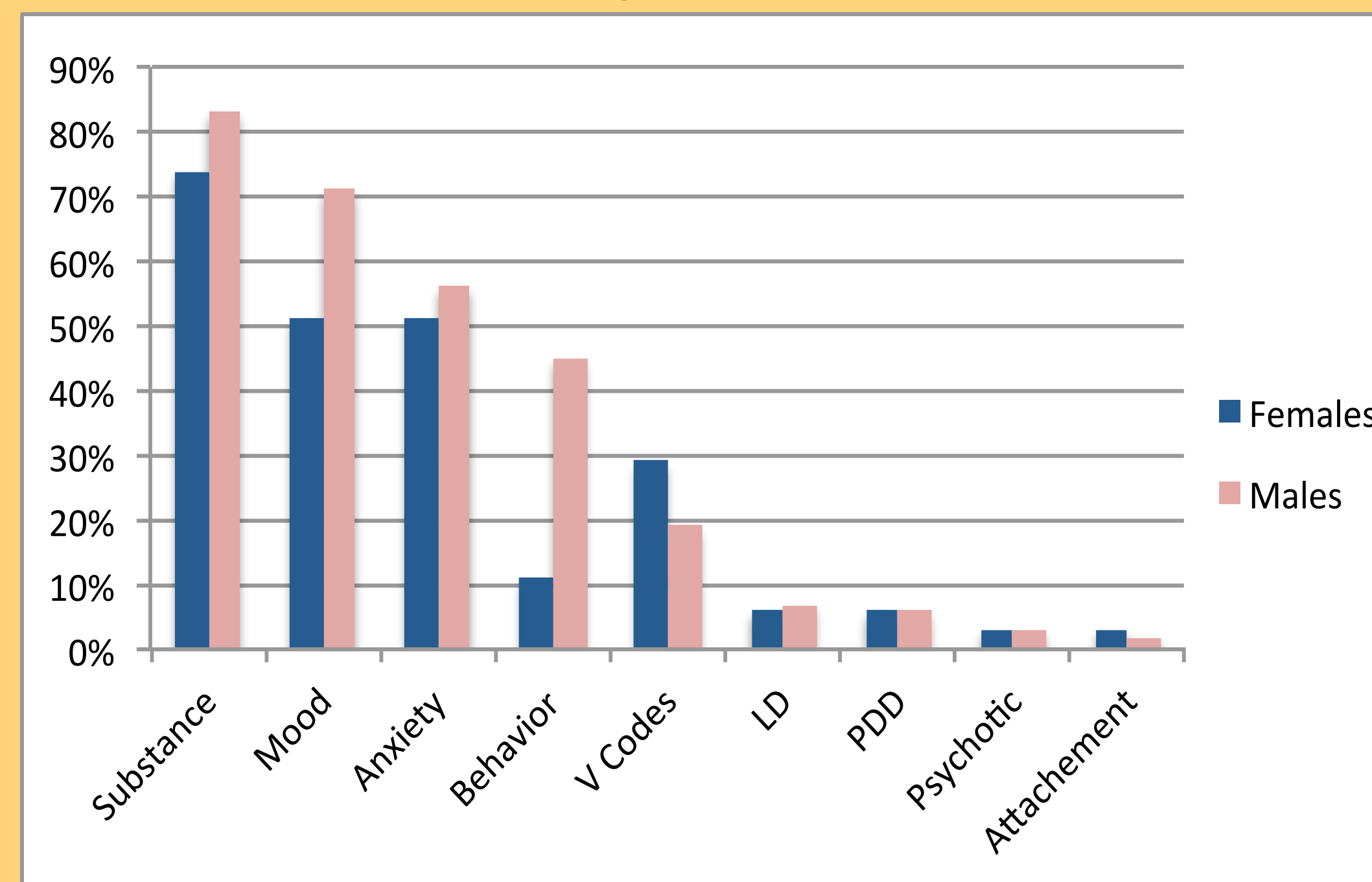
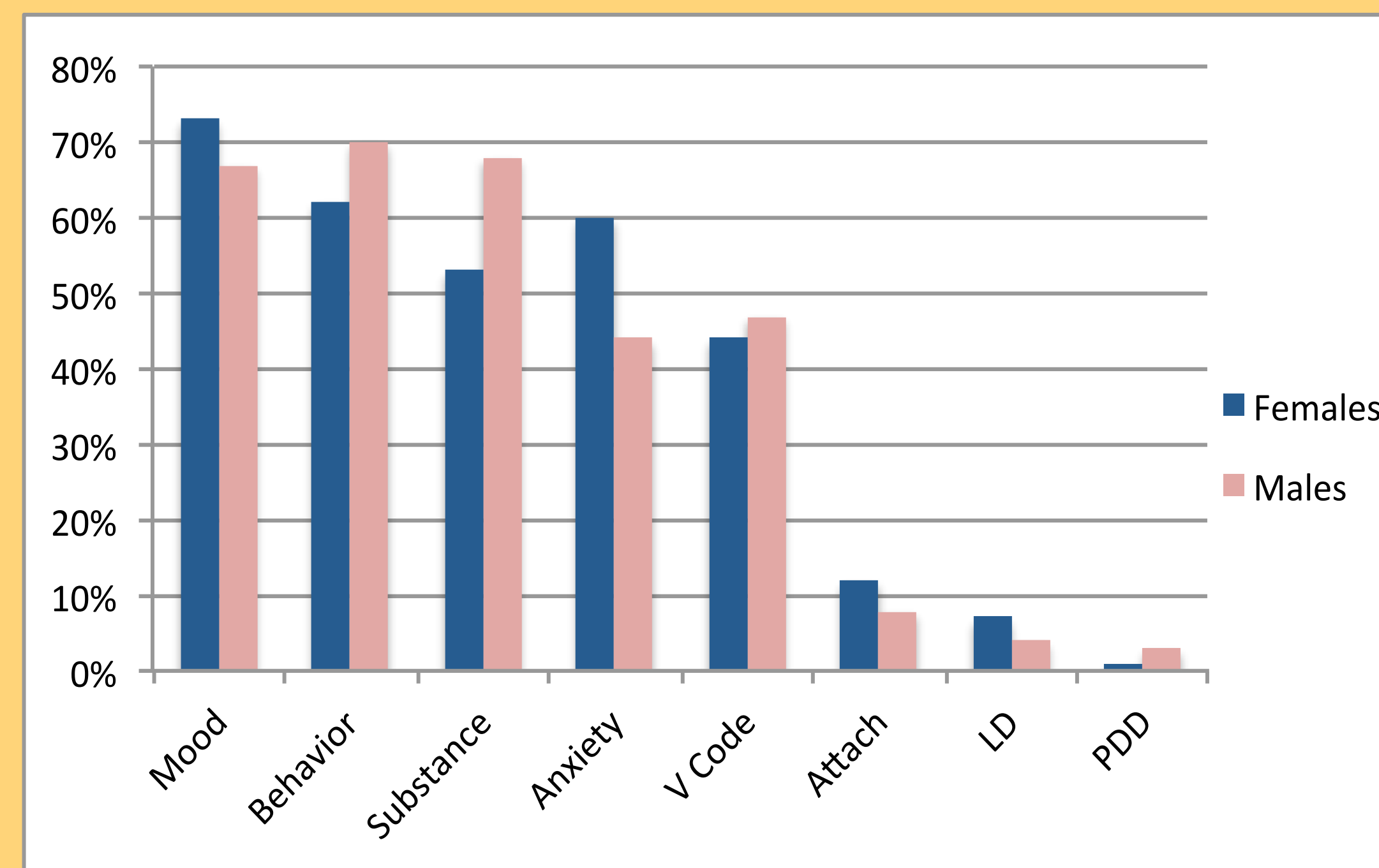
Coding Example 1	
Client name:	John Doe
Axis I Diagnosis:	Major Depressive Disorder Alcohol Dependence Oppositional Defiant Disorder
How client was coded for study:	Primary Diagnosis: Mood Disorder Prevalence variables: Mood, Substance-Related, Behavior
Coding Example 2	
Client Name:	Jane Doe
Axis I Diagnosis:	Generalized Anxiety Disorder Major Depressive Disorder Cannabis Abuse Opioid Abuse
How client was coded for study:	Primary Diagnosis: Anxiety Disorder Prevalence variables: Anxiety, Mood, Substance-Related

Results

Primary Diagnosis



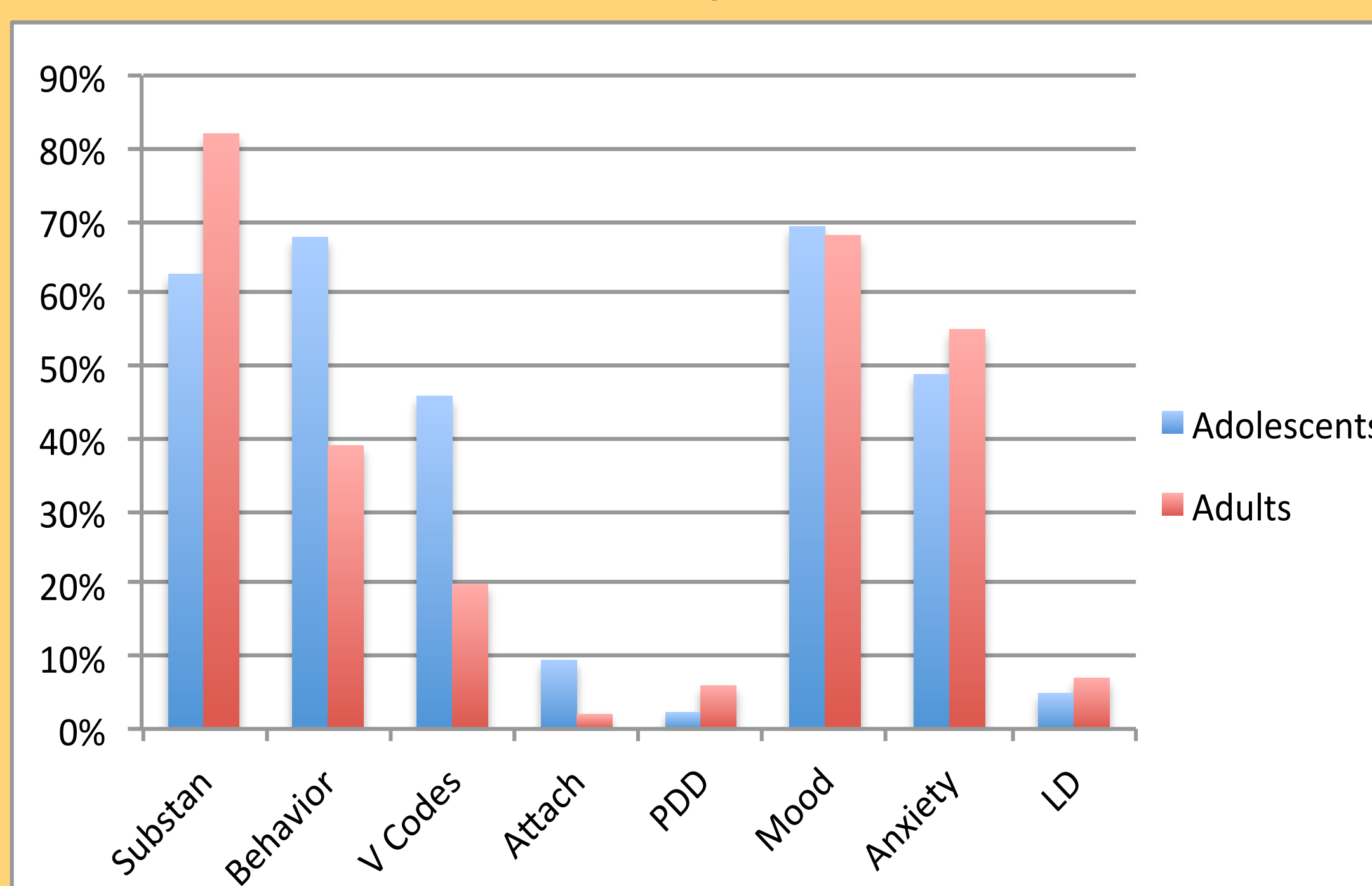
Prevalence of Disorders in First through Fourth Diagnoses



- Adolescent boys had higher rates of Behavior Disorders, $\chi^2(1, N = 737) = 4.73, p = .030$, & Substance-related Disorders, $\chi^2(1, N = 737) = 11.88, p = .001$.
- Adolescent girls had higher rates of Anxiety Disorders, $\chi^2(1, N = 737) = 14.41, p = .000$.

- Compared to young adult females, young adult males had higher rates of Mood Disorders, $\chi^2(1, N = 192) = 5.19, p = .023$, & Behavior Disorders, $\chi^2(1, N = 192) = 13.28, p = .000$.

Comparing Adolescents & Young Adults By Prevalence of Disorders in 1st – 4th Diagnoses



- Young adults had significantly greater rates of Substance-related Disorders, $\chi^2(1, N = 929) = 24.92, p = .000$, & Pervasive Developmental Disorders, $\chi^2(1, N = 929) = 7.83, p = .005$.
- Adolescents had significantly greater rates of Behavior Disorders, $\chi^2(1, N = 929) = 54.82, p = .000$, Attachment Disorders, $\chi^2(1, N = 929) = 11.42, p = .001$, & V Codes, $\chi^2(1, N = 929) = 41.42, p = .000$.

Discussion

- Supports and expands upon diagnostic trends in wilderness therapy – confirms pervasiveness of dual diagnosed clients and substance issues, and brings to light the impact of Mood Disorders and differences between young adults and adolescents.
- 74% of adolescents and 55% of young adults had four or more diagnoses.
- Substance issues were ubiquitous, however Mood Disorders were the most frequent primary diagnosis, appearing nearly two times more than any other category.
- Mood and/or Anxiety Disorders together affected 85% of young adults and 81% of adolescents; 65% of young adults and 54% of adolescents had Mood or Anxiety as a primary diagnosis.
- Behavior Disorders - not a major diagnostic category for young adults as it was for adolescents. The types of Behavior diagnoses also differed: young adults primarily had Attention Deficit Disorders, while adolescents had more Oppositional Defiant and Conduct Disorders.

Wilderness field instructors and therapists are no longer just providing a sober experience; rather, they are providing intensive mental health treatment in the setting of the wilderness.

Implications

- Approach to therapy - complex profiles demand an array of interventions, treatment modalities, and a well-trained clinical team.
- Staff training and support – wilderness is no longer just outdoor staff providing a structured, sober experience. Staff must be equipped to deal with multiple clinical issues and managers must be attuned to staff well-being, competency, and time-off.
- Admissions screening – as wilderness programs become more clinically oriented, clients may be referred that are not appropriate. Admissions staff must be trained to identify this to assure proper placement.