

Johnson, Stephen ORCID: <https://orcid.org/0000-0002-3144-1445> (2015)  
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# Outdoor Therapy: Where do you stand?

by Steve Johnson

In 2006, a multidisciplinary forum, hosted by the University of Central Lancashire (UCLAN) and comprising representatives of influential organisations such as the British Association for Counselling and Psychotherapy (BACP), the United Kingdom Council for Psychotherapy (UKCP) and the Institute of Outdoor Learning (IOL) met to discuss the evolution of Outdoor Therapy within the UK. While it was recognised that there were many areas of common ground amongst a group of practitioners working along a continuum of provision, ranging from clinical based psychotherapy to forest based outdoor recreation providers, there was a need to reach a clearer service definition that would recognise and aid the development of the field. It was also recognised that there were extensive areas of overlap as shown in figure 1 (right) (Johnson 2012).

These areas included the fact that regardless of the person leading the intervention the client always has a range of issues to deal with, from their identity, background and beliefs, to their fears and hopes. In delivering an intervention the therapist or outdoor practitioner, may move from one segment to another, sometimes using an activity purely for recreation (such as swimming in a remote lake, at other times for the lessons that may be learned from it, such as reflection on a ropes course activity. Always seeking to ensure the intervention is effective for the client. Another way of portraying this concept visually is as a simple sliding scale as shown in figure 2 right.

Figure 1 - Scope of outdoor therapy (Johnson 2012)

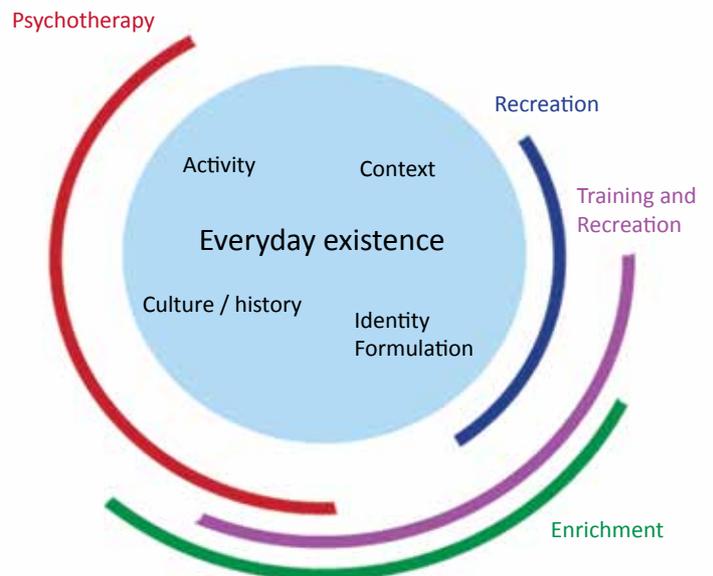
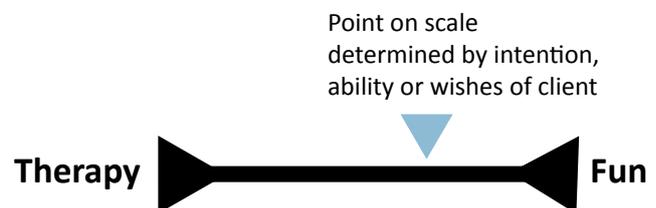


Figure 2 - Scale of intervention





Throughout this short article the term 'Outdoor Therapy' rather than 'Adventure Therapy' has been used. This is also a result of both the meeting referred to above and a meeting of the special interest group in Llanberis where members felt that while Outdoor Therapy included Adventure Therapy, 'Adventure' suggested a more specific series of activities that may therefore exclude members practicing from a perspective more linked to the role of the environment e.g. ecotherapy (Buzzell & Chalquist 2009, Clinebell 1996).

So whatever your current role, or choices for future development, involvement in the IOL Outdoor and Adventure Therapy Special Interest Group could provide you with new insights or directions, from the power of sense awareness (Burns 1998) to the role of Solution Focused Brief Therapy, from the practice of mindfulness to how improving your environmental knowledge can impact on group engagement.

Current membership of the group ranges from people running their own business to those working in centres, from Clinical Psychologists and academics to Bushcraft and climbing instructors, all seeking an awareness of how our work in the outdoors has therapeutic benefits at whatever degree we provide a service and in being able to demonstrate this we are able to show the importance of our sector in the ongoing debate on health and wellbeing. ■

The current officers of the SIG are

- Kaye Richards - Chair
- Steve Johnson - Vice-Chair
- Stephan Natynczuk - Secretary

All can be contacted via email to the IOL office.

In fact the client will themselves move between the segments as their own experience, sense of themselves, confidence in practice and achievement, even mood on the day change. The overlap between psychotherapeutic intervention and enrichment was deemed especially significant as both are therapeutic and it is the intention of the therapist (and/or client seeking help) that makes the difference. This is an area highlighted more than two decades ago in papers on Nature Guided Therapy (Burns 1998) and still being explored today.

The definition finally arrived at for Outdoor Therapy was that it:

- Uses a process of supported self-discovery to promote wellbeing and change
- Has some experience that takes place out-of-doors (recognition of interconnection to the environment and other themes)
- Recognises the outdoor place is an active component in the therapeutic process and that the process involves other components such as place, experience and reflection
- Understands that reflection (not reviewing) for the therapist and the client is an integral part of the process and that these reflective processes include what is happening for both the therapist/practitioner and the client and their relationship to the outdoor place.

**References:**

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