



Wilderness therapy, therapeutic camping and adventure education in child and youth care literature: A scoping review



Nevin J. Harper

School of Child & Youth Care, University of Victoria, P.O. Box 1700, STN CSC, Victoria, BC V8W 2Y2, Canada

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ABSTRACT

Background and objectives: Credible empirical support for the therapeutic potential and positive outcomes associated with outdoor adventure approaches for children, youth and families has grown in the past decade. Historically, child and youth care practice has included therapeutic camps, adventure sport and outdoor recreation although this reality is not reflected in the training and education of practitioners. The purposes of this scoping review were to identify and articulate the extant literature of outdoor adventure programs and approaches found in child and youth care literature between January 1997 and March 2017.

Method: Periodical selection and subsequent publication selection were conducted within *Ulrichsweb* utilizing specific inclusion/exclusion criteria, search words and abstract reviews. As a scoping review, study type and quality were not used for inclusion criteria thereby opening the review up to peer-reviewed English language publications of research, conceptual development, and program evaluations and descriptions.

Results: Out of a total of 9731 periodicals identified in the first selection phase, only 25 met the inclusion criteria and are presented herein as home to child and youth care literature. Of 291 publications found within the child and youth care literature in the first selection phase, only 63 empirical and conceptual publications met the final inclusion criteria for review. Three thematic areas of practice and research emerged from analysis of included publications: (1) wilderness and adventure therapy, (2) therapeutic camping, and (3) adventure education and physical activity. These three content areas are explored and discussed in consideration of child and youth care context and practice, providing the basis for a synopsis and recommendations for practice and future research.

Conclusions: This review identifies a need to more clearly identify and articulate outdoor adventure practices as they relate to child and youth care practice. Considering child and youth care's historical linkages to therapeutic camps and outdoor adventure activity, findings of this review suggest these approaches are underrepresented in the field's literature outside of the United States, potentially underappreciated in practice, and as an area requiring specific training and research. While research outcomes in outdoor adventure approaches to child and youth care appear positively robust, ethical concerns in wilderness therapy practice are identified and deserve further attention.

1. Background

Child and youth care (CYC) practice has long-standing connections to camping, outdoor recreation and adventure programming for child and youth development opportunities and treatment options (Dimock & Hendry, 1939; Flavin, 1996; James, 2008; Redl & Wineman, 1957; Scott, 2006). Numerous prominent youth-serving organizations remain active across North America utilizing outdoor adventure (OA) practices such as YMCA camps, *Outward Bound*, and *Circle of Courage* inspired camps and programs. Bendtro and Strother (2007) recommended a 'return to the basics' in CYC such as the intentional use of adventure, challenge and experiential outdoor activity. This same challenge was put forth by Bendtro and colleagues more than two

decades ago (Bendtro, Brokenleg, & Van Bockern, 1990/2002) and occasional reminders have come from across human service fields to embrace the values inherent in adventure and challenge, in balance with safety and support, when working with children and youth (Bendtro, 2016; Harper & Scott, 2006; Howell, 2007). Ungar, Dumond, and McDonald (2005) suggested practitioners utilize outdoor experiential programming to develop a "deep and meaningful connection with nature" and to "mitigate risk and promote resilience in children" (p. 319). OA programming, in a variety of manifestations, has been associated with CYC practice but may fail to be recognized as a distinct form of practice. OA is not often visible within CYC training and curriculum materials (e.g., CYCCB, 2010) although is not uncommon in practice. What is not understood is the scope or depth of OA research in

E-mail address: njharper@uvic.ca.

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the broader literature of CYC and its subsequent impact on CYC education and practice.

CYC literature is multi-disciplinary and oriented to clinicians, researchers and diverse practitioners across interrelated and allied fields of practice. This diversity allows for specific interventions or services to be expressed across developmental, clinical and care applications yet shared collectively as CYC. The inclusive and open interpretation of CYC practice presents difficulty in clearly defining practice. It has been suggested that CYC is an approach to working with people and systems, rather than a designated position or role (Stuart, 2009). Ferguson, Pence, and Denholm (1993) defined CYC focus, settings, and context in the same manner established by the International CYC Education Consortium:

Professional child and youth care practice focuses on the infant, child and adolescent, both normal and with special needs, within the context of the family, the community, and the life span. The developmental-ecological perspective emphasizes the interaction between persons and the physical and social environments, including cultural and political settings.

(p. 12)

As the notion of CYC practice moved beyond just residential treatment settings in the early 1970's (Stuart, 2009), the dilemma of inclusion/exclusion to the developing field remained present and further refinements to the definition have occurred (e.g., Canadian Council of CYC Associations, 2008). The Canadian CYC practice definition mirrors the international definition above in settings and context, then further specifies applications and developmental domains:

Child and youth care workers specialize in the development and implementation of therapeutic programs and planned environments and the utilization of daily life events to facilitate change. At the core of all effective child and youth care practice is a focus on the therapeutic relationship; the application of theory and research about human growth and development to promote the optimal physical, psycho-social, spiritual, cognitive, and emotional development of young people toward a healthy and productive adulthood; and a focus on strengths and assets rather than pathology.

<http://www.cyccanada.ca/>

Both definitions illustrate a socio-ecological approach to broadly conceived practice. Brofenbrenner (1979) brought to light the integrated and holistic notion of systems influence through his writing on ecological models of human development and his work is idealized in CYC practice and research literature. The 'socio-ecological' model has been instrumental in the development of CYC practice (Derksen, 2010; Pence, 1988; Stokols, 1992) and the linkages between self, others, and environments acknowledged in residential and outpatient interventions such as therapeutic camps, wilderness expeditions for 'at-risk' youth, and outdoor adventure-based approaches (Brendtro & Strother, 2007; Carpenter & Harper, 2016; Durkin, Forster, & Linton, 1989; Loughmiller, 1978; Mishna, Michalski, & Cummings, 2001; Mitchell & McCall, 2007; Redl, 1947, 1966). CYC as a field claims distinction from psychology, sociology, or other clinical approaches to working with children, youth, and families, specifically idealized as a 'relational' practice occurring within the 'life space' (Gharabaghi & Stuart, 2014; James, 2008). Originating from the work of Kurt Lewin and later Fritz Redl, the life space includes the social-ecology of the child or youth, including family, school, community, sports, and activities. Redl was notably involved in the milieu therapy approach and instrumental in developing healthy treatment environments such as residential group care settings, and specific to this research, therapeutic outdoor camps (Beker, 2001; Redl, 1947, 1966). Redl was an ardent supporter, designer, and leader utilizing natural outdoor environments such as camps for development and therapy; even chairing the American Camping Association in the 1940's, and argued that being active outdoors is a normal context for human development (Redl, 1947; Redl & Wineman, 1957).

Considering Redl's conviction for the use of camp settings, nature for therapy and advocacy for experiential outdoor approaches in CYC (Brendtro et al., 1990/2002), it is surprising a comprehensive review of OA approaches in the literature of CYC has not yet been undertaken. Research across allied fields of health promotion, therapy and education have shown positive results in addressing numerous issues such as depression, anxiety, and behavioral disorders through contact with nature and outdoor activity (Bratman, Hamilton, Hahn, Daily, & Gross, 2015; Faber Taylor & Kuo, 2008; Maller, Townsend, Pryor, Brown, & St. Leger, 2005; Richards, Carpenter, & Harper, 2011; Shanahan, Fuller, Bush, Lin, & Gaston, 2015). Recognizing CYC's historical ties to camps and outdoor recreation, the desire to locate these practices in current research literature provided the catalyst for this review.

1.1. Outdoor adventure as therapy and CYC practice: a primer

It is this author's opinion that research of the therapeutic benefits of OA has not carried much influence in multi-disciplinary therapeutic practices such as CYC and other human service fields. One area of growth in recent decades in OA practice and research is in programs or service described as adventure therapy (Tucker, 2009). Adventure therapy is an 'umbrella term' capturing the confluence between OA and the practices of human service fields including social work, counseling, psychotherapy, health promotion and others (Harper, Peeters, & Carpenter, 2015). Within adventure therapy lies a host of other descriptors of practice and approaches including outdoor, wilderness, experiential, and nature-based and place-based approaches to education and therapy. While having numerous manifestations, a therapeutic approach in OA generally includes practice elements identified in Table 1 (Gass, Gillis, & Russell, 2012; Harper et al., 2015). Each element deserves attention and exploration relative to CYC practice although it is not within the scope of this paper to do so. For example, one of the central tenets of OA, yet often questioned for its role in therapeutic practice more than other elements, is challenge, which inherently includes risk (Davis-Berman & Berman, 2002). Risk in OA has also been conceptualized as an ideal element in overcoming treatment adherence issues, as a catalyst for development of trust, communication, and self-efficacy, and is integrally linked to outcomes when utilized (Nichols, 1999).

While prominent voices in adventure therapy literature refer to the field as a developing stand-alone profession, others suggest the approach is too broad and diverse and should remain a collection of therapeutic approaches to be utilized across numerous professions (Gass et al., 2012; Ritchie, Patrick, Corbould, Harper, & Oddson, 2016; Tucker, 2009). The reality of this varied and interdisciplinary field appears to parallel the notion of the CYC field in the broader literature of the human services; that being a group of specialists within a

Table 1
Elements of outdoor adventure practice utilized therapeutically.

Elements of practice	Brief description
Active kinaesthetic	Inclusion of active bodily engagement
Experiential learning methods	The practice of 'learning by doing' through group initiatives, tasks and experiential learning
Integration of therapeutic practice	Incorporates individual & group therapy, psycho-education and social group learning
Connection to place	Place-based knowledge and land-based practices
Generation of metaphors	Nature provides unlimited opportunity for meaning making, analogy and narratives
Challenge	Balance of perceived risk and task burden with support for growth
Natural consequences	Actions & choices have clear and unambiguous feedback
Reflection	Periods of inactivity and guided alone time allows for introspection
Alternative entrance to awareness	Focus on activity and social dynamics rather than through discussion alone (i.e., talk therapy)

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