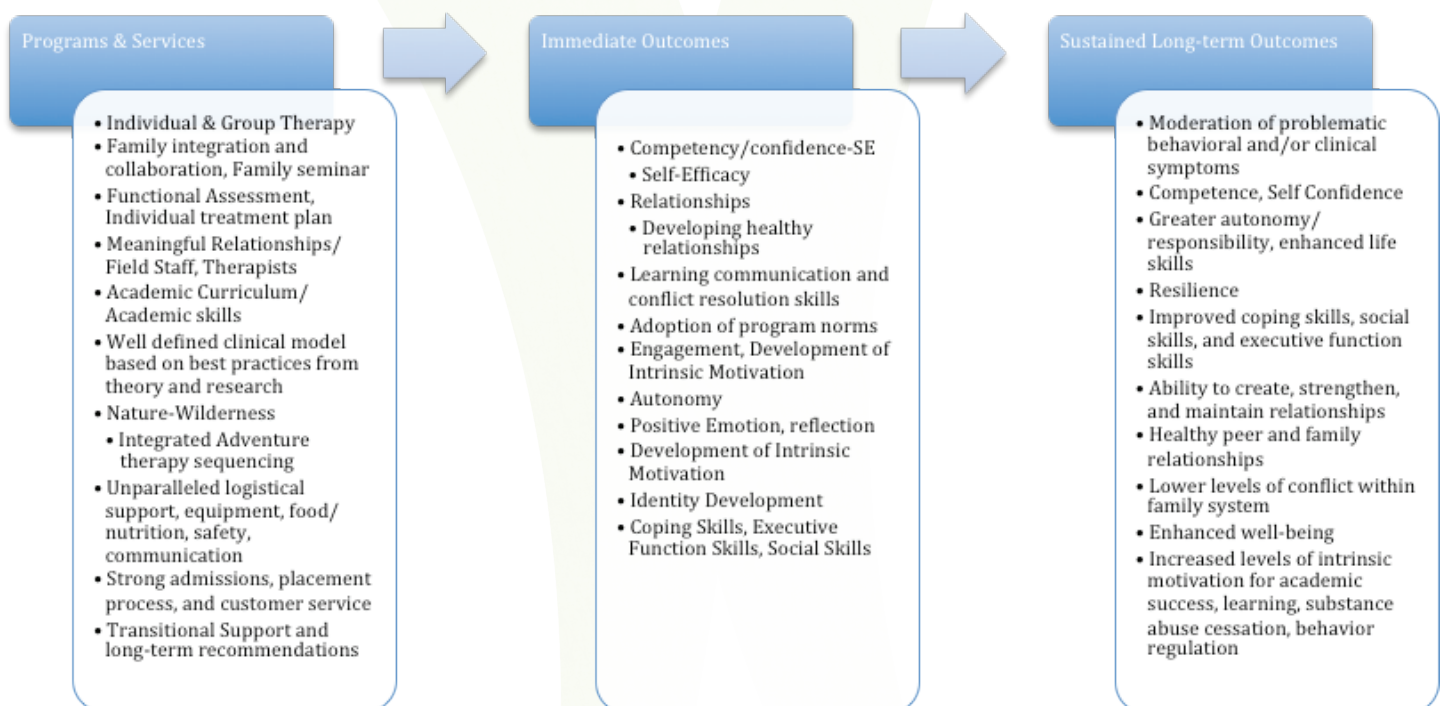# Aspiro
WILDERNESS ADVENTURE THERAPY

THE ASPIRO MODEL OF CHANGE
EVIDENCE BASED AND COMMITTED TO QUALITY

In an effort to help you decide if Aspiro is the most appropriate treatment program for your child and your family, we want to provide you with a clear picture of our program structure, typical interventions, and why our approach is effective.

Aspiro emphasizes skill building, developing personal strengths, and the promotion of self-efficacy though persistence resulting in meaningful achievement. Our program is "Evidence Based." This means (1) our general treatment model and (2) the specific interventions we use have been shown to work through careful research published in scholarly journals. We are also involved in an ongoing process of self-improvement: we hire independent experts to gather outcome data and we support ongoing research in coordination with university scholars and the Outdoor Behavior Healthcare Research Cooperative. These scholars routinely publish their findings in the top peer reviewed journals in their respective disciplines.

To help you understand our services, we have developed a model showing the logic behind the program design.

Programs & Services	Immediate Outcomes	Sustained Long-term Outcomes

• Individual & Group Therapy
• Family integration and collaboration, Family seminar
• Functional Assessment, Individual treatment plan
• Meaningful Relationships/ Field Staff, Therapists
• Academic Curriculum/ Academic skills
• Well defined clinical model based on best practices from theory and research
• Nature-Wilderness
  • Integrated Adventure therapy sequencing
• Unparalleled logistical support, equipment, food/ nutrition, safety, communication
• Strong admissions, placement process, and customer service
• Transitional Support and long-term recommendations
	• Competency/confidence-SE
	  • Self-Efficacy
	• Relationships
	  • Developing healthy relationships
	• Learning communication and conflict resolution skills
	• Adoption of program norms
	• Engagement, Development of Intrinsic Motivation
	• Autonomy
	• Positive Emotion, reflection
	• Development of Intrinsic Motivation
	• Identity Development
	• Coping Skills, Executive Function Skills, Social Skills
		• Moderation of problematic behavioral and/or clinical symptoms
		• Competence, Self Confidence
		• Greater autonomy/ responsibility, enhanced life skills
		• Resilience
		• Improved coping skills, social skills, and executive function skills
		• Ability to create, strengthen, and maintain relationships
		• Healthy peer and family relationships
		• Lower levels of conflict within family system
		• Enhanced well-being
		• Increased levels of intrinsic motivation for academic success, learning, substance abuse cessation, behavior regulation

Aspiro's programs and services, listed in the left box, describe the interventions provided to every student. Each of these components contributes synergistically to the effectiveness of the program. The center box identifies intermediate outcomes the program promotes. The right box lists the long-term outcomes the program is designed achieve.

HERE ARE THE KEY QUESTIONS:

- How do we know our programs are effective?
- How do we know our model actually promotes the outcomes we describe?

Research in the area of Positive Psychology indicates some traditional methods of treating problems (e.g. treating "symptoms" or remediating "deficits") do not necessarily lead to better mental and emotional health (Seligman, Steen, Park & Peterson, 2005). Rather, focusing on building strengths often promotes better long-term outcomes.

Our main focus at Aspiro is on the key factors associated with well-being and high quality of life (Lyubomirsky, 2008; Seligman, 2011). The foundation of the program is autonomy-support (Deci & Flaste, 1996). We provide students with high levels of choice. Yet, we hold students accountable for their actions and work to set limits in non-controlling ways. As a result, we minimize apathy and defiance while engaging students to become active, responsible participants in their own lives. Environments of autonomy lead to higher levels of intrinsic motivation, engagement and well-being. Fostering an intrinsic desire to change is key to long-term improvement and well-being (Larson, 2000).

In the context of encouraging autonomy, responsibility, and greater well-being our programs focuses on 5 key areas:

1) Building character strengths to promote positive emotion
2) Learning how to be intrinsically engaged fully in life
3) Learning to build and maintain healthy relationships
4) Finding meaning and promoting identity development through involvement in larger causes, relationships and meaningful achievement
5) Promoting competence or personal efficacy to overcome obstacles through direct skill enhancement, resulting in a strong sense of achievement

This general model is based on the work of Martin Seligman, former president of the American Psychological Association and others (Seligman, 2011). Aspiro's clinical team trains and supervises the field staff to employ specific techniques to achieve these outcomes and build character strengths, (Lyubomirsky, 2008, 2013; M. E. P. Seligman, 2011; Martin E. P. Seligman, Steen, Park, & Peterson, 2005, Csikszentmihlyi, 1990) promote identity development (Duerden, Taniguchi, & Widmer, 2012), and build competence (Widmer, Duerden, Taniguchi, 2014). Several of the studies listed above are specific to adventure therapy and have direct application to the students we serve. Aspiro is currently involved in additional studies extending the research on identity development, persistence, self-confidence, relationships, responsibility and autonomous behavior.

Therapeutic relationships between counselors and clients are one of the most important factors in promoting change (Lambert 2004). Aspiro focuses on hiring therapists and field staff with the characteristics and strengths necessary to be highly effective. We intentionally hire and train staff who model effective behavior and build strong relationships with our students (Taniguchi, Widmer, Duerden, & Draper, 2009). We teach healthy communication, and model honesty and transparency in relationships (Huff, Widmer, McCoy, & Hill, 2003;, Widmer, McCormick, & Ward, 2006). In an effort to improve family relationships as well, our therapists and staff use principles from leading experts (Arbinger Institute, 2008).

In addition to these clinical aspects of our programs, we recognize and capitalize on the benefits associated with spending time in the outdoors (Williams, 2000). Time in natural environments provides a number of benefits for our students. Richard Louv (2008) discusses this research in his book, Last Child in the Woods. Examples of positive outcomes associated with nature include (1) better executive functioning, (2) enhanced problem solving, (3) critical thinking and decision-making, (4) reduction in symptoms of ADD/ADHD and (5) improved creativity.

Aspiro seeks to provide effective, evidence-based programs to bring positive change into the lives of our participants. As demonstrated in our logic model, and explanation of what we do, we are intentional in the design of our programs and in the selection and training of our team. Aspiro fosters a unique culture of passionate individuals who possess the necessary desire and professional expertise to facilitate change. Our greatest hope is to play a role in helping you and your family thrive as you move forward.

REFERENCES

Arbinger Institute (2008). The Anatomy of Peace: Resolving the Heart of Conflict. San Francisco, CA: Berrett-Koehler.
Csikszentmihlyi, M. (1990). Flow: The psychology of optimal experience. New York: Harper Perennial.
Deci, E. L., & Flaste, R. (1996). Why we do what we do: understanding self-motivation. New York, NY: Penguin Books.
Duerden, M. D., Taniguchi, S., & Widmer, M. (2012). Antecedents of Identity Development in a Structured Recreation Setting A Qualitative Inquiry. Journal of Adolescent Research, 27(2), 183-202.
Duerden, M. D., Widmer, M. A., & Witt, P. A. (2010). Positive youth development: What it is and how it fits in therapeutic settings. Journal of Therapeutic Schools and Programs, 4(1), 118-133.
Huff, C., Widmer, M.A., McCoy, K. J., & Hill, B.J. (2003). The Influence of Challenging Outdoor Recreation on Parent-Adolescent Communication. Therapeutic Recreation Journal, 37(1), 18-37.
Larson, R. (2000). Toward a psychology of positive youth development, American Psychologist, 55(1), 170-183.
Lundberg, N., Widmer, M., McCormick, B. & Ward, W. (2006). Rational emotive recreation therapy: Using adventure and recreation in reducing irrational beliefs among adolescent males with behavior disorders. Annual in Therapeutic Recreation, 14, 59-68.
Lyubomirsky, S. (2008). The how of happiness: A scientific approach to getting the life you want: Penguin.
Lyubomirsky, S. (2013). The myths of happiness: What should make you happy, but doesn't, what shouldn't make you happy, but does: Penguin.
Seligman, M., Steen, T., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. American Psychologist, 60, 410-421.
Seligman, M. E. P. (2011). Flourish: A visionary new understanding of happiness and well-being. New York: Free Press.
Taniguchi, S., Widmer, M. A., Duerden, M. D., & Draper, C. (2009). The Attributes of Effective Field Staff in Wilderness Programs: Changing Youths' Perspectives of Being "Cool". Therapeutic Recreation Journal, 43(1), 11-26.
Widmer, M. A., Taniguchi, S. T., & Duerden, M. D. (2014). Increasing and Generalizing Self-Efficacy: The effects of adventure recreation on the academic efficacy of early adolescents. Journal of Leisure Research, 47(2), pp. 165-183.
Williams, B. (2000). The treatment of adolescent populations: An institutional vs. a wilderness setting. Journal of Child and Adolescent Group Therapy, 10(1), 47-56.