

Healing Sexual Trauma in the Wilderness

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Abstract

This case study depicts the therapy of a sixteen year old male in wilderness treatment. His diagnoses included Bipolar I Disorder, PTSD, ADHD, and multiple substance use disorders. His treatment goals were:

1. Stabilize and reduce stress,
2. Assess for and create a safety plan,
3. Ongoing evaluation of diagnoses,
4. Treat trauma via Cognitive Processing Therapy, psycho-education, and graduated exposure,
5. Encourage program engagement, physical activity, and connection to the group to
 - a) promote positive feelings, reduce depressive symptoms, and
 - b) increase empathy for others to address depression and conduct related problems and,
6. Reduce treatment resistance.

Based on his significant improvement, at the end of treatment Johnny received a token called “Winged Heart”, which represented his ability to let go of old feelings, developing desire to be successful, and a demonstration of leadership, empathy, and support of his peers in his group.

Introduction

Estimates are that as many as 1 in 6 boys and 1 in 4 girls are sexually abused by the age of 18 and that 300,000 American children are sexually abused each year (APA, n.d.). Wilderness therapy is emerging as a treatment of choice for sexual abuse. This case recounts the therapeutic treatment done with Johnny, a sexual abuse survivor in a wilderness therapy program (WTP).

Johnny was a 16 year old Caucasian male who lived with his parents in a large metropolitan area in the Midwest. He had two older half-brothers and an older sister. Due to a recent arrest for substance intoxication and possession of drug paraphernalia and immediately prior to his admission in the WTP, Johnny was court mandated to treatment. Johnny’s outpatient program declined his application for admission on the grounds that he was not likely to benefit from treatment, a determination made based on his lack of improvement after two inpatient and three outpatient drug rehabilitation program placements. Johnny’s parents believed that wilderness therapy was essentially Johnny’s last option, aside from Juvenile Detention. They were committed to placing him in a WTP because they were convinced that his needs were best met in a therapeutic system, not the corrections system.

Johnny had a bevy of issues and psychiatric diagnoses. He had been diagnosed with bipolar disorder and was prescribed several medications including Lamictal, Seroquel, Trazadone, and Wellbutrin. Johnny said the medications helped him to manage his moods and anger. Johnny had a history of suicidal ideation and suicide attempts. In fact, he attempted suicide twice, by drug overdose. He reported a history of both restrictive and binge/purge eating patterns. Furthermore, he had issues with shop lifting, physical aggression, and truancy. Johnny had fallen one year behind in academic credits.

Nine months before beginning the WTP, Johnny reported that, when he was 6 years old, he had been

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sexually assaulted by a neighbor. The disclosure was made in the context of a heated argument during which his father implored Johnny to explain why none of their efforts on his behalf were “working”. It was at that moment that Johnny yelled he was “raped” by a friend’s older brother. Johnny’s parents immediately sought trauma-focused therapy. Unfortunately, that treatment had not been progressing well; Johnny was not interested in continuing this therapeutic work.

Johnny’s family history was positive for mental illness. His mother had bipolar disorder which developed in adulthood, after her first pregnancy. Her mood was stable at the time Johnny began treatment at the WTP, likely due to psychotropic medication. Additionally, Johnny’s family history

was positive for drug and alcohol-related problems. Johnny's paternal grandfather was reported to have a history of alcoholism and his maternal uncle and great grandfather reportedly abused substances. Finally, one of Johnny's brothers was diagnosed with Post Traumatic Stress Disorder (PTSD), secondary to his combat experiences in the Iraqi war. Given his family history, it was likely that Johnny was at risk for bipolar disorder and substance use disorder.

Initial Assessment and Therapeutic Goals

Johnny entered the WTP with a history of numerous psychiatric diagnoses including Major Depressive Disorder, Bipolar Disorder, PTSD, Polysubstance Dependence, Attention Deficit/Hyperactivity Disorder (ADHD), Eating Disorder, and Conduct Disorder. Each diagnosis was carefully evaluated using interviews with Johnny, gathering psychosocial history through his parents, and behavioral observations while in the WTP. In cases such as this, with co-occurring disorders and diagnostic complexity, it is necessary to engage in systematic, long-term evaluation. Indeed, care was taken throughout his stay in the WTP to reevaluate his diagnoses. Until the end of treatment we conceptualized his diagnoses as "working diagnoses" so that we could be maximally responsive to additional data. However, it is worthy of note that many of the diagnoses made at the point of admission to the WTP remained in evidence throughout his treatment and were the diagnoses with which he was discharged, though some became "Rule Outs" once in longer term treatment and under close supervision of a psychiatrist. Additionally, psychological testing was needed to confirm neurological deficits consistent with ADHD, which was not performed while in the WTP. Finally, Johnny's Eating Disorder was monitored closely, and was in remission throughout his stay in the WTP.

There was evidence of multiple substance use disorders, each present at the moderate to severe levels. He was diagnosed with Substance Use Disorders related to Stimulants, Opioids, Anxiolytics, and Cannabis. His problem behaviors related to substance use included impaired control, social impairment, conduct problems, aggression, truancy, and risky use.

There was evidence of a Bipolar I Disorder. He reported a history of depressive episodes, with symptoms including apathy, depressed mood, anhedonia, suicidal ideation/attempts, malaise, weight loss, insomnia, and fatigue. Though not present at the time of admission to the WTP, Johnny's history was positive for suicidal ideation/intent and suicide attempts. Johnny reported manic episodes as well, marked a decreased need for sleep, racing thoughts, distractibility, grandiosity, heightened risk-taking, and irritability. Certainly his family history of mood disorder heightened his risk. The diagnosis of Bipolar I Disorder was substantiated. At the time of admission his mood state was blunted and irritable.

Johnny had symptoms of PTSD. His symptoms included hyper-vigilance, shortened sense of future, depersonalization/dissociation, avoidance, and a heightened desire for risk. Given Johnny's reported sexual assault as well as the severity and course of his symptoms, the diagnosis of PTSD

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was substantiated. Note that because many of the symptoms of Bipolar I Disorder overlap with the symptoms of PTSD, care was taken to ensure the symptoms were present in such a manner that they clearly were associated with each disorder. This being said, PTSD could exaggerate mood related symptoms and when treated may have positive impact on reduced functioning associated with mood problems.

Johnny's history and symptoms were consistent with ADHD. He had long standing academic difficulty, impulsivity, distractibility, lack of focus, and behavioral hyperactivity. That being said, it was recommended that the family pursue neuropsychological testing to evaluate a neurocognitive etiology for these symptoms in light of the presence of sexual trauma at age six.

Finally, there were signs of conduct disorder. While Johnny did not display aggression unless he was provoked, he had used weapons in fights. Furthermore, he repeatedly broke social norms by stealing, running away, truancy, aggression towards others, and a general hostility towards authority. It should

be noted that no conduct disorder signs were evident with the clinician during the assessment process. As such, this diagnosis was uncertain. It was necessary to explore this behavioral pattern as well as its meaning to Johnny and his treatment.

Given the various symptoms and complex diagnoses in Johnny's case, it was crucial to develop clear treatment goals and interventions. The clinician found the following to be important treatment goals.

1. Stabilize and reduce stress for Johnny by creating strong therapeutic relationships with therapist, field staff, and his peer group.
2. Assess for and create a safety plan to diminish likelihood of self-harm and harm to others, which included regular emotional check-ins; vigilance of student behavior and affect; and monitoring fluctuations/changes in attitude, mood, and behavior.
3. Ongoing evaluation of diagnoses including Substance Use Disorders, PTSD, Bipolar I disorder, ADHD as well as the possibility of Conduct Disorder via behavioral observation and assessment interviews.
4. Treat trauma to the degree client was willing and ready to engage in this therapeutic work. Cognitive Processing Therapy was the preferred method which involved weekly evaluation of PTSD symptoms, psycho-education of PTSD and trauma recovery, and graduated exposure through writing assignments and talk therapy.
5. Encourage program engagement, physical activity, and connection to the group to a) promote positive feelings, reduce depressive symptoms, and b) increase empathy for others to address depression and conduct related problems.
6. Reduce treatment resistance by engaging Johnny with past success experiences and with therapeutic modalities with which he previously reported benefit including 12-step Narcotics Anonymous work and a continuation with his psychotropic medications.

Preparation for Treatment in the WTP Experience

Following the initial assessment, the next step was to prepare Johnny for the unique experience of wilderness treatment. With Johnny's past treatment history in inpatient and outpatient settings it was important to educate him about how WTP would differ and to educate him about the norms and expectations in the WTP. This pre-treatment work with Johnny is meant to help ensure success in the program and reduce the likelihood of early termination.

Johnny seemed particularly well suited to wilderness therapy. He expressed to his parents on many

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occasions that he found nature and the outdoors to be relaxing and "grounding." This method of treatment also appealed to Johnny because of his interest in the outdoors and his interest in physical exercise. Additionally, it is likely that because the WTP was presented as an alternative method of treatment and way of avoiding placement in Juvenile Detention, it seemed especially enticing to Johnny.

Johnny's preparation for the wilderness treatment experience began when he came to the WTP with his mother, directly after the court hearing that mandated residential treatment. In this session, the clinician explained the general responsibilities and tasks related to living in both a primitive wilderness setting and in a group milieu. During the interview Johnny denied any hallucinations or delusions and appeared to have an appropriate mental status, making him a good candidate for this type of treatment model. The types of WTP treatment interventions and focus on mood management, anger management, and substance abuse were presented to Johnny. Additionally, the clinician explored with Johnny the potential of working on treating his sexual trauma. Johnny denied thoughts and plans of harming himself or others. He denied having thoughts of running away from the program and not only assented to treatment but expressed a distinct interest in participating in the WTP program.

Treatment

Wilderness therapy is a useful treatment modality for adolescents who have exhausted nearly every other treatment option. One of the key therapeutic benefits of the WTP program is the experience

of living and working in a group milieu; especially in the simple and primitive environment of the wilderness where there are fewer distractions to engaging with the other members. As a result, the foundation of Johnny's treatment was living with a small group of boys who experienced similar issues related to mood dysregulation, behavioral problems, trauma and substance abuse. The group was structured as a continuous flow group (Russell, Hendee, and Philips-Miller, 1999) which had the boys living together for approximately eight weeks. Continuous flow groups involve a group of peers in which a new member joins the group as an advanced member graduates from the program. This provides a consistent group culture and group norms. The benefit of a continuous flow group for Johnny was that he had more therapeutically advanced peers to help support his growth and development when he initially arrived, and as he became a more advanced member of the group he had ample opportunity to practice empathy, teamwork and characteristics of citizenship. This feature made significant impact on his previous conduct related problems, developing empathy for others, and rebuilding trust with people based on emotionally close relationships.

In the WTP, Johnny and the other boys hiked and practiced nomadic style backpacking daily. Interventions for Johnny included teaching him wilderness based skills and activities such as making bow-drill fires and climbing mountains. Other interventions included problem solving initiatives, help with academic work and skills, and therapeutically guided activities and assignments, which will be described below. Each of these interventions were connected to metaphors and examples of daily life at home, so Johnny was able to imagine and apply his experiences to his home life. For example, Johnny was taught that working through his challenges with relationships with the other boys and staff in the wilderness group is much like learning to be assertive in his relationships with his family. Also, that trying new and novel experiences such as back packing and mountain climbing is much like replacing drug seeking and using behavior with more pro-social activities.

During treatment Johnny was asked to be a "group leader" and lead 12-step groups and 'gathering discussions' on specific topics (i.e. fears and insecurities, relapse prevention planning, identity formation). These opportunities allowed Johnny to demonstrate his mastery of the skills being taught

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in the program and helped develop his ability to relate to others and his leadership potential. Further, his treatment gave him the opportunity to engage in experiential activities (i.e. carrying a rock/burden and leading a hike), read relevant books (i.e. *Touching Spirit Bear*, *Anatomy of Peace*), communicate with his family through letter writing, and complete focused written assignments on substance abuse and character development. These opportunities worked in conjunction with other empirical treatments interwoven into the WTP program including, Dialectical Behavior Therapy, Cognitive Behavior Therapy and Cognitive Processing Therapy (CPT).

Johnny's sexual trauma was a crucial issue to address in his wilderness therapy. However, Johnny did not initially want to discuss his past trauma and instead preferred to discuss his anger, aggression, and substance abuse. So, responding to his needs and readiness for change, the therapeutic focus was initially placed on his anxiety, anger and substance use. After two weeks of developing rapport and trust with his therapist, Johnny felt comfortable to move into treating the sexual abuse.

The preferred intervention to treat this issue was Cognitive Processing Therapy (CPT), a progressive cognitively-based exposure treatment. Initially, Johnny was taught about PTSD and how it develops. He learned concepts including "Stuck Points", assimilation and accommodation, and how events, thoughts and feelings are connected. He learned that PTSD develops out of the avoidance of stressful triggers and not learning to tolerate or learn to view the trauma differently. Johnny began to learn that many of the views he developed of himself, others around him, and the world at large came through the lens of fear, helplessness, and assaultive relationships. Johnny was encouraged and supported not to avoid thinking about his past abuse and associated feelings. As Johnny developed more courage and confidence to address his past, he began engaging in CPT interventions which involved writing his Impact Statement which involved the memories he has of the sexual abuse. Following this, he reviewed this history several times privately by re-reading his story. After he developed increased comfort with reading the story, he read it to his therapist and later to his group. Johnny was taught emotional coping strategies to help him tolerate the distress that came as a result of the continued

exposure to the stressor. Additionally, engaging in physical exercise (e.g. hiking/backpacking) greatly helped him manage mood and anxiety states. He was successful in applying these skills to help him approach, rather than avoid, the therapeutic work necessary. Each session involved Johnny completing a PTSD symptoms survey that evaluates changes to symptoms. Johnny began to develop increased comfort and confidence in working with the content and process of his sexual trauma. He still displayed limits even once the WTP was complete and was encouraged to continue to address this treatment area in his future.

Over time, his positive relationships in the WTP and the preparatory work done with CPT helped to reinforce feelings of trust that allowed Johnny to address his past sexual abuse. In Johnny's case, the trauma work also focused on Johnny's behavioral and emotional symptoms of aggression, irritability, mistrust of others, risk taking, substance use, difficulty sleeping, inattention and poor focus, and conduct problems, which were framed as an expression of his past trauma.

Over the course of several weeks, he was asked to write his Impact Statement pertaining to his sexual trauma and re-read daily. One example of an adventure intervention of note, Johnny conducted a "letting go" ceremony in which he carried a stone to the top of a mountain the group climbed. The stone represented the event that occurred (sexual abuse) and the mountain represented the long and difficult journey he had been on. Once at the top, he shared his trauma with his peer group and field staff. Following this disclosure and receiving milieu support, he "threw" the rock off the top as a metaphor of letting go of his burden. During this period, Johnny's PTSD symptoms were greatly reduced, he displayed less anxiety surrounding the event, and he began to let go of anger

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and aggression associated with the trauma. He was also able to see that many of his behaviors and attitudes about himself and others, as well as his mood dysregulation, were at least partially related to the trauma. In weekly reports of his trauma-related reactions and symptoms he noted improved levels depression, sleep, fear and intrusive thoughts. Overall, the therapist observed clinically meaningful improvements in his PTSD related symptoms, most notably a reduction in fear of and trust in others, reduction in anger and mood fluctuation, reduced trauma avoidance strategies and developing a future focus and a desire for life. Based on his significant improvement, at the end of treatment Johnny received a token called "Winged Heart" which represented his ability to let go of old feelings, developing desire to be successful, and a demonstration of leadership, empathy, and support of his peers in his group.

Finally, over the course of the WTP, Johnny recognized that he needed more trauma focused psychotherapy, chemical dependency treatment, mood and anger management, and academic remediation before returning home. This insight lead him to believe that his future had improved and expressed a renewed desire to obtain a high school diploma. Overall, he showed a reduced level of irritability, increased willingness to trust others, and tempered his irrational responses to stressors such as improved effectiveness in communication

Post Treatment Evaluation

When the WTP was complete, Johnny recognized he needed additional residential support and was provided a choice of three different programs. He chose the residential program with the longest treatment duration based on his desire to remain sober, grow emotionally, and make academic progress. Additionally, a vocational assessment was recommended to help Johnny explore various career options and job experiences and to help him develop a more comprehensive plan for his future.

The WTP was remarkably helpful for Johnny. Overall, Johnny developed a renewed belief in his interest and ability to complete high school. He believed in his therapy, his future, and himself. He was able to reduce his aggression and anger towards others. Johnny showed a sincere commitment to sobriety. His symptoms of PTSD all improved following intervention in the WTP. In effect, it

seemed that Johnny developed trauma-related symptoms that mimicked other disorders and confounded prior treatment attempts.

Wilderness Therapy, unlike other forms of treatment, was able to respond favorably to Johnny's initial defenses and promote his engagement in the treatment. It afforded an unmatched opportunity to observe and evaluate his issues and complex diagnoses. And, it provided a safe, supportive milieu within which he was able to fully engage in trauma-focused treatment. In the process, it became apparent that many of his previous symptoms of conduct disorder, mood disorder, and ADHD were actually secondary to PTSD. Providers and loved ones were left to wonder "what if"? What if he hadn't had this form of treatment? Would he have been destined for escalating involvement the Juvenile Justice system? Would he have been considered a "bad kid"? It was through the healing process of a WTP that we saw that Johnny was truly a Winged Heart – that his life was and will be a life of healing, promise, and hope.

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