

Episode 270—Dr. Will White: Into the Wild: Adventure-Based Therapy

[00:00:08] Welcome to inSocialWork, the podcast series of the University at Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:37] Hi from Buffalo and welcome back students and educators as we come around again to our yearly fall ritual and start of a new academic year. How lucky we are to be in a place to pursue knowledge and experience, meet interesting and curious people and the challenge to live life in new ways. Let's take advantage of this terrific fate. I'm Peter Sobota. In this episode our guest Dr. Will White details his career combining his background as a social worker and his passion for experiential, specifically outdoor therapy. He describes what adventure based therapy is and the evolution from summer camps to therapeutic camps to Outward Bound and more recently to expedition experiences. Dr. White discusses the empirical support for the approach, how in the end it's therapeutic and the rationale for this innovative modality. He concludes with examples from his experiences and by providing resources for those interested in learning more about adventure based therapies. Will White DA LCSW LADC is director of outreach and business development at Summit Achievement, an adventure based Wilderness Therapy program in Maine. Dr. White was interviewed in April of 2019 by Julie Maier PhD, who is a post-doctoral research fellow at the University of Arkansas and a graduate of the UB School of Social Work MSW program.

[00:01:55] Hi and welcome to the podcast. My name's Julie Maier, I'm a post-doctoral research fellow at the University of Arkansas and the Health Human Performance and Recreation Department. And I'm here with Dr. Will White who is the co-founder of Summit Achievement, which has a Wilderness Therapy program located in Maine. And Will, thank you so much for taking the time to share your experiences with us.

[00:02:15] Thank you for inviting me to be on the show.

[00:02:17] Of course, I know I'm definitely excited to hear more about Wilderness Therapy and all of the work that you've done at Summit. I received my MSW a number of years ago, maybe nine or ten years ago, and I know Wilderness Therapy wasn't something that I had really heard of or knew too much about and I'm wondering if listeners had similar experiences. So I was hoping that we could start out by having you define what Wilderness Therapy is and how it relates to social work.

[00:02:40] Well thank you for asking me that question. It's interesting. I received my MSW, I graduated in 1987 with my MSW and I didn't know much about Wilderness Therapy at that time but it was around in those days. It's been around actually since the late 1800s and I'll explain that a little bit more. The current definition of Wilderness Therapy, I tend not to create the definitions myself but use other researchers who published, the current one that's being used is this prescriptive use of wilderness experiences provided by mental health professionals often conducted in natural settings that can aesthetically engage clients on a cognitive, affective and behavioral levels. And that comes out of a 2012 textbook called Adventure Therapy: Theories, Research and Practice by Dr. Mike Gas in University of New Hampshire, Dr. Lee Gillis from Georgia College and Dr. Keith Russell from Western Washington University. There's been over the years the two words Wilderness Therapy, and its definition has evolved as the practice has evolved. The actual

first use of those two words together was in 1971 in a book called Prisons Without Walls and the head of Outward Bound at the time put the two words Wilderness Therapy together in a document that basically, and I can actually quote that, I'll find it in a little bit but it basically talked about wilderness as the experience of being out in wilderness and challenging adventure. But at that time there was no use of mental health professionals in it. Now more and more the use of Wilderness Therapy as a term means that it is guided by a mental health professional.

[00:04:31] Okay. And so when it first began what was it like? And I know you wrote your dissertation actually on the history of Wilderness Therapy.

[00:04:38] Yeah. That was Stories From the Elders: Chronicles and Narratives From the Early Years of Wilderness Therapy, and in that document the first half is a gigantic literature review and the second half was actually oral histories from how it evolved from three kind of elders in this field, how it evolved in Utah and Idaho because that's where the growth of the field really accelerated. But really, I mean social workers have been involved in the field since the early 1900s and if you think about it, Julie did you go to summer camp?

[00:05:11] I did, yes.

[00:05:12] So in some ways summer camp was Wilderness Therapy. It was the idea of taking young people out of doors, away from their families with a group of others and being challenged to live together and work together and learn outdoor skills. In the first summer camp in America, the first independent summer camp in America happened in New Hampshire on this place called Swan Lake and it was called Camp Chocorua. And the whole reason the founder of it, a man named Ernest Balch, he founded it to help change the indulgent attitudes of adolescence at that time. And that was in 1881. So summer camps were really started to help accelerate maturation. And by the 1920s there were actually psychiatric summer camps and the first one was called Camp Ramapo in 1922, which was founded by a psychiatric social worker and funded by the Jewish League of Guardians in Manhattan. And they would go to upstate New York because they saw all these kids were going to summer camp but kids with mental health issues did not go to summer camp because summer camps said "well we won't work with those kids." So Camp Ramapo was founded specifically with social workers and psychiatrists from New York City who would work with kids who were part of the mental health system in the Jewish League of Guardians in Manhattan and they continued their treatment but they were at summer camp, and many of those people were social workers. And in 1939 there's an article, An Evaluation of Psychiatric Camps For Children, it was by two women social workers from Smith College and they reviewed the history of psychiatric hospital camps, including the one at Mass General Hospital. I brought that out to people in Mass General Hospital, Massachusetts General. They had no idea that they one time had their own psychiatric summer camp. So it evolved from that to then you see camps becoming more of a long term therapeutic camps that you first see in the Dallas Salesmanship Club in Texas where they started camps, but instead of just for the summer the kids with psychiatric and mental health disorders would spend the whole year at a time at the camps, not just the summer but a full year and they would be getting family therapy, but they would be living in the camp with the counselors. So as you can hear I'm really inspired by this and that's the field that I ended up in because it moved more from the camp model, so it was summer camps to psychiatric summer camps or mental health to an expedition model, which a lot of us see first evolving out of Outward Bound and then you see it changing a little bit in Utah where at Brigham Young University they started a

program called Perimeter Survival Skills and then more and more people took on that model of expeditions that were primitively oriented but it was in the high mountains of Utah and the deserts of Utah and Idaho.

[00:08:18] That's really interesting. Thank you for that. I was going to say when you were talking it reminded me of Outward Bound and Boy Scouts and Girl Scouts and some of the similarities there.

[00:08:27] Yes. So in my dissertation it's like a weaving of those because the founder of Outward Bound, Kurt Hahn, he mentioned that he was very much influenced by the founder of the Boy Scouts of America, which was Baden Powell. And he said "I stole from everybody." And then the Brigham Young University primitive skills model, the person who brought that into being, a man named Larry Dean Olsen, he actually helped Outward Bound one summer and said "Wow why don't I take this," and Outward Bound was operating in Colorado Outward Bound at that time, because they started to open up all over the United States but they first started in Colorado. And he did a summer working for them and he said "you know I'm going to do their model but instead of backpacks and high tech I'm going to do much more of this primitive skills model," and that's how it evolved. And now it's for people who are really interested in the outdoor fields. It's a huge career especially for social workers.

[00:09:26] Sure. And I was going to say, so, I didn't realize social workers were so involved with Wilderness Therapy from the beginning. Has their involvement been constant throughout the past decade or so?

[00:09:37] In the last 20 years for sure. Because I've been in it over 30 here set up a social worker. But there was a period of time that clinicians in general were sort of in, and the founder of Outward Bound, Kurt Hahn did not like therapists that much, licensed clinicians and even Dallas salesmanship. But over the years it's evolved to have more and more social workers involved and especially the last twenty five, thirty years.

[00:10:04] OK so constant presence with social workers.

[00:10:06] It's one whole track of education. And I entered the field just because I love being in the mountains and I love being outdoors and that sort of got me and like "wow I can do these two things together."

[00:10:21] So how did you end up in the Wilderness Therapy field? I know you mentioned that you have a love of the outdoors. How did that combined with your degree in social work?

[00:10:28] I ended up finishing my undergraduate and my graduate degree in Colorado, my MSW, then I came back to the East Coast and I worked for a number of different years until I got my license as an LCSW. I got into private practice, I was in a private practice for about three years and I got to a point in my life, it was actually during the Clinton administration and they were talking about perhaps getting a universal health care and I was like "well I could take the next year off and they'll figure it out when I get back, we'll have universal health care. It'll be much easier to deal with." So I took a year off and I traveled around Southeast Asia. I studied Buddhism for a while and I climbed a lot because that was part of my love, is just being out climbing and mountaineering and just having adventure and I came back and obviously universal health care didn't come through and I had to find a job so a friend of mine was a headmaster at a northeast

boarding school and he said Will why did you come work for us? And I said great, I can come work at this boarding school. And at boarding schools you don't just have one job. So I was a counselor therapist at this boarding school but I also ran their outdoor programming. And at that time, this was in the 90s. There were no wilderness programs in the Northeast, Wilderness Therapy programs in the Northeast at that time. So I saw a lot of the kids who had went to this boarding school but had been at Wilderness Therapy programs in the West and some of them didn't make it at the schools because although they had learned to be much more expressive about their emotions and their needs they had not really managed and been assessed for their academic challenges etc.. So two acquaintances of mine approached me and said they wanted to start a Wilderness Therapy program and I said okay I'm interested in this. In some ways I was entrepreneurial and I think many of the people who enter this field are entrepreneurial. I think a lot of social workers actually are entrepreneurial and even if you're just going into private practice that's a small business. So they approached me and I said great let's do this. Well neither of them had advanced degrees and I said wait if we're going to do this we have to be licensed. And so we licensed ourselves and the program that I founded is license as a residential treatment program and it's called Summit Achievement and it is in Maine, Stowe, Maine. And we have been licensed as a residential treatment center for adolescents ages 13 to 20, it was 18 originally and then the state just expanded that to age 20, that can provide mental health and substance abuse treatment. Our program is unique in that our students go out whether this time of year, they're canoeing or backpacking through the White Mountains of New Hampshire and Maine, then go back to our base. So they do that Thursday, Friday, Saturday, Sunday and then back on our base Sunday afternoons and they go to school Monday, Tuesday, Wednesday and then back out on expedition on Thursday. And of the four clinicians who work with me, all of them are MSWs except for one. And so at the base and on expedition we provide individual, and we do family phone calls or skype calls every week. And we very much do group work every day. So I came into it because it really combined what I really liked about working at a boarding school, I could see the students in the morning, the afternoon. I could see them at lunch, see the struggles that were going on. Other faculty could say hey, encourage them for me to follow up with student etcetera. It was a community living and we were working all together. And that's part of what I like about the therapeutic milieu at Summit Achievement and I think that the challenges of being in the outdoors, backpacking or canoeing and working together really can bring out some of the emotional challenges that we all face. But it can also bring out the best in us and it can make us understand how much we have to give, how much we can help others and how we can take care of ourselves. I think we're seeing as a society more and more how important it is to be outside, just being outside and looking at green space and spending time disconnected from your cell phone and the computers and all that. How therapeutic that is for us and there's more and more research that is coming out that shows just unplugging and being out for a walk in the woods is actually quite therapeutic.

[00:15:08] Sure. And thank you for describing all of that. That's amazing accomplishment to help co-found Summit Achievements. And when you were talking I was thinking to myself what's unique about this program versus a typical boarding school on, then you went on to explain it it's that therapeutic nature of being outside and dealing with some of the challenges that might come up by you're living through the wilderness. And do you have any examples that illustrate how Wilderness Therapy has helped some of your clients?

[00:15:34] So first and foremost it's the data. That's one thing in the field of Wilderness Therapy that has improved over the years and especially in the last decade. And there's

actually the outdoor Behavioral Research Center and there's all the research and it's all evidence based, all reviewed by IRBs, etcetera. So we actually monitor our students, we do inventories at the beginning, at the end, 30 days post, 90 days post, and a year post. We have had many of our former students come back to Summit to work as guides. A guide is basically a residential staff but when they're on expedition they are guiding them out in the wilderness. As a therapist I would go out every third week for an overnight and spending time with teens. I'm going to share a story that is nothing you can ever make happen. But it was probably one of the most impactful experience that nature ever provided. Now there was a young man that I was working with, I would say it was about 15 years ago who struggled with depression on and off in his life. He came to us because of that and sometimes would be so low that he would talk about killing himself. And sometimes he would have a plan but he was always within one to one with staff and he also had an allergy to bees. So you cannot set this up because this is completely nature, the magic of a wilderness setting. One day we were on an expedition and he sat down on a log and he got stung by bees and he started to go into anaphylaxis and so we had EpiPens and watching him, I was with him with that and he was like "I don't want to die, I don't want to die, I don't want to die here." And we got him out. He was safe and he was in the hospital. Now he still to this day communicates with me and says that moment changed him forever because he never had a suicidal thought after that experience. That is nothing you can manufacture, right? And I share that story because one you can't manufacture it, and two it's something that happens when you're in a challenging situation. So I share that story because it's one of complete transformation and that's something that one man can never set up. But it's one of those things that happens and certainly I have had people on expeditions where they're just all of a sudden seeing that sunrise in the morning and just saying I am fully here, just people saying "I'm here. This is the first time I've been present in a long time." And I think the world is getting busier and busier and we talk about mindfulness and yet people they've got to get their 20 minutes of mindfulness in every day to fit it into their schedule versus just being out there in all of nature and all that it provides for us. And the healing nature of being in the wilderness. And there's some great books about it. I don't like the name of the title but it's Last Child in the Woods by Richard Louv who churred for Nature-Deficit Disorder. There's so much research in that book about how well that this also helps make us feel better.

[00:19:02] Yes, definitely and that's interesting that you mentioned mindfulness because when you were talking about seeing the sunrise that's immediately what popped into my mind and I know it's become a popular topic. You read news headlines about practicing mindfulness and things like that. But you also said that you studied Buddhism before you became involved in Wilderness Therapy, is that correct?

[00:19:22] Yeah, I did. Actually part of why I was in Boulder getting my undergraduate is there is a school called No Rompa university. And I took classes there but I ended up getting my undergraduate at University of Colorado Boulder. So I was part of the Buddhist community in the 80s there. And then when I moved back to the east coast I took some time away from that community but started studying Buddhism with a guy, I would go to retreats with a guy named Jack Cornfield.

[00:19:49] That's interesting. Do you think Buddhism or Buddhist teachings influence the way you approach Wilderness Therapy?

[00:19:54] Well I think you'll find that people are very spiritual who tend to be in the Wilderness Therapy field and if you think about mountaineers and people who spend a lot of time hiking or backpacking tend to be more of a spiritual group of people. Some are

more religious, whether it's formal religions like Buddhism or being members of the Church of Latter Day Saints or etcetera etcetera, but they're often people who are called to be in the beauty of nature. So as a young person I was a Boy Scout and I went all the way to becoming an Eagle Scout and that served me because I also learned at a young age how to backpack and climbing etcetera like that. But I also learned how to reach a goal. Learning that at a young age allowed me to learn it to get a bachelor's degree and then an MSW and then I ended up getting my doctorate in my later forties. But I knew how to sequentially work things through to achieve a goal. And I think that because of my background in scouting, because of my love of the outdoors, all of these things influenced me. But I would say one of the greatest influence is getting my MSW. I always recommend for people if they're looking for advanced degrees to get the MSW. It's the best degree, I have three different degrees and I would say that's the one I hold the closest and has provided me with the best opportunities. You can live in a rural place like I have chosen to live, I live in the mountains but I've always been able to find work because of my MSW. Maybe the money is not that great but I'm rich with experiences and I think the utilitarian viewpoint of being able to take that MSW in and work in wilderness. But a lot of people up there a number of years are like "no I don't want to do that anymore. I'll go have a private practice or I'm gonna go to work at a hospital or I'm going to work at elder care" and it's a great degree.

[00:21:50] Yes. I was a teaching assistant in a kinesiology department during my doctoral program and students who were undecided what they wanted to do, because a lot of them came into the program thinking they would be physical therapists and then became a bit disillusioned throughout the program and I would encourage all of them to at least think about social work because you can do so much with it like you were saying and you can combine it with a love of movement and a love of the outdoors.

[00:22:12] Well it's interesting, the University in New Hampshire they have like a social work degree and they have an outdoor ed dual degree in their department of kinesiology so it's more people who are interested to go specifically in the wilderness or wilderness track.

[00:22:28] I saw that. That's such a neat program and neat idea. Do you think those are going to become more common?

[00:22:33] Yes I do think it'll be more common. And I think the most important thing that I hope to relay to listeners, especially younger listeners who are interested in outdoor field, if you have a good sense of backpacking, if you've done backpacking and canoeing, you can probably work in a wilderness program with the MSW. There's lots of jobs in this field and right now it seems to be growing once again. After the Great Recession there were a number of programs did close, just like a number of businesses closed. But there are Wilderness Therapy programs all over the country from Maine to Hawaii. There's programs that people can find jobs. I ended up taking my dissertation and making it into a book called *Stories From the Field: A History of Wilderness Therapy*. I expanded on the literature review but the second half the book is chapters from most of the wilderness program's founders operating in the United States and all the profits from that book go to research in Wilderness Therapy. So it's a very social worker mindset, like giving back to the field that has given much to me. But there's over 25 chapters from all these different programs in different parts of the country, and all of them hire social workers.

[00:23:44] That's great. And you were mentioning if you have a love of the outdoors and some canoeing experience you can get into the field and that's something I wanted to

follow up on a bit because I like the outdoors but I'm not ever going to be trying out for Survivor.

[00:23:57] And that's a lot of people who work in this field. As a therapist they tend not to go out for seven days on. So our model, the expeditions are short and then they come back to our base. But other programs that are more west or in different parts of the country where there's not canoeing obviously or not so much canoeing, the students are out on expedition the whole time and maybe they'll come back to a base every couple weeks. But the clinicians tend to drive in and stay just one night and then drive out. Many years ago there used to be programs where the clinicians would go out for three weeks at a time but you don't see that anymore in the field of Wilderness Therapy now.

[00:24:37] Oh that's interesting. Okay. So with your program because I know you mentioned the students were on campus for a number of days taking classes and then on the weekends they'll go out on expedition. What do those expeditions look like? Who's leading them? Who goes along? What sort of activities are planned?

[00:24:52] All the expeditions are really built around with therapeutic intent. For this group and for these students what are we trying for them to learn. Are we trying to build them as a team? Do they need time separately by being solo experience? Before expeditions or trips are planned it's all what is the therapeutic intent of the expedition, like why are we being doing that. That's facilitated always by a licensed clinician. And then the guide staff help to execute those expeditions and to help get the students from one place to another to another to another. Most of the time because a lot of kids haven't had a lot of experience backpacking, they're not going all that far. Some people's idea of camping is just going to a park. So you never really go much faster than the slowest person on a team. Usually the group of students have similar treatment goals on a team and the clinician who's supervising their group has treatment goals for each week. And so most of the time unless you have a very high functioning athletic group you're not doing really top expeditions. Many years ago in Wilderness Therapy it used to be more about kind of slowly breaking them down and then building them back up. But that model has changed over years and is much more a relationally based model of working with young people and really just being surrounded in nature, helping to settle people out and to move all the distractions of day to day living.

[00:26:26] So for my dissertation I looked a bit at Nature Based Therapy for Mental Health and something that really stood out to me were the barriers that a lot of people faced, a lot of marginalized groups face in accessing nature and getting outdoors.

[00:26:39] Yeah.

[00:26:39] Yes. I was wondering if you talk a little bit about that, what are some of these barriers that prevent people from accessing Wilderness Therapy and how do we as clinicians, how do we try to eliminate those?

[00:26:49] People ask me this question pretty regularly and because I have written this long history and I've spent most of my career in this field, I educate them that there used to be much more accessible wilderness programs for inner city kids and other kids who aren't as privileged who don't have the resources. There were state funded programs all over this country. And those programs, there was one program that the states would fund and it was called Vision Quest and Ocean Quest and they actually would take inner city kids from Philadelphia who were looking at spending time in jail to be on tall ships sailing up

and down the East Coast. This was during the 1980s and early 90s. They actually had a wagon train that would take kids from the inner cities on wagon trains across the country. There used to be an island off the coast in Maine called Pinickey's Island, the state would fund kids who are pretty complex psychiatrically and they would live on an island and receive treatment. There was another program called Homeward Bound on Cape Cod. There was a program called Expedition Therapy in Idaho. But what happened certainly with more privatization of juvenile justice centers, judges started saying "Hey these kids, I don't want them to be out on tall ships or I don't want them to be on wagon trains. They should be in lockdown facilities. It's too dangerous and that just doesn't look good. They've committed crimes or they're sick so they need to be locked away." But what's happened, and certainly much of it that was happened before the Great Recession but after the Great Recession most of those programs were wiped out. There were Eckerd camps where kids would stay at these camps but the state stopped funding these long term therapeutic camps and they've ended up putting most of those kids in locked facilities. So I think the number one thing would be back to "Hey there's research that showing that Wilderness Therapy works. Look at this outdoor Behavioral Health Care Center research database. Why aren't we providing more state funded programs? Why are we spending all this money on state funded residential treatment locked facilities and why aren't we funding more Outward Bound style or Wilderness Therapy style programs? Why do we think sitting on the couch and talking with young people who have had a lot of trauma is helpful to them?" And this is stuff social workers have been working on since the field began, getting them back into society. Now what's I'm seeing right now is really cool things starting to happen in that more programs, and there's a great program in Illinois called Adventure Works that does outpatient therapy. They take kids and they'll take them to the park and do initiatives. They'll do treatment but in an outdoor setting. And I think that's the biggest hope for kids who are in areas where they can't access the outdoors is to help the outdoors come to them using parks to do initiative. Doing therapy outside instead of in the social worker's office.

[00:30:10] Yeah that's a really good point and that's interesting that you brought that up in terms of how our for-profit system and the changes that are taking place there are really affecting the Wilderness Therapy and people's ability to get outside and it got us thinking as well about the for-profit prison system and the way we have as a society have this very capitalistic and punitive model.

[00:30:30] Wilderness itself is getting to be part of white privilege. Who is able to access the ocean? Who is able to access the out of doors? Less and less people of color, and transportation etcetera etcetera. But bringing the outdoor, bringing those green experiences, educating people more and more and getting people off the couch and outdoors. I think what all social workers can understand is it's better to be looking out at green versus a brick wall. Even if you're just having lots of plants in your office that's better oxygen and that's going to treat people feel better. Just hiking and being outdoors, we know that physical health impacts mental health. So why aren't we teaching more about being physically healthy by being outside and outdoors and breathing good air and hiking or walking and talking.

[00:31:19] Yes and I love that you brought up white privilege and some of those other barriers to who has access to the outdoors, because I think it's one of those things where you read a headline that's just "Get outside and walk" as though it's something everybody has access to.

[00:31:32] Right. I know, I mean my last name is Will White, right? I'm the epitome of white privilege. I'm a white man in my late 50s, right, as a social worker I continue to learn how my lens and my bias is coming out. With that said I like to encourage that social work has really been about making, creating social change and really demanding some of our structures to really push low cost, low barriers way to treatment and being outdoors, whether it's just walking around the block, even in a city it's better than sitting in an office. And obviously cause confidentiality, etcetera, a lot of times you can't do that. But why are we questioning that more? Why aren't we questioning, why do we have to sit in this office and have especially young people who have a hard enough time sitting still. Let me tell you walking with a student on the summer property because we are over fifty five acres doing talk therapy is much more effective than sitting in an office that goes back to what EMDR and the whole eye movement. I mean we can go on and on about movement is often better, especially kids who are ADD. If they're doing two things they're able to express themselves often better than they can if they're just sitting there being asked by some adult what's going on.

[00:32:51] Sure. And it's something else that was coming to mind when you were talking I know we're talking about people of color and how they've historically been excluded from other spaces and continue to be in a lot of ways with environmental injustice. But I'm thinking as it intersects with gender as well and how traditionally the outdoors is associated with man and masculinity and Teddy Roosevelt etcetera.

[00:33:12] Totally. That's so true. The early years of Wilderness Therapy was very male dominated. It is shifting right now. I actually have a podcast called Stories from the Field demystifying Wilderness Therapy and the next season is just talking to women who currently work, who have worked in Wilderness Therapy and it is amazing how many strong women, some of color, some not, who work in the field of Wilderness Therapy and a lot our executive directors or founders of programs and that is another thing that I see shifting in the field of Wilderness Therapy. I think in the world in general, thank God, but it's changing, and it's not changing as fast as it should but it's changing, especially in the Wilderness Therapy field.

[00:33:59] That's interesting. So would you say the field Wilderness Therapy as a whole is becoming more diverse in terms of representation based on race, class?

[00:34:08] No. It has a long way to go on race and certainly many people are active in creating that space and encouraging more people of different races to be involved. Gender, definitely there is more and more people of all genders involved in the field but also in leadership within programs that it's actually quite a fantastic thing that is happening right now in this field. I think it's a progressive group of people. They don't beat to the same drum right? They want to live closer to wild places or work on the ocean or I think there is a more willingness to be embrace and include more and push for that agenda.

[00:34:50] Yeah and I know I've seen not necessarily Wilderness Therapy programs but programs that are working to get people from marginalized groups outdoors and eliminating some of those barriers like something that comes to mind is actually based in New England as well, the Venture Out Program? Have you heard of that?

[00:35:05] Yeah I know the guys, he's a social worker isn't he? Yeah, no I met them. They're good people.

[00:35:10] That's so interesting that you know them. Yeah. Harry Cohen, he went to the University of Maryland. He was in the Kinesiology Department there. Yeah. Learning about that and just thinking about not realizing because I mean you talk about your white privilege I'm equally privileged in that in terms of race and class and ability, I think ability is something that's often overlooked as well, you know being able to walk on trails.

[00:35:31] The space I spend most of the time in is adolescence, young adults but there's lots of evolving Wilderness Therapy programs, I know outward bound is doing amazing stuff with veterans, whether they've been injured in the field or post-traumatic etcetera etcetera. In my area alone there's Ability Plus, which is a group that takes people with all sorts of physical ailments skiing, whether they're blind or quadriplegic, or rock climbing. So there is moves more and more to make the outdoors more inclusive. I would love to have more state funding for that but I have to be honest with your listeners. Summit started out as a not-for-profit for two, three years and we had to spend so much time trying to fundraise that we ended up making it a for-profit because every cent we got from people they would have something tied to that, their agendas. Back in my day I wish I had had more business classes. I mean I learned by doing to help create some of the team met but I had great partners who had better business minds. I've gotten a better business mind and I'm learning different things. I continue to do that but that's another thing that is so important because we all need, whether it's a non-profit or a for-profit, you have to have some sort of income in order to keep something going. Whether it's providing for veterans or the disabled or etcetera etcetera.

[00:36:57] Yeah and funding is a huge issue. Do you have any thoughts on how folks who are listening to the podcast and want to get involved in making nature more accessible to people how they think about that in terms of trying to get resources or more funding opportunities?

[00:37:12] Well the first is getting to know more about the field and there's some great organizations. One is called the Association for Experiential Education. I'm sure you've heard of that. It's nationwide but they are great warehouse and connecting point for people to know different avenues to get funding as well as ways to meet people who are interested in experiential education whether that's the therapeutic aspect, corporate training aspect, helping with people who are oppressed aspect, etcetera. There's also the Outdoor Behavioral Health Care Council that is a group of Wilderness Therapy Programs. Most were accredited, the Association for Experiential Education has a yearly conference and it has regional conferences so you don't have to go to the National Conference. Each region of the country has a small conference and the Outdoor Behavioral Health Care Council has a National Conference in Park City, Utah every year and has a Regional Conference in Asheville, North Carolina every year. And those are good places to just start to find out more and more about Wilderness Therapy and what it's doing and meet other people interested in the field. I talk to people all the time. I think everything starts local, right? It's your local and your state level because we're all licensed, your programs can get nationally licensed by a national accreditation body but most social workers are first and foremost licensed by their state and every state has a different makeup financially to help people out.

[00:38:47] Great! Thank you. That's really helpful. And I really don't want to take up all your time I could chat about this all day with you.

[00:38:53] Me too, right? People are like "that guy just talks."

[00:38:56] No, no I'm loving it. And it's making me want to skip out of work and go play outside, although it's very rainy here so that's a good incentive not to.

[00:39:04] Oh, come on. Just put your raincoat on and go out there. You need to go outside some more then. It's never bad weather, it's always bad clothing.

[00:39:11] I like that idea. I told you I'm not about to try out for Survivor anytime soon.

[00:39:15] Neither am I. Neither am I, but that's a whole other episode, right, to unmount Survivor. Because that's not what, you know many years ago Wilderness Therapy and kind of Stark or Dave's was more like a Survivor experience, but now it's much more there's organic food, there's programs that are really based on farming. And that most of the day most of the time at a program and live in like lean tubes but they're working in gardens and eating the food and learning the life cycle. Some programs integrate mountain biking, some programs into rock climbing, some people they're rafting so Wilderness Therapy, sometimes the use of the word Adventure Therapy is used interchangeably. But the field has changed in many ways. It's an evolution from summer camps to what it is today, which is a very clinically focused model.

[00:40:07] That's interesting the connections you made there between Wilderness Therapy and also this larger kind of movement to create a more sustainable world. Is that accurate? Do you see that in some of the programs you've been involved in?

[00:40:20] Yes because I think anybody who spends time in wilderness becomes more of an environmentalist. The more you see what is happening around you and how nature is changing, we're getting more flooding, the more you become an activist for change and especially for environmental issues. Now when I was telling at the beginning of the podcast I was talking to you about the first document using the term Wilderness Therapy. This is in a book in 1975 called Nation Without Prisons: Alternative to Incarceration. and the president of Outward Bound at the time wrote this: "The essence of Wilderness Therapy is in this experience challenge the overcoming of seeming impossible task, confrontation a fear, a success experience. It is the opportunity to gain self-reliance to prove one's worth to defines one's manhood." That's what they wrote. I'd say personhood, the results are immediate. The task is clear, definable, avoidable. 1975 was the first time a published document had those words. But Wilderness Therapy is evolved to be much more clinically focused. How is this going to help you and not to harm you, to challenge you but not to overwhelm you? To using nature as an accessory to good treatment. Catalyst to help the healing process.

[00:41:37] And you mentioned that early Wilderness Therapy, it was more of like how we are saying, joking about it being more Survival like in terms of breaking you down and trying to build you up. Is that because of its roots and military training?

[00:41:49] I would say yes. I think Summit admit more male dominated during those periods, 50s, 60s, 70s. The Scouting was male, you know, was kind of a paramilitary program. You're a tenderfoot to Eagle and it was founded by a military person. And those models, those token models, even in residential treatment we don't use those models anymore. But that sort of model used to be in place in Wilderness Therapy and much more of like, well we're going to break you down and build you up. You don't see that pretty much in any place anymore. But when I was working in group homes in the 80s in Colorado it was point systems and at the end of the week the students said this one school I worked at, they could use their points to get candy or cigarettes. I mean it was

behaviorism. And as much as I can say well everything's perfect nowadays, things change over time. We always have to question what is going on. Because I'm sure that school no longer gives cigarettes at the end of the week, or candy for teenagers, right? But that's when we thought the field of social work, and this was ran by Boulder County Mental Health. This was before social work school. But also I did some time in my internship that was sort of like well this is behaviorism and this is what you do in behaviorism. You know, stimulus response. We found that those models don't work. And I'm down with Wilderness Therapy, I really think it works. There's more research that showing it works. Research is critical and I really appreciate social workers who are good researchers and I hope we can create more.

[00:43:12] Based on that, what are some of the biggest research gaps that you think need to be addressed related to Wilderness Therapy?

[00:43:17] Oh I think we talked about some of them, like what's more important, the relationship between the clinician, the guide and the student? How much is the time in the wilderness the key thing? And when you go down to it is at the time in the wilderness? Is that the long term model? Is it being disconnected from... I don't think like in many areas of psychology or in social work really drilling down is the hard part. What are the magic things that will help to make it more accessible but more effective? For many years it was about young people should be on SSRIs. Now we know that that's not a good thing. Some should be on it for a certain amount of time but there were massive amounts of SSRIs, which are anti-depressants to young people in the 90s when I was working at boarding schools and in private practice. And now I don't see as much of that. But there's more kids on psycho stimulants. It's an interesting world we're in and I think Wilderness Therapy, like anything that works with any service organization that works with kids or people who have been traumatized, you have to be held to a very high standard and you have to be always able to look at are we doing the right thing and questioning it. We should never sit there being holier than thou like "Oh this is it, this is the magic answer." So part of what I'm saying is also I'm a big believer in questioning it. And that's why I wrote the history, so I would talk about hey here's these good things that happened but here are these bad things that have happened in the history of this field.

[00:44:48] Sure. No, I like that. Always questioning, is this something that we should be doing and how can we improve it. All right. So on that note maybe one last question and I'm just thinking based on what you just said, in a perfect world, and I know there's no such thing, but how would you like to see the field evolve? Or what major changes do you think should be made or could be made?

[00:45:08] Well I would like it to be brought more into cities and to more marginalized communities. I would love to see states license social workers to force insurance companies to pay for individual sessions that are in the outdoors, or group sessions in the outdoors. I would love, in a perfect world, the next area of the growth of the field should be brewing in wilderness and adventure to people who have huge various tech accessibility, and that doesn't mean getting them on a bus. Would be great to take him on a bus or train to Maine where we are, right? But it's better to be like hey, let's take the subway, let's go to Central Park. Most cities in America have a park. And making insurance companies pay for that and making clinicians really question why are we in these offices when for a lot of young people it's going to be much more effective to be outdoors with them and interacting with them, playing with them and using different adventure therapy and Wilderness Therapy techniques to help create change.

[00:46:16] I like that. Yeah, so some organizational and structural changes that can make Wilderness Therapy more accessible to marginalized populations.

[00:46:24] Yeah that's where I'd start. I was working with the insurance company as our state regulators. I talked with people who thought about doing it and I was like "Well the biggest thing is can you get malpractice insurance to do that?" Because you don't want to do something where all of a sudden somebody gets hurt and then you get sued because you were outside instead of in the office, right? But that's the whole idea of let's just lock people away or institutionalize them versus let's getting them out outside and that's what social workers should be doing, is creating institutional changes.

[00:46:53] I Like that. Thank you so much, Will. Do you have any any final thoughts or any final comments that you want to make?

[00:46:59] No, I appreciate being invited to be on the show. It's a true privilege and once again I'm grateful for receiving my Master's in Social Work in 1987 and I think it's best degree and I'm so grateful to be on a podcast for social workers.

[00:47:15] Yes, well we really appreciate having you and providing all of your insights and sharing the great achievements you've accomplished throughout the years. It's really impressive.

[00:47:24] Thank you. It's really about the people. I've Just been lucky to be around amazing people and being in the outdoors for so many years. I'm grateful for it. Thank you.

[00:47:33] Sure. Yeah. Thank you. I really enjoyed speaking with you.

[00:47:37] You've been listening to Dr. Will White discuss adventure based therapies on inSocialWork.

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