
**Article Review #1: Wilderness Therapy and Ethical Considerations**

The purpose of this article was to address five main issues that arise from outdoor therapy. The issues talked about in this article are confidentiality, therapeutic boundaries, the continuing of care and family involvement, the distinction between therapy and therapeutic, and the use of adequate treatment and aftercare. This article explains in detail just how each of these issues needs to be looked into. It also gives professionals a way to test themselves and give themselves an evaluation on how professional they are being when they are outside of their office setting.

One of the first points this article makes is that there is a distinct difference between “therapy” and “therapeutic”. The point of this argument was to show that just because someone goes outside does not necessarily mean that therapy is transpiring. There was a section that talked about how wilderness therapy is different from other programs like it. Wilderness therapy goes more in depth to the client’s problem and they also attack the root of the problem. Clients taking part in wilderness therapy have a monitored plan with a trained staff and there are evaluations after the programs, while clients taking part in other programs were not monitored as closely. The approach of the wilderness therapy is to use outdoor living, wilderness skills, and group progress to help create a sense of personal and social liability, and it is a way for the individuals to approach their problems and better their behavior.

One of the big problems was confidentiality. Just because the therapy is not taking place in an office does not mean that there are no rules on confidentiality. Since there is most likely a team working with a child, if the details are appropriate to be shared then they should be discussed in the company of professional colleagues. To go along with confidentiality, there are therapeutic boundaries that should not be crossed. The therapist should be professional about the relationships they have with their clients.

Due to therapy taking place in the wilderness, the clients tend to see the therapists as more genuine and sincere instead of an authority figure. The relationships tend to be a little different because the clients see the therapists in a different way. One other thing that the therapists and the entire team need to be careful of is the ethical treatment and remaining in the realm of the guidelines for the set program. If they do not adhere to these guidelines, then there could be some real problems because these programs are fairly new and not much research has been conducted on them (Becker, 2010).

More research needs to be conducted on the group of people that were suffering from mild alcohol and substance abuse. When the results came back, there was no real change in how the wilderness therapy had affected them. When the six month check-in came around, others with more serious substance abuse did report that there was a decrease in frequency in which they consumed the products. The group of people that received the best results out of this study
were the people with mild to severe depression, anxiety, and stress. The results were better for the people who were not abusing any substances. However, individuals with severe mental disorders also did not receive much insight or help from these programs.

Some wilderness programs highly recommend aftercare for their clients for them to benefit wholly from the study and to receive the best results. This is another area for improvement. 95% of the youth thought that the therapy was effective believed it to be effective. The reason for this being that the parents assumed the children come out of therapy with an aftercare program all set up. Only about 80-85% of the children went on to aftercare treatment. Most wilderness therapy programs try to incorporate the client’s family into the treatment. It is very helpful for the children when they get back home after the treatment. Including the family is really important for the client and their progress. Most programs had the parents involved somehow, but not overly involved.

I thought this article was very informative because it really went in depth about how these ethical issues really affect this profession as a whole. It is relevant to this field because these are issues individuals in this profession have to deal with everyday, even though they might not be exactly the same issues. I learned that keeping a solid line between the therapist and the client is very important. Even though it might sound distant at times keeping that boundary between these two are more important than people realize.


**Article #2 Review**

The Purpose of this article was to describe the strategies and methods that are used by outdoor therapists when they try and obtain information with new approaches. The article also discusses the symptoms of the clients before and after the treatment and how each of the clients thought they benefited. This type of therapy discussed in this article was composed of multiple camping trips. There were three therapists and four clients that went on these trips. Three of these patients had Schizophrenia and one had bipolar disorder and all four of them heard voices. The reason why there were only four clients is because the therapists needed to give the clients individualized attention so the clients would be more comfortable talking and expressing themselves to the three therapists.

A major effect the wilderness programs had on the clients were on their symptoms. One client in particular mentioned that during the camping trips his symptoms worsened, but after his return home, he said that his symptoms greatly improved. He said this was because after the camping trips, he felt a sense of accomplishment and that he had achieved some of his goals (Allison, 2011).

Getting away from the normal therapy routines and offices seem to work wonders during therapy. All of the clients said they thought these trips were really helpful because it allowed them to get away and for them to get from their problems in everyday life and they could just relax and forget their worries. This also ties into another section of the article that states how important it is for clients to get out of their usual environment for treatment. People with mental
health issues normally do not get to change their surroundings very often, so this is a great way for them to receive treatment.

The relationships between the clients and the therapists were different than most. The therapists still had to keep themselves and their relationships in the boundaries of professionalism. The therapists wanted the clients to talk to them and express themselves, but still being professional about it. One of the clients said that it was a good idea for them to share their stories in front of everyone so they could learn from each other. It was easy for them to do this because it was said that it was easier for them to open up because there was more of a connection of friends, rather than the traditional client and therapist (Allison, 2011).

There was one statement in this article that holds some real truth. That statement says that assertive outreach programs should not be measured by the ratings they receive by scales, but by how much the patient got out of the program and how much they enjoyed it, and by how much the patient is living and loving life after they complete the program.

This article relates to Therapeutic Recreations and leisure because we as therapists need to know that not all forms of leisure or recreation will work for everyone. People with serious health problems do not always benefit from these types of programs and that is something we need to be aware of. Making programs similar to this one will help benefit a lot of people and all that has to be done is going out into the wilderness and getting away.


**Article #3 Review: How Nature Can Create a Therapeutic Environment**

The purpose of this article was to identify the positive relationship between outdoor gardens and wildlife habitats and the elderly people of Bupa nursing homes. The reason these were set up is so the residents of the home could have a change in environment and for them to get more involved in outdoor activities. The article explains how the gardens and wildlife have impacted the residents by making them happier and more active (Davis, 2011).

The gardens were created so that the residents would have a chance to escape their day to day routines of watching television, sleeping, or reading. The purpose of the gardens was to help improve the quality of life for the residents. Even though it was somewhat of a challenge to get going, it was better than just letting the patients sit inside all day.

One of the main concerns with this program was the staff not having enough time to tend to the gardens and keep up with the nursing and medical needs of the patients. The staff put the quality of life first so that they could handle both jobs. The residents were also allowed to take part in helping create and maintain the gardens and wildlife habitats. The residents would assist the staff by putting their best effort into constructing bogs, ponds, and habitats for the wildlife at the home. They would use things around the home like leftover bricks and dead wood to help build and attract wildlife (Davis, 2011).

The wildlife includes various species of birds, a chicken, and a hedgehog along with other animals that roam the grounds. The areas where the animals live outside are in plain view of the windows of the residences dining and living rooms because of all the windows. The wildlife is a common conversation starter and may of the residents talk about their younger days and old memories are brought back to life just by looking out the window or spending a little time outside. There was a major change in the dementia patients. Even though they might not
recall the previous day, they will wake the next morning refreshed and happier (Davis, 2011).

Family members also like the gardens. The children who visit really enjoy the wildlife and it is not just a regular nursing home to them. The gardens are a way for the residents and their families to feel more at ease when they are at the home in general. Letting the residents go in and experience the gardens and the animal habitats made a huge difference in their lives. Allowing them to enjoy the gardens helped the staff enjoy them too. The main focus of this program was to raise the resident’s enthusiasm. All of the work the staff did would not have enthusiasm. The happiness and joy the patients got out of this is what made everything they did so worthwhile (Davis, 2011).

I really liked this article because it shows that making a simple difference really can lead to life changes and help improve someone’s quality of life. This article relates to therapeutic recreation because it describes in detail how the wildlife and the scenery benefited the residents and how much they actually enjoyed it. I recognize how much they actually enjoyed it. I recognize now that even the smallest things can have the greatest impacts. Leisure is not the same for everyone, making the best out of your situation is what this article was all about and just by changing a couple things, you can really open doors for them and these are some things we can expect in the future if we are going to be therapists.


**Article #4 Review: Mapped Environments**

The purpose of this article was to describe and explain how mapped out environments can benefit older adults with Alzheimer’s. The garden has strategically placed landmarks along the pathways helped trigger the patient’s memories in a relaxed environment. The fact that this takes place in a garden is very soothing and comforting to the patients. Being in a garden is a great way to encourage the patient’s independence as well because it prompts them to go outside on their own.

The basis of this article was to see how specifically mapped out gardens would affect the memory and independence of the residents at a nursing home all diagnosed with Alzheimer’s. One really important aspect of the garden is that it helps the patients with their sense of direction as a result of the clearly defined pathways. The gardens also help the patients when they are making stressful decisions by giving them peace and a quiet place to think because of the waterfalls and the singing birds. The garden also includes meaningful landmarks so the patients will want to walk to them and it will help build their independence by snagging their attention (Tyson 2002).

The garden also gives the patients an opportunity to socialize with others. It gives the patients a familiar and peaceful place to return to with little cognitive difficulties. The network of familiar and landmarks gives the patients a sense of structure. They can go out into the gardens when they feel ill or when just having a bad day know that they are still in a familiar environment (Tyson, 2002).

Although the garden is great for patients recovering from trauma of some kind of illness, they are not the only ones who benefit from the garden. The families of the residents as well as
the staff benefit from them as well. They give the family peace of mind to know that their loved ones are being taken care of. Another characteristic of the garden is that they assist in patients being able to recognize natural time and weather. Seeing the trees change color, the flowers bloom, and the seasons changing helps the patients with their memory and their cognitive ability (Tyson, 2002).

These gardens are for the residents to feel safe, comfortable, independent, and free. They give patients a peaceful environment to apply knowledge and to remember. Feeling free is also very important for people who are dealing with Alzheimer’s. Alzheimer’s can be very stressful and frustrating and the gardens give them a place where they can relax and reflect on their surroundings.

This article is relevant to the field of Therapeutic Recreation because it shows how much leisure can affect someone with such a serious disease such as Alzheimer’s and being able to provide them with a secure and peaceful environment, we can help them benefit in more ways than we thought possible. I learned that just getting people with a disease similar to Alzheimer’s into a garden like this, they have the potential to feel happier and more secure about their environments while also helping them with cognition abilities with something as simple as getting them to go outdoors.


**Article #5 Review: Children with Learning Troubles**

This article focused on how children with learning troubles used nature as an outlet for their fears, strength, and creativity. These children were involved in a nature therapy program so they could learn how to work well in a group and to help themselves by learning social norms and how to deal with new experiences. Outdoor therapy is a way to use nonverbal communication with the children to let them use their imaginations and grow and use nature as a companion in a way.

There were four phases to this specific nature program, each focusing on a different aspect of development. The first phase focused on the activities and outdoor games to get them used to being outside and to explore. Phase two focused on giving the children space to experiment figuring out their strengths and weaknesses and how they can contribute to the group as a whole (Berger, 2008).

Stages three and four are crucial in this program. Phase three consisted of methods such as building a house in nature to learn how to work together, figure out leadership roles that work, and finding things that were their strengths. Phase four was perhaps the most important. The children were given falcon chicks to take care of. This task gave the group a common goal which was to come together and take care and nurse the falcon chicks back to health. This activity showed them that they can all communicate with each other and accomplish the task at hand. When it was finally time to let the birds go, the children had to learn how to deal with goodbye and coping skills (Berger, 2008).

At the end of the assignments or if something went wrong during the assignments, the group would sit down and reflect on what went wrong and they talked through it. This would
help the children cope with unplanned events and help them see why they do task oriented
activities.

Nature helped these children in many ways. It taught them to be more creative and to not
get so upset when something does not go the way it was planned: it also helped them to make
better group decisions through the activities they did and to develop responsibilities.

The main point of this program was to aid the children in adapting to new environments
and to encourage them to develop non-violent ways of communication. Rather than being in a
classroom. The children utilized their surrounding environment and used it to their advantage.

I thought this article was very interesting because it shows how well a nature program
can work for children I thought it was a very interesting study and it had some really great point
in it. This article relates to this field because by giving children a task that they enjoy doing, but
it is helping them at the same time, then that is what leisure is all about.

traumatic brain injury: A pilot programme of goal planning and outdoor adventure course
participation. *Brain Injury: [BI]*, 19(14), 1237-1241.

**Article #6 Review: The Effects of Environment on Traumatic Brain Injury**

The focus of this article was to explain how the outdoor environment adventure program
helped the cognitive and physical impairment of people suffering from a Traumatic Brian Injury
(TBI). This program was to help these eleven individuals gain social skills and learn how to
work within a group. The program was comprised of three distinct stages and each of these
stages had a purpose to fulfill.

The first stage was about helping to improve the participants’ social interaction with
members in their community. The instructors had the participants go out and hold a fundraiser in
order to collect half of the cost to go to the outdoor course. Going out and talking to people
taught them how to communicate with other as well as each other (Walker, Onus, Doyle, Clare
& McCarthy, 2005).

The second stage was comprised of going to the outdoor course and participating. The
outdoor course provided the individuals with a secure environment for them to challenge their
mental and physical abilities. This stage included the portion of the programs in which the
individuals would make short, medium and long term goals and they would figure out how to
accomplish them. Some of the goals were really simple while other participants really wanted to
challenge themselves. Getting the individuals together helped them figure out goals because it
gave them structure and a way for them to hear each others’ goals and reflect on them (Walker,
Onus, Doyle, Clare & McCarthy 2005).

The third stage was all about trying to reach their short and medium term goals. This
stage was only four months long so attaining their short term goals were easy. Out of eleven...
participants there was only one participant who did not reach their short goal. However, all eleven participants finished the three stages (Walker, Onus, Doyle, Clare & McCarthy 2005).

The effectiveness of the program was measured by how many goals were met, not by how many physical improvements. The success of the program was attributed to things such as confidence and self-esteem. Even though the research showed that this program did not really help people with depression, it helped raise people’s cognitive ability and helped their confidence when they would achieve a goal. Although more research needs to be done on the topic of outdoor therapy, most people say they really benefit from participating in these kinds of programs.

I thought this article gave a different perspective about outdoor adventure programs. Instead of going through an intense outdoor course this program helped them develop goals that they could reach with ease and that they made themselves. I never knew goals were so important. Developing goals may be daunting at first but if you create goals that are easily attainable then that can really affect someone in a positive way.


**Article #7 Review: Reviewing Wilderness Adventure Therapy**

This article reviewed wilderness adventure therapy (WAT) programs and how they affect youth with behavioral issues and Traumatic Brain Injuries (TBI). The article includes five principles about adventure therapy programs and how they should be used in every therapy program. It also goes into great detail about how these adventure programs aid people with a TBI as well as other issues and they take skill away from these programs and use then in their everyday life.

The article goes into great detail about how behavioral and cognitive impairments really affect the children with disabilities. In children, the leading cause of disability is TBI. Children with TBI have issues with relationships and disruptions with work or class are the most debilitating to most people. Individuals dealing with TBI have to deal with behavioral, cognitive and sometimes physical disabilities (Shanahan, McAllister & Curtain, 2009).

In order for a wilderness adventure program to be successful five key elements have to be present: 1) the individual is engaged in the activity, 2) the activities need motivation by involvement, 3) the things learned in the wilderness programs can be applied to real world problems, 4) all activities need to be reflected upon, and 5) the changes the clients make need to be useful for future use. All of these elements make WAT programs unique in the therapy realm and also because they form a link between the environment and the activities being participated in. All of these elements are supposed to help the client’s fee confident and responsible (Shanahan, McAllister & Curtain, 2009).
Another unique characteristic of WAT programs is they use methods of teaching that make use of all your senses while you learn. The thought behind this is the more senses you have, the more you will learn. Another critical component in these programs is reflection. Reflection is the most important part of learning because the clients get to think about their experiences and this helps them learn from their experiences.

Although there are many benefits to these types of programs, there are also limitations. Some advantages are that they help with coping skills and self-esteem, thus diminishing behavioral issues. However, some limitations are that more research needs to be done on these types of programs that involve children. A heavy factor that researchers have recently taken into account with adolescents is puberty. During puberty the brain is changing so this could be a key in helping to develop these programs for youth with TBI. With more research, these programs can be even more useful in rehabilitation for helping youth with TBI (Shanahan, McAllister & Curtain, 2009).

I really liked this article because it goes in depth into the pros and cons of these programs so the designers of these programs have something to work on. The article really reinforces how the programs are supposed to help the patients in the future and it lays out what they are supposed to get out of the program and how it related to their future.


**Article #8 Review: Women, Abuse, and the Outdoors**

This article depicts the first hand journey of a woman who went through a wilderness adventure course. All of the women participating in the course considered themselves abused in some way and all of them had low confidence and self-esteem. This seven-day adventure course was primarily comprised of backpacking and canoeing while focusing on independence which is a very important attribute to teach abused women.

The participants in this program had to go through a rigorous selection process to make sure they were mentally prepared. All of the women who came to participate had been abused in some way and this gave all of them a common experience so they could all relate. Having something in common meant it was easier to set goals as a group. Before going on the trip, the women were taught basic wilderness skills since a lot of them had little to no outdoor experience (Kelly, 2006).

The main goals of this program were to improve self-esteem, help the women build and realize their physical strength and to help the women build strong, healthy relationships. An activity that demonstrated this was carrying their canoes with a partner because it made them realize their physical strength and it made them rely on their partner for good communications skills.

As the group spent the night together in the woods they had to set up camp and cook by themselves. During this time all the women would sit together and share stories about their past experiences. They heard one another’s stories and could relate to them and thus grew closer as a group. Being around people that share a common experience makes it easier to grow and change
together. The group became a place for them to cope in their own ways. The women were supposed to come up with individual goals as well as group goals. Sitting together and sharing stories helped the women develop group goals (Kelly, 2006).

During one of the nights, the women were told to spend the night by themselves to the point where they were comfortable. Being alone like this allowed the women to feel independent and empowered. Most said it was a spiritual experience because they got to connect with nature (Kelly, 2006).

The last day of canoeing was to be completely independent. This gave the women a sense of accomplishment and during the rock climbing portion on the very last day the women were paired with partners. They were thrust into a trust exercise where they were responsible for their partner’s life. All of the women were willing to go through with this part of the course (Kelly, 2006).

I thought this article was one of the most informative out of all of the ones I’ve read. It showed that no matter what anyone has been through, nature can be used as a powerful tool to help people cope with their daily lives. It relates to this field because you’re giving someone treatment in an inconspicuous way. Even though these women were out in nature they were being helped in some of the best ways possible.

**Summary:**

All the articles I chose were very different and at the same time very similar. The articles all talked about how the programs they were using could increase confidence, self-esteem and independence for their patients, but they all took different routes to get there. The programs focused on helping patients make goals and to help them succeed in the program and in the future.

I believe having read these articles will help me in my future by helping my patients to make goals and making it so their goals pertain to their everyday lives. The article about children with learning disabilities really shows this. Even though this program was directed toward children, they still made and accomplished their goals and their experiences will stay with them for a long time (Berger 2008). Making goals teaches people how to better themselves and gives them a sense of accomplishments. Something all of these articles have in common is how the programs improve the quality of life for their patience. One article in particular discussed how
mapped out gardens can help improve cognitive ability in individuals with Alzheimer’s. The gardens had strategically placed landmarks the residents would want to walk to. It helped them get outdoors and make them see their cognitive abilities can be improved just by going outdoors and walking through a garden (Tyson 2002).

Going through a reading these articles really made me realize how much you can help someone by doing the smallest things. One of the nursing homes in England brought birds onto the grounds and made a bird sanctuary. The residents would go out and help take care of them while learning about the wilderness that surrounds them. Just by having the residents go outside and engage them in the outdoors, they can really benefit from this (Davis 2011).

These articles help me realize anything can be considered therapy if looked at the right way. I used to only think therapy took place in an office surrounded by professional therapists who are serious all the time. This does not always have to be true. Any game or activity can be turned into therapy. Nature is a perfect example of a great element to be considered therapy. All of these articles describe how once the patients got in touch with nature, everything else seemed to fall into place. Nature is something everyone can relate to. Nature is also very accessible to most people. As a therapeutic recreation professional, making simple accommodations are preferred. Something as simple as prescribing someone to go outside and be in nature is a pretty easy and powerful things to do. Nature has so many healing qualities to it and a lot of people don’t realize therapy is taking place because of the calming effects of nature.

I can really use these strategies in my future career because all of the activities you do have to be catered to that person. Forcing them to do something they don’t want to do is not going to help them; instead, give them an activity they’ll enjoy and challenge them at the same
time. Playing games just for fun doesn’t help them improve. Playing games and activities will challenge their abilities and help them gain confidence and self-esteem.

Reading these articles makes me see how easy it is to help people and I look forward to when I can work with clients and helping them improve every day.

REFERENCES


