

Program Evaluation of Wilderness Inquiry/The Emily Program Partnership

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Executive Study of Key Findings

Wilderness Inquiry and the Emily Program have partnered for the past three years to provide outdoor adventure-based programs for persons with Eating Disorders being treated by the Emily Program. While initial feedback and informal evaluations have shown positive effects, they wanted to conduct a more thorough evaluation to determine the impacts of the program, if any. Results of the study that was conducted in the fall of 2012 show:

- Every participant experienced improvement on several measurement items.
- Six domain areas were studied: spirituality, social anxiety, depression, self-efficacy, self-esteem and eating disorder pathology. Seven out of eight participants experienced improvement in at least one of the aforementioned domain areas.
- The two domains that appear to have been most impacted by the Wilderness Inquiry trip are Social Anxiety and Self-esteem.
 - Seven out of the eight participants indicated improvement on the Leibowitz Social Anxiety Scale and the Rosenberg Self-esteem questionnaires.
- Half of the participants reported decreases in depression and increases in self-efficacy and spirituality.
- Five out of the eight participants reported a decrease in eating disorder symptoms.

Background

Wilderness Inquiry and The Emily Program have partnered for many years in bringing persons with eating disorders on a weekend hiking trip in Northern Minnesota. While qualitative data and opinion surveys have historically been conducted on this cohort at the conclusion of the trip, quantitative data using a scientific method (i.e. pre-trip and post-trip testing) have not been previously

collected. For this reason, quantitative data collection was conducted on all eight trip participants who volunteered to participate in the study.

Method

Six primary domains, selected based on previous research on adventure/wilderness therapy as well as the aims of eating disorder recovery, were examined. These six domains included: spirituality, social anxiety, depression, self-efficacy, self-esteem and eating disorder pathology. Each domain had an accompanying survey measure that was administered to the participants both before the trip started (to obtain before trip baseline assessment) and after the trip to examine changes any of the domain areas. Each of the measures is discussed in brief detail below.

The spirituality domain was tested using Howden's Spirituality Assessment Scale. Howden's Spirituality Assessment Scale is a 28-item instrument that addresses four specific areas: purpose and meaning in life, innerness or inner resource, unifying interconnectedness, and transcendence (Dossey, Keegan & Guzzetta, 200, p.107-108). The reason for choosing spirituality as a domain for testing is based on the premise that both being in nature and receiving the support of others sharing a similar story could result in a spiritual experience.

Social Anxiety was investigated using the Leibowitz Social Anxiety Scale. Social anxiety was chosen as an area of interest because previous trip qualitative feedback indicated that participants were particularly helped by the social nature of the trip.

The depression sphere was examined using the Beck Depression Inventory. This measure is a 21-question survey aimed at diagnosing depression and depressive symptoms. Depression was hypothesized to be improved by participating in the trip because of the participant's ability to remove themselves from everyday stressors and be authentic with their peers. Additionally, with a hypothesized increase in self-efficacy and self-esteem would come a potential lessening of depression.

Self-efficacy was assessed using the General Self-efficacy scale. The General Self-efficacy scale is a 10-question survey that asks participants to identify how much they identify with various declarations stating an ability or inability to do certain tasks or events. This domain was explored because the trip involved two tasks with which participants were theorized to have difficulty: monitored meals and snacks, and the physical demands inherent in a hiking trip. It was hoped that overcoming either of these obstacles could result in the participant feeling more confident in their ability to complete tasks in general.

The Rosenberg Self-Esteem Scale was used to measure self-esteem. The Rosenberg Self-Esteem Scale is a 10-item Likert scale with items answered on a four point scale – from strongly agree to strongly disagree. Participants were asked to use the four point Likert scale to indicate their level of agreement with statements dealing with their feelings of themselves (Rosenberg, 1965). This domain was chosen in conjunction with the self-efficacy domain because it was posited that completing tasks that one had difficulty completing would build self-esteem. Further, having the support of similarly afflicted individuals was thought to potentially de-stigmatize the experiences of the individual, thus reducing the burden of shame and breeding self-esteem.

The Eating Disorder Examination Questionnaire (EDE-Q 6.0) was used to assess eating disorder symptoms. The EDE-Q is a 28-question survey used to aid in the diagnosis of eating disorders and eating disorder symptomatology. This domain was chosen because one of the aims of the study was to investigate how eating disorders may or may not be changed by a trip with Wilderness Inquiry.

Finally, semi-structured questions (such as “what, if anything, did you learn about yourself from the trip?”) were posed to each of the participants to allow the participants to express in, their own words, what impact the trip may have had and to gather complimentary in-depth qualitative data.

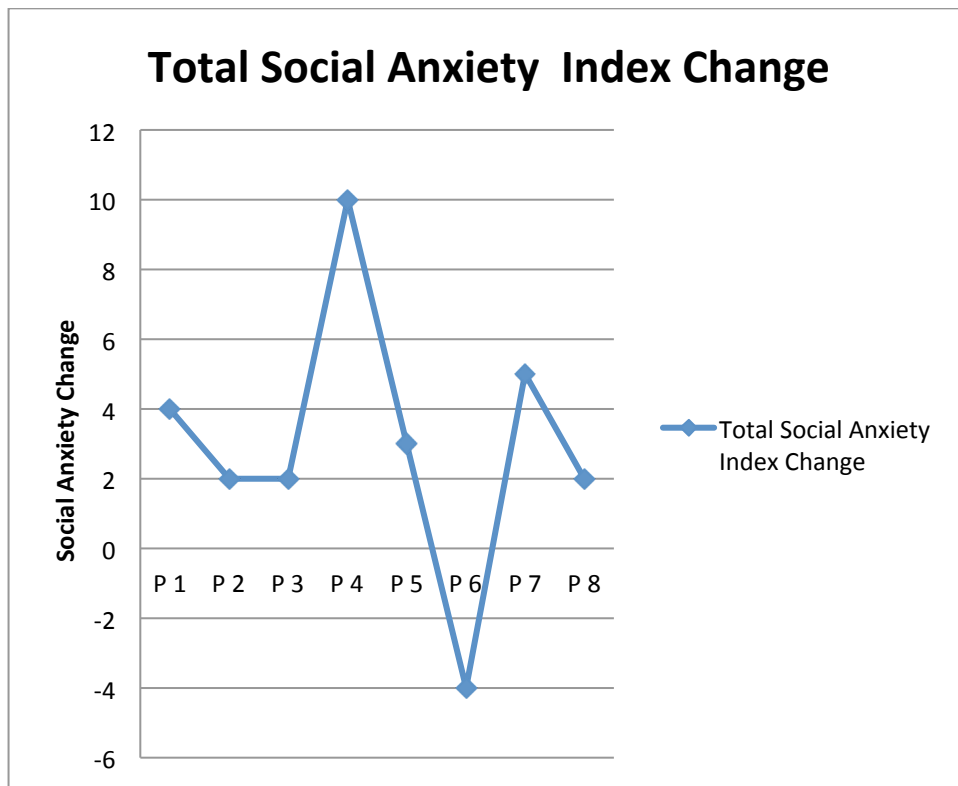
Results

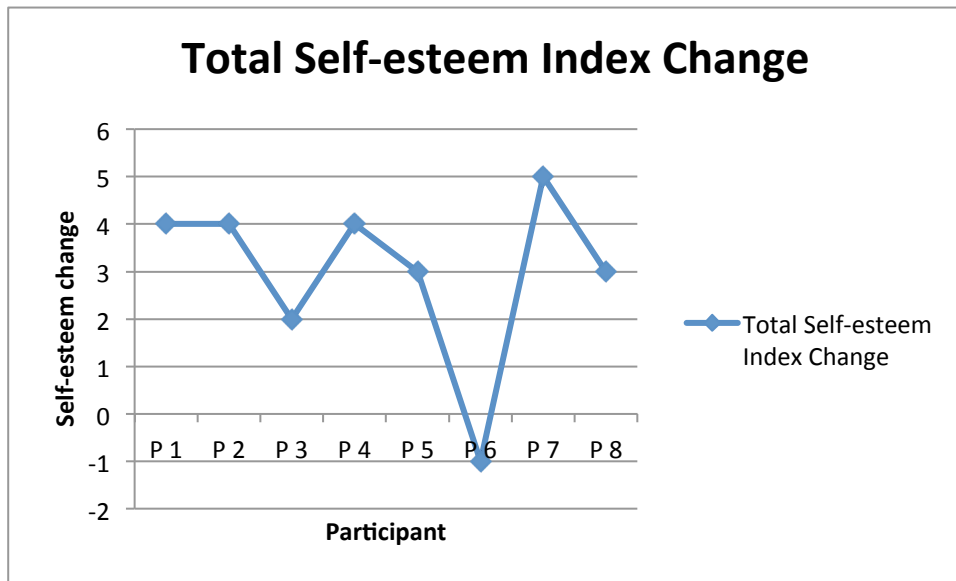
The results of this study were very promising regarding the potential efficacy of Adventure Therapy generally, and the Wilderness Inquiry/The Emily Program partnership specifically, in reference to the six domains explored. Overall, every participant experienced improvement on at least several measurement items. More notable is the fact that every participant with the exception of one experienced improvement in at least one of the overarching domain areas.

The two domains that appear to have been most impacted by the Wilderness Inquiry trip are Social Anxiety and Self-esteem. Seven out of the eight participants indicated improvement on the Leibowitz Social Anxiety Scale and the Rosenberg Self-esteem questionnaires. This improvement is further supported by the comments provided by the participants. One participant stated that her eating disorder was impacted by the trip via “the confidence in body (image).” Another stated that they were “more confident in myself and my abilities.” Participants also reported that the social nature of the trip was influential. One said that the most impactful part of the trip was “being around other women with similar challenges.” Echoed another, “being with the other women in a shared endeavor” was the most impactful part of the trip. The fact that so many participants reported improvement in these two domains is encouraging given that many participants indicated at the onset of the trip that their reason for attending was a desire to improve in self-esteem and to meet new people.

Half of the participants reported improvement in depression, self-efficacy, and spirituality. In the semi-structured interview many of the participants were particularly articulate regarding the self-efficacy piece. States one participant “I was able to eat enough to walk the distance I needed to walk more easily.” Another states, “I was aware of struggles I had in terms of joining in at snack time, but was proud of myself during meal time. I enjoyed the experience of cooking together as a group and was happy to find myself enjoying second portions of food without guilt.” These two comments evidence the fact that feeling self-efficacious on a trip such as this one really can disrupt some of the eating disorder patterns at least temporarily.

Five out of the eight participants reported an improvement in eating disorder symptoms. While this could potentially be one of the more impactful findings, more investigation and research into this domain would need to be conducted. There is some question as to whether this figure is valid. Many of the participants reported a reduction in eating disorder symptoms and behaviors that were mathematically impossible given the amount of time that had lapsed between the pre- and post-tests. For example one participant said that she had engaged in eating disorder behavior 23 of the last 28 days in the pre-test and said that she had engaged in eating disorder behavior 6 out of 28 days in the post-test, however 17 days had not lapsed. Given this consideration, it may be that the participants were over reporting symptoms prior to the trip, underreporting after the trip, may have been unable to remember their symptoms accurately, and/or may have been influenced by recall bias after completing the trip. However, the fact that five participants perceived their eating disorder symptoms as being improved is a notable finding.





Summary/conclusions

The results of this study were very exciting regarding the Wilderness Inquiry/The Emily Program partnership specifically in reference to the six domains explored. All participants experienced improvement on items within the assessment domains. More notable is the fact that every participant with the exception of one experienced improvement in at least one of the overarching domain areas. Given that results are promising it is importance that this study be replicated with a larger sample in a randomized design.

Researcher biography

This research was conducted by Jessica Bell, a graduate of the counseling psychology master's degree program at the University of St. Thomas. Jessica is currently pursuing her doctorate degree in counseling psychology. Jessica is a research volunteer at the University of Minnesota Department of Psychiatry as well as a research assistant at The Center for the Treatment of Eating Disorders at Children's Hospital. Additionally Jessica is a Mental Health Counselor at South Metro Human Services, providing behavioral based interventions for clients with Borderline Personality Disorder. Jessica resides in Minneapolis, MN and is an avid runner.