



Wilderness and Adventure-Based Therapeutic Outdoor Services

DEFINITION

Wilderness and Adventure-Based Therapeutic Outdoor Services are day or residential programs that provide an intensive, therapeutic experience based on outdoor, educational, clinical, and other activities that involve physical and psychological challenges.

Interpretation: *WT Standards do not apply to day or summer camps that do not have a strong therapeutic focus.*

Research Note: *A nationwide survey of 86 outdoor behavioral healthcare programs in 2000 identified four common program models for therapeutic outdoor services. They range from contained expeditions, in which the leaders, clinicians, and clients remain together in the wilderness for a given period of time, to residential expedition programs, which use wilderness expeditions to supplement other services such as residential treatment centers. The length of these outdoor behavioral healthcare programs varies depending on the program model and, on average, can range anywhere from 30 to 300 days; with 16 to 70 of those days taking place on the wilderness expedition.*

Note: *An organization that uses wilderness experiences to supplement another accredited service may be required to complete the Experiential Education Supplement (EES) in addition to its assigned service standards. See the [EES Activities Table - Private, Public, Canadian](#) to determine which activities require the supplement. These organizations are not required to complete WT.*

Note: *An organization that provides any activities listed in WT 15 must be certified by a nationally recognized authority in the specific activity to achieve COA accreditation.*

Note: *Please see [WT Reference List](#) for a list of resources that informed the development of these standards.*

Table of Evidence

Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
 - a. the program's service philosophy and approach to delivering services;
 - b. eligibility criteria;
 - c. any unique or special services provided to specific populations; and
 - d. major funding streams.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



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- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
 - a. racial and ethnic characteristics;
 - b. gender/gender identity;
 - c. age;
 - d. major religious groups; and
 - e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
 - a. the type of activity/group;
 - b. whether the activity/group is short-term or ongoing;
 - c. how often the activity/group is offered;
 - d. the average number of participants per session of the activity/group, in the last month; and
 - e. the total number of participants in the activity/group, in the last month
- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured
- Therapeutic Outdoor Services (WT) Grouping Chart

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

Purpose

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WT 1: Screening and Intake

The organization's screening and intake practices ensure that individuals receive prompt and responsive access to appropriate services.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Referrals procedures need strengthening; or
- For the most part, established timeframes are met;
- Active client participation occurs to a considerable extent.
- In a few rare instances urgent needs were not prioritized.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized, or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- Screening and intake done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or

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- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4. A A

Table of Evidence

Self-Study Evidence

- Screening and intake procedures
- Procedures for expedited admissions
- Procedures for placement

On-Site Evidence

- Blank consent form

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served
- Review case records

WT 1.01

Youth and families are screened and informed about:

- a. how well the individuals request matches the organization's services;
and
- b. what services will be available, and when.

NA Another organization is responsible for screening, as defined in a contract.

WT 1.02

Criteria used to determine if the service and specific activities are appropriate for the individual include:

- a. physical, social, developmental, and mental health status;
- b. interpersonal relationships and social skills;
- c. prior treatment history and experience with outdoor programming;
- d. the appropriateness of adventure-based therapeutic outdoor services to

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- address the individual's needs; and
- e. other significant factors.

(FP) WT 1.03

Prompt, responsive intake practices:

- a. ensure equitable treatment;
- b. give priority to urgent needs and emergency situations;
- c. support timely initiation of services; and
- d. provide for placement on a waiting list, if applicable.

WT 1.04

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. emergency health needs; and
- c. safety concerns, including imminent danger or risk of future harm.

WT 1.05

Each applicant is engaged in the admission process and:

- a. is helped to understand the reasons for admission;
- b. receives a pre-admission visit to the program, when feasible; and
- c. is adequately prepared to begin the program.

WT 1.06

The organization adheres to intake criteria and assessment requirements for expedited admissions and follows established procedures for integrating participants into existing groups.

WT 1.07

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Applicants who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources.

NA *The organization accepts all clients.*

(FP) WT 1.08

Critical care decision making is carried out by, or under the direct supervision of, experienced or licensed personnel.

(FP) WT 1.09

Prior to providing consent, parents or legal guardians, referral or placing representatives, and youth, whenever possible, receive information about:

- a. the type of adventure activities the participant will undertake;
- b. educational options; and
- c. any actual or perceived risks.

WT 1.10

Informed, written consent is obtained from the parent or legal guardian and, whenever possible, the youth before admission to the program.

Interpretation: *The legal guardian can include the court.*

(FP) WT 1.11

The organization describes:

- a. personal items a participant may bring with them, consistent with a safe, therapeutic setting;
- b. items that are discouraged or prohibited; and
- c. any safety procedures the program follows, or consequences that can result, when prohibited items are brought to the program site.

Interpretation: *Permitted personal items will vary as appropriate to the program's design but can include photos, books, or clothing.*

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WT 2: Assessment

Youth and families participate in a comprehensive, individualized, strengths-based, culturally responsive assessment.

Interpretation: *Assessments should be youth or family-focused, as appropriate to the needs and wishes of the participant.*

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being

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- addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests , or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Assessment procedures
- Assessment tool and/or criteria included in assessment

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served
- Review case records

WT 2.01

The information gathered for assessments is directed at concerns identified in initial screenings, and limited to material pertinent for meeting service requests and objectives.

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WT 2.02

Assessments are completed within timeframes established by the organization and are updated periodically.

WT 2.03

Personnel who conduct assessments are qualified by training, skill, and experience and are able to recognize youth and families with special needs.

WT 2.04

Assessments are conducted in a strengths-based, culturally responsive manner to identify resources that can increase service participation and support the achievement of agreed upon goals.

Interpretation: *Culturally responsive assessments can include attention to geographic location, language of choice, and the person's religious, racial, ethnic, and cultural background. Other important factors that contribute to a responsive assessment include attention to age, sexual orientation, and developmental level.*

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WT 3: Service Planning and Monitoring

Each youth or family participates in the development and ongoing review of a service plan as the basis for delivery of appropriate services and support.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

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2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g., Â

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or

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- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service planning and monitoring procedures

On-Site Evidence

- Documentation of case review

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served
- Review case records

WT 3.01

A service plan is developed in a timely manner with the full participation of the youth and, as appropriate, a parent or legal guardian and an expedited service-planning process is available when crisis or urgent need has been identified.

Interpretation: *Service planning is to be conducted so that youth and family members retain as much personal responsibility and self-determination as possible and desired. Individuals with limited ability in making independent choices can receive help with making decisions for themselves and assuming more responsibility for making decisions. When the service recipient is a minor, or an adult under the care of a guardian, the organization should follow applicable state laws or regulations requiring*

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involvement or consent of legal guardians.

WT 3.02

An initial service plan is developed with the participant, whenever possible, within 2 days of admission and a comprehensive, individualized service plan is developed within 30 days.

Interpretation: *An expedited service-planning process is available when crisis or urgent need has been identified.*

WT 3.03

During service planning, the organization explains:

- a. available options;
- b. how the organization can support the achievement of desired outcomes; and
- c. the benefits, alternatives, and risks or consequences of planned services.

WT 3.04

The organization addresses permanency planning in the service plan by:

- a. identifying permanency goal(s) and activities or supporting the permanency plan identified by the custodial agency;
- b. reviewing the permanency plan quarterly to assess progress towards agreed upon goals;
- c. providing the youth with age appropriate information about his or her parents and progress toward reunification; and
- d. providing parents or the custodial agent with information, resources, and support for reunification.

Interpretation: *Public and private agency roles in the permanency planning process are defined by state rules, regulations, or contracts. When the organization is not responsible for facilitating permanency planning, it documents attempts to participate in the process.*

NA *The organization does not provide out-of-home care for youth in custody of a public agency.*

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WT 3.05

The service plan is based on the assessment and includes:

- a. agreed upon goals, desired outcomes, and timeframes for achieving them;
- b. services and supports to be provided, and by whom; and
- c. the youth's signature and that of a parent or legal guardian.

WT 3.06

A family-centered service plan is developed with the participation of the youth's family, as agreed to by a legal guardian and youth, when the participant is a minor.

WT 3.07

The service plan addresses, as appropriate:

- a. the unmet service and support needs;
- b. possibilities for maintaining and strengthening family relationships; and
- c. the need for support of the service recipient's informal social network.

WT 3.08

An interdisciplinary team:

- a. develops a service plan based on the youth's assessed needs and strengths;
- b. assumes responsibility for coordinating medical, social, psychological, and other evaluations; and
- c. shares the plan with those working directly with the participant.

WT 3.09

Extended family members, as appropriate and with the consent of the youth, may be invited to participate in case conferences and may be advised of ongoing progress.

Interpretation: *The organization facilitates participation by, for example,*

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helping arrange transportation or including family in scheduling decisions.

WT 3.10

The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly to assess:

- a. service plan implementation;
- b. progress toward achieving goals and desired outcomes; and
- c. the continuing appropriateness of the agreed upon service goals.

Interpretation: *Experienced workers may conduct reviews of their own cases. In such cases, the worker's supervisor reviews a sample of the worker's evaluations as per the requirements of the standard. Timeframes for service plan review should be adjusted depending upon issues and needs of the youth and family, and frequency and intensity of services provided.*

WT 3.11

The worker and the youth or family regularly review progress toward achievement of agreed upon goals, and sign revisions to service goals and plans.

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WT 4: Service Philosophy, Modalities, and Interventions

The program is guided by a service philosophy that:

- a. sets forth a logical approach for how program activities and interventions will meet the needs of the participant;
- b. guides the development and implementation of program activities and services based on the best available evidence of effectiveness; and
- c. outlines service modalities and interventions that personnel may employ.

Interpretation: *A program model or logic model can be a useful tool to help staff think systematically about how the program can make a measureable difference by drawing a clear connection between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or

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- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Include service philosophy in the Narrative
- Policies for prohibited interventions
- Procedures for use of non-traditional or unconventional practices
- Table of contents of training curricula

On-Site Evidence

- Documentation of training

On-Site Activities

- Interview:
 - a. Program director
 - b. Personnel
 - c. Youth or families served
- Review case records

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WT 4.01

The program is guided by a philosophy that provides a logical basis for the services, supports, and activities to be delivered, based on program goals and the best available evidence of service effectiveness.

(FP) WT 4.02

If the organization permits the use of service modalities and interventions it defines as non-traditional or unconventional, it:

- a. explains any benefits, risks, side effects, and alternatives to the youth or a parent or legal guardian;
- b. obtains the written, informed consent of the youth or a parent or legal guardian;
- c. ensures that personnel receive sufficient training, and certification when it is available; and
- d. monitors the use and effectiveness of such interventions.

Related: RPM 2.02

Interpretation: *Non-traditional or unconventional service modalities or interventions are those that step beyond the scope of wilderness treatment. These include, but are not limited to: hypnosis, acupuncture, and modalities or interventions that involve physical contact, such as massage therapy.*

NA *The organization does not permit non-traditional or unconventional modalities or interventions.*

(FP) WT 4.03

Organization policy prohibits:

- a. corporal punishment;
- b. the use of aversive stimuli;
- c. interventions that involve withholding nutrition or hydration, or that inflict physical or psychological pain;
- d. the use of demeaning, shaming, or degrading language or activities;
- e. unnecessarily punitive restrictions including cancellation of visits as a disciplinary action;
- f. forced physical exercise to eliminate behaviors;
- g. unwarranted use of invasive procedures or activities as a disciplinary action;
- h. punitive work assignments;

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- i. punishment by peers; and
- j. group punishment or discipline for individual behavior.

Related: BSM 2.02

(FP) WT 4.04

An intervention is discontinued immediately if it causes adverse side effects or is deemed unacceptable according to prevailing professional standards.

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WT 5: Family Connections

The youth, family, and organization work together to determine an optimal level of family connection including involvement in treatment activities.

Interpretation: *Care is taken to ask the participant about any individuals who are considered to be family members, including those who have a relationship through kinship, affection, law, custom, or other acknowledgement including current or former foster family, adoptive family, or extended family members.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

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- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Family handbook or other material describing family involvement
- Procedures for communicating emergency messages

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served
- Review case records

WT 5.01

The organization encourages active family participation, and arranges for family counseling, unless such involvement is contraindicated by the service plan.

Research Note: *Literature suggests that family counseling increases the likelihood of treatment success among youth receiving WT services. The understanding is that without involving the parents, the benefits of treatment will fade when the youth is returned to the home environment. Whenever possible and appropriate, WT programs should work with families to ensure that family members recognize their role in achieving positive treatment outcomes.*

WT 5.02

The organization helps participants:

- a. resolve conflicts in family relationships;

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- b. cope with family separation;
- c. identify family strengths to help members meet challenges;
- d. maintain relationships with family members through visits and shared activities;
- e. prepare for return to the family, if appropriate;
- f. participate in family and neighborhood activities; and
- g. connect with ongoing, post-discharge support services.

WT 5.03

The organization sends emergency messages from family members or the responsible placing organization to remote sites and immediately informs sender if this cannot be done promptly.

NA *The organization does not operate in remote sites.*

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WT 6: Program Components

The organization provides a structured, therapeutic program of services and activities that promote individual growth and learning.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

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Table of Evidence

Self-Study Evidence

- A description of program components

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served
- Review case records

WT 6.01

The organization provides a structured, therapeutic, interdisciplinary program that includes:

- a. an orderly, planned series of activities to help participants develop positive personal and interpersonal skills and behaviors;
- b. therapeutic, developmentally appropriate, experiential activities;
- c. individual, family, and/or group psychotherapy by qualified mental health professionals when indicated in the service plan and as appropriate to the participant's needs, length of stay, and accessibility to clinical personnel; and
- d. educational services if indicated in the service plan or as required by law.

(FP) WT 6.02

The organization provides:

- a. adequate shelter from the elements;
- b. safe and healthful food and water; and
- c. clothing and equipment appropriate for the activities and environment.

(FP) WT 6.03

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

Participants may be discharged from a specific adventure-based activity or from the program if:

- a. their behavior or other problems make continuation unsafe or ineffective;
or
- b. evacuation from remote locations is deemed necessary for health or mental health reasons.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 7: Program Activities

Program activities are designed to meet individual needs, build on strengths, develop skills, and promote learning through experience.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

Table of Evidence

Self-Study Evidence

- A description of program activities

On-Site Evidence

- Criteria for graduating activities to the skills and capabilities of participants
- Material that describes opportunities for religious and spiritual observation

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served
- Review case records
- Observe group activities

WT 7.01

The organization plans, adjusts, and graduates experiences to a level of difficulty appropriate for the skill level and capacities of participants.

WT 7.02

Techniques and skills needed for an activity are taught progressively and less-skilled participants are appropriately supported and supervised.

(FP) WT 7.03

The pace of group activities is based on the capacities of the least able or fit member of the group to prevent accidents or illness.

WT 7.04

The organization does not:

- a. coerce or otherwise force a participant to engage in a specific

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

- adventure-based activity; or
- b. deliberately eliminate reasonable options or alternatives to participation.

Interpretation: *The standard is not to be construed as unreasonably requiring an organization to go through a pro forma verbal agreement for each sub-activity. However, when a participant raises a strong objection, the organization must take it seriously, examine all implications, such as illness or skill level, and offer encouragement to participate, when needed. Organizations will clearly specify in their informed consent procedures whether (1) the program has a "challenge by choice" philosophy, (2) participants will be required to complete all or most elements of the experience, or (3) alternative activities can be used to accomplish the same goals. The person granting informed consent will understand in advance this feature of the program.*

Note: *Organizations that make use of "escort services" to transport participants to any of their programs, sites, and facilities must provide a complete description of the breadth and scope of such services; referral procedures; how the services are certified, licensed, or regulated by governmental authority or overseen by other mechanisms; and how the organization maintains compliance with standard 7.04. The organization uses only services that are appropriately insured.*

WT 7.05

Participants learn from and integrate their experiences through formal and informal discussions with staff, including daily debriefing sessions.

Note: *Discussions focused on evaluating individual client needs are recorded in the case record. Discussions regarding group dynamics and environmental concerns are recorded in a guide or therapist log.*

(FP) WT 7.06

In residential programs, the organization provides opportunities for religious observance and spiritual development to the extent possible given the service setting.

NA *Services are not provided in a residential setting.*

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 8: Health Services

Participants receive a health assessment, needed health services, and guidance that promotes good health.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

Table of Evidence

Self-Study Evidence

- Health related procedures

On-Site Evidence

- Material related to health education

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served
- Review case records
- Verify employment of physician or other qualified medical practitioner

(FP) WT 8.01

Each participant receives a health assessment conducted by a qualified medical practitioner that includes:

- a. an initial screening conducted within 24 hours of admission to identify the need for immediate medical care and assess for communicable disease;
- b. a medical examination within one year prior to or three days after admission; and
- c. dental, neurological, sight, hearing, and blood chemistry referrals if indicated.

Interpretation: *When records from the most recent medical examinations are unavailable, or examinations are incomplete, the organization must ensure examinations are completed.*

Note: *The American Dental Association recommends that children and youth receive a dental examination every six months.*

(FP) WT 8.02

The record for each participant contains a medical history and written medical authorization stating that the participant is physically able to participate in program activities.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

(FP) WT 8.03

Group leaders or other service personnel receive:

- a. relevant medical and psychiatric information, including immunizations and current health status; and
- b. pertinent medical information for off-site adventure-based activities.

(FP) WT 8.04

Participants receive age-appropriate support and education regarding:

- a. sexual development;
- b. pregnancy prevention and responsible parenting; and
- c. prevention and treatment of sexually transmitted diseases.

(FP) WT 8.05

Direct service workers promote good health habits and healthy living.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 9: Educational Services

A comprehensive, coordinated, individual education plan is developed for each participant that supports the achievement of educational and treatment goals.

Interpretation: *The organization meets the educational needs of service recipients to the extent possible given the service setting.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of educational services
- Procedures for enrolling participants in school
- Procedures for developing educational plans

On-Site Evidence

- Procedures for coordinating with local school districts

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served
 - d. Local school district representative
- Review case records

WT 9.01

Children and youth are enrolled in the local school district or an on-grounds school, and are provided with an education plan that meets all legal requirements and is integrated into the service plan.

WT 9.02

Educational plans for children and youth with emotional disturbances who are underachieving incorporate what is known about effective instructional practices, quality curriculum design, and educational tools for diverse learning needs.

WT 9.03

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

Program personnel regularly communicate and coordinate services with professionals in off-campus, educational settings.

WT 9.04

The organization provides or arranges, as necessary:

- a. tutoring;
- b. preparation for a high school equivalency exam;
- c. college preparation; and
- d. parent-teacher meetings.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 10: Privacy Provisions

The organization provides for participant comfort, dignity, and private communications.

Note: Please see Facility Observation Checklist - Private, Public, Canadian for additional assistance with this standard.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Privacy policy and procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served
- Review case records
- Observe facilities

(FP) WT 10.01

The organization:

- a. establishes and implements policies for searches of participants or their property consistent with applicable state and federal law; and
- b. prohibits the use of surveillance cameras or listening devices for routine observation unless required by judicial order, law, or contract.

(FP) WT 10.02

Searches of participants or their property are conducted in a manner that respects client rights, dignity, and self-determination and include, as appropriate to the frequency and invasiveness of searches:

- a. timely notification of a parent or guardian;
- b. definition and documentation of reasonable cause and assessed risk;
- c. trained, qualified staff; and
- d. an administrative review process including documentation, notification, and the timetable for review.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

Related: RPM 2.02

Interpretation: *The invasiveness of the search to be conducted has a direct impact on all aspects of search procedures. Organizations must demonstrate that more invasive searches are associated with an increased level of risk, reasonable cause, staff competence, and level of administrative review.*

(FP) WT 10.03

The organization does not open mail received by a participant, unless a previous incident involving the resident indicates that:

- a. the mail is suspected of containing unauthorized, dangerous, or illegal material or substances, in which case it may be opened by the participant in the presence of designated personnel; or
- b. receipt of, or sending, unopened mail is contraindicated.

(FP) WT 10.04

Each participant can have private telephone conversations, and any restriction is:

- a. based on contraindications and/or a court order;
- b. approved in advance by the program director or an appropriate designee;
- c. documented in the case record; and
- d. reauthorized weekly by the immediate supervisor of the direct service provider.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 11: Safety Review and Risk Prevention

The organization ensures safe practice through advanced planning, safety procedures, and personnel and participant training.

Note: See WT 21 Staff Training and Development.

Note: Please see Facility Observation Checklist - Private, Public, Canadian for additional assistance with this standard.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Safety procedures that address standards in this section

On-Site Evidence

- Three trip or activity plans
- The table of contents for safety training curricula
- Procedures for maintaining medication and first aid supplies
- Procedures for vehicle use, inspection, maintenance, and operation
- Contracts, including safety expectations, with any outside transportation providers
- Safety committee meeting minutes

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
- Review medical clearance records

(FP) WT 11.01

A safety review committee, supervisory personnel, or external advisors:

- a. conduct ongoing safety reviews;
- b. promptly review incidents when emergency procedures are invoked; and
- c. recommend corrective action.

(FP) WT 11.02

Safety procedures include:

- a. use of a written safety manual or equivalent safety plan for each type of activity offered;

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

- b. completion of a safety or risk-management plan before each trip or activity that contains safety preparations and other emergency planning information;
- c. a mechanism for bringing a participant's relevant health and medical information into the field;
- d. providing trip leaders with funds or other means for obtaining emergency resources during trips or programs held outside the organization's immediate vicinity;
- e. filing incident reports for any accidents or incidents in which personnel or participants were injured or at risk; and
- f. notifying the chief executive office or his/her designee if emergency procedures are invoked or an unanticipated problem or incident occurs.

Related: RPM 2.02, ASE 7

(FP) WT 11.03

When conducting trips or outdoor activities in remote areas, the organization:

- a. develops written evacuation and search and rescue procedures;
- b. trains staff on protocols for conducting medical evacuation; and
- c. provides appropriate equipment for emergency communication links from field personnel to outside medical and other resources.

Related: TS 1, TS 2

(FP) WT 11.04

When conducting offsite activities, the trip or activity plan includes:

- a. an itinerary maintained at the organizations central location;
- b. weather conditions under which evacuation may be warranted;
- c. detailed information regarding contact with the service director, or a designee, and rangers when appropriate;
- d. means of contacting rescue resources, medical facilities, and law enforcement; and
- e. any public or private entity notified of the itinerary.

(FP) WT 11.05

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

Safety training related to missing persons addresses:

- a. search and rescue procedures;
- b. public-safety agency involvement; and
- c. notification of all relevant personnel.

Related: TS 1, TS 2

(FP) WT 11.06

The organization trains all participants in planned trips or adventure based activities about the prevention of risks that may include:

- a. sunstroke, sunburn, hyperthermia, dehydration, frostbite, and snow blindness as appropriate to the type of activity and weather conditions;
- b. dangerous plants, animals, situations, and other hazards that may be associated with adventure-based activities or locations; and
- c. allergic and anaphylactic reactions.

(FP) WT 11.07

First aid, emergency response kits and emergency supplies, and medications needed by participants are available and under the control of the senior trip leader or other designated group leader at all times.

Related: RPM 3, ASE 7.02

(FP) WT 11.08

An organization that provides transportation in agency-owned vehicles, or in vehicles owned by personnel or contractors, requires:

- a. vehicles be equipped with standard safety equipment and passenger restraint mechanisms;
- b. access to emergency roadside repair tools, spare tires and parts, and other equipment required by law;
- c. pre-trip vehicle checks and regular vehicle maintenance;
- d. advance planning for supervision of participants during travel and during scheduled stops; and
- e. advance planning for appropriate breaks and rest stops, with a full day of rest scheduled following four consecutive days of vehicular travel.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

NA *The organization does not provide transportation directly or by contract.*

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 12: Physical Environment

The service operates according to legal requirements for land or facility use and with respect for the physical environment.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

Table of Evidence

Self-Study Evidence

- Environmental protection procedures
- Personal hygiene procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth and families served

WT 12.01

As applicable, and as required by law or regulation, the organization obtains land-use permits and other required permission to use or gain access to an area.

WT 12.02

Outdoor activities are conducted in a manner that is respectful of the environment and minimizes harmful effects.

Interpretation: *Leave No Trace Outdoor Ethics will be practiced whenever feasible.*

(FP) WT 12.03

The organization provides for the personal hygiene of participants and personnel in a manner that ensures privacy and protects the environment.

Interpretation: *Personal hygiene includes bathing, oral health, toileting, and feminine hygiene.*

(FP) WT 12.04

The organization provides for a safe, hygienic environment and has

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

procedures for infection control.

Related: ASE 8.01

Interpretation: *Infection control procedures should address issues related to wilderness living including safe drinking water, toileting, food, and response to illnesses.*

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 13: Equipment Safety

Equipment is properly maintained and safe to use.

Related: ASE 5

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

4.

Table of Evidence

Self-Study Evidence

- Procedures for maintaining equipment

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Relevant personnel
- Observe equipment
- Review equipment maintenance records

(FP) WT 13.01

Sports and outdoor equipment, including equipment belonging to participants or personnel, meets national safety standards.

(FP) WT 13.02

Equipment maintenance procedures include:

- pre- and post-activity equipment inspections, routine servicing, preventive maintenance, and repair;
- rehabilitation or removal of substandard equipment; and
- documentation of inspections and maintenance.

(FP) WT 13.03

Staff is familiar with, or trained on, the use of materials and equipment employed in the field.

Related: TS 1, TS 2

Interpretation: *Field testing of materials or equipment that are new on the market and being used to provide feedback to the manufacturer is*

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

prohibited while conducting service activities.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 14: Activity Technical and Safety Requirements

The organization considers safety and technical requirements, competence of leaders, and the abilities of participants when engaging in potentially demanding activities.

Interpretation: *The activities listed below do not have to be certified or accredited by a recognized authority to achieve COA accreditation. However, organizations that choose to be certified to provide any of the activities listed below, can submit proof of certification as evidence of implementation for WT 14.*

Note: *An organization that engages in any of the following activities meets associated federal or state safety and technical requirements:*

- a. *initiative and problem-solving activities;*
- b. *orienteering;*
- c. *hiking or backpacking;*
- d. *camping;*
- e. *group expeditions;*
- f. *archery;*
- g. *environmental projects;*
- h. *running;*
- i. *bicycle touring;*
- j. *remote travel;*
- k. *flat water canoeing, kayaking, or rafting;*
- l. *sailing;*
- m. *cross-country skiing;*
- n. *ropes courses, climbing towers, and artificial wall climbing; and*
- o. *other activities with a limited degree of perceived or actual risk for which its personnel are appropriately prepared.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for activity preparation, including group safety and skill level requirements
- Guidelines regarding use of protective gear and equipment

On-Site Evidence

- Credentials of experts
- Inspection and safety reports
- Material or procedures that address teaching skills progressively
- Guidelines for safely building and extinguishing fires

On-Site Activities

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served
- Review personnel files

(FP) WT 14.01

Before initiation of an activity, the organization:

- a. orients personnel to the terrain, sites, or waterways that will be used;
- b. verifies that personnel have direct experience with, and up-to-date information about, the conditions that may be encountered; and
- c. provides participants with complete information about geographic boundaries for the activity, rendezvous times and places, and emergency procedures.

(FP) WT 14.02

The organization evaluates potentially demanding activities for level of difficulty and undertakes only those within the competence of the leaders and the abilities of participants.

(FP) WT 14.03

When the activity involves travel or movement, participants receive instruction in pacing, fluid intake, clothing and footwear, equipment, and possible hazards.

Interpretation: *Activities addressed in this standard may include hiking, running, climbing, canoeing, bicycle touring, or similar pursuits.*

(FP) WT 14.04

Participants and personnel use protective gear and equipment as appropriate, including:

- a. personal flotation devices (Type III) for water activities;
- b. location devices and reflectors for dusk and night activities;
- c. helmets for biking, climbing, caving, or other appropriate activities; and
- d. other protective gear and equipment as appropriate to the activity to be

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

undertaken.

(FP) WT 14.05

As applicable to the activities, the organization maintains clear guidelines and trains personnel and participants on safely building and extinguishing fires.

Related: TS 1, TS 2

(FP) WT 14.06

Ropes courses, alpine or climbing towers, and artificial wall climbing activities meet the following requirements:

- a. the facilities and equipment used have been constructed by or are under the supervision of recognized experts in the field;
- b. personnel have been trained by recognized experts in the field and have a working knowledge of ropes course and climbing equipment elements, technology, construction, usage and inspection; and
- c. appropriate inspection and safety procedures have been fully implemented.

Related: TS 1, TS 2

Interpretation: *COA does not approve, certify, or accredit ropes courses, alpine or climbing towers, or artificial wall climbing programs. The organization must seek independent review by recognized experts for that purpose. The organization's primary responsibility is to ensure the safety of participants and personnel. Therefore, WT 14.06 applies both to facilities owned or operated by the organization, and those used by the organization's participants but owned and operated by others. In all cases, the organization must provide authoritative information regarding compliance with accepted standards for special program components.*

NA *The organization does not offer ropes courses, alpine or climbing towers, or artificial-wall climbing activities.*

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

(FP) WT 15: High Risk Activity Requirements

The organization uses certified instructors and complies with applicable national, state, or local safety standards for the following activities:

- a. white water rafting, kayaking, or canoeing;
- b. snow and ice climbing or glacier travel;
- c. mountaineering, bouldering, and rock climbing;
- d. top rope climbing and rappelling;
- e. caving;
- f. river crossing;
- g. solo expeditions;
- h. activities involving flying, hang gliding, gliding, and parachuting; and
- i. other high-risk activities.

Interpretation: *Organizations that offer any of the activities listed above must provide proof of accreditation, licensure, or certification with a nationally recognized authority for the activity being conducted to achieve COA accreditation.*

NA *The organization does not conduct any of the high-risk activities listed in the standard.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Safety and training plans for each of the high-risk activities conducted by the organization

On-Site Evidence

- Safety and training plans
- Applicable certificates of accreditation, licensure, or certification by a nationally recognized authority in the high risk activities being conducted

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 16: Care and Supervision

Participants are closely supervised, and group size is adjusted to promote safety and reduce liability and risk.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

Table of Evidence

Self-Study Evidence

- Procedures for establishing and adjusting personnel/participant ratios
- Procedures regarding staff assignment for activities
- Procedures that address solo activities

On-Site Evidence

- Coverage schedules for a recent three-month period

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served
- Review case records
- Review logs

(FP) WT 16.01

Group size is adjusted according to:

- a. the nature of the activity;
- b. the age and abilities of participants; and
- c. applicable legal requirements.

(FP) WT 16.02

Adventure-based group activities are supervised by:

- a. at least two group leaders or instructors; and
- b. additional staff when known risks are present.

Interpretation: *Group leaders or instructors have demonstrated competence or completed training outlined in WT 21.*

(FP) WT 16.03

Personnel-participant ratios are adjusted according to:

- a. the level of the activity's difficulty, risk, and distance from the

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

- organization's central location;
- b. the skill and experience of personnel; and
- c. the age, developmental level, and therapeutic needs of the group.

(FP) WT 16.04

For solo activities, a group leader or instructor:

- a. is responsible for the safety of that person or group;
- b. maintains sight or sound contact 24 hours a day, or has a plan for making contact in the event of urgent or emergent situations; and
- c. adjusts the degree of supervision to the participant's ability, the terrain, and environmental conditions.

NA *The organization does not conduct solo activities.*

(FP) WT 16.05

At least one person assigned to an adventure activity or group:

- a. is certified by an organization with recognized expertise in the activity area when such certification is available; or
- b. has documented and verified training and actual experience, and can demonstrate competence in conducting the particular activity.

Related: TS 1, TS 2

(FP) WT 16.06

A coverage and supervision plan is developed for groups physically distant from the organization's central location and:

- a. indicates the reporting relationships and delegation of authority; and
- b. gives decision-making authority to a person qualified by a combination of education, field experience, technical and safety expertise, and maturity.

Interpretation: *"Physically distant" can mean off-property or off-site.*

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 17: Transition to Independent Living

Youth transitioning to independence are prepared with positive experiences and skills to move successfully to living and managing on their own.

NA *The organization has a contract that does not include independent living services or the organization does not serve youth transitioning to independence.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Transition planning procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served
- Review case records

WT 17.01

The organization prepares youth for a successful transition by providing:

- a. transfer or termination of custody information as applicable;
- b. information about rights and services to which the person may have access due to income level or a disability;
- c. information on availability of affordable community based healthcare and counseling;
- d. court and welfare systems information;
- e. child care services information; and
- f. support through community volunteers or individuals who have made a successful transition, as appropriate.

Interpretation: *When the organization serves young children, the parent or legal guardian is informed of and involved in the transition process.*

WT 17.02

During the transition process, and prior to case closing, the organization

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

works with youth to:

- a. explore a range of housing options;
- b. evaluate risks and benefits of various options; and
- c. practice household management when possible.

Interpretation: *Housing options may range from supported living to fully independent living environments.*

NA *The individual is not transitioning to an independent living situation.*

(FP) WT 17.03

For every person transitioning to independence, the organization ensures that basic resources are in place, including:

- a. a source of income;
- b. affordable health care;
- c. adequate living arrangements;
- d. access to at least one committed, caring adult; and
- e. access to positive peer support.

Research Note: *A landmark longitudinal study following development of children from infancy to adulthood found that youth who made a successful transition to adulthood tended to seek out a caring adult, who could be a family or community member, or a substitute caregiver.*

NA *The individual is not transitioning to an independent living situation.*

WT 17.04

The organization assists individuals in obtaining or compiling documents necessary to function as an independent adult, including:

- a. an identification card;
- b. a social security or social insurance number;
- c. a resume, when work experience can be described;
- d. a driver's license, when the ability to drive is a goal;
- e. medical records and documentation, including a Medicaid card or other health eligibility documentation;
- f. an original copy of the youth's birth certificate;
- g. religious documents and information;
- h. documentation of immigration, citizenship, or naturalization, when applicable;
- i. death certificates when parents are deceased;

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

- j. a list of known relatives with relationships, addresses, telephone numbers, and permission for contacting involved parties;
- k. previous placement information; and
- l. educational records, such as a high school diploma or general equivalency diploma, and a list of schools attended.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 18: Case Closing

Case closing is a planned, orderly process.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing summary and assessment is not consistently provided to the public authority per the requirements of the standard.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are routinely terminated inappropriately; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard.; or
- A number of client records are missing important information; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Case closing procedures

On-Site Evidence

- Procedures that address continuation of services for persons whose third-party benefits have ended
- Review contract with public authority, as applicable

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth or families served
- Review case records

WT 18.01

Planning for case closing:

- a. is a clearly defined process that includes assignment of staff responsibility;
- b. begins at intake; and
- c. involves the worker, youth, a parent or legal guardian, and others as appropriate.

WT 18.02

Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate.

WT 18.03

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



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When a person's third-party benefits or payments end, the organization determines its responsibility to provide services until appropriate arrangements are made and, if termination or withdrawal of service is probable due to non-payment, the organization works with the youth or family to identify other service options.

Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits have ended and who are in critical situations.*

NA *The organization does not receive third-party benefits or payments for service.*

WT 18.04

If an individual is asked to leave the program the organization makes every effort to link the person with appropriate services.

(FP) WT 18.05

As a continuing resource for information, crisis management, referral, and support, the organization provides youth transitioning to independence with:

- a. a transition plan summary including the individual's options;
- b. a list of emergency and contact persons, and
- c. the organization's contact information.

NA *The organization does not serve youth transitioning to independence.*

WT 18.06

The organization identifies counseling, mentoring, institutional, business, and information resources in the community that can promote positive ties to the community, networking and leadership opportunities, and readiness to assume responsibility for:

- a. activities of daily living;
- b. employment;
- c. use of community resources;
- d. serving as a resource to the community; and
- e. effective interpersonal communication and conflict resolution.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 18.07

The organization that has a contract with a public authority that does not include aftercare planning or follow-up:

- a. conducts a formal case closing evaluation and assessment of unmet needs; and
- b. informs the public body of the findings, in writing, as appropriate to the contract and with the permission of the individual or a legal guardian.

NA *The organization does not have a relevant contract with a public authority.*

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 19: Aftercare and Follow-Up

The organization and the youth work together to develop an aftercare plan and follow-up occurs when possible and appropriate.

Interpretation: *While the decision to develop an aftercare plan is based on the wishes of the youth unless it is mandated, the organization is expected to be strongly proactive with respect to aftercare planning.*

NA *The organization has a contract with a public authority that does not include aftercare planning or follow-up.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Aftercare and follow-up procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Youth and families served
- Review case records

WT 19.01

The aftercare plan is developed sufficiently in advance of case closing to ensure an orderly transition.

WT 19.02

An aftercare plan identifies services needed or desired by the youth to solidify gains, specifies steps for obtaining these services, and helps individuals rejoin their families and communities.

Research Note: *Research suggests that an appropriate aftercare plan is essential to maintaining positive treatment outcomes. Prominent researchers in the field of WT point out that the transition from highly structured wilderness programs back to life in the community can be difficult without adequate support. Aftercare planning is an important part of helping youth to apply what they have learned to life outside the program.*

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 19.03

The organization takes the initiative to explore suitable resources and contact service providers.

WT 19.04

The organization follows up on the aftercare plan as appropriate, when possible, and with the permission of the participant.

Interpretation: *Reasons why follow-up may not be appropriate include cases where the youth's participation is involuntary.*

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

WT 20: Personnel

Personnel are qualified to meet the therapeutic, educational, and safety needs of participants.

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
 - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
 - Most staff who do not meet educational requirements are seeking to obtain them.
 - With some exceptions staff have received required training, including applicable specialized training.
 - Training curricula are not fully developed or lack depth.
 - A few personnel have not yet received required training.
 - Training documentation is consistently maintained and kept up-to-date with some exceptions.
 - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
 - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
 - With a few exceptions caseload sizes are consistently maintained as required by the standards.
 - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
 - Procedures need strengthening.
 - With few exceptions procedures are understood by staff and are being used.
 - With a few exceptions specialized staff are retained as required and possess the required qualifications.
 - Specialized services are obtained as required by the standards.

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
 - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
 - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
 - Training documentation is poorly maintained.
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.Â
 - Procedures need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

Purpose

Youth who participate in Wilderness and Adventure-based Therapeutic Outdoor Services expand individual capabilities, develop self-confidence and insight, ameliorate symptoms, and improve interpersonal skills and relationships.



Wilderness and Adventure-Based Therapeutic Outdoor Services

- Program staffing chart that includes lines of supervision
- List of personnel that includes:
 - a. name;
 - b. title;
 - c. degree held and/or other credentials;
 - d. FTE or volunteer;
 - e. length of service at the organization;
 - f. time in current position
- Table of contents of training curricula
- Procedures and criteria for assigning and evaluating workloads

On-Site Evidence

- Job descriptions

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Personnel
- Review personnel files

WT 20.01

Clinical oversight is provided by a professional with:

- a. an advanced degree in a mental health field, therapeutic or experiential education, or another human service field;
- b. appropriate licensure; and
- c. experience in the field of therapeutic, adventure programming.

Related: TS 1, TS 3

Interpretation: *When an administrator or program director does not possess the qualifications outlined in the standards, oversight responsibilities are delegated to a clinician with those credentials.*

NA *The organization does not provide clinical services.*

WT 20.02

On-site program coordination and supervision of personnel is delegated to a person qualified by:

- a. at least three years of progressively responsible experience in an outdoor adventure service for at-risk or troubled participants;

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- b. knowledge of adolescent development;
- c. demonstrated technical competence and safety skills;
- d. problem-solving and leadership skills, sound judgment, and capabilities in interpersonal communication and group facilitation; and
- e. skills in the use of outdoor experiences for therapeutic purposes.

Related: TS 3

Interpretation: *On-site program coordination and supervision of personnel can be directly assumed by the individual specified in WT 20.01.*

WT 20.03

Personnel include at least one mental health professional in a management or supervisory role who:

- a. provides or arranges for the direct clinical services specified in the service plan; and
- b. facilitates collaboration with external service providers.

NA *The organization does not provide clinical services.*

(FP) WT 20.04

Before assignment as a group leader or assistant, the organization provides and documents in the personnel record:

- a. supervised field experiences;
- b. competency testing; and
- c. certification in the area of assigned responsibility, when certification is available.

WT 20.05

All group leaders, instructors, or persons assuming responsibility for individual or group supervision of participants:

- a. are at least 21 years of age; and
- b. have technical competence in the activity to which they are assigned.

WT 20.06

Purpose

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Group leaders and direct service personnel are able to:

- a. provide an appropriate environment for participants to carry out their role in the overall service program;
- b. engage in mutually respectful relationships with the participants;
- c. guide participants in their development and their ability to use service resources;
- d. engage in therapeutic interactions with participants;
- e. teach experientially and serve as effective role models;
- f. communicate effectively with participants and personnel; and
- g. facilitate debriefing of group experiences and the transfer of learning.

Related: TS 2

Research Note: *Literature suggests that the relationship between participants and personnel is an important factor in determining the effectiveness of the therapeutic experience. Staff that are genuine, respectful, empathetic, and honest towards youth have been shown to facilitate positive treatment outcomes.*

WT 20.07

Depending on the participant's needs, the organization provides or arranges for the services of qualified professionals in dentistry, medicine, education, nursing, speech, dietetics, and religion.

Interpretation: *Thresholds for such services are spelled out clearly in the program description, during informed consent, or in the individualized service plan. Consulting services from qualified professionals and specialists are available on an informal basis or through linkages with community organizations. When the organization uses a consultant, it ensures that consulting services are coordinated with services provide by the organization. Organizations in remote locations, where certain professional resources are unavailable, are considered to be in substantial compliance if they make alternative arrangements such as transporting participants. If an extremely large number of participants have a need, the organization recruits an employee to meet that need.*

(FP) WT 20.08

Individuals who assume responsibility for supervision of participants in the field have skills in:

- a. navigating and operating in a given terrain;

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- b. interpreting and responding to changes in weather and environmental conditions; and
- c. improvising solutions to unanticipated problems and emergencies in the field such as environmental hazards, harmful plants or animals, and extreme weather conditions.

(FP) WT 20.09

Policy prohibits participants and personnel from using alcohol or other drugs while engaging in organization-sponsored activities.

WT 20.10

Employee workloads support the achievement of client outcomes, are regularly reviewed, and are based on an assessment of:

- a. the qualifications, competencies, and experiences of the workers, including the level of supervision needed;
- b. the work and time required to accomplish assigned tasks and job responsibilities; and
- c. service volume, accounting for assessed level of needs of new and current clients and referrals.

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WT 21: Staff Training and Development

Direct service personnel are trained and supervised and can demonstrate competence.

Related: TS 1, TS 2, TS 3

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or

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- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Table of contents of training curricula

On-Site Evidence

- Documentation of training
- Training curricula

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Personnel

WT 21.01

Personnel complete:

- a. 40 hours of orientation and experiential or classroom training before assignment of primary responsibility for a group;
- b. 40 hours a year of ongoing clinical and therapeutic outdoor training; and
- c. additional training to address specific types of activities and to maintain certification in specific areas, as appropriate to individual responsibilities.

Interpretation: *Staff must be trained and tested on their ability to demonstrate necessary abilities as outlined in the following standards. Staff should work under the supervision of a senior clinician or guide until competence is demonstrated in all skill sets. In the absence of state certification requirements the organization defines criteria for certifying staff and evaluating level of competence.*

WT 21.02

Direct service personnel receive training in, and/or demonstrate knowledge of, the following topics:

- a. normal growth and development;
- b. behavioral and emotional problems typical of the service population

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including risks associated with suicide, eating disorders, cutting, and impulsivity;

- c. alcohol and other drug problems;
- d. behavior dynamics and needs of participants who have been abused;
- e. methods to transfer learning and develop insight through the therapeutic outdoor experience;
- f. how to identify participants at risk of being sexually victimized;
- g. how to manage acting out behavior of a sexual nature; and
- h. the effects of attachment, separation, and loss.

WT 21.03

Personnel obtain certification for first-aid or first-responder and CPR before assuming primary responsibility for a group.

Related: TS 2.09

(FP) WT 21.04

Personnel whose training is incomplete are supervised by fully trained individuals and do not assume sole responsibility for participants engaged in high-risk adventure-based activities.

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