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Phoenix House Therapeutic Conservation Programme: underpinning theory

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Foreword

Phoenix House Therapeutic Conservation Programme: underpinning theory

The Phoenix House and English Nature partnership exists to help substance misusers challenge themselves as individuals to build self-esteem, self-confidence and motivation through the power of activity in wildlife-rich environments.

The partnership objectives are to:

- provide an eco-based therapy treatment programme to improve the mental and physical well-being of individuals;
- promote and assist in conservation to jointly benefit wildlife and people undergoing recovery;
- disseminate best practice in the field of eco-therapy;
- build on local experience to develop a national programme.

A wildlife-rich environment and the personal challenges it offers are important to everyone's quality of life. It is important that this is accessible to all members of our society.

Phoenix House is a leading UK drugs charity providing specialist drugs and alcohol structured treatment services and residential rehabilitation programmes. English Nature is the Government's advocate for nature conservation.

Phoenix House and English Nature have been working in partnership since 1997 to develop a therapeutic conservation programme. The initial work has been between the Sheffield base of Phoenix House and English Nature's Peak District National Nature Reserves. This exciting and innovative work has been formalised into a project called PHEN that aims to roll out the approach nationally and provide a model that similar organisations can adopt and adapt to meet their needs.

This report is based on a research dissertation 'Ideas on Experimental Learning Extrapolated From A Therapeutic Conservation Programme' submitted by the author Jon Hall to Sheffield University in 2003. It sets out the theoretical basis for an eco-based therapy treatment programme, and the first hand experiences of participants. There is an on-going evaluation programme in place to quantify the added value that such a programme can bring to the therapeutic process. The experiences reported here show that there are very real long term benefits for the individual.

From the environmental perspective it is worthy of note that the management works done through the programme are of a very high standard and make a genuine contribution to the sustainable management of some of England's most important wildlife sites.

Dave Stone
People and Nature Development Manager, English Nature

October 2004

1. Critical conditions for change

In order for people to go through a reliable rehabilitative process it is necessary for that individual to be in an environment conducive to change and be in the appropriate state of mind. However, it is a complex and contentious subject as Miller and Heather argue:

It is no exaggeration to suggest that a critical crisis pervades the understanding of the critical conditions of change in the treatment of addictive behaviours.

(Miller & Heather 1998, 49)

They go on to state:

Helping people with addiction problems raises special issues and tensions, none more so than the delicate dance around the subject of whether the change is worthwhile, how it can be achieved, and whether the person feels ready to take action. It is quite possible that a study of how these issues are tackled in treatment could lead to the construction of a single broad model or method of treatment in which concerns match their contributions or strategies to the client's feelings and perceptions of change.

(Miller & Heather 1998, 59)

Beck and others discuss the work of Prochaska, DiClemente & Norecross (1992) in relation to why do people want help? Stating:

There are roughly five states people go through in seeking help. (Prochaska and others 1992) in the pre-contemplative stage, they do not even acknowledge to themselves that they have a problem (or else they consider using more important than the problems it causes). In the contemplative stage, they are unlikely to stop using on their own. Individuals in the preparation stage intend to take action to cease their drug use, but are uncertain about being able to follow through. In the action stage, patients behaviourally demonstrate a decrease in their drug taking beliefs. Those who are successful enough to reach the maintenance stage have already taken great strides toward a drug-free life and are actively working to maintain consistency in this endeavour.

(Beck & others 1993, 26)

Kirschenbaum & Land Henderson whilst discussing the work of Carl Rogers state:

Gradually, he came to believe that the quality of the relationship – specifically the therapists congruence (genuineness), unconditional positive regard (prizing, acceptance, trust), and empathy (understanding from the client's viewpoint) – were more important factors in therapeutic change than the specific techniques the therapist employed.

(Kirschenbaum & Land Henderson 1990, 62)

Rogers himself is unambiguous, stating:

For constructive personality change to occur, it is necessary that these conditions exist and continue over a period of time:

1. *Two persons are in psychological contact.*
2. *The first, whom we shall term the client, is in a state of congruence, being vulnerable or anxious.*
3. *The second person, whom we shall term the therapist, is the congruent or integrated in the relationship.*
4. *The therapist experiences unconditional positive regard for the client.*
5. *The therapist experiences an empathetic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client.*
6. *The communication to the client of the therapist's empathetic understanding and unconditional positive regard is to a minimal degree achieved.*

No other conditions are necessary if these six exist and continue over a period of time, this is sufficient. The process of constructive personality change will follow.

(Rogers 1990, 221)

Hester & Miller discuss the work of Bien, Miller & Tonigan and Miller & Sanchez in identifying key stages to motivation for change, with emphasis on what the therapist can do to help contemplators and or pre-contemplators strengthen their motivation, they state:

In examining the content of interventions found to be effective, we noticed that there seemed to be at least six common elements (Bien and others 1993; Miller and Sanchez 1994). These can be remembered via the acronym FRAMES: Feedback, Responsibility, Advice, Menu, Empathy and Self-Efficacy.

(Hester & Miller 1995, 93-94)

Miller & Heather argue:

Every therapist knows that motivation is a vital element of change. Nowhere is this clearer than in the treatment of addictive behaviours, which are, if one thinks about it, fundamentally motivational problems. Addictive behaviours are by definition highly motivated, in that they persist against an accumulating tide of aversive consequences. When one continues to act despite great personal risk and cost, something is overriding common sense. In the context of war, we call it bravery or heroism. In the context of pleasure, we call it addiction.

(Miller & Heather 1998, 121)

The critical question they ask is:

How does one change a motivated pattern of behaviour that seems relatively impervious to deference by fear and pain?

(Miller & Heather 1998, 121)

In the context of the underpinning study it is necessary to understand how constructive personality change can occur through therapeutic intervention and in particular how the conservation programme can engender modification in motivational behavioural patterns.

2. Cognitive behavioural therapy

The method underpinning the Phoenix House approach is that of cognitive-behavioural therapeutic intervention in a therapeutic community setting. As the name suggests, cognitive behavioural therapy is a model that combines two kinds of psychotherapy - cognitive therapy and behaviour therapy. When combined, they theoretically produce a powerful therapeutic tool.

Behaviour therapy enables the individual to weaken / challenge the associations they make between testing situations and the emotional and behavioural reactions they experience as a consequence. Cognitive therapy enables the individual to identify how certain pervasive patterns of non-adaptive thinking give rise to on-going personal problems. As Miller & Heather state:

Cognitive and cognitive-behavioural therapies emphasize the impact of people's thoughts on their behaviour. These treatment orientations target and challenge the maladaptive cognitions that contribute to and maintain the problem behaviour.

(Miller & Heather 1998, 264)

It may be argued that in cognitive behavioural therapy the two most powerful levers of change are altering ways of thinking by utilising therapeutic intervention techniques to alter an individual's thoughts, beliefs, ideas, attitudes and assumptions to a positive orientation - this is the cognitive aspect, and helping individuals tackle challenges and opportunities with a clear and calm focus – this is the behavioural aspect.

3. Phoenix Conservation Programme learning objectives

Amesberger identifies the necessary criteria of a developed outdoor therapy model:

The criteria for a developed outdoor therapy model include:

- *social – historic background;*
- *an image of the human being;*
- *a theory of the therapy;*
- *therapy aims, indicators and contra indicators;*
- *theory and techniques of diagnosis;*

- *intervention strategies;*
- *the client-therapist interrelationship has to be extended to a person (body) – a nature-person (group members and therapist or outdoor trainer) relationship;*
- *Evaluation and control of the primary and secondary effects. For example, changing people’s behaviour and awareness – the primary effect may have consequences on the social environment. They may feel better too, but sometimes it happens that other “new” problems or secondary effects occur.*
(Amesberger 1998, 28)

The Phoenix Conservation Programme was created from the perspective that it felt valuable and fitted comfortably with both organisational and therapeutic objectives. The stated intention of the programme designed by Jon Hall was to offer self-actualisation through the guiding principles of:

- building self-esteem and confidence;
- learning deferred gratification;
- team working;
- personal development through both in house and external courses;
- learning respect for the environment;
- producing tangible results to input;
- learning and developing social skills;
- promoting healthy lifestyles.

Such objectives were in effect ‘fitted’ after the bringing of the initial idea to fruition. The supposition is that they conform to the aims of a therapeutic community such as Phoenix House delivered through cognitive behavioural intervention. Theoretically, such objectives are achieved through the process of experiential learning, a process Ringer describes as that:

.... involves the combination of action and reflection to assist learning.
(Ringer 2002, 23)

He goes on to discuss the work of Johnson & Johnson (1991):

Below is a description of the basic elements of experiential learning and the way that these principles can be related to the process of enhancing skills, modifying attitudes and improving knowledge in the work place.

Experiential learning can be defined as generating an action theory from your own experiences and then continually modifying it to improve your effectiveness. The purpose of experiential learning is to affect the learner in three ways:

1. *The learner’s thinking is altered.*
2. *The learner’s attitudes are modified.*

3. *The learner's repertoire of possible behaviours is expanded.*

These elements are interconnected and change in one-part leads to changes in other parts.

(Johnson & Johnson 1991, 40-41)

Such an approach is intrinsically linked to cognitive behavioural therapy, emphasising the impact of people's thoughts upon their behaviour and the challenging of maladaptive cognitions that contribute to, and maintain problem behaviour.

4. Some principles and ideas on individual initial state and goal setting

Relevant to learning in an outdoor environment from both a therapeutic to a more generic perspective is that of the individual's initial state, as Burns argues:

This may be influenced by a persons state of affect, the history of his or her past contact with nature, and the benefits provided in previous natural experiences. Attention will also be influenced by any preference a person may have for a particular sense modality.

(Burns 1998, 208)

He goes on to discuss Initial Affective Reaction stating:

The stimuli from natural contexts provide a direct or primary affective reaction. This might be one of dislike that could initiate an avoidance response; however, if the stimuli are in accord with the person's chosen environmental preference, as selected, for example, from the Sensual Awareness Inventory, then this primary effective response is likely to be desirable, positive and healthy. If so, it may in turn lead to activation of inbuilt healing responses.

(Burns 1998, 210)

The Sensual Awareness Inventory discussed by Burns is an instrument for obtaining client-sourced material for therapeutic interventions, being designed as an awareness and action orientated inventory rather than as an inventory for assessment. Burns lists the therapeutic benefits as offering:

- *Extensive Therapeutic Resources.*
- *Immediate Modification.*
- *Client-Initiated Resources.*
- *Motivation.*
- *Multiple Choices.*
- *Focus on Solutions.*
- *Empowerment.*

(Burns 1998, 64-65)

Wilson discusses choice in the area of goal setting stating:

At the beginning of the week long training on Adventure Based Counselling with project Adventure in Hamilton, Massachusetts, we were asked to identify our personal goals for the week, leaders included. That process let us see that not only were we all there for a different professional purpose, but for a different internal purpose as well. The workshop belonged to each of us and we were responsible for our experience. My journal entry from that week read:

'I think this individual goal setting is a giant step toward making sense out of these activities ... a lead toward ownership ... a tool for the group to help each other. I can't wait to try it out.'
(Wilson 1995, 280)

Providing space for individuals or groups to set their own goals is one of the most important keys to making the event empowering. It sets into motion the vehicle for 'intrinsic motivation' that really lets the experience belong to the learner.

She goes on to discuss interpreting group themes:

Whatever issues are important for a group, either as stumbling blocks, concerns, or strengths will emerge in their experience ...

I encourage you to listen more to your students. When I was taught about developmental stage characteristics for adolescents, they didn't say anything about their strengths, their concerns, their issues, their dreams. Whenever a group engages in an experience they will reveal clues about these things. And those themes should be given a place in the programme.

Wilson discusses the processing of experience and the appropriate questions to ask ourselves, concluding by asking:

What are the most important questions to which my participants seem to want to respond?
(Wilson 1995, 281)

Then she goes on to state:

The other way to respond is to design future experiences based on the information you've received (if you have access to that group over time). We intuitively know that we can better plan for a group once we know them. Once we knew that our students wanted to find meaning and purpose in their curriculum, all our future plans were altered to reflect that need.
(Wilson 1995, 281/282)

Such approaches would make excellent tools in the intervention inventory. Similar approaches may have benefits for more generic outdoor learning settings in respect of moulding practice around the individual to make the process as constructive as possible.

Although, in respect of the Phoenix Conservation Programme client perpetuation of ethos is fundamental in underpinning the engendered learning culture, the model discussed by Burns, although there are similar identifiable theoretical aims and benefits, is not one that is as yet, incorporated as part of the identified theoretical package.

The first question to be addressed is: do the programmes objectives sit comfortably with those of a therapeutic community utilising cognitive behavioural interventions. Conservation programme aims have been. Key identified therapeutic community / cognitive behavioural interventions and fundamental principles discussed must be in place. Drawn together, they include:

- *The therapeutic community sees substance misuse as a symptom of a larger personality and socialisation problem*
- *The basis of such therapeutic interventions is mutual self-help. (The recognition of clients as auxiliary therapists).*
- *The fundamental aim is helping clients gain a substance free life.*
- *The clients through the programme will address the negative behaviours that are symptoms of the underlying negative feelings.*
- *Therapy is essentially a learning process; both about oneself and others and learning to relate to others.*
- *Recognition of self worth through work and clinical experiences.*
- *The learning of communication skills and coping strategies to foster positive relationships in the future.*
- *The therapeutic community will foster concepts of right living in participants particularly those of reciprocity responsibility as members of society as a whole.*

(Addaction & Phoenix House undated, 5; Bush (in Addaction & Phoenix House) undated, 3-4; Kennard & Roberts 1983, 7-11, 12-13; Phoenix House 2000, 11; Rogers 1990, 221)

It may be argued that both sets of objectives are intrinsically linked with those of the conservation programme being fundamentally supported by those of cognitive behavioural intervention in a therapeutic community.

However, there are two quite distinct conservation objectives: learning deferred gratification and producing tangible results to input. The inclusion of such aims is underpinned, as quoted by De Leon, when stating:

Most drug misusers exhibit a lack of accountability for their behaviour, poor tolerance for frustration and for discomfort and for delayed gratification, lack of impulsive control...
(De Leon 2000, 9)

Indeed, challenging poor tolerance for frustration, discomfort and lack of impulsive control sit comfortably within a package of intended outcomes and should be added to the list of

therapeutic conservation programme objectives, rather than perhaps simply being a by-product.

Making comparisons between two theoretical models, however subjective, is relatively straightforward; hypothetical arguments may perpetuate, but intrinsic links and correlations may be made. When looking at whether the critical conditions for change are present it is necessary to refer to the empirical research deduced from the client group. If we accept the critical conditions identified by Carl Rogers (1990), as representative of fundamentally underpinning theory then there is a basis to work from.

The construct that Rogers (1990) is discussing is the client therapist relationship. Beck and others state:

A collaborative relationship between the therapist and the patient is a vital component of any successful therapy. The most brilliantly conceived interventions will be reduced in effectiveness if the patient is not engaged in the process of treatment. All the support and effort that the therapist may put forth is in an effort to help the patient will make little impact if the therapist has not gained some measure of the patient's trust.
(Beck & others 1993, 54)

5. Analysis of focus groups, interviews and observation

In order to understand how the programme is beneficial to the client group it is necessary to understand what is perceived to underpin it by making it 'tick' – what works (and along with such positives, appreciate the negatives). Analysis of the contents of focus groups, observation and interviews identified sixteen positive factors. The data extrapolated was as follows:

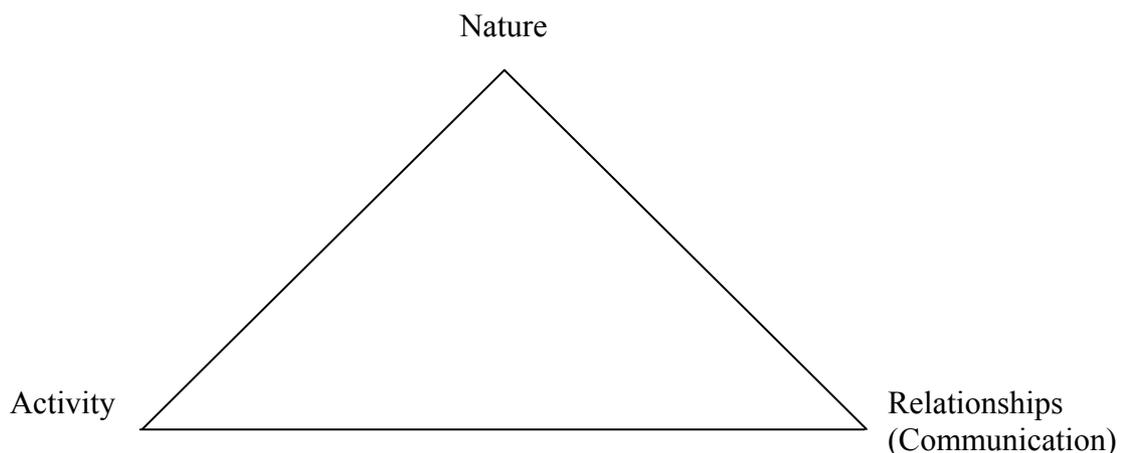
1. The approach of the conservation officer.
2. The power of the natural setting.
3. The small group sizes going out in the morning - four maximum, as opposed to larger groups joining them in the afternoon.
4. Constructive activities. In particular activities such as dry stonewalling and fencing – the factor of producing something tangible and permanent.
5. A perception of ownership of the activity.
6. The generation of pride in the task (seeing the completion of a task).
7. The genuine bonding with peers is a 'real life' setting (as opposed to the perceived contrivance of 'groups' on project).
8. A relaxed, more informal atmosphere to that present in the house itself.
9. Peer pressure.
10. The identification of metaphors for rehabilitation in task and process.
11. Breaking up the week.
12. Doing something positive for the environment / being involved with the environment.

13. Being challenged (by the task).
14. Deferred gratification.
15. Re-awakening of senses.
16. Putting something back into society.

6. Learning through the Conservation Programme

The analysis of how the programme is of benefit to the client group during their recovery is in effect a study of the outcomes through learning it produces. When attempting to understand how the conservation programme is beneficial to the client group it is necessary to study the transcripts of the focus groups and observations and extrapolate what may be considered as powerful. Deductions may be subdivided into three: factors orientated around the actual activity itself; those orientated around being in the natural environment; and those of the relationships that develop to form the nature, activity and relationship catalytic triangular model.

The Therapeutic Conservation Programme catalytic triangle.
(Jon Hall MSc. 2003).



The intention of the model is to identify catalysts for self-efficacy / actualisation through the conservation programme. The individual may place themselves, or be placed, within the triangle as to the factor / factors that have influenced their therapeutic progress.

6.1 The natural environment

The first area to consider is that of the natural environment; the pertinent question being: do we have to justify the natural environment being a powerful therapeutic medium? This is not just simply expediency, but a moot point – the healing ability of nature.

Clinebell argues:

Experiencing the healing energies of nature more often and in greater depth is an essential objective of the eco-therapeutic process. If professionals do

nothing more than encourage people to increase time spent relating intimately with nature, they probably will contribute to their total well being. Teachers and therapists who recommend this are often surprised by the psychological, physical and spiritual benefits that accrue.
(Clinebell 1996, 194)

Indeed, developing such understanding takes us to the realms of biocentrism and biophilia and the work of Tucker (1993), Clinebell (1996), Keller & Wilson (1993), where the biocentric perspective is in contrast to the more dominant anthropocentric understanding of human relation with the rest of the world.

When discussing biocentrism and biophilia Clinebell argues:

...education should enable us humans to think of our species as one species among others, the ultimate well-being of any one of which depends on the well-being of them all... The biocentric perspective is the foundation of biophilia, meaning love, respect and reverence for all living things. Learning to love life in this holistic sense provides the motivation for accepting biocentric self-understandings.
(Clinebell 1996, 256-257)

The assimilation of such ideas with those orientated around therapeutic processes, which it may be argued are predominantly anthropocentric, potentially hold great value for holistic therapeutic learning processes.

Mitten discusses ethical adventure therapy programmes for women and the value of, and impact of, the outdoors in the therapeutic process, citing the work of Bardwell (1992):

She asserts that the natural environment plays an invaluable role in enhancing our everyday well - being, our respectiveness to other people, our learning, as well as our overall quality of life....

Bardwell continues by saying that four components are necessary for a restorative experience and while many environments can provide these components, natural settings are especially effective at providing opportunities for mental recovery. These components have been summarised by Kaplan & Kaplan (1989):

- *being away: The setting is removed from the everyday environment;*
- *extent: The setting is big enough to feel like a different environment;*
- *fascination: the setting has inherently interesting things going on;*
- *compatibility: One feels a sense of belonging and it facilitates pursuing one's purposes.*

(Mitten (in Cole and others (eds) 1994, 68–69)

Miles (1993) also cites Kaplan's work in suggesting that the outdoors has intrinsic healing capabilities. It could be that being outdoors without an intensive programme can be enough to promote healing from sexual abuse or other traumas that may have caused a client's dysfunctional behaviour.

John stated:

... It was in beautiful surroundings it was lovely weather and it was absolutely ideal and I was very lucky I got the best of it right from the start. I think it did me hell of a lot of good. It taught me to appreciate being in the outdoors again which is something you lose sight of when you are using, so yes it did me a lot of good.
(John)

It is important to note however, from the therapeutic rationale, the activation of in-built resources as discussed by Burns:

As I have noted, there is a consensus among researches in the field of environmental psychology suggesting that natural stimuli bypass cognitive assessment in activating adaptive mechanisms that have long been established as part of our psychological and biological make-up.
(Burns 1998, 211)

It is also important to note the effect the weather has upon the perception of the programme. When a former client discusses conservation the conversation invariably is centred on the weather on the day concerned, particularly when it is considered to have been extreme.

Warren and Neil discussed the effect of the environment as well as the sense of achievement:

Warren: I think you get, well I get, a sense of satisfaction over it. I like doing anything where you can look back at the end of the day and see what you have done and be proud of it; you can see it as an achievement. I think the fresh air is good for you. Where else do you get a lung of fresh air you would not get in the house?

Neil: Like Warren just said the beauty of some of the places, I really appreciate it, I really do. The smells as well, just the country rather than the city. You feel freedom, you feel relaxed....
(Warren and Neil)

As discussed the intention of the programme is to act as a catalyst for change through some degree of self-actualisation / efficacy. The clients are introduced to the activity within the first week / two weeks of their arrival, depending upon their health status (although people who are involved in methadone detoxification are encouraged to come out, medical stability is insisted upon – a process which necessitates consultation between therapeutic induction team staff, conservation team and if necessary the prescribing doctor. All medical information in respect to the activities programme is kept in a file that the activities team has access to).

Such early intervention may be described as taking advantage of an individual's vulnerability when they first come through the door. This is the time to introduce change. John states:

Yeh, when you first get clean you feel like you have been peeled, you're really raw then you start to get back your senses and you appreciate the music more

and your senses are more frightened of doing tactile things, and you appreciate that it is something new as well, because you haven't, well in my case for 13 years, I haven't felt physical enjoyment of things like and also you are doing something which you are doing for yourself in so far as you get satisfaction from it, but, it is worth while as well you are doing it for posterity, if you like, because that wall will be there for three hundred years.
(John)

What better time to introduce cognitive behavioural intervention than when someone is coming back to life and re-discovering themselves through contact with nature.

6.2 The activity

The objectives of the programme have been identified, and although these aims can be said to have organically developed from fundamental cognitive behavioural intervention approaches and are intended to challenge negativities associated with substance misuse, certain aims respond to identified problems, which are not necessarily addressed by other types of intervention; in particular adventure therapy. Indeed, the idea of producing something tangible was an idea that felt right – it seemed an appropriate objective to act as a catalyst for people to start thinking differently about themselves and their environment and how they should respond to that.

Abbott discusses the role of outdoor programmes in working with young drug abusers, arguing that:

Such programmes should:

- *Require a group effort for their success, and therefore encourage interpersonal co-operation and trust amongst the group.*
- *Be adventurous activities which involve some degree of risk.*
- *Be physically demanding and therefore require or induce some physical fitness.*
- *Be conducted in a natural environment.*
- *Generate a sense of achievement, usually as a result of the individual's own efforts.*

(Abbott 1987, 148)

There are two fundamental challenges to such elements: Why do programmes need to contain elements of risk in order to be productive and why do they need to be physically demanding? It may be argued that risk equates to instant gratification in rehabilitation terms – the production of the 'hit', the 'buzz' associated with that of the effect of the drug.

The benefits of physical exercise are well documented and conservation activities do involve some physical action, but facilitators must be aware of the physical condition of many of the clients coming into rehabilitation programmes. This is particularly pertinent when the catalyst for change is being introduced immediately on entry.

Conservation activities by nature contain a variety of tasks, which are inclusive – the role of the person making the tea is, and it needs to be reinforced as being, as important as the person banging in the fence posts. It is a holistic team effort. Physical activity, to people who are generally in a very poor state of health from a ‘using’ culture where physical activity is not on the priority list can be an anathema.

What, was perceived as working in the conservation programme, was identified by the client group through focus group, observation and conversation. How are such factors actually beneficial to people’s recovery? The fundamental question to be posed is do such activities and / or the power of the environment they are taking place in induce cognition and act as agents for people to view themselves, their peers, their environment and society differently? This is the key aim underpinning how the programme should theoretically work.

6.2.1 Tangibility

The facet of the activity itself appears to work on several levels. The identified programme objective, which may be considered as being unique to outdoor therapeutic intervention, is that of producing tangible results to input. What this means is the production of something physically visible as a result of personal input. Case & Dalley discuss the therapy in art therapy:

The essence of art therapy lies in creating something, and this process and its product are of central importance. The art process facilitates the emergence of inner experience and feelings which might be expressed in chaotic raw form. The art materials provide a tangible means through which conscious and unconscious aspects of the person can be expressed.
(Case & Dalley 1992, 50)

Why is such a factor deemed important to the client group?

A conversation with Laura and Warren over the dinner table during March 2003 developed the idea of dry stone walling being a metaphor for ones recovery. – A constructive, thought provoking, involved process founded upon the building of solid foundations followed by the hunt for the right stone for the right hole (or is it vice versa?) and the necessity to ensure all parts of the structure are interwoven, understanding they are intrinsically linked – each stone dependent upon the other. The appreciation of all factors involved in the process; the gathering of the correct amount of stone, the digging out before laying of the foundations, packing and finally good capping stone and its fitting to finish and secure the whole structure. All are critical factors – as important as each other – and mutually dependent.

The work of Burns develops the idea; he discusses the experience being a metaphor of what is happening in an individual’s life at that time. He goes on to discuss the steps involved in experiential metaphors, these being intent, the journey, time and relationship. He states:

In any decision making process, there are basically three steps people need to take: a) decide what it is they want to do, b) decide how this might be achieved, and c) decide when to put it into operation.... A client needs to go through the same decision-making processes to take the learnings from the experiential metaphor and adapt them into ongoing coping strategies.
(Burns 1998, 130)

Such a process may be supported by questioning from the therapist to develop it into the learning process:

- *What have you learned from this experience?*
- *What have you gained from this assignment?*
- *What experience do you want to be able to replicate?*
- *What things have you learned about yourself that will be helpful for the future?*

Assisting with the application of these issues leads to the 'how' questions.

- *How can you now start to apply these learnings?*
- *How can you re-create these positive experiences?*
- *How are you going to make these learnings beneficial for you future?*

No decision is complete without making a decision as to when it will be put into practice... It is therefore useful to ask the client:

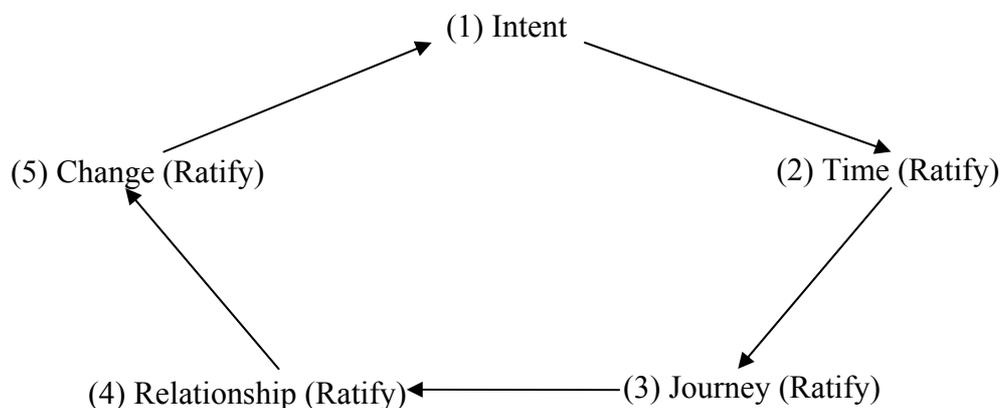
- *When can you start to make use of these new learnings?*
- *When will it be a convenient time for you to re-create this experience?*
- *If this was helpful, when could you do it again?*
- *When will be the next opportunity to do something similarly beneficial?*
(Burns 1998, 130-131)

He concludes:

Such questions are likely not only to facilitate the immediate process of change but also to assist in the ongoing search for natural experiences that facilitate the cyclic pattern illustrated.
(Burns 1998, 131)

Steps in an experiential metaphor

(Burns 1998, 131)



Producing a permanent structure, which theoretically should last over a hundred years and possibly much longer, appears to be a powerful lever. Such longevity may generate a sense of one's own mortality. The term 'blood, sweat and tears', was bandied around during a coffee break, whilst dry-stone walling in Lathkilldale during March. It was being used in respect to the appropriate respect due to the work that had been put into the process. The gravitas of tone was reminiscent of the reverence reserved for the unveiling of a war memorial, although someone was insistent that laughs were added to the equation.

As Polly, John and Danny discussed during a focus group:

Danny: With the dry stone walling if you didn't do it properly you know it would fall down and that would be your work you have striven for taken away, so I think that what John is saying is doing it properly it will last and it will stay and you have got some visual effect then. Doing it properly – it does come from within. You want to take pride in it and you are happy with the effect it has.

Polly: I think when you stand back at the end of the day and look down at what you have done it is a good feeling when you know it has been done right – it looks nice when it has been done right.

John: You look at these dry stone walls and you think they are quite impressive, but when you learn about how they are put together and how painstaking it is and it is not just throwing rocks together, there is a process and you become a part of doing that.

Danny: It is like when you are in the gang as well, when you are in your foursome, working all day, each of you has a role like the foundations, to filling, you know, to coping stones, like John says there is a process and you seem to find your niche within that what you are best at and then you find the team works together and you know it forms, it forms in front of you. Now what you were saying about looking back if you went up Hangman's Rock (a prominent view point) and looked down it is just an amazing sight.

(Polly, John and Danny)

6.3 Relationships

In respect to the Phoenix Conservation Programme it may be argued that there are fundamentally three person orientated relationships in question: the first is between the programme manager / facilitator and client, that between the practical conservation officer and client and that between the clients themselves. The last point is one that will be returned to, it is suffice to say that, as stated, client orientated perpetuation underpins therapeutic objectives. It may be that such a process creates the ideal medium in which therapeutic cognition takes place - in an ideal scenario - a client orientated democratic perpetuation of task with limited facilitation / intervention from staff. Indeed, an argument arises beyond such a process as to whether the therapist is necessary in the therapeutic process, or such client perpetuation would suffice.

It may be argued that the holistic activity – including the facets of relationships and environment could possibly be developed into a self contained therapeutic package with the

process perpetuated by the client group involved. However, in order to shape such a process into a honed tool, facilitation may be necessary in order to identify and trigger catalysts to the consciousness of the higher dimension of learning necessary in order to generate as much value as possible; - probably at the review stage. (Although the group may do much of this in order to engender ownership of process). Focus on therapeutic objectives must not be compromised. This is an area for further development and research.

The first relationship to consider is that between the programme manager and client. There are certain considerations to take into account here: firstly the programme manager is also in the position of a manager in the Storth Oaks single adults programme and in respect to this is also viewed as an authoritative figure. Referring to the seventh factor in creating adversarial relationships made by Beck and others:

Patients look askance at therapists whom they perceive to differ from them markedly in terms of demographics and attitudes.

(Beck and others 1993, 54)

Amongst a rich diversity of predominately northern colloquial accents the manager's is viewed as being somewhat 'unique'. (It is fair to say that this is the same for numerous staff and managers.) However, whatever the situation, it is the responsibility of the professional to create a platform that may be worked off, and in respect to this they must mould themselves around both client and situation whilst understanding that empathy is critical and that compassion is simply not enough.

Do the clients view their therapist as part of the 'system' and do they believe that they are professionals who are empathetic and congruent? Obviously the answer to this depends upon the individuals concerned. When looking at focus group discussion, the respect for the approach of the conservation officer, Gavin Doram, is evident, as Danny states:

Yes, you know, Gavin being there, Gavin is so easy to work with as he's so at ease around us as well, there are no barriers there as he is so good with guidance and things. It is not like "you're doing it wrong" it is like "why don't you try it like this and he is just brilliant"

(Danny)

It is important to appreciate that Phoenix groups differentiate between conservation officer and programme manager as Neil and Warren discuss:

Neil: I think one of the main keys to make it work is having someone like Gavin. He is a great guy, he really is, he has a laid back approach, he know his stuff, I think people like Gavin are very important when working with people such as myself, I think a different personality and many of us will clash.

Warren: I think the difference is when you are going out there with Gavin and Jon; with Gavin you are working with him, but with Jon you are working for him!

(Neil and Warren)

Empathy for the client group is a more difficult, even emotive topic, being by nature subjective. Kirschenbaum and Land Henderson whilst discussing the work of Rogers (1990) state:

He came to believe that the non-directive approach over emphasised specific counsellor techniques, and did not give enough attention to the counsellor's attitudes toward the client and how the client perceived the relationship.
(Kirschenbaum & Land Henderson 1990, 62)

The relationship between the clients is of particular interest. The guiding ethos of the cognitive behavioural orientated therapeutic community is one centred round client perpetuation of programme with staff facilitation. Is such a process evident on the conservation programme? An exchange from a focus group illustrates the ethos of peer pressure and programme perpetuation present on a conservation session:

Polly: It is not structure is it? It is just basic things that you know, you know not to wander off and disappear and if you come and sit down and have a fag not to push it really. Everyone looks at you if you have been sat on your arse too long don't they? They don't say anything.

Andy: Peer pressure as well from people sitting around not doing anything and they get on your back as well.

Danny: Yes peer pressure and not wanting to let the team down because you are on a roll and if the person doing the foundations slacks, the people that are building behind cannot get on as much as they want to. It is partly not wanting to let yourself down and the team down.

Polly: When you think, you're responsible for yourself, aren't you?

John: I think what Danny was saying about peer pressure is right as well because you are aware that the chain is only as strong as its weakest link and you may soon get to realise that.

(Polly, Andy, Danny and John)

As discussed in the focus group, the intention is to create such a client orientated perpetuating culture. Intervention by the facilitation team is at times necessary; the process may be described as cyclic as people pass through the programme, but a respect for the activity, the people, the environment, and the learning must be present and underpin the process. Such a culture is fundamentally oriented around the three types of relationship being present, all underpinned by congruence, positive regard and empathy and the critical conditions for change being in some way identifiable.

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