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## The Outdoor Mental Health Interventions Model: A UK statement of good practice in outdoor and adventure therapy

### Abstract

This paper summarizes the development of a statement of good practice for outdoor and adventure therapy, and outdoor mental health interventions developed in the UK. It provides a brief overview of the rationale for its development, along with an introduction to how the Outdoor Mental Health Interventions Model offers a framework for this statement. The key components of this interventions model are discussed, including 'three zones' of different practices that therapeutic outdoor and adventure practices can be approached from: 1) therapeutic outdoor engagement; 2) therapeutic outdoor enhancement; or 3) integrated outdoor therapy. It also raises questions about the levels of competencies from outdoor and psychotherapeutic perspectives across each of these zones of practices. Overall, this raises important questions about current ethical practices and future directions in ethical guidance for outdoor and adventure therapies both in the UK and internationally.

### Keywords

Outdoor therapy; nature therapy; adventure therapy; counselling and psychotherapy ethics; green spaces

# 1 Introduction

The debate surrounding what constitutes good practice in adventure therapy is not new. Consideration of ethical practices is a fundamental basis of both outdoor adventure and psychotherapeutic practices. Inevitably, the challenge for the outdoor and adventure therapy profession is how these obligations and issues are clearly communicated and managed to help bridge these combined professions. It is clear, that whilst the backdrop to ethical debates had clearly progressed in other countries, the UK had its own pressing need to address ethical agendas in adventure therapy at a time in its historical, cultural, and professional developments. There is a strong foundation of safe and ethical outdoor adventure practices in the UK, as evident with government licensing of outdoor adventure activities and guidance for balancing risks and benefits in the outdoors (Gill, 2010). There is also a strong psychological underpinning to outdoor personal development and facilitation practices (Ogilvie, 2012). However, the integration of outdoor adventure and psychotherapy needed a clearer platform from which ethical agendas could be both recognised and positioned from across the UK.

It had been a decade since adventure therapy had clear recognition and meaningful collaboration with mainstream psychological therapies professional bodies in the UK. The British Association for Counselling and Psychotherapy had given some attention to outdoor therapies (Brown & Richards, 2005) and hosted the 5th International Adventure Therapy Conference (Pryor et al., 2012), but since then developments towards a shared ethical agenda had failed to adequately progress in the UK. The field was incoherent in how terms of practice were ethically applied, as well as lacking a clear framework from which UK ethical practices could be positioned. For example, how would a psychotherapist recognise the outdoor adventure competencies for taking groups outdoors, and how would an outdoor learning professional recognise the complexities of how to safely manage mental health and complex psychological needs of clients? Irrespective of what professional lens was being used, a statement that collectively spoke to both of these professional landscapes was clearly needed for accessible guidance.

These associated concerns led us as authors to develop a statement of good practice for outdoor therapy and outdoor mental health interventions, that was published on behalf of the national organisation, The Institute for Outdoor Learning and endorsed by the British Association for Lifestyle Medicine (Richards, et al., 2020). The terms outdoor therapy and outdoor mental health interventions are used in this statement as this was viewed as more inclusive of a broad range of UK based terms and practices (albeit adventure therapy was clearly part of this). Whilst looking to address key ethical needs, there was also an aspiration to celebrate the diversity of valuable outdoor therapeutic based practice that was evident in the UK. We wanted to avoid the perception that one type of practice was better than another. Instead, what was deemed to be more inclusive was a way of ensuring that ethical boundaries of practices were more clearly delineated. In doing so this would help to set ethical parameters of therapeutic practices outdoors, along with ensuring that client participants were being offered something that was not misrepresentative of its intentions and purpose, or at risk of doing harm.

At that time there was also an apparent trend to replace the longstanding and widely recognised term personal development with ‘well-being’ and ‘mental health’ programmes or activities, along with the emergence of ‘ecotherapy’ (Mind, 2013) and ‘green prescribing’ (Fullam, 2021). Recognising that in some outdoor practices, nothing noticeably different was being reflected to address the complexities of emotional and psychological difficulties and mental health problems, meant the need for ethical accountability became ever more pressing. Thus, a key agenda was to provide a framework of ethical considerations and markers of competency in outdoor and adventure therapies that practitioners from a range of disciplines could align themselves with. Organisations and practitioners could then hopefully work to better satisfy professional ethical obligations, and the requirements of participants and commissioners alike would also be addressed in terms of being able to have clarity on the type of outdoor approach being offered.

## 2 The Outdoor Mental Health Interventions Model: An Overview

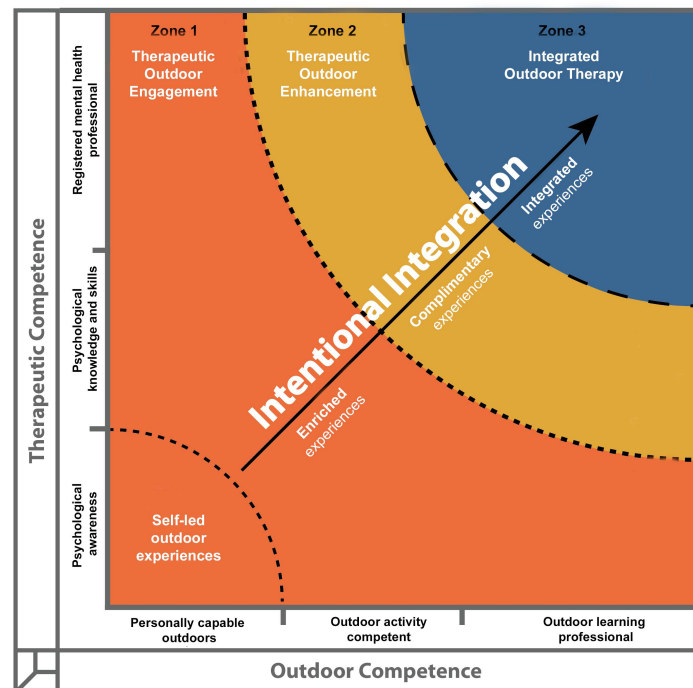
Given this backdrop of changing times, where traditional approaches to therapy, outdoor adventure and personal development were being influenced by emergent ‘well-being’ and ‘mental health’ agendas, the Outdoor Mental Health Interventions Model (co-created by Richards, Hardie and Anderson, 2020) was developed. Whilst for some a quiet consulting room with comfortable chairs can offer a stable and consistent environment for deep re-reflection and conversation, for others a different kind of therapeutic space can feel more suitable and provide fresh horizons from which personal growth can flourish. The Outdoor Mental Health Interventions Model (OMHI Model) (see Figure One) celebrates the wide variety of therapeutic spaces that are freely accessible outdoors: a bench in the local park; a footpath beside a stretch of water; a secluded spot beneath mature trees; an expansive beach with sand that stretches for miles; a soft moss-filled forest floor; or a grand mountain vista. It also values the places and spaces where a skilled outdoor professional can expand the therapeutic opportunities even further with activities and experiences such as: rock-climbing; wild camping; caving; bushcraft living; canoe journeys; wild swimming; high-altitude mountaineering; or wilderness expeditions.

The OMHI Model has purposefully consolidated the complexities represented across diverse practices and issues evident over many years of developments in this area. It offers a way of thinking about the combination of competence, professional responsibility and leadership in different outdoor mental health approaches. The model enables all types of outdoor and therapeutic practices to be positioned within a framework that makes stake-holders, not only more accountable to the ethical dimensions that underpin programmes or services provided, but also challenges providers to ensure that the outdoor approaches offered are appropriate and beneficial for participants in the way they are intended to be. Each specific project or intervention will correspond to a zone of practice best suited to the individual needs of the client (or group), the piece of work required/ commissioned, and/or the environment. The three zones of practice identified in the model (therapeutic outdoor engagement, therapeutic outdoor enhancement, and

integrated outdoor therapy) are not hierarchical, each brings with it different types of emphasis, ethical obligations, competence requirements, and intention of outdoor mental health practices (see Table One).

**Figure One**

**The Outdoor Mental Health Interventions Model**



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*The Outdoor Mental Interventions Model: Competencies and Zones of Practice*

**Table One: Zones of Practices in the Outdoor Mental Health Interventions Model**

<b>Zone 1</b> <b>Therapeutic Outdoor Engagement</b>	<p><b>Zone 1 encompasses:</b> self-led outdoor experiences for own health and wellbeing; outdoor learning with general therapeutic benefits; and traditional therapy with general outdoor benefits.</p> <p>In this zone of practice engaging individual or group experiences are enriched by the addition of an outdoor or psychological dimension to a session or a service. For example, counsellors and psychotherapists offering an individualised outdoor 'walk and talk' session in a local park; outdoor instructors and leaders incorporating a psychological tool within an outdoor activity session; and facilitated or self-led outdoor experiences that help to promote and sustain general wellbeing and mental health.</p>
<b>Zone 2</b> <b>Therapeutic Outdoor Enhancement</b>	<p><b>Zone 2 encompasses:</b> outdoor and nature-based activities delivered using a complementary psychological approach; or a course of therapy enhanced by relevant outdoor activities or experiences to support resourceful thoughts, feelings, and behaviours.</p> <p>In this zone of practice outdoor activities and psychological approaches are jointly used and complement each other to enhance the benefits for participants. For example, during a forest walk, a psychotherapist guides their client through a situation drawing on metaphors from the landscape; an outdoor professional uses a cognitive-behavioural technique to assist participants to practice emotional regulation when climbing.</p>
<b>Zone 3</b> <b>Integrated Outdoor Therapy</b>	<p><b>Zone 3 encompasses:</b> co-created, person-centred outdoor, adventure and nature-based psychotherapeutic experiences designed to address individual emotional, psychological, and social difficulties.</p> <p>In this zone of practice unique and dynamic integrated experiences fully utilise professional competence in both outdoor learning and psychological therapy. For example, a progressive sequence of climbing and bushcraft activities is developed by integrated psychological and outdoor professional practices, to address flashback triggers and heal displacement trauma for refugees.</p>

The outdoors provides a broad canvas upon which the facilitator and participant can co-create a rich and valuable therapeutic process in either Zone 1, Zone 2, or Zone 3. Each therapeutic modality or approach will have their own set of models, tools and techniques that can be deployed in the outdoor setting just as each outdoor activity or experience will have an environmental, equipment, risk-benefit, and leadership approach that is best suited to it. Irrelevant of the zone of practice, the intentional integration of these two domains of professional expertise enhances the quality of the programme or service being provided for participants. The model and guidance contained within the statement of good practice provides a framework for facilitators, providers, and commissioners to review, describe, and uphold an appropriate level of competence for the intervention being delivered.

### 3 Application of the Model

At the time the statement of good practice came to fruition, the emergence of a global pandemic was a dystopian fiction in the author's minds. However, shortly following the public launch of the statement, the first UK national Covid-19 lockdown arrived (March 2020). With this, as we know, the global public health paradigm shifted; mental health and emotional regulation and wellness were brought into sharp focus; proximity to and availability of nature became an even more highly regarded asset, with the value of urban living and traditional working practices deeply scrutinised.

Psychotherapists, counsellors, psychologists and other mental health professionals moved their practice online, or into outdoor spaces during this time. Some of them would never have entertained this previously, especially going outdoors, but this shift in focus to an outdoor setting reinforced the purpose and utility of a statement of good practice. It thus, became even more pertinent at this time than had initially been anticipated. Despite the many and varied reported benefits of taking traditional therapy outdoors (Cooley, 2020); therapeutic outdoor experiences may not be appropriate for all participants. Facilitators must carefully consider the needs, approach, and value of the planned therapeutic input and experience. This is particularly important for participants who don't feel confident and safe being in the outdoors, may be re-traumatised by being in specific outdoor spaces or undertaking certain aspects of outdoor activities, or have physiological constraints that need adjusting for.

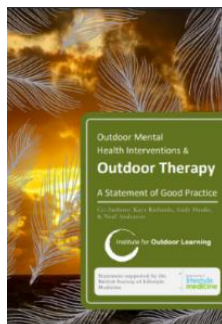
The pandemic created a watershed in time, whereby during Covid, practicing outdoors was the only way in which therapeutic practice in person could be delivered. Before this, some boundaries were inflexible and some types of outdoor therapy practice inconceivable other than for a niche, esoteric few. After these fixed positions could be re-evaluated and became less rigid, the need for specific guidance on safe psychotherapeutic practice outdoors became more evident. The statement has become a timely resource for outdoor and psychotherapy professionals with limited understanding of the wider field. It has been used to secure funding for new therapeutic outdoor projects, and is now used by the British Association for Counselling and Psychotherapy (BACP) as a guide for Counsellors and Psychotherapists.



## 4 Conclusion

There is still work required to further develop more universally applicable guidance on robust and well-informed ethical principles in Outdoor and Adventure Therapies. We recognise that the development of this model has been developed with the UK in mind, and we are strongly influenced by the principles of decolonisation and as such wish to acknowledge the white, 'western', Eurocentric paradigm that is inherent in the statement. Thus, the statement may not align fully with international perspectives and different cultural contexts.

We invite dialogue, locally, nationally and internationally on the following themes: 1) What does 'Integration' look like in your own operational and cultural context; 2) How could the model inform your community's obligation to ethical practice; 3) Are there potential adaptations that would better reflect a specific setting or, a more universal context for practice; and 4) What limitations are evident in this iteration that could form the basis for potential revision? It is our hope that the OMHI Model offers a practical way for all types of deserving practice that aim to support well-being, improve mental health, and offer psychological growth to be recognised, wherever they are rooted. We also advocate that ethical agendas require ongoing critical attention in order to create a sustainable and robust outdoor and adventure therapies sector into the future.



The full statement of good practice guide is downloadable at:

<https://www.outdoor-learning.org/Good-Practice/Good-Practice/Outdoor-Mental-Health>

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