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The relationship between job satisfaction and program traits for wilderness therapists employed at outdoor behaviorial healthcare treatment programs

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CHAPTER I

INTRODUCTION

The Outdoor Behavioral Healthcare (OBH) treatment model has proven to be an effective approach for treating adolescents with mental health needs (Russell, 2003a; Russell; 2005; Clark, Marmol, Cooley, & Gathercoal, 2004; Russell & Phillips-Miller, 2002). This model combines wilderness experience with individual and group therapy sessions provided by licensed and non-licensed clinicians, where staff and clients hike and live together in the outdoors for various lengths of time (Russell, 2001). Currently there are over 100 OBH treatment programs in the United States (Russell, 2003a). The length and structure of outdoor behavioral healthcare treatment programs vary across agencies. Likewise, the role and responsibility of the wilderness therapist may differ as well.

Some programs operate on a "continuous flow" where clinical and experiential staff members are living with their clients in the backcountry, anywhere from 3-21 consecutive days. This approach has been shown to have greater positive outcomes compared to other wilderness therapy models (Russell, Hendee, Phillips-Miller, 2000; Russell & Phillips-Miller, 2002). Similarly, Russell & Phillips-Miller (2002) found that clients referenced their relationship with clinical staff as one of the main factors related to positive outcomes. Ultimately, clinicians working in these settings are challenged to maintain a therapeutic alliance with their clients while also keeping the group members safe. Because of the recent popularity and the increase in use of wilderness therapy as well as the intensity of the associated workload, program directors will need to focus

attention on job satisfaction and burn-out among wilderness therapists as they ensure positive outcomes for clients. Although numerous studies exist on job satisfaction in the mental health field, current wilderness therapy research has yet to look at job satisfaction among wilderness therapists.

Previous research suggests that job satisfaction is related to job performance and clinical outcomes (Jayarante & Chess, 1984; Wiggins & Moody, 1983). Providing individual and group therapy to adolescents is a demanding job in and of itself. When clinicians provide therapy under often extreme and vigorous conditions such as those in OBH treatment programs, additional stressors can occur.

This study seeks to expand our knowledge on job satisfaction among wilderness therapists. By recognizing the relationship between job satisfaction and program traits at OBH treatment programs, program directors will be better equipped to anticipate the OBH treatment models then provide greater job satisfaction for wilderness therapists. This missing piece in wilderness therapy research has led me the formulation of the following research question: What is the relationship between job satisfaction and program traits for wilderness therapists employed at outdoor behavioral healthcare treatment programs?

For this study, I surveyed master's level clinicians currently employed at OBH treatment programs. A link to an online survey was emailed to professionals in the field who are employed at Outdoor Behavioral Healthcare (OBH) treatment programs throughout the United States using the Adventure Experiential Education (AEE) organization's list serve along with the Outdoor Behavioral Healthcare Industry Council's (OBHIC) membership information. Each recipient was encouraged to forward

the survey to their colleagues and friends in the field in order to reach a range of professionals in the field. Participants responded to questions pertaining to program traits and job satisfaction using the Job Satisfaction Scale (JSS) created by Paul Spector (Spector, 1985).

My personal desire to work as a wilderness therapist after graduating from Smith was the driving force behind this research study. Prior to Smith I worked as a Youth Outreach Counselor and spent many days on a ropes course facilitating groups of high school and middle school aged students in their group process. Having the opportunity to work outside and in the woods made going to work exciting. And, having the experience of being a part of each student's individual growth and self awareness made the work extremely self-gratifying. In my first year field placement at a community mental health center working in the adult outpatient program I saw myself becoming less energized and passionate about the work I was doing. At the same time, my lower back was even starting to ache. It was then I realized where I belong – in the wilderness.

Wilderness therapy is something that has always interested me. Ever since I saw The Catherine Freer Wilderness School on "Dateline NBC" I could see myself hiking alongside my clients -- inspiring hope and helping to promote change. The wilderness is where I go to sort out personal struggles and find strength. It is also where I find balance and refuge from chaos. Balance is extremely important to me in both my personal and professional life. Although I hope the woods will be my office where I practice social work, I wonder if I can sustain the life as a wilderness therapist. Hiking up to 20 days with your clients and sometimes more seems tiring, not to mention not good self-care practice. And so, this thesis is part self-fulfilling as well as school-fulfilling. It will help

me answer some of my looming questions such as what it means to be a wilderness therapist. Which programs keep wilderness therapists more satisfied at their job? And of course will help me get one step closer to graduation.

CHAPTER II

LITERATURE REVIEW

This chapter will review the findings from other research as well as from papers written on wilderness therapy and job satisfaction. First, I will explore the history of wilderness programs that led to the development of Outdoor Behavioral Healthcare (OBH) treatment programs. Then I will discuss how the theory of wilderness therapy is applied at OBH treatment programs and the proven efficacy and therapeutic outcomes of OBH treatment. Finally, I will review the research on job satisfaction and how this relates to the role of the wilderness therapist.

History of Wilderness Programming

Adventure therapy, outdoor adventure education, challenge course, experiential education, outdoor leadership, and wilderness therapy – all are terms used to describe different types of wilderness programming; yet, are commonly used interchangeably in the outdoor profession. This may be partly due to the fact that many of these programs began in the same way as well as the lack of understanding of what each type of programming does.

Interestingly enough, wilderness programming has some of its roots in the state psychiatric hospitals here in the United States (Lowry, 1974). It was in the early twentieth century that state hospitals discovered the benefits of camping as a therapeutic intervention after needing to quarantine patients with tuberculosis from the other patients who were admitted into the hospital. Mental health workers began to see the importance of group living combined with the outdoors as healing for patients. Though more often

seen in the literature is the story of Kurt Hahn, a German educator and founder of Outward Bound (Ewert, 1989).

Hahn believed that through the wilderness experience students would learn how to work together, gain self-awareness, and increase their sense of self-competence (Schoel, 1988). In 1962, he brought his ideas on experiential education to the United States and within 10 years of Outward Bound's establishment thousands of programs began taking on elements of his approach. James (1980) describes the purpose of the first Outward Bound School as:

> "developing apparent and latent capabilities through experience, both strenuous and testing, which demand an increase of initiative, self-confidence, understanding and respect for others. Using life in the mountains as the defying force, the students are taught the importance of cooperation and self-discipline in learning to cope with the hazards and emergencies of mountain living. They become acquainted with the great rewards of difficult and sustained efforts well done, the important spiritual value of service to others and self-respect for a well trained body." (pp. 8-9).

With the popularity and intrigue of Outward Bound came the inception of outdoor adventure education. Not long after Outward Bound came numerous other organizations and educational programs which began teaching the values of outdoor adventure education in their own way (Ewert, 1989). It is this model that many people think of when they hear "wilderness therapy". But in truth, the Outward Bound experience differs greatly from the Outdoor Behavioral Healthcare (OBH) treatment model and the use of

wilderness therapy. Although Outward Bound is therapeutic in nature it does not utilize individual and family therapy in its program model like Outdoor Behavioral Healthcare (OBH) treatment models do.

The Wilderness Therapy Approach

There are four main objectives of wilderness programming: 1) Recreation; 2) Education/training; 3) Development and 4) Psychotherapy (Ringer & Gillis, 1995, p. 42). Adventure therapy and wilderness therapy can fall under the umbrella of wilderness programming. Many practitioners use the terms adventure therapy and wilderness therapy synonymously; yet the difference lies in the process verses the underlying goals and purpose of the programming. Austin (1996) used her Smith thesis writing experience to explore the reviews of literature on wilderness therapy and camping theory. In her research she concluded that there lacked a common language and agreement of what wilderness therapy was. Now, 10 years later the gaps have been filled in the literature.

With the advent of the Outdoor Behavioral Healthcare Industry Council (OBHIC), an organization committed to future development of OBH, and the continued publications on wilderness therapy, the research has helped to define it as well as create a common practice. There is now clarity of how the OBH treatment model approach is implemented. Russell (2001) delineates OBH treatment programs from wilderness experience programs as having licensed mental health practitioners on staff. Clients of OBH treatment programs participate in individual and group therapy sessions with a licensed therapist (Russell, 2001; Russell, Hendee, Phillips-Miller, 2000). At the same time, even OBH treatment programs vary in structure. For example, they may differ in wilderness activities, length of wilderness expeditions, and/or the use of after-care

services (Russell, Hendee, & Phillips-Miller, 2000; Russell, 2001). The following are the five different types of OBH program models offered: a) contained; b) continuous flow; c) base camp; d) residential or e) outpatient (Russell & Harper, 2006, p. 74). Although different, all OBH treatment programs utilize a wilderness therapy approach that is defined by Russell (2001) as having:

> "an eclectic therapeutic model based on a family systems perspective with a cognitive behavioral treatment emphasis. This approach integrates the therapeutic factors of wilderness experience with a nurturing and intense therapeutic process, which helps clients access feelings and emotions suppressed by anger, drugs, alcohol, and depression" (p.74).

Russell, Hendee, & Phillips-Miller (2000) wanted to understand "How does wilderness therapy work?" And, "what are the expected outcomes and role of the wilderness in the intervention and treatment process?" (p.207). In order to answer these questions, researchers spent seven days in the field as a participant-as-observer with four of the leading OBH treatment programs in the United States. During that time, observations were made of the wilderness therapy process. Results indicated that the therapeutic basis of wilderness therapy is an integration of the use of wilderness and eclectic therapy (i.e., family-systems theory, CBT, and experiential). This is similar to the social work profession where many different theories may be applied to practice.

Russell, Hendee, & Phillips-Miller (2000) also found that a wilderness therapy process guided each of the four programs that they studied. The process was guided by three phases: 1) Cleansing phase 2) Personal and social responsibility phase 3) Transition

and aftercare phase (p. 212). In addition, the anticipated outcomes that staff was asked to predict were: 1) Development of self-concept 2) Knowledge and skills gained 3) Realizations of personal behavior 4) strengthened family relations (p. 215-216). These anticipated outcomes are similar to Russell's (2006) research that found physical health, development of self, psychosocial learning, desire to strengthen family relations, and wilderness skills to be what wilderness therapists expect to be the effects of completing an OBH treatment program (p. 57). These outcomes differ greatly from "boot camp" programs which use the harsh conditions of the wilderness for punishment.

Research done by Pearson & Lipton (1999) has shown that boot camp programs are not seen to be effective in treating youth with substance abuse problems. Lutz & Brody (1999) also found boot camp programs to be cruel for the treatment of adjudicated youth. Additional studies had similar results, illustrating that the military approach used in boot camps do not work well for many youth (Mitchell, Mackenzie, Gover, & Styve, 1999). This may be why these programs are on the decline and are not as widely used (Russell, 2001). In comparison to other wilderness experience programs, the wilderness therapy treatment model is based on empathy and support (Russell, Hendee, & Phillips-Miller, 2000; Russell, 2001).

Russell et. al. (2000) evaluated wilderness therapy process at OBH treatment programs. In their research they found that the clinicians perceived the clients' behavior and symptoms as an outcome of their environment, influenced by family dynamics. As a result, many OBH treatment programs require caregivers to participate in family therapy and psycho-educational programs sponsored by the treatment centers (Russell et. al., 2000; Russell, 2001).

The theoretical basis of wilderness therapy utilizes a more holistic treatment approach in comparison to outpatient services and/or residential treatment that typically focus on the problem/symptom list. Russell (2006) found that each OBH treatment program surveyed utilized various theoretical approaches; yet, that the majority of programs used a family systems perspective along with cognitive behavioral therapy. Powch's (1994) review of wilderness therapy literature, draws distinctions between the mechanistic component of wilderness therapy (i.e., the challenges structured by the wilderness facilitators) and the spiritual components of wilderness therapy (i.e., connection to nature) - suggesting wilderness therapy can be an empowering and life changing experience.

It is the key components of wilderness therapy that make it an empowering experience for youth. Russell, Hendee, & Phillips-Miller (2002) outline the six key components of OBH treatment: (1) wilderness, (2) eclectic therapeutic model that combines family systems theory, CBT, and experiential process, (3) Alone time (i.e., solo trip), (4) communication skills training (5) Native American reference (i.e., rites of passage) and (6) continuum of care (p. 211). This process effects positive change among adolescents with behavioral problems (Russell & Phillips-Miller, 2002).

What is different in wilderness therapy compared to other treatment approaches is the use of the wilderness therapy milieu. Russell & Farnum (2004) created a conceptual framework of the wilderness therapy treatment milieu based on three therapeutic factors. Russell & Farnum (2004) specify:

> "The first factor, *Wilderness,* refers to elements of the natural world that create student change. The second factor, which is termed *Physical Self*, consists of

> activities or processes within the wilderness that facilitates learning and personal growth. The third factor of the milieu is the *Social Self*, and refers to variables associated with social interaction" (p. 41).

These factors are all interrelated and develop over the course of a participant's experience in an OBH treatment program. From the beginning of treatment, this approach is carried out by the treatment team at OBH treatment programs. Unlike community mental health centers, where clinicians generally work alone, clinicians that work at OBH treatment programs work together utilizing a treatment team approach (Russell, 2003a). In general, the field level staff is responsible for the 24 hour care of the group. These staff members are typically trained in outdoor leadership and group facilitation skills with an expertise in guided mountaineering. The field level staff works closely with the therapeutic staff, which is responsible for providing clinical care to participants.

Therapeutic staff members are all master level clinicians and generally enter the field with a personal interest in the outdoors; yet have little or no formal training on the wilderness therapy model until they come into the field (Russell & Farnum, 2004). The role of the wilderness therapist is to develop and implement a client's individual treatment plan. Depending on the treatment model of the OBH treatment program, a therapist may make daily or weekly contact with their client. They may also be responsible for providing group sessions and maintaining contact with the client's family (Russell & Harper, 2006).

Some Outdoor Behavioral Healthcare (OBH) treatment programs are structured that the field staff and therapeutic staff remain on course with the participants for the entire length of the expedition trip. At the same time it varies among OBH treatment programming. Some wilderness therapists may only be on course for a few nights in order to provide weekly group and individual therapy while also providing support for the field staff (Russell, 2001).

The overall therapeutic process that occurs in the wilderness operates under "natural consequences" (Russell, et. al, 2000). Utilizing "natural consequences" changes the dynamic between clinical staff and clients. Russell & Phillips-Miller (2002) found that clients referenced their relationship with clinical staff as one of the main factors that helped effect positive change in their life. Thus, it is likely that a therapist taking an authoritarian stance verses using natural consequences would impair the positive outcomes of this treatment approach. Hence, clinicians working in these settings are challenged to maintain a therapeutic alliance with their clients while also keeping the group members safe. As the popularity and use of wilderness therapy increases, program directors will need to shift their attention towards job satisfaction and burn-out among wilderness therapists.

Despite the increase in research studies on OBH treatment programs, there still seems to be confusion about what OBH treatment is and isn't. Baldwin, Persing, & Magnuson (2004) found in their evaluation of wilderness research that studies have focused more on outcomes without specifying the process of these programs. Russell's (2006) review of literature suggests that "studies on wilderness therapy process and outcomes contain limited descriptions of program theory, making it difficult to compare

theory and replicate findings" (p.52) Both Baldwin et al (2004) and Russell (2006) believe that future research should use a "program theory evaluation" where theory of the program and treatment model are specified in the research in order to further our understanding of how these programs work in addition to their effectiveness.

Outdoor Behavioral Healthcare

There has been increased negative attention on wilderness programming in the media, both positive and negative. In October, 2007 National Public Radio (NPR) reported how state governments have found thousands of allegations of abuse or neglect at wilderness programs for troubled teens across the nation. The broadcast also reported that 10 teens died while enrolled in a wilderness program. At the same time, licensing of adventure activities and wilderness programs have helped to diminish the public's perception that these programs are unsafe or have no therapeutic intention (Woollven, Allsion, & Higgins, 2007). Russell's (2003b) nation-wide survey of OBH programs for adolescents found that 80% of all OBH treatment programs surveyed held a license by the state. This suggests that OBH programs are being recognized as providing quality therapeutic interventions with positive outcomes.

Parents and referring agents are also drawn to the proven efficacy of wilderness therapy programs for treatment of adolescent behavioral and emotional problems (Russell, 2003; Russell & Phillips-Miller, 2002; Clark et. al., 2004; Russell, 2005). Banderoff & Scherer (1994) have reported positive outcomes at discharge from various OBH treatment programs. Participants of wilderness therapy programs reported an increased internalized locus of control and enhanced self-concept after completion of an OBH program (Hans, 2000). The results from a study done 12 and 24 months post

discharge suggested that 80% of parents and 95% of youths who participated in OBH programming perceived the treatment as effective (Russell, 2003; Russell, 2005). Other studies have looked at the effectiveness of wilderness programs for the treatment of antisocial and delinquent behavior in youth.

A meta-analysis of 28 different studies, all of which involved wilderness challenge programs, suggested that these programs are effective for reducing antisocial and delinquent behavior in youth (Wilson & Lipsey, 2000). Clark, Marmol, Cooley, & Gathercoal (2004) concluded in their study that OBH treatment can be an effective approach to reducing behavioral and emotional symptoms of adolescents with psychosocial pathology similar to inpatient populations.

Across the literature, wilderness programming is seen to be effective for the treatment of youth with emotional and behavioral problems (Wilson & Lipsey, 2000; Cason & Gillis, 1994; Russell, 2003; Russell, 2005; Clark, et. al., 2004). Over a three year period, 93% of all OBH clients completed their treatment (Russell & Harper, 2006). This rate is extremely high compared to other treatment modalities for youth. In Wilson & Lipsey's (2000) meta-analysis, they looked at 28 different research studies, all of which involved wilderness challenge programs and reduction or prevention of antisocial behavior or delinquency in youth. The study defines wilderness challenge programs as having youth participate in physically challenging activities in the outdoors that is grounded in experiential education. Of the programs evaluated in these studies, not all utilized therapy in the treatment of youth. These programs relied solely on the challenge and group interaction as therapeutic. Programs that combined intense physical activity and individual/group therapy with a licensed mental health provider were seen to have

the greatest reductions in delinquent behavior compared to programs that did not utilize this approach (Wilson & Lipsey, 2000). Ultimately the role of the wilderness therapist presents to be an important element in the treatment of youth.

Cason & Gillis's (1994) meta-analysis of outdoor adventure programming demonstrated that "adolescents who participate in adventure programming are 62% better off than those who do not" (p.40). Holman & McAvoy (2005) found that 51% of wilderness therapy participants noted higher levels of motivation and increased self-confidence in their abilities, when they completed the expeditions. Their results also showed that 41% of participants were able to transfer outcomes from their wilderness experience to their work and 24% to their family lives.

A quasi-experimental design was used to assess the effects of participation in a wilderness expedition program on juvenile offenders. The results indicated that for those participants who completed the program showed a one year reduction in delinquent behavior (Castellano & Soderstrom, 1992). At the same time, a two year follow-up showed no reduction effect, suggesting that after-care services may be needed 12-24 months post treatment. Greenwood & Turner (1987) reported in their evaluation of the *Vision Quest Program,* wilderness programs are gaining notoriety for the ability to rehabilitate children that come into the juvenile justice system with significant criminal behavior.

The literature suggests that wilderness programming can be an effective treatment model for various populations and needs of services. At the same time, current research has lacked control groups. In follow-up studies it seemed that the number of participants decreased, suggesting that only adolescents who are doing well are participating in the

follow-up studies (Russell, 2005; Russell, 2003). Although there are 38 accredited OBH treatment programs in the United States (Russell, Hendee, & Phillips-Miller, 2000), the majority of research collected has come from only four to eight of the top leading OBH programs – clearly excluding the majority of the programs. Strengths to the research reviewed include the efficacy of assessment tools and longitudinal designs (Russell, 2005; Russell & Phillips-Miller, 2002; Russell, 2003; Clark, Marmol, Cooley, & Gathercoal, 2004). Even so it is evident that there lacks research on organizational structure and job satisfaction among therapists employed at OBH treatment programs.

Job Satisfaction

In my review of literature I have found no research on job satisfaction, burnout, and staffing turnover at Outdoor Behavioral Healthcare (OBH) treatment programs. Studying job satisfaction benefits OBH treatment programs, as it does other human service agencies, for it provides program directors with information on how their employees perceive their job. More importantly the studies indicate that lower job satisfaction is associated with lower productivity and poorer job performance (Iaffaldano & Muchinsky, 1985; Wiggins & Moody, 1983) as well as burnout and turnover in the human service field (Jayarante & Chess, 1984). Job satisfaction is also strongly positively correlated to salary satisfaction, praise by supervisors, and promotional opportunity (Martin & Schinke, 1988). Ultimately, this research may help predict job turnover as well as help program directors understand what elements of the position that need improvement. The job satisfaction research is helpful in identifying the areas of OBH treatment programs that may or may not be predictors of job satisfaction for wilderness therapists.

Predictors of Job Satisfaction

Much of the current literature on job satisfaction looks at organizational and individual factors that contribute to job satisfaction of human service workers (Martin & Schinke, 1998; Ginbel, Lehrman, Strosberg, Ziac, Freedman, Savicki, Tackley, 2002; Aarons & Sawitzky, 2006). Ginbel et. al. (2002) found that organizational characteristics, such as supervision, organizational commitment, incentives, and job involvement do predict employee job satisfaction. Organizational factors have also found to have a greater influence in predicting job satisfaction than do personal characteristics of the employee (Arches, 1991). Nevertheless it is important for employees to feel as though they have some influence at the job.

Arches's (1991) research found that perceived lack of autonomy and bureaucratization influence job satisfaction among social workers working for the state of Massachusetts in 1988. These findings are similar to Knudsen, Johnson, & Roman (2003) that found job autonomy to have a direct effect on turnover intention. Establishing a positive work environment that encourages autonomy while providing support to the staff may predict lower job turnover at one year (Aarons & Sawitzky, 2006). Clinical supervision may also be a predictor of job satisfaction.

School social workers who were more satisfied with their clinical supervision were more satisfied at their jobs (Staudt, 1997). This seems consistent with Cole, Panchanadeswaran, & Daining's (2004) research that found perceived quality of supervision as well as perceived workload were predictors of job satisfaction. Likewise, caseload size was shown to be related to job satisfaction, burnout, and turnover among child welfare workers (Jayarante and Chess, 1984). In Barber's (1986) study, workers

with very heavy workloads and who were uninterested in the job were more dissatisfied with their job than any other combination of factors.

A study that surveyed family preservation workers demonstrated that flexibility of their work schedule predicted to the degree at which they were satisfied at their job (Tracy, Bean, Gwatkin, & Hill, 1992). Whereas, higher numbers of role and work changes resulted in lower job satisfaction (Staudt, 1997). The current literature on wilderness therapy lacks information on caseload size and clinical supervision; yet has demonstrated that the role of the wilderness therapist is dynamic and at times requires the wilderness therapist to step outside his or her clinical role and take on other responsibilities (Russell & Farnum, 2004). This is likely to impact the way various wilderness therapists perceive job satisfaction at their current position.

Another factor related to job satisfaction is length of time employees have held at their current position. Barber (1986) found that, "employees who had been in their current position less than two years or more than nine years appeared to be more satisfied with their job than employees who held their current job 2 to 9 years" (pp.30-31). The physical demands and schedule of a wilderness therapist may impact the longevity of the profession therefore years of employment may or may not be a predictor of job satisfaction.

Lastly is the area of client population. The studies on vicarious trauma and burn-out among human service workers seem to provide evidence that client population does influence the way a worker is impacted by their job. Dane (2000) summarizes the signs and symptoms of vicarious trauma in her review of literature as decreased sense of energy; no time for one's self; increased disconnection with loved ones; social

withdrawal; increased or decreased sensitivity to violence, threat, or fear (p.29). Other studies have looked at how the client's mental health needs impact job satisfaction.

The relationship between the degree of involvement with clients with severe mental illness and a social workers' job satisfaction was studied among 128 social workers (Acker, 1999). Acker (1999) found greater involvement was related significantly to higher levels of emotional exhaustion as well as lower levels of job satisfaction. These findings are similar to other studies that found social workers working in private agencies report higher levels of job satisfaction than public agency workers who serve the poor or severely mentally ill client populations (Carpenter & Platt, 1997). Similarly other studies found that social workers would prefer to work in the private sector and that their desired client involvement was with less disadvantaged client populations (Koeske, Lichetnwalter, Koeske, 2005).

Also linked to job satisfaction is level of job stress. The lower the levels of job stress, the higher the job satisfaction scores were among academic health center and community hospital social workers (Gellis, 2001). OBH treatment programs serve a wide range of clients. Looking at factors related to client population is important when looking at levels of job satisfaction.

The Role of the Wilderness Therapist

Educational training and field experience has provided wilderness therapists with the understanding that a nurturing approach helps clients establish a therapeutic alliance with their therapists (Russell & Phillips-Miller, 2002). As in most clinical research to date the therapeutic alliance is cited as the most important process variable related to outcomes for clients. Wilderness therapy research has found similar results as well.

One study compared how male and female challenge course instructors are perceived by participants by pairing up leaders in coed teams and same gender teams. It was found that when the females worked in a coed team participants were more likely to look towards the male instructor for technical support and more likely to describe the female instructor as "supportive" and "understanding" (Clemmensen, 2002). Although these results apply more to the challenge course experience they certainly suggest that traditional gender roles are not excluded from wilderness programming. In fact it seems that female wilderness therapists may also face this same challenge when hiking with their clients and working with other male field level staff and therapists -- ultimately impacting job satisfaction and burnout rates among female wilderness therapists. Along with that, Medina (2001) found that males in the outdoor programming earn $5,000 more annually than their female counterparts.

Medina (2001) looked at types of positions, job responsibilities, and training backgrounds of outdoor/adventure leaders. In a sample of 203 participants only 7 identified as a therapist and 3 identified as a social worker. Director/coordinator and field instructor had the highest number of total subjects. The sample was taken at an Adventure Experiential Education (AEE) weekend conference, which focus tends to target more experiential educators than wilderness therapists and may account for the low number of therapists and social workers represented in this sample. Therapists surveyed in this study reported earning a mean salary range of $24,286-$34,286 whereas social workers reported a higher mean salary range of $33,333-$43,333 (Medina, 2001).

Russell & Phillips-Miller (2002) examined how the wilderness therapy process effects change among adolescents with behavioral problems. This study used a multisite

case study approach and qualitative data collection methods in order to understand the experience of 12 clients at four different wilderness therapy programs. Their research focused on the adolescents' perception of the wilderness process and how this process worked to help these adolescents. The respondents all noted that the relationship they had with their wilderness therapist helped them change in "some way" (p. 422). This finding suggests the importance of the therapeutic alliance as it is related to positive outcomes for clients. The results of this study provide wilderness therapists with the understanding that an ego supportive and nurturing approach has helped clients establish a therapeutic alliance with their therapist. Buffum & Konick (1982) maintain that patient progress is a determinant of job turnover and overall job satisfaction. Ultimately the job satisfaction of a wilderness therapist and the progress of adolescents receiving OBH treatment is complex and it warrants further research.

In sum, research on wilderness therapy and OBH treatment have reported the proven efficacy of this treatment as well as described how this approach is implemented to address adolescents' mental health needs; yet, there is no current research on job satisfaction of wilderness therapists employed at OBH treatment programs. Existing research has identified organizational and individuals factors that relate to job satisfaction in the mental health field. The literature on job satisfaction suggests that flexible work schedules, time-off, caseload, and supervision are all correlated to job satisfaction. These factors that impact job satisfaction will guide my selection of measures for this research.

CHAPTER III

METHODOLOGY

The purpose of this study was to expand our knowledge on job satisfaction among wilderness therapists employed at Outdoor Behavioral Healthcare (OBH) treatment programs. By recognizing the relationship between job satisfaction and program traits at OBH treatment programs, program directors will be better equipped to anticipate the OBH treatment models that provide greater job satisfaction for wilderness therapists. This study is designed to answer the research question "*what is the relationship between job satisfaction and program traits for wilderness therapists employed at outdoor behavioral healthcare treatment programs*?"

There are two hypotheses from this research question examined in this study. The first hypothesis is: Wilderness therapists who work at base camp or in both base camp and expedition type wilderness therapy programs have higher levels of Job Satisfaction on the Job Satisfaction Scale (JSS) because their work days are more flexible. The second hypothesis is: Wilderness therapists who work in expedition type wilderness therapy programs have lower levels of Job Satisfaction on the Job Satisfaction Scale (JSS) compared to wilderness therapists who work at base camp or both type of wilderness programs because they have less time for self-care and work under more rigorous conditions.

At this time there is no published research on this topic. Because OBH treatment programs are just beginning to be seen as an effective alternative for the treatment of youth's mental health needs, locating wilderness therapists was a task greater than anticipated. That said data was collected utilizing a snowball sample methods to survey

wilderness therapists employed at OBH treatment programs. Rubin & Babbie (2007) note that "snowball sampling is appropriate when the members of a special population are difficult to locate" (p. 168). The survey was administered using Survey Monkey, an online survey tool that allowed me to collect surveys anonymously and online. A quantitative mixed methods approach was applied in this research design so the results from participants could be quantified and analyzed across variances.

Participants were asked questions pertaining to program traits and job satisfaction. Basic demographic information, experience in the field, and education was collected as well. For questions pertaining to job satisfaction I used the Job Satisfaction Scale (JSS) created by Paul Spector. Many social service agencies have studied job satisfaction among their employees using the Job Satisfaction Scale (JSS) (Spector, 1985).The JSS has been found to be a reliable and valid measure for job satisfaction research (Koeske, Kirk, Koeske, & Rauktis, 1994). The scale was developed after an analysis of the literature on job satisfaction (Spector, 1985). Paul Spector originally created the scale in 1980. Since its development of the JSS, over 600 human service settings have been studied using this measurement (Koeske, Kirk, Koeske, & Rauktis, 1994). Koeske, et. al. (1994) has found the JSS to:

> "offer a short and direct assessment of job satisfaction in the human services that can be used for capturing the relationship with other aspects of the work setting" p. 35.

The JSS seemed to be an appropriate measurement as I compare the relationship between job satisfaction and program traits at OBH treatment programs for wilderness

therapists. At the same time, it lacks detailed questions on the bureaucratization of the agency system that many studies on job satisfaction in the social work field focus on. This seems inconsequential for this study as many OBH treatment programs are privately funded with small staff size. In turn, wilderness therapists may report greater job satisfaction for this reason.

Spector (1994) describes the Job Satisfaction Survey as:

> "a nine facet scale to assess employee attitudes about the job and aspects of the job. Each facet is assessed with four items, and a total score is computed from all items. A summated rating scale format is used, with six choices per item ranging from "strongly disagree" to "strongly agree". Items are written in both directions, so about half must be reverse scored. The nine facets are Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards (performance based rewards), Operating Procedures (required rules and procedures), Coworkers, Nature of Work, and Communication".

Sample

Inclusion criteria for this study required that all participants were employed as a wilderness therapist at a OBH treatment program and had to meet the following inclusion criteria: a) participants received a master's degree and training in group/individual therapy; b) participants' job responsibility is to provide individual and/or group therapy to the youth enrolled in their agency's program; c) participant is a licensed clinician or is supervised by a licensed clinician; d) participant has been employed at their current job for more than 6 months.

Exclusion criteria included: a) people whose employment at an OBH treatment program was less than six months; b) people without a master's degree and training in group/individual therapy; c) people who do not provide individual and/or group therapy at an OBH treatment program; d) people who were not licensed clinicians or received clinical supervision from a licensed clinician; e) people who are employed at OBH treatment programs but not as clinical staff.

No person was excluded from this study based on race, gender, and/or age; however, those individuals that did not meet each of the above criteria were excluded from this study. I recruited the sample of participants from the Adventure Experiential Education contact list, agencies that were affiliated with the Outdoor Behavioral Industry Council (OBHIC), "Google" search, the adventure therapy list serve sponsored by the University of Georgia, The National Association of Therapeutic Schools and Programs (NATSAP), The Outdoor Behavioral Healthcare Research Cooperative (OBHRC), and the Smith College, School for Social Work student body. All recipients of my survey were asked to forward the email and link to other wilderness therapists employed at OBH treatment programs.

Ethics and Safeguards

Participation in this study was strictly voluntary. Participants first received an email from me with the link to my survey. They were then asked to respond to the questions related to job satisfaction and program traits of the agency they are currently employed at. Each participant was informed that the survey would take 5-10 minutes to complete as well as read my informed consent that can be found in Appendix B. Once the participant agreed to participate they could access the survey by clicking on the link

provided that routed them to the survey. First the participant was asked if they met the criteria to participate and agreed to the informed consent. Next, they were asked questions pertaining to basic demographic data such as race, gender, and age followed by questions on education and years of experience in field. Participants were then asked to complete the Job Satisfaction Scale (JSS). And finally, were asked to respond to questions pertaining to program traits related to their position as a wilderness therapist.

Although this survey was anonymous there were potential risks for participating in this study. Most likely, a participant who is dissatisfied or even satisfied at their job may have felt slightly uneasy completing a job satisfaction survey while sitting in their office. If that was the case, they had the option of quitting the survey. Those that did agree to participate were informed that the risk of participation was that those feelings may come to fruition. For this reason I included the "Help Starts Here" organization's website that could help a participant find a social worker in their area if professional help was needed.

As noted in the previous sections, little research exists on job satisfaction among wilderness therapists. This study hoped to provide directors and participants with a new understanding and knowledge as to what program traits are related to job satisfaction. Each participant may potentially have increased their self-awareness after completing the Job Satisfaction Scale (JSS; Spector, 1985) and have had the opportunity to reflect on their personal work experience and expand their knowledge of wilderness program models. In the end, participation in this study allowed each participant to contribute to the research of wilderness therapy.

This researcher requested that the signed informed consent be waived by the HSR committee in order to ensure anonymity. With the help of Survey Monkey, anonymity of the participants could be protected. Although Survey Monkey helps to collect the data anonymously further measures were taken in order to protect the anonymity of the participants. In turn, only basic demographic information such as age, gender, and race/ethnicity were collected. Participants were not asked where they are employed; however, they were asked the range of years employed as a wilderness therapist at their current employer. In addition, information was collected that includes ascertaining whether the participant's credentials are consistent with desired study criteria.

Data Collection

Participants for this study were recruited using a snowball sample. First, I sent an email to classmates and colleagues informing them of my study as well as asking them to forward the link to my online survey to any person they knew who was eligible to participate. An additional email was sent to the Outdoor Behavioral Healthcare Industry Council (OBHIC), a group committed to OBH research that has recently created an accreditation council for OBH treatment programs. Also included in this email was a request to forward the link to my survey to applicable persons. A third email was sent to individuals in the field that I obtained through "Google" searches as well as from friends and contacts I have made over the years. Lastly, I signed up to be a member of the Association of Experiential Education (AEE). Many clinicians access this website to search for upcoming trainings as well as order adventure therapy curriculums. As a member of AEE, I had access to names and email addresses of contacts in the field. I was able to obtain an additional 25 emails from their database.

From this process I received emails from wilderness therapists in the field with suggestions on where to find more contacts. One respondent suggested I join the adventure therapy list-serve sponsored by the University of Georgia and another sent me the link to The National Association of Therapeutic Schools and Programs (NATSAP). This allowed me to increase my sample size as well as obtain participants with a wide variety of backgrounds. I began my data collection at the end of November, 2007 after receiving permission from Smith College's Human Subject's Review Committee and completed data collection the first week of February, 2008. During this time I continued to send out duplicate emails, requesting that wilderness therapists complete the online survey until I received my needed 50 completed surveys.

Data Analysis

Once I met the deadline for all surveys to be completed, I stopped data collection and downloaded all of the responses using Survey Monkey. Fortunately this online tool organized all of the data into a spreadsheet document automatically. That document was sent to the statistical consultant for Smith College, School for Social Work for analysis, via email along with a codebook of each of my categories and variables outlined in my study.

The statistical consultant was able to create an overall job satisfaction score using the JSS scale by reverse scoring the negatively worded items, and then summing across all 18 variables. As a result of the reverse scoring, a higher score on the scale indicates higher job satisfaction. Then, she ran Cronbachs alpha to measure the internal reliability of the 18 JSS questions. Cronbachs alpha is a test that measures how well a group of

questions "stick together" and thus can be combined into a scale. For this sample the JSS scale had an alpha of .84, indicating strong internal reliability.

Since the internal reliability was strong, she combined the 18 questions into a scale and scored this by summing across all the 18 questions. Participants who did not answer all 18 questions were not included. Out of the 67 participants who began the survey only 49 participants were used in the analysis. Correlations were used to compare the groups within this study. To determine if there was a relationship between Job Satisfaction and caseload and years in position, Pearson correlations were run. To determine if there was a difference in JSS by type of program (expedition versus base camp) a t-test was run. Participants who answered "both", meaning they worked as both expedition and base camp staff (code=3) were eliminated. Lastly, to determine if there was a difference in JSS by type of expedition (contained versus continuous) a t-test was run.

Included in the survey was one open-ended question that asked participants who worked in expedition type programs to describe their typical schedule in and out of the field. Responses from this question were analyzed for common themes in order to conclude what the schedules of some wilderness therapists are. Each category was assigned a code in the analysis. Once completed, the categories were compared with one another and integrated into common themes. This method of open-ending questioning can allow for greater meaning and understanding of how a wilderness therapist functions day to day while also explaining patterns within this field that may be different from other mental health professions.

CHAPTER IV

FINDINGS

The findings in this study found no significant correlation between a participants' job satisfaction score and the variables analyzed. Thus, the findings did not support my hypothesis that wilderness therapists who work in expedition type wilderness therapy programs have lower levels of Job Satisfaction on the Job Satisfaction Scale (JSS) compared to wilderness therapists who work at base camp or both types of wilderness therapy programs because they have less time for self-care and work under more rigorous conditions. At the same time, the findings from this study offer important information for the field of wilderness therapy and Outdoor Behavioral Healthcare (OBH) treatment research.

Out of the 67 participant who viewed or started the survey, only 49 participants completed the survey. Frequencies were calculated with both a sample, N=67 and N=49; however, correlations were analyzed with a sample, N=49. Participants with a Master's in Social Work made up the largest group at 34.3% (See Table 1).

It is interesting to note that, though the majority of respondents held a clinical license, 25.5% reported receiving 0 hours of clinical supervision per week and 34.5% reported receiving at least 1 hour of clinical supervision each. The findings revealed that with a sample, N=49, 23.6% of participants held their position as a wilderness for 10+ years. Those who held their position between 5 to 8 years made up less than 10% of the sample (See Table 6). Of the 49 respondents, 58.2% of them hold a clinical license in their given field of practice and 41.8% do not. Seven respondents reported that they

receive 3+ hours of clinical supervision each week. Only 1 respondent reported a clinical supervisor who did not hold a clinical license.

The sample population was fairly evenly split between gender with 49.1% identifying as male and 50.1% identifying as female. The sample (N=55) was not representative of all ethnicities or races with 89.9% of respondents identifying as White, non-Hispanic. Only 1 respondent identified as Black, non-Hispanic; 1 respondent identified as "other"; 1 respondent identified as Native American; and 3 respondents identified as White, Hispanic.

The majority of respondents were between the ages of 26-40. In turn, most participants reported working in expedition type wilderness programs (48%). Only 10% of respondents reported working strictly at base camp and 42% responded that they work in both types of programs. Of those reporting work in expedition type programming, 45.5% described their working conditions as a "contained" program and 54.5% described their working conditions as a "continuous flow" program.

When asked if caseload size is manageable, 92.2% reported "yes", whereas 7.8 reported "no". The majority of respondents reported treating 5-8 clients at a given time. Twenty-three percent (23.5%) reported having a caseload size between 1-4 clients; 21.6% reported having a caseload size between 9-12; and only 3 respondents carrying a caseload of 25+ clients.

When participants were asked questions pertaining to the demographics of their clients, the majority of respondents checked off all of the criteria noted. It was evident that the clientele in the OBH treatment programs surveyed in this study come from upper to middle class families and far less were reported as having a household income less

than $59,999. At the same time, 83.7% of the respondents reported that scholarships were available if need and only 16.3% reported that no scholarships were available for clients who were unable to afford the treatment; yet, only 34.7% offer a sliding fee scale to clients. Sixty-four percent (64.7%) of the respondents surveyed reported that their place of employment was not a non-profit organization whereas 35.3% reported working at a non-profit organization.

In regards to reason for referral, many of the problems noted were checked-off (See Tables 43 through 53); however, it appeared that difficulty in school, substance abuse problems, social skills, trauma-related experiences, family problems, behavioral problems, and Axis I diagnoses were more heavily noted. Fewer respondents checked off adjudicated youth and Axis II diagnoses and only 9 respondents checked-off sexual offenders as a reason for OBH treatment.

Participants Job Satisfaction Scale (JSS) score were calculated with a higher score indicating higher job satisfaction. Spector (1994) notes on his website that, "scores range from 36 to 216, the ranges are 36 to 108 for dissatisfaction, 144 to 216 for satisfaction, and between 108 and 144 for ambivalent". Because only 18 out of the 36 questions were used the scores ranged from 18 to 108. Likewise a score that ranges from 18 to 54 would represent dissatisfaction, 54 to 72 for ambivalent, and 72 to 108 for satisfaction. The lowest score recorded in this data collection was 53, with the highest score being 108.

Once frequencies were run, correlations were used to compare groups. A Pearson Correlation was used to determine if there was a relationship between the Job Satisfaction Scale (JSS) score and years in current position. There was no significant correlation between the variables ($r=.104$, $p=.476$, two-tailed). The same correlation was used to

determine the relationship between JSS and average caseload. There was no significant correlation between the variables (r=.211, p=.155, two-tailed).

To determine if there was difference in JSS between those in expedition versus those in base camp programs, a t-test was utilized to compare results between both groups. No significant difference was found, though. Sample size of base camp group was only 3. Lastly, I wanted to find out if there was difference in JSS between those in continuous vs. contained programs in which a t-test was also applied. Likewise, no significant difference found.

There were four major themes found when participants were asked to describe their typical work schedule in and out of the field. Although 49 participants completed the survey only 42 chose to respond to this question. Ten participants noted that they visit clients and field staff in the field a few days a week; however do not stay overnight. One participant described their schedule as the following:

> " I work two days in the field (with no overnights) with the students and staff, a third day at home with parents on family calls, and then I'm in phone contact with the staff as needed to support them in implementing treatment plan goals for each student and the group as a whole".

Eight participants described their work schedule as 3-5 days on with 2-4 days off whereas 7 other participants described their work schedule as 20-21 days on with 10-30 days off. Six participants explained that their schedule varied and involved providing individual/family treatment on base camp, facilitating experiential groups on a ropes course, and bringing groups on wilderness experience anywhere from 5-14 days in length. A participant described the following work schedule:

> "Our program is primarily outpatient and we offer adjunctive wilderness therapy sporadically (about 100 days per year) in the form of 1-10 day programs. Additionally, we offer various forms of experiential therapy to all of our clients continuously in groups, family and individual sessions, throughout their entire stay…"

For the most part, wilderness therapists have a schedule that varies week to week and month to month. Eleven participants described various lengths of expedition type programs or identified themselves as base camp staff, with a more typical work week schedule. Responses from this question appear to show the various types of Outdoor Behavioral Healthcare (OBH) treatment programs offered. One response from a participant noted the range of treatment programming at their own agency.

> "Actually, we do both contained and continuous. My schedule is not typical, since I do the clinical supervision. Typically, for a contained program, I would be out for one to three weeks, in briefly, then go out again to check on other groups. We are a seasonal program, connected to school schedules, so this goes on for four months at a time".

CHAPTER V

DISCUSSION

The present study examined the relationship between job satisfaction and program traits among wilderness therapists employed at Outdoor Behavioral Healthcare (OBH) treatment programs. This chapter discusses each finding in relation to the previous literature on job satisfaction and OBH treatment programs. In addition, strengths and limitations of this study are discussed. Also indicated are implications for future research and social work practice.

The results of this study revealed no significant relationship between program traits and job satisfaction among wilderness therapists employed at OBH treatment programs. Although there is no published literature that has studied job satisfaction among wilderness therapists, the topic of job satisfaction has been researched for a number of years with significant insight to relationships between individual/organizational traits and job satisfaction (Martin & Schinke, 1998; Ginbel, Lehrman, Strosberg, Ziac, Freedman, Savicki, Tackley, 2002; Aarons & Sawitzky, 2006). Hence, these results seem inconsistent with previous literature done with mental health workers and job satisfaction. At the same time, the analysis is limited and raises questions regarding the clientele served at OBH treatment programs as well as the lack of variance among the wilderness therapists sampled.

The results found no significant difference in JSS between those in expedition versus those in base camp programs. There was also no significant difference in JSS between those in continuous vs. contained programs. This was surprising to me

considering flexibility of work schedule was found to be a predictor of job satisfaction among mental health workers (Tracy, Bean, Gwatkin, & Hill, 1992). In addition, Staudt (1997) found that the more roles a mental health worker takes on may result in lower job satisfaction. During expedition programs a wilderness therapist may take on the role as therapist, outdoor guide, disciplinary, and a supervisor (Russell, 2001). The results from previous research have found that social workers who report greater involvement with their clients report significantly to higher levels of emotional exhaustion as well as lower levels of job satisfaction (Acker, 1999). Ultimately wilderness therapists who work in expedition type programs may be at risk of experiencing emotional exhaustion. Although emotional exhaustion was not indicated in the survey, wilderness therapists overall job satisfaction was high. Future research may look at this as a predictor.

Acker's (1999) research suggested the importance of social supports at work settings to cope with stressful work situations. Future studies among wilderness therapists may look at group cohesiveness and social support systems at Outdoor Behavioral Healthcare (OBH) treatment programs. Although wilderness therapists work schedules call for 24 hour coverage for several days or weeks straight, it may be that the social support systems of OBH treatment programs are strong and are protective factors against emotional exhaustion and lower levels of job satisfaction.

The descriptions of work schedules by participants described a varied work schedule with different roles and assignments required for the job. Likewise, many participants noted that their work schedule changes frequently. For some, this may be a "perk" of having this type of position. In future studies on this topic, an additional

question to assess whether or not the wilderness therapist is able create their own schedule is needed to determine if there is or isn't flexibility in their work schedules.

When asked if caseload size is manageable, 92.2% reported "yes", whereas 7.8% reported "no". The findings found no correlation between caseload size and JSS. Again, this is inconsistent with Cole, Panchanadeswaran, & Daining's (2004) research that found perceived workload were predictors of job satisfaction. Likewise, caseload size was shown to be related to job satisfaction, burnout, and turnover among child welfare workers (Jayarante and Chess, 1984).

In Barber's (1986) study, workers with very heavy workloads and who were uninterested in their job were more dissatisfied with their job than any other combination of factors. My assumption is that wilderness therapists have a strong interest in their job given the uniqueness of the position as well as the lack of available job opportunities in this field. At the same time, it should be noted that only 6 of the 51 participants who responded to this question carried a caseload of more than 12 clients and only 3 participants carried a caseload of 25 or more. The reviewed literature on job satisfaction noted in this study, did not report actual caseload sizes. Given the results from this study, caseload sizes seem small compared to child welfare workers or clinicians in mental health agencies. With a larger sample of wilderness therapists, research may be better apt to predict a correlation between caseload size and JSS.

In the same way, a larger sample size may have better predicted the relationship between length of years employed in current position and job satisfaction. Barber (1986) found a correlation between these two variables, whereas this research found no significance correlation between years employed in current position and job satisfaction.

The homogeneous sample of wilderness therapists limits the generalizability of the study's findings. In fact, the lack of variance in the sample population may be why there was no significance found in any of the correlations run. The sample represented in this research reported working with adolescents for the following reasons: difficulty in school, substance abuse problems, social skills, trauma-related experiences, family problems, behavioral problems, and Axis I diagnoses. Fewer respondents noted working with adjudicated youth and Axis II diagnoses. And, only 9 respondents checked-off sexual offenders as a reason for OBH treatment.

Prior research has found that social workers working in private agencies report higher levels of job satisfaction than public agency workers who serve the poor or severely mentally ill client populations (Carpenter & Platt, 1997). Sixty-four percent (64.7%) of the respondents surveyed reported that their place of employment was not a non-profit organization whereas 35.3% reported working at a non-profit organization. Similarly other studies found that social workers would prefer to work in the private sector and that their desired client involvement was with less disadvantaged client populations (Koeske, Lichetnwalter, Koeske, 2005). In addition the majority of respondents reported that their clients came from upper to middle class families. Only ten respondents reported seeing clients with a household income less than $59,999. Ultimately, the sample represented in this study worked with less disadvantaged client populations compared to social work opportunities that serve the poor or mentally disabled that report lower levels of job satisfaction.

The sample alone did not represent diverse backgrounds and was made up of mostly white male and female wilderness therapists. The lack of variance in the results

may be due to the homogenous sample (Rubin & Babbie, 2006). It is important to highlight again that this study will only depict the job satisfaction scores of the wilderness therapists surveyed in this study and is not a representation of wilderness therapists everywhere. The biggest limitations to this study were small sample and homogenous sample.

In this small scale study, job satisfaction does not appear to be effected by the variables of case load, program type, number of years in the job, or the type of expedition. I found this interesting, since I would have thought that at least one of these areas would in some way influence job satisfaction. So, that leads me to conclude that the lack of variance in the sample population greatly impacted the results of this research. With only 49 participants, the size may have made it difficult to detect the effect; whereas, current literature on job satisfaction has reported sample sizes of 200-500 plus participants. Even so, it may be that job satisfaction is actually quite stable for folks in wilderness jobs, and that the factors examined simply do not effect job satisfaction. This leads me to wonder what other factors/variables might influence job satisfaction, or if there is another aspect of wilderness programs that might be studied.

It may be that wilderness therapists who work in expedition type OBH treatment programs are more satisfied at their job than those wilderness therapists who work at base camp or in both types of programs because of the relationships they build with their clients or the enjoyment of being in the outdoors verses confined to an office. In addition they may use the time between courses to decompress and take care of their own personal needs. It is my bias though that this is not the case.

As a long-distance runner, nothing rejuvenates more at the end of an eight hour work day than going for a run followed by dinner with family and friends. In many ways, my evenings for myself help prepare me for the next day and help me to be more attentive to the needs of my clients on a daily basis. I cannot imagine living and being with my clients for 24 hours a day; yet at the same time, I am drawn to the proven efficacy and theory of wilderness therapy as a treatment modality. It is both my bias and curiosity that draws me to this field of research and also should be strongly noted as I have presented the findings from this study. Nonetheless, I am interested in how wilderness therapist practice self-care on expedition courses and future research may want to look at this as well.

Although this study was unable to determine precisely if there was a relationship to job satisfaction and the variables analyzed, there are important implications for the field of social work and the practice of wilderness therapy gathered from this study. This study presented the need for further research in this field. For instance, future studies should include a greater range of clients' socioeconomic levels, and larger study samples. Further, it may be that wilderness therapy work brings higher job satisfaction in general compared with other types of youth clinical work. A study comparing job satisfaction between wilderness therapy and other youth therapy approaches would add to the literature about youth treatment job satisfaction. My hope is that this study will provoke interest for current social work students and/or professionals in the field. Although wilderness therapy has been practiced for many years, research in this field is lagging. With any luck, this study will introduce social workers to this unique treatment modality. The evidence suggests that you do not have to be a backpacker or mountain climber to

engage in this work and even clinicians who prefer being in an office can find a position in an Outdoor Behavioral Healthcare treatment program.

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Appendix A

Human Subject Committee Approval Letter

November 25, 2007

Lisa Winn
22 Harvest Hill Road
West Simsbury, CT 06092

Dear Lisa,

Your revised documents have been reviewed and they are fine. We are now happy to give final approval to this most interesting project.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your study. I hope you find lots of participants interested in joining you as the findings should be most useful.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee
CC: Elaine Kersten, Research Advisor

Appendix B

Informed Consent

Dear Wilderness Therapist:

My name is Lisa Winn, I am graduate student at Smith College, School for Social Work, and will be conducting a research project to learn what the relationship is between job satisfaction and program traits for wilderness therapists employed at outdoor behavioral healthcare treatment programs. This project fulfills a graduation requirement for the Master's of Social Work degree at Smith College School for Social Work and will be used for future contribution and publication on wilderness therapy.

I am writing to invite you to participate in this project due to your experience as a wilderness therapist and credentials as a mental health provider. For this study you must be employed as a wilderness therapist at an Outdoor Behavioral Healthcare (OBH) treatment program. Russell (2001) defines OBH treatment programs as having:

> "An eclectic therapeutic model based on a family systems perspective with a cognitive behavioral treatment emphasis. This approach integrates the therapeutic factors of wilderness experience with a nurturing and intense therapeutic process, which helps clients access feelings and emotions suppressed by anger, drugs, alcohol, and depression" (p.74).

As a participant you will need to meet the following inclusion criteria: a) you will have received a master's degree and training in group/individual therapy; b) your job responsibility is to provide individual and/or group therapy to the youth enrolled in your agency's program; c) you are a licensed clinician or are supervised by a licensed clinician. If you are employed at OBH treatment programs but not as clinical staff you will be excluded from this study.

If you agree to participate as well as meet the above inclusion criteria, you will be asked to click "Continue" on the bottom of the page and respond to questions pertaining to job satisfaction and the program traits where you are currently employed as a wilderness therapist. Additional information on age, race, and experience will be collected as well. The approximate time to respond to the questions will vary across participants; however, you should anticipate spending approximately 20-30 minutes to complete the survey. You may begin this survey at any time; however, all surveys must be submitted by February 1, 2008.

Responding to questions pertaining to job satisfaction may create emotional discomfort and stress. If this should occur you may consider speaking to a mental health professional. By visiting the website, www.helpstartshere.org, it can refer you to a clinical social worker in your area, simply click on "Find a Social Worker" on the top right hand corner of the webpage and search by location.

There will be no compensation provided for participation in this study. By participating in this study, you may increase your self-awareness but will ultimately be contributing to the research in the field of wilderness therapy.

I seek to maintain the anonymity of all data associated with your participation in this study and will not be collecting personal or identifiable information. Federal regulations require that all data be saved for three years then destroyed. There will be no use of identifiable information in the publication of this research. Only myself, thesis advisor, and statistical consultant will have access to this data.

Participation is strictly voluntary; refusal to participate will involve no prejudice. If you agree to participate and then change your mind, you can exit from Survey Monkey without penalty. Also, you may choose to not answer any question. Please note that once you have submitted your completed survey, you cannot withdraw as there is no way to identify a particular submission. If you have any questions regarding my research please contact me via email at lwinn@email.smith.edu. Should you have any concerns about the rights or about any aspect of this study, you are encouraged to call The Smith College School for Social Work Human Subjects Review Committee at (413) 585.7974.

YOUR SUBMISSION OF THIS SURVEY INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION REGARDING YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Please print a copy for your records so you can contact me later or use the referral website.

PLEASE CLICK HERE TO CONTINUE…

Appendix C

Job Satisfaction & OBH Program Traits Survey

Section A:

The following questions pertain to education/credentials & supervision:

1.) **Education (Please check all that apply):**
   - **a.** Master's of Social Work
   - **b.** Master's of Counseling
   - **c.** Master's of Marriage and Family Therapy
   - **d.** PhD in Psychology
   - **e.** Other_____

2.) **How many years have you held your current position?**
   - **a.** 6 months – 1 year
   - **b.** 2 years
   - **c.** 3 years
   - **d.** 4 years
   - **e.** 5 years
   - **f.** 6 years
   - **g.** 7 years
   - **h.** 8 years
   - **i.** 9 years
   - **j.** 10+ years

3.) **Do you hold a clinical license in your given practice?**
   - **a.** Yes
   - **b.** No

If you answered "No" for #2 please answer questions 3&4. If you answered "Yes", please proceed to Section B.

4.) **How many hours per week of clinical supervision do you receive?**
   - **a.** 0
   - **b.** 1
   - **c.** 2
   - **d.** 3+

5.) **Does your clinical supervisor hold a clinical license in their given practice?**
   - **a.** Yes
   - **b.** No

Section B:

The following questions pertain to personal demographics:

1.) **Gender (please check one):**
   - **a.** Male
   - **b.** Female

2.) **Race/Ethnicity (please check one):**
   - **a.** Asian
   - **b.** Black, Hispanic
   - **c.** White, Hispanic
   - **d.** Black, non-Hispanic
   - **e.** White, non-Hispanic
   - **f.** Native American
   - **g.** Multiracial
   - **h.** Other_____

3.) **Age (Please check one):**
   - **a.** 25 and under
   - **b.** 26-30
   - **c.** 31-35
   - **d.** 36-40
   - **e.** 41-45
   - **f.** 46-50
   - **g.** 51-55
   - **h.** 56+

Section C:

The following questions pertain to job satisfaction:

This portion of the survey was produced by Paul E. Spector Dept. of Psychology from the University of Florida and has been used frequently to assess for job satisfaction among mental health providers. Copyright Paul E. Spector 1994, all rights reserved.

	PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.	Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
1	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2	There is really too little chance for promotion on my job.	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6
4	I am not satisfied with the benefits I receive.	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
6	Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6
7	I like the people I work with.	1	2	3	4	5	6
8	I sometimes feel my job is meaningless.	1	2	3	4	5	6
9	Communications seem good within this organization.	1	2	3	4	5	6
10	Raises are too few and far between.	1	2	3	4	5	6
11	Those who do well on the job stand a fair chance of being promoted.	1	2	3	4	5	6
12	My supervisor is unfair to me.	1	2	3	4	5	6
13	The benefits we receive are as good as most other organizations offer.	1	2	3	4	5	6
14	I do not feel that the work I do is appreciated.	1	2	3	4	5	6
15	My efforts to do a good job are seldom blocked by red tape.	1	2	3	4	5	6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1	2	3	4	5	6
17	I like doing the things I do at work.	1	2	3	4	5	6
18	The goals of this organization are not clear to me.	1	2	3	4	5	6

Section D:

The following questions pertain to program traits and treatment models of outdoor behavioral healthcare treatment programs:

1.) **As defined in the literature, there are two types of wilderness therapy programs: "expedition" and "base camp". Please choose one of the following types of wilderness therapy programs that best describes your current working environment:**
   - **a.** "Expedition" – Remain in the wilderness for the duration of the treatment process.
   - **b.** "Base camp" – Provide after-care and structured programs for clients who are currently not on-course.
   - **c.** "Both" – Engaged in both structured base camp programs and expedition trips.

If you answered "expedition" or "both" for question #1 please proceed to question #2. If you answered "base camp" you may proceed to Section E.

2.) **Expedition wilderness therapy programs are defined in the literature as being of two types: "contained programs" and "continuous flow programs". Please choose the following type of expedition wilderness therapy program that best describes your working conditions at your current employer.**
   - **a.** "Contained program" – Up to three weeks in length. During these programs clients and the treatment team stay together for the full duration of the trip.
   - **b.** "Continuous flow program" – Typically longer than contained programs and are up to eight weeks in length. These programs have a treatment team rotating in and out of the field.

3.) **When working an expedition program please describe your typical schedule in and out of the field?**

(Example: eight days on and six days off)

Section E:

The following questions pertain to caseload/funding:

1.) **On average, how many clients do you treat per caseload?**
   - **a.** 1-4
   - **b.** 5-8
   - **c.** 9-12
   - **d.** 13-16
   - **e.** 17-20
   - **f.** 21-24
   - **g.** 25+

2.) **Is your caseload manageable?**
   - **a.** Yes
   - **b.** No

3.) **What is an appropriate number of clients to have on your caseload given your job responsibilities?**
   - **a.** 1-4
   - **b.** 5-8
   - **c.** 9-12
   - **d.** 13-16
   - **e.** 17-20
   - **f.** 21-24
   - **g.** 25+

4.) **What is the socioeconomic status/estimated household income of the clients you serve? (Please check all that apply):**
   - **a.** $100,000+
   - **b.** $99,999 - $80,000
   - **c.** $79,999 - $60,000
   - **d.** $59,999 - $40,000
   - **e.** $39,999 - $20,000
   - **f.** <$19,999

5.) What are the reasons clients are referred to your agency? (Please check all that apply):

- **a.** Adjudicated
- **b.** Axis I diagnoses
- **c.** Axis II diagnoses
- **d.** Behavioral problems
- **e.** Difficulty in school
- **f.** Family problems
- **g.** Sexual offenders
- **h.** Social skills
- **i.** Substance abuse problems
- **j.** Trauma-related experience
- **k.** Other _____

6.) Are there scholarships available for clients who cannot afford treatment?

- **a.** Yes
- **b.** No

7.) Do you offer a sliding fee scale?

- **a.** Yes
- **b.** No

8.) How is your agency funded? (Please check all that apply):

- **a.** revenue/profits
- **b.** private donations
- **c.** fundraising
- **d.** government funds
- **e.** grants
- **f.** other _____

9.) Is your agency a non-profit organization?

- **a.** Yes
- **b.** No

Appendix D

Permission to use JSS

From: "Paul Spector (PSY)" <spector@shell.cas.usf.edu> Tuesday - September 4, 2007 7:55 AM
To: Lisa Winn <lwinn@email.smith.edu>
Subject: Re: Request to use JSS in MSW Thesis
Attachments: ajcp85-jss.pdf (570240 bytes)

Dear Lisa:
You have my permission to use the JSS in your thesis. You can find details on my website, and in the attached paper.
Best,

Paul E. Spector
Department of Psychology
University of South Florida
Tampa, FL 33620
(813) 974-0357 Voice
spector@shell.cas.usf.edu

On Fri, 31 Aug 2007, Lisa Winn wrote:

Hi Paul,
My name is Lisa Winn, I am a graduate student at Smith College School for Social Work in Northampton, MA and am interested in using your Job Satisfaction Scale for my research project.

I am currently in the beginning phases of my thesis. I am interested in pursuing a career in wilderness therapy and so have chosen to do my research project on this topic. I have narrowed my question down to "what is the relationship between job satisfaction and program structure for wilderness therapists at outdoor behavioral healthcare treatment programs?"

I find your scale to be clear and extremely applicable for my question -- though I will be adding questions to the survey regarding program structure in order to obtain the relationship between the two. I would be happy to share my results with you upon completion of the study. Right now, I am in the process of writing up my proposal and hope to collect the data in December/January. The surveys are going to be done using "Survey Monkey" and I am planning on getting a snowball sample. Please let me know if you have any questions or concerns. Thank you for your time.
Take care,
Lisa Winn/603.498.7055

Appendix E

Recruitment Email to Smith Social Work Students

Greetings my fellow classmates!

I hope this email finds you well and enjoying your field placement. I am writing to ask for your help with recruitment for my thesis. I am looking for wilderness therapists to complete an online survey on job satisfaction and outdoor behavioral healthcare program traits. If you could please forward the following email and link to friends and colleagues who may fit the participant requirements, described below, I would greatly appreciate it.

Thanks so much for your help! Good luck with field and thesis writing!

Happy social working,

Lisa

*****

Greetings!

My name is Lisa Winn, I am graduate student at Smith College, School for Social Work, and will be conducting a research project to learn what the relationship is between job satisfaction and program traits for wilderness therapists employed at an outdoor behavioral healthcare treatment programs. This project fulfills a graduation requirement for the Master's of Social Work degree at Smith College School for Social Work and will be used for future contribution and publication on wilderness therapy.

I am writing to invite you to participate in this project due to your experience as a wilderness therapist and credentials as a mental health provider. For this study you must be employed as a wilderness therapist at an Outdoor Behavioral Healthcare (OBH) treatment program.

As a participant you will need to meet the following inclusion criteria: a) you will have received a master's degree and training in group/individual therapy; b) your job responsibility is to provide individual and/or group therapy to the youth enrolled in your agency's program; c) you are a licensed clinician or are supervised by a licensed clinician. If you are employed at OBH treatment programs but not as clinical staff you will be excluded from this study.

If you agree to participate as well as meet the above inclusion criteria, please click on the link below to begin the survey. You may begin the survey at anytime; however, all surveys must be submitted by February 1, 2008. I encourage you to forward this email and link along to friends and colleagues in the field. Your help will assist me in reaching wilderness therapists from all across the nation with diverse backgrounds, employed at various OBH treatment programs utilizing different treatment model approaches.

If you have any questions regarding my research please contact me via email at lwinn@email.smith.edu.

Thanks again!

Lisa Winn

Appendix F

Recruitment Email to Members of the Outdoor Behavioral Healthcare Industry Council

Greetings!

My name is Lisa Winn, I am graduate student at Smith College, School for Social Work, and will be conducting a research project to learn what the relationship is between job satisfaction and program traits for wilderness therapists employed at an outdoor behavioral healthcare treatment programs. This project fulfills a graduation requirement for the Master's of Social Work degree at Smith College School for Social Work and will be used for future contribution and publication on wilderness therapy. I received your email from the Outdoor Behavioral Healthcare Industry Council's website.

I am writing to invite you to participate in this project due to your experience as a wilderness therapist and credentials as a mental health provider. For this study you must be employed as a wilderness therapist at an Outdoor Behavioral Healthcare (OBH) treatment program.

As a participant you will need to meet the following inclusion criteria: a) you will have received a master's degree and training in group/individual therapy; b) your job responsibility is to provide individual and/or group therapy to the youth enrolled in your agency's program; c) you are a licensed clinician or are supervised by a licensed clinician. If you are employed at OBH treatment programs but not as clinical staff you will be excluded from this study.

If you agree to participate as well as meet the above inclusion criteria, please click on the link below to begin the survey. You may begin the survey at anytime; however, all surveys must be submitted by February 1, 2008. I encourage you to forward this email and link along to friends and colleagues in the field. Your help will assist me in reaching wilderness therapists from all across the nation with diverse backgrounds, employed at various OBH treatment programs utilizing different treatment model approaches.

If you have any questions regarding my research please contact me via email at lwinn@email.smith.edu.

Thanks again!

Appendix G

Recruitment Email to Mike Gass

Hi Mike!

Thanks again for your help this summer and giving me access to your library on Adventure Therapy. I am writing to ask you for your help once again! As you know I am researching the relationship between job satisfaction and program traits for wilderness therapists employed at outdoor behavioral healthcare (OBH) treatment programs. I am currently in the recruitment phase of my research project and have been granted approval by the Human Subject's Review Committee at Smith College, School for Social Work. Since you are well-known in the field of adventure therapy I was hoping you could forward the information below to colleagues in the field.

Also, is there any chance that I may be able to post a link on the Adventure Experiential Education (AEE) website? I appreciate all of your help. If you have any questions or concerns, please let me know.
Take care,
Lisa

*****

Greetings! My name is Lisa Winn, I am graduate student at Smith College, School for Social Work, and will be conducting a research project to learn what the relationship is between job satisfaction and program traits for wilderness therapists employed at an outdoor behavioral healthcare treatment programs. This project fulfills a graduation requirement for the Master's of Social Work degree at Smith College School for Social Work and will be used for future contribution and publication on wilderness therapy.

I am writing to invite you to participate in this project due to your experience as a wilderness therapist and credentials as a mental health provider. For this study you must be employed as a wilderness therapist at an Outdoor Behavioral Healthcare (OBH) treatment program.

As a participant you will need to meet the following inclusion criteria: a) you will have received a master's degree and training in group/individual therapy; b) your job responsibility is to provide individual and/or group therapy to the youth enrolled in your agency's program; c) you are a licensed clinician or are supervised by a licensed clinician. If you are employed at OBH treatment programs but not as clinical staff you will be excluded from this study.

If you agree to participate as well as meet the above inclusion criteria, please click on the link below to begin the survey. You may begin the survey at anytime; however, all surveys must be submitted by February 1, 2008. I encourage you to forward this email and link along to friends and colleagues in the field. Your help will assist me in reaching

wilderness therapists from all across the nation with diverse backgrounds, employed at various OBH treatment programs utilizing different treatment model approaches.

If you have any questions regarding my research please contact me via email at lwinn@email.smith.edu.

Thanks again!
Lisa Winn

Appendix H

General Recruitment Email

Greetings!

My name is Lisa Winn, I am graduate student at Smith College, School for Social Work, and will be conducting a research project to learn what the relationship is between job satisfaction and program traits for wilderness therapists employed at an outdoor behavioral healthcare treatment programs. This project fulfills a graduation requirement for the Master's of Social Work degree at Smith College School for Social Work and will be used for future contribution and publication on wilderness therapy.

I am writing to invite you to participate in this project due to your experience as a wilderness therapist and credentials as a mental health provider. I received your contact information via colleagues in the field and the infamous "Google search". For this study you must be employed as a wilderness therapist at an Outdoor Behavioral Healthcare (OBH) treatment program.

As a participant you will need to meet the following inclusion criteria: a) you will have received a master's degree and training in group/individual therapy; b) your job responsibility is to provide individual and/or group therapy to the youth enrolled in your agency's program; c) you are a licensed clinician or are supervised by a licensed clinician. If you are employed at OBH treatment programs but not as clinical staff you will be excluded from this study.

If you agree to participate as well as meet the above inclusion criteria, please click on the link below to begin the survey. You may begin the survey at anytime; however, all surveys must be submitted by February 1, 2008. I encourage you to forward this email and link along to friends and colleagues in the field. Your help will assist me in reaching wilderness therapists from all across the nation with diverse backgrounds, employed at various OBH treatment programs utilizing different treatment model approaches.

If you have any questions regarding my research please contact me via email at lwinn@email.smith.edu.

Thanks again!

Lisa Winn

Appendix I

Findings & Correlations

Table 1: Master's of Social Work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	23	34.3	100.0	100.0
Missing	System	44	65.7		
Total		67	100.0		

Table 2: Master's of Counseling

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	14	20.9	100.0	100.0
Missing	System	53	79.1		
Total		67	100.0		

Table 3: Master's of Marriage and Family Therapy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	2	3.0	100.0	100.0
Missing	System	65	97.0		
Total		67	100.0		

Table 4: PhD in Psychology

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	4	6.0	100.0	100.0
Missing	System	63	94.0		
Total		67	100.0		

Table 5: Other Degree Held

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		52	77.6	77.6	77.6
	2 years college	1	1.5	1.5	79.1
	diploma in professional counseling	1	1.5	1.5	80.6
	K-12 School Counseling MA	1	1.5	1.5	82.1
	MA in Social Service Administration (Social Work)	1	1.5	1.5	83.6
	Master's in Recreation Admin	1	1.5	1.5	85.1
	Masters in Human Resources & Management	1	1.5	1.5	86.6
	Masters in Outdoor Education	1	1.5	1.5	88.1
	Doctorate in Clinical Counseling	1	1.5	1.5	89.6
	Outdoor therapeutic Pursuits	1	1.5	1.5	91.0
	PhD in MFT	1	1.5	1.5	92.5
	PhD in social work	1	1.5	1.5	94.0
	PhD Social Work	1	1.5	1.5	95.5
	PsyD.	2	3.0	3.0	98.5
	Wilderness leader	1	1.5	1.5	100.0
	Total	67	100.0	100.0	

Table 6: Years in current position

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	6months-1 year	9	13.4	16.4	16.4
	2	11	16.4	20.0	36.4
	3	10	14.9	18.2	54.5
	4	6	9.0	10.9	65.5
	5	2	3.0	3.6	69.1
	6	2	3.0	3.6	72.7
	7	1	1.5	1.8	74.5
	8	1	1.5	1.8	76.4
	10+years	13	19.4	23.6	100.0
	Total	55	82.1	100.0	
Missing	System	12	17.9		
Total		67	100.0		

Table 7: Clinical License

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	32	47.8	58.2	58.2
	no	23	34.3	41.8	100.0
	Total	55	82.1	100.0	
Missing	System	12	17.9		
Total		67	100.0		

Table 8: Hours per week of clinical supervision

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 hours	14	20.9	25.5	25.5
	1 hour	19	28.4	34.5	60.0
	2 hours	15	22.4	27.3	87.3
	3 hours+	7	10.4	12.7	100.0
	Total	55	82.1	100.0	
Missing	System	12	17.9		
Total		67	100.0		

Table 9: Does supervisor have a clinical license?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	43	64.2	79.6	79.6
	no	1	1.5	1.9	81.5
	3	10	14.9	18.5	100.0
	Total	54	80.6	100.0	
Missing	System	13	19.4		
Total		67	100.0		

Table 10: Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	27	40.3	49.1	49.1
	female	28	41.8	50.9	100.0
	Total	55	82.1	100.0	
Missing	System	12	17.9		
Total		67	100.0		

Table 11: Ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other	1	1.5	1.8	1.8
	White Hispanic	3	4.5	5.5	7.3
	Black,Non-Hispanic	1	1.5	1.8	9.1
	White Non-Hispanic	49	73.1	89.1	98.2
	Native American	1	1.5	1.8	100.0
	Total	55	82.1	100.0	
Missing	System	12	17.9		
Total		67	100.0		

Table 12: Other Ethnic Background

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		66	98.5	98.5	98.5
	English-German	1	1.5	1.5	100.0
	Total	67	100.0	100.0	

Table 13: Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25 and under	1	1.5	1.8	1.8
	26-30	13	19.4	23.6	25.5
	31-35	15	22.4	27.3	52.7
	36-40	10	14.9	18.2	70.9
	41-45	6	9.0	10.9	81.8
	46-50	4	6.0	7.3	89.1
	51-55	3	4.5	5.5	94.5
	56+	3	4.5	5.5	100.0
	Total	55	82.1	100.0	
Missing	System	12	17.9		
Total		67	100.0		

Table 14: "I feel I am being paid a fair amount for the work I do"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	2	3.0	3.8	3.8
	disagree moderately	7	10.4	13.2	17.0
	disagree slightly	9	13.4	17.0	34.0
	agree slightly	10	14.9	18.9	52.8
	agree moderately	10	14.9	18.9	71.7
	agree very much	15	22.4	28.3	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 15: "There is really too little chance for promotion on my job"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	9	13.4	17.3	17.3
	disagree moderately	10	14.9	19.2	36.5
	disagree slightly	9	13.4	17.3	53.8
	agree slightly	11	16.4	21.2	75.0
	agree moderately	6	9.0	11.5	86.5
	agree very much	7	10.4	13.5	100.0
	Total	52	77.6	100.0	
Missing	System	15	22.4		
Total		67	100.0		

Table 16: "My supervisor is quite competent in doing his/her job"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	1	1.5	2.0	2.0
	disagree moderately	2	3.0	3.9	5.9
	disagree slightly	1	1.5	2.0	7.8
	agree slightly	5	7.5	9.8	17.6
	agree moderately	17	25.4	33.3	51.0
	agree very much	25	37.3	49.0	100.0
	Total	51	76.1	100.0	
Missing	System	16	23.9		
Total		67	100.0		

Table 17: "I am not satisfied with the benefits I receive"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	13	19.4	24.5	24.5
	disagree moderately	13	19.4	24.5	49.1
	disagree slightly	7	10.4	13.2	62.3
	agree slightly	10	14.9	18.9	81.1
	agree moderately	4	6.0	7.5	88.7
	agree very much	6	9.0	11.3	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 18: "When I do a good job, I receive the recognition for it that I should receive"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	1	1.5	1.9	1.9
	disagree moderately	5	7.5	9.4	11.3
	disagree slightly	5	7.5	9.4	20.8
	agree slightly	11	16.4	20.8	41.5
	agree moderately	18	26.9	34.0	75.5
	agree very much	13	19.4	24.5	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 19: "Many of our rules and procedures make doing a good job difficult"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	15	22.4	28.3	28.3
	disagree moderately	21	31.3	39.6	67.9
	disagree slightly	3	4.5	5.7	73.6
	agree slightly	10	14.9	18.9	92.5
	agree moderately	3	4.5	5.7	98.1
	agree very much	1	1.5	1.9	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 20: "I like the people I work with"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	1	1.5	1.9	1.9
	disagree moderately	1	1.5	1.9	3.8
	disagree slightly	1	1.5	1.9	5.7
	agree slightly	4	6.0	7.5	13.2
	agree moderately	13	19.4	24.5	37.7
	agree very much	33	49.3	62.3	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 21: "I sometimes feel my job is meaningless"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	32	47.8	60.4	60.4
	disagree moderately	15	22.4	28.3	88.7
	disagree slightly	1	1.5	1.9	90.6
	agree slightly	3	4.5	5.7	96.2
	agree moderately	1	1.5	1.9	98.1
	agree very much	1	1.5	1.9	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 22: "Communications seem good within this organization"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	4	6.0	7.5	7.5
	disagree moderately	6	9.0	11.3	18.9
	disagree slightly	7	10.4	13.2	32.1
	agree slightly	9	13.4	17.0	49.1
	agree moderately	14	20.9	26.4	75.5
	agree very much	13	19.4	24.5	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 23: "Raises are too few and far between"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	8	11.9	15.1	15.1
	disagree moderately	9	13.4	17.0	32.1
	disagree slightly	9	13.4	17.0	49.1
	agree slightly	10	14.9	18.9	67.9
	agree moderately	9	13.4	17.0	84.9
	agree very much	8	11.9	15.1	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 24: "Those who do well on the job stand a fair chance of being promoted"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	2	3.0	3.8	3.8
	disagree moderately	4	6.0	7.7	11.5
	disagree slightly	11	16.4	21.2	32.7
	agree slightly	11	16.4	21.2	53.8
	agree moderately	14	20.9	26.9	80.8
	agree very much	10	14.9	19.2	100.0
	Total	52	77.6	100.0	
Missing	System	15	22.4		
Total		67	100.0		

Table 25: "My supervisor is unfair to me"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	33	49.3	63.5	63.5
	disagree moderately	13	19.4	25.0	88.5
	disagree slightly	1	1.5	1.9	90.4
	agree slightly	1	1.5	1.9	92.3
	agree moderately	2	3.0	3.8	96.2
	agree very much	2	3.0	3.8	100.0
	Total	52	77.6	100.0	
Missing	System	15	22.4		
Total		67	100.0		

Table 26: "The benefits we receive are as good as most other organizations"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	2	3.0	3.8	3.8
	disagree moderately	10	14.9	18.9	22.6
	disagree slightly	3	4.5	5.7	28.3
	agree slightly	10	14.9	18.9	47.2
	agree moderately	14	20.9	26.4	73.6
	agree very much	14	20.9	26.4	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 27: "I do not feel that the work I do is appreciated"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	19	28.4	35.8	35.8
	disagree moderately	18	26.9	34.0	69.8
	disagree slightly	5	7.5	9.4	79.2
	agree slightly	6	9.0	11.3	90.6
	agree moderately	3	4.5	5.7	96.2
	agree very much	2	3.0	3.8	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 28: "My efforts to do a good job are seldom blocked by red tape"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree moderately	9	13.4	17.0	17.0
	disagree slightly	5	7.5	9.4	26.4
	agree slightly	6	9.0	11.3	37.7
	agree moderately	21	31.3	39.6	77.4
	agree very much	12	17.9	22.6	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 29: "I find I have to work harder at my job because of the incompetence of the people I work with"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	14	20.9	26.4	26.4
	disagree moderately	17	25.4	32.1	58.5
	disagree slightly	5	7.5	9.4	67.9
	agree slightly	7	10.4	13.2	81.1
	agree moderately	8	11.9	15.1	96.2
	agree very much	2	3.0	3.8	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 30: "I like doing the things I do at work"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree slightly	3	4.5	5.7	5.7
	agree moderately	25	37.3	47.2	52.8
	agree very much	25	37.3	47.2	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 31: "The goals of this organization are not clear to me"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree very much	23	34.3	43.4	43.4
	disagree moderately	14	20.9	26.4	69.8
	disagree slightly	7	10.4	13.2	83.0
	agree slightly	3	4.5	5.7	88.7
	agree moderately	3	4.5	5.7	94.3
	agree very much	3	4.5	5.7	100.0
	Total	53	79.1	100.0	
Missing	System	14	20.9		
Total		67	100.0		

Table 32: "type of wilderness therapy programs that best describes your current working environment"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	expedition	24	35.8	48.0	48.0
	base camp	5	7.5	10.0	58.0
	both	21	31.3	42.0	100.0
	Total	50	74.6	100.0	
Missing	System	17	25.4		
Total		67	100.0		

Table 33: "type of expedition wilderness therapy program that best describes your working conditions at your current employer"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	contained program	20	29.9	45.5	45.5
	continuous flow	24	35.8	54.5	100.0
	Total	44	65.7	100.0	
Missing	System	23	34.3		
Total		67	100.0		

Table 34: "On average, how many clients do you treat per caseload?"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-4	12	17.9	23.5	23.5
	5-8	22	32.8	43.1	66.7
	9-12	11	16.4	21.6	88.2
	13-16	1	1.5	2.0	90.2
	21-24	2	3.0	3.9	94.1
	25+	3	4.5	5.9	100.0
	Total	51	76.1	100.0	
Missing	System	16	23.9		
Total		67	100.0		

Table 35: "Is your caseload manageable?"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	47	70.1	92.2	92.2
	no	4	6.0	7.8	100.0
	Total	51	76.1	100.0	
Missing	System	16	23.9		
Total		67	100.0		

Table 36: "What is an appropriate number of clients to have on your caseload given your job responsibilities?"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-4	13	19.4	25.5	25.5
	5-8	21	31.3	41.2	66.7
	9-12	11	16.4	21.6	88.2
	13-16	3	4.5	5.9	94.1
	21-24	1	1.5	2.0	96.1
	25+	2	3.0	3.9	100.0
	Total	51	76.1	100.0	
Missing	System	16	23.9		
Total		67	100.0		

Table 37: Est. income of the clients served - $100000+

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	30	44.8	100.0	100.0
Missing	System	37	55.2		
Total		67	100.0		

Table 38: Est. income of the clients served- $99,999 - $80,000

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	22	32.8	100.0	100.0
Missing	System	45	67.2		
Total		67	100.0		

Table 39: Est. income of the clients served - $79,999 - $60,000

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	18	26.9	100.0	100.0
Missing	System	49	73.1		
Total		67	100.0		

Table 40: Est. income of the clients served - $59,999 - $40,000

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	10	14.9	100.0	100.0
Missing	System	57	85.1		
Total		67	100.0		

Table 41: Est. income the clients served - $39,999 - $20,000

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	10	14.9	100.0	100.0
Missing	System	57	85.1		
Total		67	100.0		

Table 42: Est. income of the clients served - <$19,999

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	10	14.9	100.0	100.0
Missing	System	57	85.1		
Total		67	100.0		

Table 43: Reason for Treatment - Adjudicated

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	22	32.8	100.0	100.0
Missing	System	45	67.2		
Total		67	100.0		

Table 44: Reason for Treatment - Axis I diagnoses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	41	61.2	100.0	100.0
Missing	System	26	38.8		
Total		67	100.0		

Table 45: Reason for Treatment - Axis II diagnoses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	26	38.8	100.0	100.0
Missing	System	41	61.2		
Total		67	100.0		

Table 46: Reason for Treatment - Behavioral problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	48	71.6	100.0	100.0
Missing	System	19	28.4		
Total		67	100.0		

Table 47: Reason for Treatment - Difficulty in school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	47	70.1	100.0	100.0
Missing	System	20	29.9		
Total		67	100.0		

Table 48: Reason for Treatment - Family problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	46	68.7	100.0	100.0
Missing	System	21	31.3		
Total		67	100.0		

Table 49: Reason for Treatment - Sexual offenders

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	9	13.4	100.0	100.0
Missing	System	58	86.6		
Total		67	100.0		

Table 50: Reason for Treatment - Social skills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	43	64.2	100.0	100.0
Missing	System	24	35.8		
Total		67	100.0		

Table 51: Reason for Treatment - Substance abuse problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	45	67.2	100.0	100.0
Missing	System	22	32.8		
Total		67	100.0		

Table 52: Reason for Treatment - Trauma-related experience

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	42	62.7	100.0	100.0
Missing	System	25	37.3		
Total		67	100.0		

Table 53: Reason for Treatment - Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		63	94.0	94.0	94.0
	Adoption	1	1.5	1.5	95.5
	adoption issues	1	1.5	1.5	97.0
	Adoption/Substance Abuse primarily	1	1.5	1.5	98.5
	Axis II tendencies, no diagnosis	1	1.5	1.5	100.0
	Total	67	100.0	100.0	

Table 54: "Are there scholarships available for clients who cannot afford treatment?"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	41	61.2	83.7	83.7
	no	8	11.9	16.3	100.0
	Total	49	73.1	100.0	
Missing	System	18	26.9		
Total		67	100.0		

Table 55: "Do you offer a sliding fee scale?"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	17	25.4	34.7	34.7
	no	32	47.8	65.3	100.0
	Total	49	73.1	100.0	
Missing	System	18	26.9		
Total		67	100.0		

Table 56: Funded by revenue/profits

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	43	64.2	100.0	100.0
Missing	System	24	35.8		
Total		67	100.0		

Table 57: Funded by private donations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	18	26.9	100.0	100.0
Missing	System	49	73.1		
Total		67	100.0		

Table 58: Funded by fundraising

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	11	16.4	100.0	100.0
Missing	System	56	83.6		
Total		67	100.0		

Table 59: Funded by government funds

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	15	22.4	100.0	100.0
Missing	System	52	77.6		
Total		67	100.0		

Table 60: Funded by grants

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	checked	12	17.9	100.0	100.0
Missing	System	55	82.1		
Total		67	100.0		

Table 61: Funded by other resource

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		65	97.0	97.0	97.0
	State Run Public Institution	1	1.5	1.5	98.5
	United Way and fee for service, all of our clients are from primary service agencies, we provide support services to residential and outpatient centers.	1	1.5	1.5	100.0
	Total	67	100.0	100.0	

Table 62: "Is your agency a non-profit organization?"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	18	26.9	35.3	35.3
	no	33	49.3	64.7	100.0
	Total	51	76.1	100.0	
Missing	System	16	23.9		
Total		67	100.0		

Table 63: JSS reliability

Warnings

The space saver method is used. That is, the covariance matrix is not calculated or used in the analysis.

Case Processing Summary

		N	%
Cases	Valid	49	70.0
	Excluded	21	30.0
	Total	70	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.841	18

Table 64: Statistics of JSS Scores

jss		
N	Valid	49
	Missing	21
Mean		81.4898
Median		84.0000
Mode		81.00 [a]
Std. Deviation		13.08326
Variance		171.172
Skewness		-.569
Std. Error of Skewness		.340
Kurtosis		-.348
Std. Error of Kurtosis		.668
Minimum		53.00
Maximum		108.00

a. Multiple modes exist. The smallest value is shown

Table 65: Frequency of JSS Scores

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	53.00	1	1.4	2.0	2.0
	56.00	1	1.4	2.0	4.1
	57.00	1	1.4	2.0	6.1
	58.00	1	1.4	2.0	8.2
	60.00	1	1.4	2.0	10.2
	61.00	1	1.4	2.0	12.2
	62.00	1	1.4	2.0	14.3
	63.00	1	1.4	2.0	16.3
	64.00	1	1.4	2.0	18.4
	69.00	2	2.9	4.1	22.4
	71.00	1	1.4	2.0	24.5
	75.00	1	1.4	2.0	26.5
	76.00	1	1.4	2.0	28.6
	80.00	1	1.4	2.0	30.6
	81.00	4	5.7	8.2	38.8
	82.00	3	4.3	6.1	44.9
	83.00	2	2.9	4.1	49.0
	84.00	1	1.4	2.0	51.0
	86.00	4	5.7	8.2	59.2
	87.00	2	2.9	4.1	63.3
	88.00	3	4.3	6.1	69.4
	89.00	2	2.9	4.1	73.5
	90.00	3	4.3	6.1	79.6
	91.00	1	1.4	2.0	81.6
	94.00	4	5.7	8.2	89.8
	97.00	1	1.4	2.0	91.8
	98.00	2	2.9	4.1	95.9
	101.00	1	1.4	2.0	98.0
	108.00	1	1.4	2.0	100.0
	Total	49	70.0	100.0	
Missing	System	21	30.0		
Total		70	100.0		

Table 66: Correlations

		jss	years current position	On average, how many clients do you treat per caseload?
jss	Pearson Correlation	1	.104	.211
	Sig. (2-tailed)	.	.476	.155
	N	49	49	47
years current position	Pearson Correlation	.104	1	.207
	Sig. (2-tailed)	.476	.	.145
	N	49	55	51
On average, how many clients do you treat per caseload?	Pearson Correlation	.211	.207	1
	Sig. (2-tailed)	.155	.145	.
	N	47	51	51

Table 67: Group Statistics

	Type of wilderness therapy programs	N	Mean	Std. Deviation	Std. Error Mean
jss	expedition	23	86.3913	12.59054	2.62531
	base camp	3	84.0000	2.64575	1.52753

Table 68: Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
jss	Equal variances assumed	1.273	.270	.323	24	.750	2.39130	7.41451
	Equal variances not assumed			.787	17.436	.442	2.39130	3.03736