

Wilderness therapy's future

And landscape served as for therapy programs' birth

By JESSICA MILLER | The Salt Lake Tribune

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at the university — which is operated by The Church of Jesus Christ of Latter-day Saints — began to notice that students who went along were doing better in school and were well-mannered at home. So school officials worked with Olsen to develop a course that offered failing BYU students a shot at readmission if they learned survival skills and went on a monthlong backpacking trip through the Utah desert.

BYU officials said it's been more than 30 years since the university offered any courses related to a wilderness survival program.

The industry continued to grow from there — but Olsen was quoted several times saying that he disagreed with the punitive, militaristic approach that many of his successors used.

"They've studied my technique and put on the skin," he told the Los Angeles Times in 1995, "but have failed to get the heart of what we're doing. Instead, they've gone to the boot camp idea and yelling in the face. For most kids, that doesn't work."

A LUCRATIVE INDUSTRY: STEVE CARTISANO

While Olsen started wilderness therapy programs, it was another Utahn, Steve Cartisano, who turned the concept into a money-making business. Also a BYU alumnus, Cartisano took the ideals of wilderness therapy and jacked up the price. According to a 2008 Tribune article, he established the Challenger Foundation in Escalante and started charging parents more than \$10,000 in fees.

Cartisano and other spinoffs embraced militaristic routines, like forcing young people to march in the desert. In Utah and elsewhere, teens began dying from



Steve Cartisano was barred from working programs in Utah after teen's death.



Michelle Sutton » 15-year-old died while hiking on sixth day of program



Kristen Chase » 16-year-old died on hike three days after arriving from Florida



Katie Lank » 16-year-old fell while hiking in 2001 and died three weeks later



Ian August » 14-year-old died of hyperthermia on hike in July 2002

dehydration, falls or heat exhaustion.

Cartisano was banned from working with child-treatment programs in Utah after 16-year-old Kristen Chase died of heatstroke in his Challenger program in June 1990. He was charged with negligent homicide in her death and with child abuse for how other students were treated, but a jury acquitted him.

Being banned in Utah didn't stop Cartisano from continuing his "tough love" programs — he opened up shop in other places. He launched several unregulated programs in Hawaii, the U.S. Virgin Islands, Puerto Rico, Costa Rica and Samoa. All of these programs collapsed after claims of child abuse and financial improprieties became public, according to Tribune reporting from 2002.

DEATHS IN THE DESERT

Cartisano's program was not the only one who had teens die under its watch. Five teens died in Utah-based wilderness therapy programs over a 12-year period beginning in 1990.

Michelle Sutton died May 9, 1990. The 15-year-old California girl was enrolled in Summit Quest of St. George. She died from altitude sickness, dehydration and heat exhaustion while hiking south of St. George on the Arizona Strip on her sixth day in the program.

Kristen Chase died June 27, 1990. The 16-year-old from Florida was enrolled in Cartisano's Challenger program. She died of heatstroke three days after arriving at the program, while on a hike in Kane County.

Aaron Bacon died March 31, 1994. He was 16 years old and from Arizona. Bacon was enrolled in North Star Expeditions of Escalante, and had made it three weeks into the 63-day wilderness program before he died of peritonitis and a perforated ulcer while on the Hole-in-the-Rock trail in Garfield County.

Katie Lank died on Jan. 13, 2002. The 16-year-old Virginia girl was enrolled in Redrock Ranch Academy of St.

George. She was hiking about 25 miles from Gunlock Reservoir in Washington County on Christmas Day in 2001 when she lost her footing in an area called the "naming caves," and fell about 70 feet into a crevasse. She died three weeks later at a Las Vegas hospital.

Ian August died July 13, 2002. He was 14 years old and from Texas. August was enrolled in Skyline Journey of Nephi, and was hiking in the Sawtooth Mountain area west of Delta when he could not hike any farther. He died of hyperthermia.

REFORMS CONTINUE

August was the third teenager to die from a heat illness in a Utah-based wilderness therapy program. And like most of the teens who perished before him — including Sutton, Bacon and Chase — he was judged by staff to be "faking it" as he began to die.

Following his 2002 death, Utah licensers began imposing stricter standards on wilderness programs. A 2003 Tribune article details the regulatory changes: Teens can't hike when temperatures exceed 90 degrees, rescue responses were required to be better coordinated, and staff were required to have working watches and thermometers and teens were required to have physical exams within 15 days of entering a wilderness program.

Programs also were required to address teen complaints by allowing them to promptly see a medical professional, regardless if field staff believe the youth is "faking." Today, state rules also dictate the minimum amount of food and water that should be available to teenagers, how heavy their backpacks can be and what supplies programs are required to provide to young people.

There were few other reforms to Utah's "troubled teen" industry until almost two decades later, in 2021. By that time, the industry had boomed to more than 100 programs — primarily residential treatment programs, but wilderness camps steadily maintained their numbers, too.

Legislators enacted more regulations in 2021 in response to increased scrutiny in recent years of youth treatment programs amid allegations of mistreatment and abuse. The legislation placed limits on use of restraints for all programs, and addressed the use of drugs and isolation rooms in residential centers.

It also earmarked more money to hire more state regulators, who now go into youth treatment programs more often. And it now requires programs to report when a staff member uses a physical restraint on a young person or puts them in seclusion.

profits in order to remain in operation and continue serving families in need."

White predicts wilderness therapy will continue — but will likely have to evolve again, as it did after the Great Recession. He said he believes programs that will succeed in this moment should be embracing regulation, and listening to the feedback of those who have had negative experiences — which the OHS Council said its programs are doing.

"A therapeutic environment in the outdoors should be available to all who choose and want to embrace it," White said. Glimmer agrees. "Living in nature is [a] unique setting for clients to focus on their therapeutic goals. It is simple, beautiful, inspiring, peaceful, and also challenging. It is an incredible place from which to conduct family therapy and promote personal growth."

But Applegate said she believes the work by activists to shed light on alleged abusive tactics may end wilderness therapy altogether. "I don't think it can survive," she said. "I certainly hope it doesn't."

"We have them cornered," she added, "with litigation and allegations and survivor stories and documentaries ... And they're at the end of their rope."

his daughter in a hotel room in Florida and took her to the Second Nature program in Utah. The lawsuit says the girl was sent there by her mother, and alleges that the wilderness program staff did not give her prescribed antidepressants, isolated her from her peers and did not allow her to access proper hygiene materials. Glimmer declined to comment on the suit.

All of these court cases are still pending.

'THEY'RE CORNERED'

White noted that a February death of a boy in a wilderness program in North Carolina also has made parents leery of sending their children to these types of programs, believing that they aren't regulated or safe enough. (Every state has their own varying degrees of regulations and there are still no federal rules in place.)

He said some parents are also turned off by the "transport" tactic that many in the wilderness therapy industry used to advocate — a process where parent-hired transporters would surprise sleeping teenagers in their bedrooms and forcibly take them to a program.

"A lot of people see it as abhorrent," he said. "At one time, some people in the field said, 'Everybody should be transported. We're going to take their power away.' And I think some of the stories we hear from people who refer to themselves as 'survivors' [is that] it was traumatizing."

Today, there are more options for shorter-term inpatient care for parents to choose from, and White said others are opting for an out-patient approach.

The OHS Council said increased rules and regulations in recent years have also contributed to higher costs, and some programs have struggled to adjust to decreasing bottom lines paired with less clientele.

The group said Utah programs appear to have been hit particularly hard with closures, but added that the industry is larger here compared to other states. One theme that has identified, they said, is that those that are closing now often are affiliated with large corporate or financial backers.

"It appears as though most of the programs that are able to remain open are owner-owned and operated," they said, "and have owners that believe in this work deeply and are willing to reduce or completely forgo