

Wilderness Therapy Settings: An Industry in Need of Legal and Regulatory Oversight

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Wilderness therapy, aimed primarily at adolescents presenting with problem behaviors, includes a range of interventions that incorporate nature and the wilderness as prominent aspects of treatment. In theory, wilderness therapists seek to effect both behavioral and attitudinal changes. Through providing a context of challenging outdoor living and a group setting in an emotionally safe place, wilderness therapy aims to address problem behaviors and to facilitate an emerging sense of healing, well-being, and personal and social responsibility.¹ Wilderness therapy's action-oriented approach is said to be particularly appropriate for adolescents and is intended to build self-esteem, internal locus of control, interpersonal skills, trust and team building, and a sense of group belonging.²

There is, however, a shadowy legal side to wilderness therapy. When these programs are not structured in the correct way and appropriately monitored, there can be serious and sometimes deadly consequences. This article focuses on both the clinical and legal aspects of wilderness therapy and pointedly notes this industry's lack of regulation. Part I reviews much of the wilderness therapy literature, program efficacy, and controversies. Part II looks at a number of domestic and international lawsuits. Part III examines the minimal extent to which there has been regulatory oversight. Part IV provides recommendations for ensuring that wilderness therapy programs are facilitated in a way that maximizes safety and effectiveness, as well as offering a brief conclusion.

Part I. A Clinical Viewpoint: Strengths and Weaknesses of Wilderness Therapy

There are many views as to exactly what wilderness therapy is. The term "wilderness therapy" is often used interchangeably with adventure therapy,

wilderness adventure therapy, wilderness experience programs, challenge courses, outdoor behavioral healthcare (OBH), and other outdoor programs that vary in their structure and focus.³ In the research literature, many authors distinguish wilderness therapy from other wilderness experience programs by describing wilderness therapy as a licensed program run by licensed professionals involving assessment, treatment planning, and service delivery.⁴ Whether this distinction is consistent in the "real world" is another matter. Many self-labeled "wilderness therapy" programs do not necessarily fulfill these criteria since not all states demand these credentials.⁵

According to one estimate, there are approximately 26 wilderness therapy programs in the United States, although an earlier survey found 65 self-identified wilderness programs.⁶ One researcher reported that more than 12,000 families engage in this form of treatment in the United States every year, although again, this figure may fluctuate with the number of existing programs.⁷ As noted, though, whether all of these surveyed programs actually meet criteria for wilderness therapy remains unclear.⁸

Typical clients for wilderness therapy are adolescents aged 14-17, although there are now programs for individuals over the age of 18 as well.⁹ Historically, wilderness therapy has been associated with delinquent youth, but populations served by wilderness programs now include mild traumatic brain injury patients, victims of rape and incest, psychiatric inpatients, and developmentally disabled clients.¹⁰ Wilderness therapy has also been suggested for adolescent sex offenders, adolescents suffering depression, and even as an intervention for the entire family.¹¹

Wilderness therapy programs are typically headed by an executive director (or program director).

Sub-administrators include a clinical director to supervise clinical staff providing psychotherapy, a medical supervisor (usually a nurse) to oversee the adolescents' physical health, and administrative staff. Direct care is provided by field staff and by clinical staff.¹² According to one survey, the median number of total employees at wilderness therapy programs was approximately 30, while the median number of clients served annually was 95.¹³

The above-mentioned survey found that the highest proportion of wilderness therapy staff serve in a "field" capacity, and it is with these staff members that participants spend most of their time.¹⁴ Field staff may be responsible for leading group discussions, modeling positive behaviors, building healthy positive relationship with clients, reinforcing therapeutic techniques, curriculum instruction, and more.¹⁵ Field staff is required to be aged 20 or older, to have a high school diploma, and to have "counseling" and "leadership" skills, although the requirements for learning and demonstrating these skills have not been extensively studied.¹⁶ The typical field staff to client ratio at programs is 1:4, but this varies by program.¹⁷

The lowest proportion of hired staff at wilderness therapy programs was clinical personnel.¹⁸ These staff members typically hold graduate degrees in mental health-related fields and have direct contact with the adolescent on a weekly or daily basis, depending on the program.¹⁹ Some organizations reported hiring clinicians seasonally for the summer, the busiest time, as opposed to year-round.²⁰

Wilderness therapy programs vary by duration (fixed length or open-ended), structure, and services offered. Some programs are structured to offer only a brief assessment of the child over three to four weeks, while others provide a more comprehensive program with specific behavioral or emotional goals for the child.²¹ A small percentage of programs are described as "therapeutic schools with a wilderness component," while others may or may not include a school component depending on the duration and goals of the program.²² While many programs claim to offer counseling and psychotherapy, the credentials of the counselors may vary.²³ Wilderness therapy programs are also quite costly, with an average charge of \$278 per day leading to revenues of

\$96 million annually. Some programs accept third-party payments; a significant proportion does not.²⁴

A. Clinical Controversies

Wilderness therapy programs have recently come under a great deal of scrutiny.²⁵ Of greatest concern are allegations of human rights violations, abuse, and neglect, sometimes leading to death, taking place in these frequently unregulated settings.²⁶ One report found multiple incidents of abuse, failure to recognize signs of dehydration and other physical ailments, untrained staff, lack of nourishment, and failure to scout land destinations in advance.²⁷ Part II provides a legal analysis of cases that have been initiated due to these types of allegations. It is important to note, however, that the sites where these abuses occurred were under-regulated private (often for-profit) facilities as opposed to more highly regulated, licensed wilderness therapy settings.²⁸

That said, less striking but still troubling is the range of ethical issues raised by this increasingly popular therapy modality. Informed consent, always an issue with adolescents whose treatment is frequently initiated by their parents, is particularly relevant with regard to wilderness therapy settings. Youth often passively resist, or even actively refuse, this form of treatment.²⁹ One newspaper article vividly describes parents hiring a forceful and intimidating transport service to coerce their unwilling children to attend these programs.³⁰

Researchers have also raised concerns about the feasibility of individualized treatment planning. Given the typically reluctant reaction on the part of the adolescent participant, the degree to which the treatment plan is informed by input from the client is questionable. Additionally, as noted above, many wilderness programs tend to hire fewer clinical staff than outdoor staff. This begs the question of whether the participants' mental health needs are truly being met.³¹

Protecting confidentiality is quite complex in a wilderness therapy setting, more so than in a clinician's office. For example, when the participant divulges a confidence while hiking or sharing a meal, do the same rules of confidentiality apply as they would in a therapist's office? In a wilderness

therapy setting, the boundaries between “therapy” and “non-therapy” moments are often unclear. While this can be viewed as an advantage in many respects, the diffuse nature of the interactions in wilderness therapy can lead to ethical ambiguity.³²

Further, the wilderness therapy context gives rise to unique relationships which deviate markedly from the traditional therapeutic relationship which develops in a mental health professional’s office.³³ The environment is less neutral and impersonal, resulting in the elimination of barriers and more fluid boundaries between client and therapist. While some authors feel that less-strict boundaries can be beneficial in therapy,³⁴ the potentially flexible nature of professional boundaries in wilderness therapy can create ethical concerns. Therapeutic boundaries are meant to distinguish between the personal and the professional and to protect clients from exploitation. When these boundaries are challenged, the consequences for the client can be undesirable.³⁵

Wilderness therapy can also be problematic as a care option that removes the child from the family. In general, treatment programs that focus exclusively on the child arguably reinforce the idea that the problem and solution lie within the child as opposed to addressing broader, more systemic issues.³⁶ Moreover, removing a child from his daily environment may result in changes that prove short-lived once the child returns.³⁷

In order for treatment gains to be maintained, aftercare planning is a vital component of any therapy program. While studies suggest that the majority of wilderness therapy programs do claim to offer clients a clear aftercare plan, parents often report aftercare planning to be inadequate.³⁸

In general, parents often lack sufficient information on wilderness therapy programs, relying on promotional material provided by the program that often does not cite evidence-based research supporting the program’s effectiveness.³⁹ In several cases, parents who decided to send their child to a Wilderness Therapy program have alleged misleading or blatantly false promotional materials that led them to choose the program. Professionals are advised to evaluate information about wilderness therapy programs carefully before making a referral.⁴⁰ This is particularly important since existing wilderness

therapy programs vary in program guidelines, staff competence, and therapeutic quality.⁴¹

B. Evidence of Wilderness Therapy’s Effectiveness

Some promising, albeit limited, research points to wilderness therapy’s effectiveness with a broad range of adolescents.⁴² One review of the literature found positive results reported in half of the studies examined, and neutral or mixed results for the other half, but no negative results.⁴³ The researcher cited the most common cause of neutral or mixed results as failure to maintain gains over time. Other factors included progress in some areas of functioning but not others, varying reports from different sources, positive change that failed to reach statistical significance, and difficulty interpreting findings.⁴⁴

In attempting to understand the specific variables contributing to successful outcomes of wilderness therapy, researchers cite the strong therapeutic alliance that develops in wilderness therapy, as well as the sense of group identity, as important process variables.⁴⁵ Other relevant components identified in a review of the literature include spending time in the wilderness, success at outdoor challenges, and removal from the adolescent’s current home situation.⁴⁶ Finally, much research demonstrates that family involvement is a critical factor in maintaining gains brought about by wilderness therapy.⁴⁷

At the same time, the findings on wilderness therapy are challenged by a variety of methodological and other issues. Many studies use small sample sizes and do not collect longitudinal data on the longer-term effects of wilderness programs.⁴⁸ The wide range of programs and differing goals of wilderness therapy within these programs create definitional issues that make it difficult to draw general conclusions about the overall effectiveness of wilderness therapy.⁴⁹ The fact that wilderness therapy is not a manualized, standardized treatment means that while it may be described, at best, as evidence-informed, it cannot be categorized as an evidence-based treatment (EBT).⁵⁰

Furthermore, as noted earlier, many of the findings on wilderness therapy are mixed and therefore inconclusive. Some studies found statistically significant reductions in emotional and behavioral symptoms both initially and over time, but also found

some deterioration in specific areas at later follow-up.⁵¹ Several researchers conclude that only some wilderness therapy programs are effective, on some outcome measures, for some populations, and that the specific variables or processes that influence wilderness therapy's effectiveness are not well understood.⁵²

Finally, it is noteworthy that much of the research on wilderness therapy has been conducted with programs that are members of the Outdoor Behavioral Healthcare Industry Council (OBHIC), which represent only a small fraction of the available wilderness therapy programs.⁵³ Little is known about programs that are not OBHIC members, or even about programs that are OBHIC members but have not participated in research.⁵⁴ Additionally, OBHIC appears to be reporting research conducted by just one principal investigator.⁵⁵ The quality of this research notwithstanding, additional studies authored by other parties would provide a more balanced view.⁵⁶ Clearly, more work needs to be done to further develop the underlying ideology, clinical techniques, and standards of care in this field.

Part II. A Legal Viewpoint: The Shadowy Side of Wilderness Therapy

As mentioned earlier, due in part to lack of oversight and regulation some wilderness therapy programs have come under a great deal of scrutiny. Death and abuse of children in these programs have saturated news headlines in recent years. This part will provide an overview of these cases. The findings cited in this section are not meant to be a generalization of all wilderness programs but rather are intended to provide insight into what can and does happen when the industry is not overseen by appropriate state and federal entities.

Wilderness therapy programs often require parents to pay anywhere from \$30,000 to \$80,000 per year and to sign contracts releasing the program from accountability for the services they deliver.⁵⁷ One particular program mandates parents to sign a contract that “holds the program harmless for false advertising or for any medical complication caused by staff mistakes, for ‘bites, sores, infections, slow healing cuts’ and for all illegal or criminal acts committed against their child by staff members ‘outside the scope of their employment.’”⁵⁸

Programs are known to direct their marketing to families of youth with psychiatric diagnoses, claiming to offer expertise in treating mental and behavioral illnesses.⁵⁹ However, psychiatrists are rarely involved in the treatment team's decisions.⁶⁰ This has led to reports of overmedication, dosing errors, and inappropriate medication of youth.⁶¹ Further, staff members may not receive any formal clinical training.⁶² These untrained staff members are often charged with sole responsibility for the safety and well being of the youth, for several weeks at a time, when they take the youth out into the wilderness and expose them to extreme elements. Reports have also indicated that youth residents are often involved in the discipline of their peers,⁶³ an extremely controversial practice as the youth residents are dealing with issues of their own.⁶⁴ Additionally, many programs forbid contact with parents, either initially the first few months or as a consequence when youth are deemed to not be following program rules.⁶⁵

Several deaths have occurred in these facilities, and the stories inundate news headlines. Reasons for these deaths include “inappropriate use of physical restraints, improper protection against the elements, excessive physical demands, and suicide.”⁶⁶ Reports also include findings of severe emotional abuse, long periods of isolation, and neglect in providing for safety, cleanliness, nutrition and medical care of the youth.⁶⁷ Even when these programs are forced to close, the owners may simply relocate and rename the program.⁶⁸ As one report states, “new schools were continually created to take in students from schools that were abruptly shut down. But the directors and staff at the new schools were often ‘the same incompetent and untrained’ people who ran the schools that had been closed.”⁶⁹

In order to fully comprehend what can happen at wilderness therapy programs when there is a lack of essential oversight, it is necessary to look at the most controversial cases. Many lawsuits initiated by parents and students against wilderness camps are settled outside of court for undisclosed amounts of money. This makes it difficult to track the precise number of abuse incidents. The forthcoming section provides an overview of the types of alleged abuses. In those cases that were settled or dismissed,

the allegations were never deemed proven by a trier of fact. However, some cases did conclude with a court determination of guilt. This part provides examples of cases initiated against programs operated in the United States and abroad. Additionally, it examines cases initiated by wilderness camps against those who have alleged unsound operating procedures and abuse.

A. Programs in the United States

In 1994, sixteen-year-old Aaron Bacon was enrolled in Northstar wilderness program for troubled youth by his parents.⁷⁰ Northstar is owned and operated by Aspen Education Group. Bacon's parents enrolled him in the program because their son had started "dabbling in drugs and slacking off in school."⁷¹ Without warning, though with his parent's consent, Bacon was transported from his home in Phoenix, Arizona, to Escalante, Utah.⁷² The staff member who was primarily responsible for Bacon during his stay at Northstar was nineteen years old.⁷³

As the American Psychological Association reported,

"Aaron's bloodstained and tattered journal told the tale of a hellish struggle for survival in the wilderness as participants were denied food for 14 of the 20 days on the trail while being forced to hike eight to 10 miles a day."⁷⁴

Bacon lost 23 pounds and died of acute peritonitis resulting from a perforated ulcer after spending almost a month in a northern Arizona high desert.⁷⁵ While hiking in the desert, Bacon often complained of feeling tired and in pain.⁷⁶ The instructors did not get medical help because they believed Bacon was just "faking it."⁷⁷ Due to weakness, Bacon was unable to carry his pack several times and was forced to leave it behind.⁷⁸ This resulted in his spending several nights without a sleeping bag, coat, and cooking supplies.⁷⁹ One night the temperature was as low as twenty-five degrees Fahrenheit.⁸⁰

Bacon was often denied food, sometimes for days at a time, either as a result of leaving his pack behind, because he could not start a fire, or as punishment.⁸¹ Some nights, Bacon's only dinner was a mixture of powdered milk and brown sugar, given

secretly to him by another student.⁸² While camping in the desert, Bacon lost control of his bowels, began vomiting, and complained of a stomachache, dizziness and seeing spots.⁸³ The instructors blamed this on Bacon's "bad attitude,"⁸⁴ harassing and mimicking him.⁸⁵

Bacon repeatedly requested but was denied medical assistance.⁸⁶ Eventually, a medical technician did come to the campsite to examine Bacon;⁸⁷ however, the instructors did not report the severity of Bacon's state to the technician, and the technician refused to take Bacon back with her that night,⁸⁸ stating instead that she would come back again the next day to check on him.⁸⁹ By the next morning, Bacon was unable to stand. When a different physician's assistant finally arrived, he began advanced life support procedures, but it was too late.⁹⁰ The physician's assistant later reported that Bacon looked so gaunt that he did not recognize him as the boy he examined several weeks earlier.⁹¹ At the time, Utah did not have any laws or regulations covering wilderness programs for youth. Bacon's nineteen-year-old counselor was convicted of abuse or neglect of a child.⁹²

On April 19th, 2005, Jennifer Havlan, on behalf of her minor son Jeremy Havlan, filed a complaint against World Wide Association of Specialty Programs, Majestic Ranch Academy, Inc., and Peart Ranch, LLC.⁹³ World Wide Association of Specialty Programs (WWASP) describes itself as an "association of residential programs which provide education and behavior modification for troubled teenagers."⁹⁴ WWASP runs a network of domestic and international schools and has come under much scrutiny over the last several years due to allegations of sexual abuse, severe physical abuse, and neglect.⁹⁵ One article reported that within the last 16 years, 15 behavioral facilities operated by WWASP have been closed in the United States and abroad due to similar allegations.⁹⁶ Plaintiffs alleged in their complaint that WWASP provided training, guidance, programs, orders and directions to Majestic Ranch Academy, Inc. where Jeremy was a student.⁹⁷ Majestic Ranch Academy, Inc. is an academy for troubled youth between the ages of 7 and 13.⁹⁸

Havlan's complaint alleged that a staff member of Majestic Ranch Academy, Coombs, repeatedly slammed Jeremy against a wall and table, threw him on the ground, and struck him with his hands,

causing serious bodily injury.⁹⁹ Also, during his stay, Jeremy was repeatedly restrained, placed in handcuffs without consent or lawful justification, and subjected to several incidents of verbal and emotional abuse.¹⁰⁰ It was also alleged that Jeremy was subjected to physical, psychological and emotional abuse, neglect and humiliation.¹⁰¹ Prior to the civil claim, one of the defendants pled guilty to child abuse/neglect.¹⁰² Plaintiffs asserted claims for battery, intentional infliction of emotional distress, negligent infliction of emotional distress, false imprisonment, and negligence.¹⁰³ This case was dismissed in June 2010,¹⁰⁴ possibly by an out of court settlement.

On August 25, 2006, William Chase Wood and his parents filed a lawsuit against WWASP.¹⁰⁵ By the time this case reached the United States District Court of Utah, Central Division, it included 350 plaintiffs and 60 defendants.¹⁰⁶ The plaintiffs included children and their parents from all over the United States, including Florida, Texas, California, Louisiana, Minnesota, Kentucky, Maryland, and Michigan.¹⁰⁷ From about the mid-1990's to mid-2000's, student plaintiffs had been placed in at least one of the named schools.¹⁰⁸ All of these schools except one fell under the umbrella organization WWASP.¹⁰⁹ Some of the schools included Casa by the Sea, Dundee Ranch, High Impact, Tranquility Bay, Majestic Ranch Academy, Academy at Ivy Ridge, and Carolina Springs Academy.¹¹⁰

The facts of the case alleged that:

“Parent plaintiffs entrusted their minor children to the control and direction of defendants because defendants promoted, advertised, and marketed Defendant residential boarding schools as a place where children with problems could get an education while receiving instruction and direction in behavior modification for emotional growth and personal development.¹¹¹

The plaintiffs' complaint stated causes of action for child abuse, assault, battery, fraud, breach of contract, conspiracy, and false imprisonment.¹¹² The alleged abuses included being locked in small boxes and cages, forced to assume distorted and painful physical positions for long periods of time, exposed to extreme temperatures for long periods of time, bound and tied by hands and/or feet, kicked, beaten, and thrown

to the ground.¹¹³ They also included being forced to lie in urine and feces, clean toilets with toothbrushes and use them afterward, made to eat their own vomit, being subjected to sexual abuse, and being made to eat raw or rotten food.¹¹⁴ It was also alleged that the children were also subjected to a “buddy system” where older students were allowed to mentally, sexually, and physically abuse younger students.¹¹⁵ Due to lack of subject matter jurisdiction, this case was dismissed in 2011.¹¹⁶

On November 9, 2011, thirteen plaintiffs filed a complaint against Mount Bachelor Educational Center, Inc. (“Mount Bachelor”).¹¹⁷ Mount Bachelor is a “therapeutic boarding school” for troubled teens that the State of Oregon Department of Human Services ordered closed.¹¹⁸ The plaintiffs alleged institutionalized physical and psychological child abuse.¹¹⁹ The camp counselors were allegedly untrained, high school educated counselors.¹²⁰ Almost none of the counselors had undergone any formal training in psychology, psychiatry, or child development.¹²¹ Despite this lack of training, counselors still attempted to provide psychological treatment and behavior modification to children residing at Mount Bachelor.¹²²

Plaintiffs claimed that they were denied basic medical care, forced through “Lifestep” group encounters which include no rest breaks, little or no sleep, very little food, and trauma-inducing activities such as forcing known victims of child sexual abuse to act out sexual activities with other residents and staff.¹²³ Children were sent out into the wilderness with little or no food or supplies for days, oftentimes alone.¹²⁴ Allegations also included exposure to extreme cold and heat, forcible and unnecessary physical restraint, denial of meals, forced marches, strip searches, and ingestion of spoiled and rotting food.¹²⁵ Plaintiffs were also forced to beat objects until their hands bled, were denied prescription medication,¹²⁶ and were forced to physically attack and restrain other residents.¹²⁷ Plaintiffs asserted fifty-eight claims for relief in their complaint.¹²⁸ These included intentional infliction of emotional distress, battery, and breach of contract.¹²⁹ This case is believed to be ongoing at the time of this writing.

B. International Programs

It has been reported that WWASP has operated several programs outside of the United States.¹³⁰

These countries include Jamaica, Mexico, Samoa and the Czech Republic.¹³¹ The exact number of these programs and how many continue to operate remain unclear.¹³²

Austen v. WWASP provides an example of alleged abuses that occurred at two programs, managed by WWASP in Mexico.¹³³ On May 31, 2011, Carl Brown Austen filed a complaint against WWASP, Casa by the Sea, High Impact, and Teen Help LLC.¹³⁴ Austen attended Casa by the Sea and High Impact; both schools were owned, operated, staffed and managed by WWASP.¹³⁵ Casa by the Sea was organized under the laws of Mexico but conducted its business from the state of Utah.¹³⁶ High Impact was located in Baja, Mexico, but also conducted its business from the state of Utah.¹³⁷ Austen's parents enrolled him at Casa by the Sea in Ensenada, Mexico when he was 12 years old.¹³⁸ His parents stated that due to racial bias at school, Austen had become discouraged and resentful.¹³⁹

Austen alleges that he was often thrown to the ground until his face was bloody and forced to take cold showers.¹⁴⁰ When staff found out that Austen had planned to escape, they assigned him to High Impact.¹⁴¹ At High Impact, he was often hog-tied and left for hours, forced to walk barefoot, and denied food.¹⁴² The Mexican Federales closed down High Impact because of parents' complaints.¹⁴³ At this time, Austen was returned to Casa by the Sea and eventually returned home.¹⁴⁴

After returning home, his parents sent Austen back to Casa by the Sea because of his behavior problems.¹⁴⁵ Upon his return, Austen attempted to hang himself. Casa by the Sea attempted to transfer him to Tranquility Bay but Austen's mother decided to bring him home.¹⁴⁶ Plaintiff describes his life after Casa by the Sea as a "life of indolence, drugs, and misery trying to drown out the torture and abuse."¹⁴⁷ This case was dismissed on August 22, 2012 due to plaintiff's failure to respond.¹⁴⁸

Academy at Dundee Ranch is another WWASP program operated abroad.¹⁴⁹ Costa Rican authorities seized the American-owned academy after learning of physical and emotional abuse allegations.¹⁵⁰ Approximately 200 children, aged 11-17, lived at the program, which was housed in a former hotel.¹⁵¹ About 30-50 children fled on foot to authorities. Costa Rican authorities reported physical and emotional abuse,

isolation, and physical restraints.¹⁵² They also reported that the physical plant was inadequate, the program lacked adequate personnel, a majority of the American children had expired tourists visas, and the school was so crowded that children had to sleep on the floor.¹⁵³ Academy at Dundee Ranch charged parents more than \$30,000 per year.¹⁵⁴ One of the children who attended the ranch reported that the staff did not speak English, they were not permitted to talk to anyone, and they were cramped in small spaces.¹⁵⁵ When Academy at Dundee Ranch was closed, another program operated by WWASP moved into the same location.¹⁵⁶ This program was known as Pillars of Hope.¹⁵⁷

Costa Rica was forced to close another program operated by WWASP in Costa Rica in March 2011.¹⁵⁸ This time the program was known as Teen Mentor and was closed because of alleged psychological and physical mistreatment of residents.¹⁵⁹ An article in the *New York Times* reported that investigations of abuse allegations have also occurred at WWASP programs in Czech Republic and Samoa.¹⁶⁰

C. Cases Initiated by Wilderness Programs

WWASP has initiated cases against parents, programs, and reporters. Those opposing WWASP allege that WWASP brought these suits intending to cause fear and intimidation through the high cost of litigation.¹⁶¹ These suits have been largely unsuccessful.

WWASP filed a complaint against Parents United Resources Experts, Inc. (PURE) and its owner and manager, Sue Scheff, in 2004.¹⁶² WWASP claimed that Scheff engaged in a "continuous course of conduct to disparage the business reputation and goodwill of World Wide."¹⁶³ Plaintiffs claimed that PURE accused WWASP of "abuse, neglect, negligent homicide and brainwashing for the sole purpose of causing financial damage to World Wide" and reported this information on the Internet and to parents interested in teen residential programs.¹⁶⁴ Their causes of action included intentional interference with prospective economic advantage, defamation, civil conspiracy, and unfair business practices.¹⁶⁵

WWASP claimed that Scheff had enrolled her child in a WWASP program and reported that she was satisfied with the experience.¹⁶⁶ In her counterclaim, Scheff acknowledged that her daughter was enrolled in a WWASP facility but alleged that WWASP provided

“inadequate medical care and treatment, inadequate education, unsanitary and unhealthy living conditions, inadequate nutrition, and damaging therapy and counseling given to individuals without proper credentials, certification and/or training.”¹⁶⁷ Scheff claimed that her daughter suffered neglect, abuse, and physical injury, emotional and mental distress.¹⁶⁸ Scheff also claimed that WWASP misrepresented the purposes and nature of the program.¹⁶⁹ The District Court of Utah found neither party was entitled to affirmative relief¹⁷⁰ and found no cause of action for either party.¹⁷¹ WWASP appealed but the Tenth Circuit affirmed the district court’s judgment.¹⁷²

WWASP also filed a complaint against Thomas G. Houlahan, a United Press International reporter, in 2004.¹⁷³ WWASP’s cause of actions included intentional interference with prospective economic advantage, injurious falsehood, and defamation.¹⁷⁴ WWASP alleged that Houlahan contacted several parents of students enrolled at WWASP programs¹⁷⁵ claiming to be a reporter with United Press International who had been investigating World Wide and its member schools for eight months.¹⁷⁶ According to WWASP, the defendant falsely informed parents that their children were being physically abused.¹⁷⁷ WWASP also alleged that defendant published such statements.¹⁷⁸ The complaint was dismissed for lack of personal jurisdiction.¹⁷⁹ WWASP appealed to the Tenth Circuit and the court affirmed the lower court’s judgment.¹⁸⁰

Part III. State Response (or lack thereof) to Wilderness Therapy Programs

As Kimball DeLaMare, chairman of the National Association of Therapeutic Schools and Programs, has stated, “there are significant disparities from state to state ... overall they have not done much.”¹⁸¹ Only nine states have statutes and/or regulations that specifically address outdoor or wilderness youth camps: Alabama, Kentucky, Maine, Maryland, Montana, Nevada, Oregon, Texas and Utah.¹⁸² Colorado, Connecticut, New Jersey, and New York have statutes and/or regulations that apply to youth camps but do not address outdoor or wilderness camps specifically.¹⁸³ Statutes and/or regulations vary widely from state to state in terms of what they cover.

Utah was one of the first states to enact a statute regarding outdoor youth programs. The Utah statute,

entitled “Outdoor Youth Programs,” is one of the most comprehensive and detailed statutes available.¹⁸⁴ It is one of only two states that provide for consumer evaluations.¹⁸⁵ The statute requires licensing and inspection of all programs.¹⁸⁶ It also states that until charges of abuse, neglect, or licensing violations are resolved, no license shall be issued to any program with owners, silent owners, or any staff management personnel who were previously owners or employees of a program against which the charges were alleged.¹⁸⁷ If the charges result in a conviction or civil or administrative findings verifying the allegations, the state will not grant a license to said program.¹⁸⁸ These provisions prevent the relocation of camps guilty of severe mistreatment to youth. The statute also requires that all information provided to parents, community, and media be factual.¹⁸⁹

This statute specifically addresses many of the problems that arose and caused the death of Aaron Bacon during his attendance at a wilderness camp in Utah.¹⁹⁰ The statute requires that at least six quarts of water be available per person, per day.¹⁹¹ If temperatures are above 90 degrees staff shall make sure the children consume a minimum of three quarts of water per day and electrolyte replacement must be available at all times.¹⁹² The Utah statute also mandates that each program ensure each child’s consumption of a minimum of 3000 calories per day.¹⁹³ It specifically states that food shall not be withheld for any reason, including punishment.¹⁹⁴ Food must be from a balance of the food groups and there shall be no program fasting for more than 24 hours per expeditionary cycle.¹⁹⁵

The Utah statute requires that each child shall have the clothing and equipment necessary to protect the child from the environment.¹⁹⁶ Mandated equipment includes sunscreen, insect repellent, backpack that shall at no time exceed 20 percent of a child’s body weight, personal hygiene items, sleeping bags rated for the current seasonal conditions, basic clothing and shelter and ground pads when the average nighttime temperature is 39 degrees or lower.¹⁹⁷ This equipment shall never be denied or removed from the child. If the child is at anytime unable to carry his or her equipment, the group must cease hiking.¹⁹⁸ Further, program employees must never deprive a child of their equipment as a punishment.¹⁹⁹

Under the Health Care section, each child must be assessed every 14 days by a qualified professional

and that there shall be no consequences for a child requesting to see the health care professional.²⁰⁰ All programs must have a policy and procedure for suicidal ideation.²⁰¹ Utah also requires that support staff be accessible within one hour of the field.²⁰² Importantly, the Utah statute requires that all staff working with children be of a certain age (varies according to position), have appropriate experience, be educated in a relevant field, and receive training.²⁰³ The statute also requires that no youth under the age of 13 or above the age of 17 attend outdoor youth programs.²⁰⁴

According to the Utah statute, hiking must never exceed the physical capability of the weakest member of the group and is prohibited when the temperature is above 90 degrees or below 10 degrees.²⁰⁵ The staff must maintain a daily log that reports all accidents, injuries, medications, medical concerns, behavioral problems, and all unusual occurrences.²⁰⁶ The program must provide the children with the opportunity to clean their bodies at least twice weekly.²⁰⁷ Also, programs are prohibited from restricting or censoring incoming mail from parents or guardians.²⁰⁸

Several states have followed in Utah's footsteps and adopted similar statutes and/or regulations to address outdoor or wilderness programs. These states have statutes and/or regulations that broadly address youth camps without providing specifically for outdoor or wilderness programs. Some states have adopted additional provisions beyond those adopted by Utah. For example, some states require criminal and sex offender background checks on all employees, specifically restrict the use of physical restraint, provide for individual service plans for each student, require a written policy and/or procedure for "time-outs" or seclusion of youth, and have a board of directors or an advisory committee.²⁰⁹ No state, however, provides for a central reporting system that would track incidents of child abuse, neglect, or death.

Part IV. Recommendations and Conclusion

In July 2013, the New York Times published an article titled "*Students Recall Special Schools Run like Jails.*"²¹⁰ This article outlined the severe abuse that children can face in camps that are not properly run and described the allegations students have made in recent lawsuits.²¹¹ It explained that there are no federal laws governing schools like those built on the World Wide model.²¹² The article also discusses how Congress has failed to pass a bill that would ban abuse and the with-

holding of food.²¹³ This failure, the article explains, is because lawmakers are hesitant to impose new federal standards on matters often regulated by states.²¹⁴ However, state regulators are also reluctant because "the programs exist in an ill-defined area of law."²¹⁵ As the New York Times article recognizes, without the necessary oversight, wilderness therapy programs present a high risk of abuse.

In order to ensure program effectiveness, it is necessary to ascertain that wilderness therapy is being applied in a clinically sound and safe manner. To this end, it is imperative that all wilderness therapy programs be licensed and regularly inspected to ensure compliance. As noted, the total number of wilderness programs for youth is currently unknown. As Friedman et al. explain,

"The problem of identifying how many of such programs exist nationally is a reflection of the inconsistency between states in how they define such programs and whether they license them, as well as the absence of any federal efforts to address this issue and overall definitional confusion within the children's mental health field."²¹⁶

To address this problem, any state and federal statutes and regulations must provide a clear and consistent definition of what wilderness therapy is and what constitutes a wilderness therapy program. This requires policymakers, researchers and therapists to work together. All programs that come under the umbrella of the wilderness therapy program definition should be licensed and overseen by the state. Frequent and unannounced inspections are the best way to ensure compliance.

It would also be ideal for all programs, their owners, and top management staff to be entered into a central registry. This central registry would report any programs that have been shut down and those who are currently being investigated or facing charges. It would also include information on any past and present noncompliance. The central registry would assist in ensuring that all states are aware of programs and owners who have been investigated in other states. It would prevent the relocation of programs that have been shut down due to abuse and neglect of children. Additionally, all programs should be required to collect consumer evaluations, which should be made publicly available. A central registry of this information is the most effective way of ensuring

that important information regarding the safety of children be shared amongst the states.

As with any therapy program, all staff working with youth must have adequate background experience and education. Staff should undergo criminal background and sex offender checks. Standards should be established for in-depth training of all staff. Interns and volunteers who do not comply with background checks, have appropriate education, or have not received training should be prohibited from supervising youth alone.

All programs should be required to maintain appropriate child-staff ratios. Additionally, it is necessary for staff to maintain a daily log of significant events. When children are not on site, staff must maintain contact with the home base and seek medical assistance when necessary. States should require that appropriate and necessary medical assistance always be available for the youth within a reasonable amount of time.

Prior to entering a wilderness therapy program, all youth should complete a health and physical examination by a licensed professional. The program should be required to provide the child and their family with a clear and accurate disclosure of the physical and mental demands the child will likely experience while attending the program. Also, each child in a wilderness therapy program should meet regularly with a licensed professional and have an individual service plan. Each child should be assessed routinely by a health and mental health professional. All programs should have a set of written policies and procedures.

No program should be allowed to deny food or water as punishment, and all programs should be restricted on the use of physical force. Also, programs should be limited in the amount of physical exertion they can require of youth. It is essential that all programs be forced to meet hydration and nutritional requirements. No youth should go without food for a significant amount of time. States should also mandate that wilderness programs ensure that all youth have adequate clothing and equipment. This includes and is not limited to sleeping bags, tents, jackets, and shoes. No child should be denied adequate clothing and equipment for the inability or unwillingness to carry them.

On May 15, 2013, *H.R. 1981: Stop Child Abuse in Residential Programs for Teens Act of 2013* was introduced.²¹⁷ The purpose of this bill is to “require certain standards and enforcement provisions to prevent child

abuse and neglect in residential programs and for other purposes.”²¹⁸ Wilderness or outdoor experience, expedition, and intervention programs are included within the coverage of this bill.²¹⁹ If passed, this bill would require these programs to meet several minimum standards. Child abuse, neglect, and disciplinary techniques or practices that involve the withholding of essential food, water, clothing, shelter, or medical care necessary to maintain health and safety would be prohibited.²²⁰ It would also require that each child be free from physical and mechanical restraints and seclusion to the same extent and in the same manner as a non-medical, community-based facility for children and youth, as required under section 595 of the Public Health Service Act 42 U.S.C. 290jj.²²¹ Each child would be required to have reasonable access to the telephone with as much privacy as possible.²²² Also, all children must have access to appropriate state, local, and national child abuse hotlines.²²³

H.R.: 1981 would also require each staff member, including volunteers, would be required to become familiar with what constitutes child abuse and neglect in their state and must be familiar with the mandated reporter laws.²²⁴ It would also mandate that all employees and volunteers know the signs and symptoms of heatstroke, dehydration, and hypothermia.²²⁵ Additionally, employees and volunteers would be required to submit to a criminal history, sex offender registry, and Federal Bureau of Investigation fingerprint check. Parents and guardians would be required to receive a full disclosure, in writing, of staff qualifications and their roles and responsibilities.²²⁶ All programs would be required to have policies and procedures for the provision of emergency medical care.²²⁷ The bill would also require the program to notify parents and guardians within no more than 48 hours of any on-site investigation or report of child abuse and neglect, violation of health and safety standards, or a violation of state licensing standards.²²⁸

Also, *H.R. 1981* would require a website be made available to the public that includes the name and location of each program and the owner of the program.²²⁹ The website would be mandated to include information on the program’s history of violations, current status with state licensing requirements, any deaths that occurred while a child was under the care of the program, and any penalties levied against such programs.²³⁰ The website would also contain information regarding the best practices for helping

adolescents with mental health disorders or behavioral challenges.²³¹ If passed, this bill would be a substantial step in the right direction towards protecting children and assuring parents that the care they seek out for the child is delivered in a safe and clinically sound manner. This bill adopts many of the recommendations listed above and would serve to better protect the welfare of children.

Children are among the most vulnerable populations. It is imperative that federal and state governments ensure that programs providing therapy to these children are adequately overseen and regulated. Research has suggested that wilderness therapy programs can be effective if implemented in a safe and clinically sound manner. However, without appropriate oversight, abuse of children can and does occur. Therefore, it is necessary for policymakers to require these programs to adhere to certain regulations. ©

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- 214 *Id.*
- 215 *Id.*
- 216 Robert M. Friedman et al., *Unlicensed Residential Programs: The Next Challenge in Protecting Youth*, 76 AMERICAN JOURNAL OF ORTHOPSYCHIATRY, 296 (2006).
- 217 United States. Cong. House. 113th Congress, 1st Session. *H.R. 1981: Stop Child Abuse in Residential Programs for Teens Act of 2013* [introduced in the House of Representatives on May 15, 2013] <http://www.govtrack.us/congress/bills/113/hr1981/text>.
- 218 *Id.*
- 219 *Id.*
- 220 *Id.*
- 221 *Id.*
- 222 *Id.*
- 223 *Id.*
- 224 *Id.*
- 225 *Id.*
- 226 *Id.*
- 227 *Id.*
- 228 *Id.*
- 229 *Id.*
- 230 *Id.*
- 231 *Id.*

Appendix A

	Specifically Addresses Outdoor/ Wilderness Camps	Licensing & Inspection Procedures	Prohibits Relocation for owners facing allegations or who have been convicted	Education component shall be approved by Board of Education	Clothing & Equipment necessary to protect child from the elements shall be available	Requirements to Ensure Ability to Maintain Proper Hygiene	Require staff to maintain a log
Alabama	✓	✓		✓	✓	✓	✓
Colorado		✓			✓* (adequate shelters must be provided)		✓
Connecticut		✓* (licensing only)					
Kentucky	✓	✓* (specifically states that the license is non-transferable to a new owner)		✓* (not required to be approved by the board but must have a written policy & procedure)	✓* (must provide appropriate clothing and footwear)	✓	
Maine	✓* (includes a section on "trip camping")	✓					✓
Maryland	✓	✓* (licensing only; inspections required only by health and fire department)		✓* (must obtain a certificate of approval)	✓	✓	✓
Montana	✓	✓* (licensing only)	✓* (cannot relocate or change name without seeking a new license)	✓* (must be in accordance with Montana state law)	✓	✓	✓
Nevada	✓				✓	✓	✓
New Jersey		✓					✓
New York		✓	✓* (past history of noncompliance will be considered when issuing permit)				✓
Oregon	✓	✓* (licensing only)			✓	✓	✓
Texas	✓	✓					✓
Utah	✓	✓	✓	✓	✓	✓	✓

	Incoming & Outgoing Mail shall not be restricted or censored	Policy & Procedure for Suicide Ideation	Age, Education & Training Requirements for staff	Required Access to Medical Professional	Interns and/or Volunteers shall not supervise youth alone	Specific Child-Staff Ratio Requirements	Require Health and Physical Examination prior to entry
Alabama	✓	✓	✓	✓		✓	✓
Colorado			✓* (age & training requirement)	✓	✓	✓	✓
Connecticut			✓	✓		✓	✓
Kentucky			✓	✓	✓	✓	
Maine				✓		✓	
Maryland	✓* (unless consistent with child's service plan)	✓	✓	✓	✓* (unless they have completed background checks)		✓
Montana		✓	✓	✓	✓	✓	✓
Nevada	✓* (may restrict child from sending mail during the first 3 weeks of the program)		✓	✓	✓	✓	✓
New Jersey			✓* (age & training only)	✓		✓	
New York			✓	✓	✓	✓	✓
Oregon			✓	✓	✓* (unless they meet certain requirements)	✓	✓
Texas			✓	✓	✓* (no prohibition but requires completion of training & orientation program)	✓	
Utah	✓	✓	✓	✓	✓	✓	✓

	Clear & Accurate description provided to parents and/or physician	Water and/or Nutritional Requirements	Health Assessment Required on a Routine Basis	Prescription Medication Administration Requirements	Off-Site Employees must maintain contact with home base	Transportation Requirements	Consumer Evaluations
Alabama		✓		✓	✓		
Colorado		✓		✓		✓	
Connecticut				✓			
Kentucky	✓	✓		✓		✓	
Maine				✓			
Maryland	✓	✓	✓	✓		✓	
Montana	✓	✓	✓	✓	✓	✓	✓* (annual youth satisfaction surveys)
Nevada	✓	✓	✓	✓	✓	✓	✓* (encouraged but not required)
New Jersey		✓		✓			
New York	✓					✓	
Oregon	✓	✓	✓	✓	✓	✓	
Texas				✓		✓	
Utah	✓	✓	✓	✓	✓	✓	✓* (encouraged but not required)

	Written Policy and/or Procedures for Seclusion or “Time Outs”	Advisory Committee and/or Board of Directors			
Alabama		✓			
Colorado	✓				
Connecticut					
Kentucky	✓	✓			
Maine					
Maryland	✓	✓			
Montana	✓				
Nevada					
New Jersey		✓			
New York					
Oregon		✓			
Texas		✓			
Utah					

	Rules regarding Solo Experiences	Background Check for All Employees	Restrictions on the Use of Physical Force	Age Restrictions for Children participating in program	Restrictions on Physical Exertion	Prohibit denying food as punishment	Individual Service Plan Required
Alabama		✓	✓				✓
Colorado		✓	✓			✓	
Connecticut		✓					
Kentucky	✓	✓	✓* (only permitted in emergency or crisis situations)			✓	✓
Maine		✓* (only specifically requires Sex Offender check)					
Maryland		✓	✓		✓	✓	✓
Montana	✓	✓	✓		✓	✓	✓
Nevada				✓	✓		✓
New Jersey		✓			✓	✓	
New York		✓					
Oregon	✓			✓	✓	✓	✓
Texas		✓					
Utah	✓			✓	✓	✓	

-This chart only evaluates the specific laws on outdoor youth programs or youth camps listed below and does not include other potentially applicable state laws and regulations.

- Alabama: Ala. Admin.Code r. 950-1-12-0.01-.34; Colorado: Colo. Rev. Stat. Ann. § 26-6-101.4 -113 (West); 12 Colo. Code Regs. 2509.8:7.711-711.7; Connecticut: Conn. Gen. Stat. Ann. § 19a-420 -429 (West); Conn. Agencies Regs. § -19-13-B27a; Kentucky: Ky. Rev. Stat. Ann. § 199.640 (West); 922 Ky. Admin. Regs. 1:460; 922 Ky. Admin. Regs. 1:305; 922 Ky. Admin. Regs. 1:300 §3(1)-(5), §3(6)(a)-(c), §3(7), §4(1)-(2), (5), §5-§7; 922 Ky. Admin. Regs. 1:390; Maine: Me. Rev. Stat. tit. 22, § 2492-2501; Code Me. R. 10-144, Ch. 208, § 1-9; Maryland: Md. Code Regs. 14.31.06.01-.19; Montana: Mont.Admin.R. 37.98.102-37.98.1822; Nevada: Nev. Rev. Stat. Ann. § 432A.320-.560 (West); New York: N.Y. Comp. Codes R. & Regs. tit. 10, § 7-2.2-.13; New Jersey: N.J. Admin. Code 8:25-1.1-15.2.; Oregon: Or. Admin. R. 413-215-0901 -1031; Texas: Tex. Health & Safety Code Ann. § 141.001-.020 (West); 25 Tex. Admin. Code § 265.12-.25; Utah: Utah Admin. Code r. R501-8.