Nature-Based Group Therapy for
Women Living with Depression
Through a Narrative Lens

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By

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Abstract

The field of nature-based therapy treatment is rapidly expanding. With an emphasis on healing the disconnectedness of the modern world through experiencing interconnectedness with the natural world, this modality is particularly useful in treating symptoms of social isolation and hopelessness within populations living with major depressive disorder. The literature highlights emotional and biological benefits of mental health counseling in a natural setting with key therapeutic factors. Researchers highlighted these factors as the natural environment itself, the element of challenge, nature as a third-party influence on therapeutic relationship, and expansiveness and interconnectedness of the natural world (Naor & Mayseless, 2021). Within nature-based therapy, or ecotherapy, these factors may not provide a clear, linear treatment plan for specific diagnoses. This group manual was developed to provide members with these therapeutic factors while incorporating a narrative modality for a more structured approach to treating depression. Group members will re-story limiting beliefs through overcoming challenges in nature, finding a sense of shared belonging, and dissecting “problem-saturated” stories they may live by.

Keywords: group therapy, ecotherapy, narrative therapy, depression
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Introduction

The definition of nature-based therapy could be condensed into one simple concept: psychotherapy conducted in a natural environment. However, nature-based therapy, or ecotherapy, can be as simple as integrating a tomato plant into your office (Phillips, 2018). The overarching goal of ecotherapy is to reconnect to our relationship with nature as a means of healing (Phillips, 2018). Research is expanding within the field of psychology, from an emphasis on interpersonal relationships to the natural relationship. Literature is beginning to examine how the human relationship with the natural environment affects healing and development. (Naor & Mayseless, 2021).

Ecotherapy typically incorporates nature as an “other” in the therapeutic relationship (Naor & Mayseless, 2021). Empirical research and clinical studies have demonstrated the therapeutic effectiveness of these treatments, pointing to overall beneficial outcomes (Johnson et al., 2020). When looking at common treatment outcomes of ecotherapy, the psychological symptoms targeted frequently align with major depressive disorder (MDD) criteria (American Psychiatric Association [APA], 2022; Kyriakopoulos, 2011). Across the literature there is significant evidence that ecotherapy and exposure to nature moderates depressive symptoms (Kessell, 1994; Kyriakopoulos, 2011; Marselle et al., 2014; Russell, 2002; van Loo et al., 2015). Women are twice as likely to develop major depressive disorder as men (Accott et al., 2008; Flores-Ramos et al., 2020). Due to the skewed gender distribution, this proposal targets treatment toward women living with depression.

Ecotherapists connect clients to the external world with the intention of broadening limited viewpoints of human capacity for change through exposure to nature (Naor & Mayseless, 2021). This is a major tenet of narrative therapists’ work; they separate the client from their problem in
a process called externalization (Corey, 2017). Clients are guided to experience their problem as outside of themselves (Corey, 2017). By incorporating narrative therapy into an ecotherapy group, clinicians are provided a uniquely literal metaphor of externalization to build on.

This group manual was developed to account for the increased rates of MDD and stark decrease in time spent outdoors by US adults. (Norton, 2009, Yale School of the Environment, 2017), The group structure utilizes narrative therapy techniques to re-story maladaptive narratives whilst incorporating physically activating therapeutic interventions, all set in a natural environment.

**Literature Review**

**Efficacy of Nature-Based Therapies**

Amongst the breadth of literature on this topic, researchers agree that connection to nature consistently improves a person’s psychological and social well-being (Capaldi, et al., 2014, Johnson et al., 2020) Patricia Hasbach, an LPC & clinical psychotherapist from Oregon, was part of a study looking at the relationship between prisoners’ exposure to nature imagery, and violence (Phillips, 2018). These inmates were held in solitary confinement, but for 5 times a week when they were given an hour to privately exercise. Half of the inmates were given the option to project nature imagery during their rec time. Results of this study found a 26 percent decrease in violent offenses within the group who incorporated nature. After a post-test interview, Hasbach discovered some inmates would recall these images when distressed, and the scenes acted as a restorative influence and tool for self-regulation (Phillips, 2018).

Research suggests that natural settings can help decrease cortisol levels and blood pressure while increasing serotonin levels. (Fisher, 2022). In 2014, researchers at Carleton University in Canada completed a meta-analysis that found those who are more connected to nature tend to
experience more positive affect, vitality, and life satisfaction compared to those less connected to nature (Capaldi, et al., 2014). Cognitive psychologist Steven Kaplan’s life’s work focused on the significance connection to nature has on human psychology (Naor & Mayseless, 2021). In Kaplan’s Theory of Attention Restoration, he attributes nature with restorative power; power that uses little effort to consume one’s attention. His work, supported by other researchers, indicates that natural settings can renew depleted psychological resources (Naor & Mayseless, 2021).

The influence of nature on rumination was studied by Bratman et al. (2015). Rumination is associated with heightened risk of mental illness, particularly depression. In this study, researchers found that a 90-minute walk in nature, rather than in an urban setting, decreased rumination and subgenual prefrontal cortex activation (Naor & Mayseless, 2021). Literature continues to support the positive impact of nature when treating depression.

Nature-based therapy, or ecotherapy, is conducted by licensed therapists, counselors, social workers, and psychologists. At this time, no formal certifications are required to practice ecotherapy within one’s therapy practice (Key, 2022). Ecopsychology, wilderness therapy and adventure therapy courses are offered at many graduate counseling and psychology programs (Naropa University, 2023; Regents of the University of Colorado, 2023; Regents of the University of Michigan, 2018). Naropa University in Colorado offers a concentration in transpersonal wilderness therapy (Naropa University, 2023). Accredited certification programs (typically 75-100 hours of training) are available to those who wish to gain more advanced education after achieving a degree within the counseling field (Buzzell & Rust, 2022; Wilderness Reflections, 2023).

Ecopsychology cites the lack of connection between humans and nature as a considerable factor in the development of mental disorders and human suffering (Pompeo-Fargnoli, 2018).
Mental health counselors and psychologists observe “environmental factors” within a client’s life that have influenced or aided mental suffering and wellness (Gladding & Newsome, 2018). Ecopsychologists look beyond the human-created systems that make up an individual’s environment and place importance on one’s relationship to the natural world (Pompeo-Fargnoli, 2018). Pompeo-Fargnoli (2018) advocates that individuals “understand the self as ecological (a part of nature) rather than egological (apart from nature)” (p. 2). When looking at the efficacy of nature-based therapy, the psychological impacts are just the beginning. Treatment outcomes and therapeutic factors of nature-based therapy have been studied across the literature (Naor & Mayseless, 2021).

**Therapeutic Factors of Nature-Based Therapies**

Bloch and Crouch (1985) define a therapeutic factor as “an element of group therapy that contributes to improvement in a patient’s condition and is a function of the actions of the group therapist, the other group members, and the patient himself” (p. 4). In a qualitative study interviewing dozens of geographically diverse nature-based practitioners, Naor & Mayseless (2021) found four distinct therapeutic factors of nature-based therapy. Participants within this study included 26 nature-based therapists from accredited practices in the US, Spain, Germany, and Israel. The researchers utilized criterion sampling to select seasoned and qualified practitioners.

The first therapeutic factor of nature-based therapy is the natural environment itself (Naor & Mayseless, 2021). The natural environment is growth-oriented and fosters health and wholeness. This tenet quite literally asserts that witnessing growth can cultivate growth within due to nature’s generative quality. Participants described the transformations observed and absorbed in nature can expand one’s horizons.
Naor and Mayseless (2021) discuss that nature is an unconditional and accepting environment that offers direct feedback rather than judgement. Many facets of nature have come together to create the whole. There are countless dichotomies in nature, including life and death, powerful and weak as well as destruction and creation. Participants argued that witnessing how these extremes create the whole can elicit wholeness within. This assists people in identifying the function of their internal dichotomies.

The second therapeutic factor, as described by 21 of the 26 participants is challenge (Naor & Mayseless, 2021). The actual physical and emotional challenges within nature aid clients in expanding limiting perceptions of themselves. An adventure therapist described taking his clients from their “comfort zone” to their “growth zone,” as he believed opportunity lies in the center of hardship. This ecotherapy concept can be likened with narrative therapists’ intention to move clients from their “problem story” to their “preferred story” (Winslade & Monk, 1999).

A key component of ecotherapy provides clients with hard but manageable challenges to foster resilience, empowerment, and self-esteem (Naor & Mayseless, 2021). These challenges can aid in shifting self-perception from limited to expansive. Another participant described the challenges as a way to re-pattern one’s brain and create more neural pathways. Literature tells us that many ecotherapists utilize brainspotting, an intervention resembling EMDR, to release neurophysiological centers of emotional/physical pain. (Grand, 2017). The element of challenge can assist in releasing stress hormones, that otherwise could build and lead to chronic stress, the likes of which can be extremely harmful (Oh et al., 2020). Moderate stress has been found to promote adaptation and provide energy and motivation.

The third therapeutic factor is the active role of nature as a participant in the work (Naor & Mayseless, 2021). Ecotherapists view nature as a third entity, or a co-therapist, in the therapeutic
relationship that ambiguously influences the process. Participants emphasized the unexpectedness of nature. It is impossible to predict how it will interact with the session. When faced with a natural phenomenon, or “act of God,” one participant elected to turn these events into a metaphor for their client’s life. They use questions such as, “you chose the nearest option for kindling even though it was wet. How does this relate to your life choices?”

The fourth therapeutic factor is the expansiveness and interconnectedness experienced through nature (Naor & Mayseless, 2021). This factor emphasizes the existential aspects of life and nature. The vastness of nature can assist clients in gaining perspective and a sense of place and purpose. Immensity of the natural world allows clients to widen their perspective and view their story in context of a bigger picture. Aligned with Lindsey Phillips (2018) assertion that our relationship to nature is as important as our relationship to others, the participants of this study claimed there is power in connection with something so big; a different power than from interpersonal connections (Naor & Mayseless, 2020). Many nature-based therapists believe there can be freedom and meaning in comprehending how small we are; that we can find a sense of unconditional belonging in the vastness and interconnectedness of our universe.

Richard Louv examined disconnection from nature within adolescent populations and coined the term “nature deficit disorder” as a descriptor for symptoms one may possess if raised in a highly technological era (Pompeo-Fargnoli, 2018). Some ecotherapists believe that in acting ecologically conscious i.e., considering healing of the world and healing of people as a reciprocal relationship, this can model more coexistent and harmonious personal relationships. When examining the need for more connection between younger generations and nature, ecological consciousness could prove their saving grace. In a 2021 Pew Research Center poll concerning climate activism, authors found that adults born after 1981 (Millennials and Generation Z) are
talking more, seeing more coverage, and doing more to fight the climate crisis than older generations (Tyson et al., 2021).

Women Living with Depression

Amongst the research cited in this paper, utilizing nature-based therapy as a treatment for depression is very prevalent. The target demographic of this proposal are women living with depression. Major depressive disorder manifests twice as frequently in women as men (Accortt et al., 2008; Flores-Ramos et al., 2020). This population is uniquely afflicted with this disorder, with 10.5% of US adult women diagnosed with major depressive disorder according to the 2020 National Survey on Drug Use and Health (National Institute of Mental Health [NIMH], 2022). In US adolescent females, this number jumps to 25.2% (NIMH, 2022). Some researchers cite hormonal factors and higher testosterone levels in men as a cause for this disparity (Flores-Ramos et al., 2020). In a cross-sectional analysis, researchers from The Ramón de la Fuente Muñiz National Institute of Psychiatry in Mexico City found that women with higher testosterone levels experience a lower severity of their depressive symptoms (Flores-Ramos et al., 2020). To further assert this claim, Giltay et al. (2012) found those with lower testosterone levels experienced higher levels of depressive symptoms.

Characteristics of major depressive disorder include suicidal ideation, hopelessness, feelings of worthlessness, diminished interest in activities, and depressed mood most of the day, nearly every day (American Psychiatric Association [APA], 2022). This diagnosis is differentiated from grief based on persistent feelings of self-loathing and worthlessness. Literature has focused on rising rates of depression for decades now, as evidenced by the exigence of a 2009 case study of adolescent depression rates (Norton, 2009). At that time, rates of adolescent suicide had doubled since the previous decade.
Ecotherapy can be uniquely applicable to a female population when utilizing an ecofeminist lens. Ecofeminism asserts that within the liberation of women, spirituality attached to a patriarchal father-God figure can contrast with breaking free from personal narratives developed within systems of oppression (Pompeo-Fargnoli, 2018). Rather than attaching feminist spirituality to traditional religious doctrines, ecofeminists identify spiritual healing grounded in earth’s sacredness, ecological consciousness, and harmony.

**Treatment of Depression Through Nature-Based Therapy**

Across the literature there is significant evidence that ecotherapy and exposure to nature moderates depressive symptoms (Kessell, 1994; Kyriakopoulos, 2011; Marselle et al., 2014; Russell, 2002; van Loo et al., 2015). In an outcome study of short-term adventure therapy, four major themes were identified: intrapersonal relationship improvement, interpersonal relationship improvement, experiential venue improved quality of therapy, a safe and secure environment existed for change (Kyriakopoulos, 2011). When looking at these outcomes, they relate to DSM-5 TR symptomology of major depressive disorder (APA, 2022). Improving the manner one relates toward oneself lessens feelings of self-loathing and worthlessness. Interpersonal issues such as problems with friends, relatives and level of marital satisfaction were found to be risk factors for recurrence of depressive disorders in women according to a 2015 twin study (van Loo et al., 2015). Thus, improving interpersonal and intrapersonal connection aids depression recovery. Depressive symptoms also include irritability, boredom, and difficulty feeling pleasure (APA, 2022; Norton, 2009). Providing activating exercises and experiential stimuli in a safe and secure natural environment can influence boredom and loss of interest.

Researchers found that treatment outcomes for adolescents in outdoor behavioral healthcare programs, including those diagnosed with a depressive disorder, showed a significant
decrease in symptoms related to poor well-being (Russell, 2002). This was measured by a drop of 20 points on the Youth Outcome Questionnaire. This study reported maintained progress during a 3 and 6-month follow-up.

Many wilderness therapy programs emphasize personal agency in the face of challenges (Norton, 2009). When focusing on wilderness-based travel and adventure-based activities, the need and will to stay alive can conflict with feelings of hopelessness in those suffering from depression (Handley, 1998). Overcoming these challenges can be used as evidence of client competence and ability, an important factor within narrative therapy when developing client’s preferred story (Winslade & Monk, 1999). Another theme amidst nature-based therapy research is combatting feelings of isolation, a common symptom of depression (Norton, 2009). Thus, there is an emphasis on group practice amongst nature-based therapists.

The importance of assisting women in self-esteem growth carries through the literature (Accortt et al., 2008, Kessell, 1994). Chorpita & Barlow (1998) assert parenting styles endorsing gender stereotypes are implicated in the development of depression and anxiety in women. Margaret J. Kessell, a social worker in Minneapolis, MN designed and led adventure programs for women living with mood, anxiety, and trauma disorders (Kessell, 1994). She employed this endeavor on the theory that women suffering in these ways feel little control, have become disconnected from their bodies, are unassertive, and isolate themselves from community established by cultural gender roles and constructs. Her findings imply that this experience was the kindling that lit the flame of continued lifestyle change that led to healthier coping skills, stronger community, higher self-esteem, and greater control. This group was the jumping off point. Kessell’s adventure group models just how vast and adaptable nature-based therapy can be. It included a four-day rock climb, three sessions of yoga therapy, dance therapy and
initiatives courses (obstacles and challenges) at a retreat center. Throughout the therapy process, yoga was integrated at every step.

Kessell (1994) conducted a long-term study to assess progress maintenance in which 45 of the 102 women involved responded. Of this population, 86% reported gain in self-esteem and positive changes in isolation toward connectedness. This was a staggering number, as most respondents marked a positive change that continued to go higher post-treatment.

**Therapeutic Interventions**

*Nature Walks*

In a UK longitudinal study of the emotional impacts of group walks in nature, researchers identified a substantial reduction in depressive symptoms (Marselle et al., 2014). Examples of participant’s progress include enhanced mental well-being, enhanced positive affect and lower perceived stress compared to group who did not engage in nature-based walks. Hiking can incorporate benefits of adventure-based challenges with the physiological and psychological aspects of spending time in nature. Time spent in forests has shown successful results including improved immune function, physiological relaxation, and positive effects on depression (Song et al., 2018).

*Horticulture Therapy*

During the Covid-19 pandemic, many European news outlets reported an increase in gardening in urban settings, citing this offered people a respite from loneliness, and increased hopefulness (Bell-Williams et al., 2021). Hopelessness and loneliness are key criterion for major depressive disorder. A common therapeutic aspect of ecotherapy is “connection to nature” which surpasses emotional and physical benefits of nature *exposure* by emphasizing oneness, perspective, and a sense of awe and wonder (Bell-Williams et al., 2021). Gardening facilitated in
a therapeutic setting is sometimes referred to as “horticulture therapy” or “therapeutic horticulture” (Kamitsis & Simmonds, 2017). Horticulture therapy provides clients an outlet to actively engage with the natural world.

**Bright Light Therapy**

Bright light therapy has been shown to relieve depressive symptoms as it’s believed to impact neurochemicals linked to mood (Kress & Paylo, 2019). Studies have shown that timing this therapy with a woman’s premenstrual cycle can influence symptoms of premenstrual dysphoric disorder. This therapy is used to adjust a person’s circadian rhythm, however, alludes to the influence sunlight has on mood, thus implementing outdoor sun exposure can be therapeutic.

**Eco-Genogram**

Some ecotherapists incorporate “eco-genograms” into their work (Doherty, 2010; Fisher, 2011). These incorporate meaningful places from one’s life (a park, home, lake, destination) into a traditional genogram as a way of expanding on the systems that have influenced a person. The map of one’s environmental system can inform a client’s narrative, or their “problem story,” and can be used to explore systemic influences on their story.

**Natural Objects**

The use of incorporating natural objects into client’s daily lives is popular amongst ecotherapists. Clinician and client will find a natural object (willow, dried flowers, stones, shells,) of which the clinician associates the physical sensation with a sense of relaxation through guided mindfulness exercise (Kamitsis & Simmonds, 2017). The purpose is to imbue this item with a calming effect the client can access outside of session. Some clinicians may use the object as an emblem of intangible things such as emotions, family members, or aspects of a problem.
**Yoga Therapy**

Yoga therapy is a popular intervention incorporated into nature-based therapies, particularly adventure therapy (Kessel, 1994). Yoga practice can serve to center and relax the mind (Kessel, 1994). Historically, yoga is grounded in mind-body integration (Chandler, 2001). This practice incorporates a strong emphasis on regulating the breath, holding integrative poses focused on balance, and building and maintaining flexibility (Woodyard, 2011). Physical health effects of yoga have long been studied and psychological outcomes are being researched at a fast pace. The act of engaging in yoga provokes an opposite physiological state to the fight-or-flight stress response. Regular yoga practice has been shown to increase serotonin production and inhibit the sympathetic area of the hypothalamus to optimize the body’s responses to stressful stimuli. In short, yoga can be an incredible antidote to exacerbated and harmful stress responses in those who cannot regulate stress in a healthy way (Woodyard, 2011).

**Incorporating Narrative Therapy**

Common themes within ecotherapy have overlap with the practice of Narrative Therapy. These themes include developing a new environment for change, combatting feelings of helplessness, implementing natural metaphors and stories, and providing evidence for client competence. Michael White, one of the founding developers of narrative therapy, has posed, “the person is not the problem, the problem is the problem” (Corey, 2017). Narrative therapists engage in *externalizing conversations* by which they subtly separate the problem from the person and give it a name (Winslade & Monk, 1999). This allows clients to slowly begin to experience the problem as separate from themselves.

The use of externalization in narrative therapy can be of particular use when working outdoors. Placing group members in the external world of nature, facilitators of ecotherapy can
lean on the unconditional and accepting structure of the wilderness to reframe client narratives. In many ways, nature does not rely on a dominant narrative to exist and provides a non-judgmental environment akin to the values narrative therapists strive to instill (Corey, 2017; Naor & Mayseless, 2021).

Narrative therapists believe that a client’s life (and mental wellness) is influenced and shaped by stories they tell about themselves and others tell about them (Corey, 2017). These stories are steeped in one’s cultural, social, and environmental contexts. Narrative therapists work to dissect these stories, externalize the problem, assess factors that have influenced the story, assess reasons a client holds on to this story, and offer alternative perspectives. Together, therapist and client develop new meanings attached to life events, find historical evidence contrary to story, and form a counter story.

It is vital that a client not only recite their counter story but incorporate this story outside of the therapy room (Corey, 2017). The narrative model emphasizes the necessity of an appreciative audience for a client’s preferred story. Group therapy offers the client space to share their new story and receive reinforcement from the group. Group facilitators should pay close attention to client’s strengths and areas of competence and ability that can be later used to develop their preferred story (Winslade & Monk, 1999). Within a group setting, facilitators can encourage members to highlight each other’s strengths to begin to develop an appreciative audience.

In Winslade & Monk’s (1999) *Narrative Counseling in Schools*, the authors observed many students develop guilt and shame that paralyzed them to change. They believe this guilt and shame stems from self-blame rather than viewing their problem as external. Winslade & Monk (1999) acknowledge individuals are not the sole authors of their story. The social context which has influenced one’s narrative deserves close attention by their counselor.
Similarly to cognitive behavioral therapy, which claims one’s thoughts can influence one’s feelings which can influence one’s behavior, narrative therapists assert individuals may begin to live within the confines of the narrative they believe to be true (Corey, 2017; Winslade & Monk, 1999). For the purpose of change, these narratives can be dissected, challenged and re-written to gain a sense of personal value.

Limitations

There are many wilderness camps/wilderness therapy programs aimed at rehabilitation of those categorized as juvenile delinquents or “troubled teens” with violent or nonviolent offenses (Office of Juvenile Justice and Delinquency Prevention, 2017). The lack of a standard definition of residential programs has left the industry susceptible to corruption. This results in “wilderness therapy” programs frequently resembling military boot camps. These programs place emphasis on physical challenges, rather than harmony with nature. Interventions include survival in harsh conditions, daunting physical activities, and physical and psychological aggression. In 2007, the US GAO (Government Accountability Office) launched a series of investigations into these programs, resulting in the discovery of thousands of instances of child abuse, neglect, and death. A highly scrutinized and publicized program is Provo Canyon School in UT (Story, 2005). They define themselves as a “Behavioral Health Center” for teen girls with mental health issues. Paris Hilton was a notable attendee (survivor, as Paris describes) and highlighted physical and verbal abuse including solitary confinement without clothes (Paul, 2022).

Some therapists have concerns regarding the unpredictability of working in a natural environment (Hooley, 2016). A therapist’s office provides a quiet, calm, and intentional space. Concerning ethics, nature-based therapies do not specifically contradict the American Psychological Association’s code of ethics (2017). Two aspects of the ethical code,
Nonmaleficence & Beneficence, and Respect for People’s Rights and Dignity, deserve a closer eye when working as an ecotherapist. Regarding nonmaleficence and beneficence, safety considerations are less controlled in a natural environment (Hooley, 2016). Risks for bodily harm, severe weather, and physical ailments need to be considered when practicing out of the office. It is also important to maintain a collaborative approach while suggesting nature-based therapies, providing a fair representation of potential risks.

Concerning Respect for People’s Rights and Dignity, when a provider takes a client out of the office, there is very little way to ensure complete confidentiality (APA, 2017; Hooley, 2016). There is the possibility for interaction with or exposure to outside individuals. In accordance with the code of ethics, providers must clearly state and document potentiality for a confidentiality breach (Hooley, 2016). They should continue to prioritize confidentiality and do everything in their power to maintain as much confidentiality as possible.

**Conclusion**

Within the literature, physical natural factors, such as exercise and sunlight, have been shown to have positive effects on mental health (Fisher, 2022; Kress & Paylo, 2019). Psychological factors such as sense of awe, oneness and expansiveness in nature can result in interpersonal growth and improvements in self-esteem (Kessell, 1994). These benefits apply to symptomology of many mental disorders and are particularly fitting with treatment of major depressive disorder.

Ecotherapists rely heavily on natural metaphors, relating the human experience to the unconstrained whims of the earth. Narrative therapists urge clients to view their lives beyond a fixed plot, finding freedom and flexibility that allows choice to re-enter their lives. When pairing these modalities, facilitators can harness the relaxed acceptance of the natural world to unshackle
clients from long-held beliefs and “just be.” Combining natural metaphors, ecological experiences and ecological consciousness with narrative treatments, effects of both approaches are enhanced.

As research continues to grow in the ecotherapy space, this author aimed to highlight current practices and incorporate nature as a part of one’s overall narrative. The following group manual intends to accentuate the existence of nature within members’ lives and employ it as a foundational basis by which members can re-story problematic narratives they live by.
Group Overview

**Type of Group:** Ecotherapy group for women, ages 18 and up, living with depression

**Facilitator:** Two group facilitators are needed to provide clients with best level of care within a nature-based structure. Group facilitators will be licensed counselors, therapists, psychologists, or social workers. Certification is not required to practice ecotherapy, however, provider must have experience leading/observing an ecotherapy group and a minimum of 20 hours of education directly related to ecotherapy. This can be in the form of seminars, classes, or direct education from an ecotherapist. Certification in ecotherapy from an accredited program is, of course, accepted as well (Buzzell & Rust, 2022). Interns or trainees can act as second facilitator if they are working alongside a licensed provider and under supervision.

**Length and Duration of Group:** Nine-week group, meeting once a week for two hours

**Location:** Counseling agency campus & state park. Horticulture therapy, seated sessions and yoga sessions at agency campus, hiking/walking at state park, lakeside and row-boat at lake within park.

**Group Membership:** First come, first serve through agency advertisements and provider referrals. Members will undergo a diagnostic assessment and will need a diagnosis of a depressive disorder to receive insurance reimbursement. If a depressive disorder diagnosis is absent, members can join group if they score a 17 or higher on the Beck Depression Inventory—II.

**Group Size:** Group will be capped at eight members.

**Group Format & Procedures:** Typically, group will consist of an outdoor activity followed by seated discussion and meditation. Group consists of psychoeducation, narrative therapy and
ecotherapy all in a natural environment. Phone usage is restricted to emergency use during session. Adaptations can be made to meet physical limitations. This is a **closed group**.

**Informed Consent:** Members are required to complete informed consent before attending group (Appendix P.)

**Assessment:** The Beck Depression Inventory-II will be used to monitor treatment outcomes of group membership. This test assesses mood during the previous two-week period and is utilized to determine *current* severity of depressive symptoms (Beck et al., 1996). The BDI-II will be administered before beginning group, at week five, and post-group.

**Facilitator Considerations:** In using a narrative approach to treatment, facilitators are not encouraged to become too tied to weekly objectives. Certain members may take longer to identify their problem narrative, find unique outcomes and develop alternative story. This group does not intend to force members to re-author narratives for the sake of completing treatment program arc. This modality is used as a system by which members can work through their narratives and leave group with tools to empower personal growth moving forward.
### Weekly Process

#### Week 1- Introduction to Group and Group Members

| Objectives | 1. Introduce members to facilitators and grasp tenets of ecotherapy and narrative approach.  
|            | 2. Introduce members to confidentiality, group format and norms  
|            | 3. Identify and develop group and personal goals.  
| Discussion | - Develop group rules and goals collaboratively.  
|            | - Explain confidentiality and discuss feelings about limitations to confidentiality in public spaces. “Do we feel comfortable continuing discussion if hiker passes the group? Should we develop code word for discussion to end?”  
|            | - Overview of ecotherapy (Appendix G). Emphasize importance of connection to nature as a means of healing.  
|            | - Facilitators share narrative approach to treatment of depression. Outline process of identifying “problem story” and “alternative story” (Appendix C & F). Encourage members to share “what brought them to group” as a way of beginning process of story sharing.  
|            | - Engage in beginning “My Life Story” activity (Appendix N.)  
|            | Task members to complete this activity between sessions and consider “problems” in their lives that dominate their story.  
| Location and Activities | - Prep for next session: Wear athletic clothing, appropriate shoes for hiking and bring water bottle for next session.  
| Location and Activities | - Outdoor, seated session in designated green space outside agency  
| Location and Activities | - Horticulture therapy: Facilitators bring members to planter box, distribute seed kits, and seeds are planted (Bell-Williams et al., 2021; Kamitsis & Simmonds, 2017). Use caring for plants as metaphor for caring for self. What do we need to survive and grow? What is the sun, water, and consistent care in your own life?  
| Location and Activities | - Members are taught and led through weekly mindfulness meditation. (Appendix B)
## Week 2: Nature Hike

| Objectives | 1. Narrative: Identify “problem-saturated” narrative  
2. Gain understanding of impact of depression on members’ lives.  
3. Overcome limiting beliefs by accepting challenges |
|------------|--------------------------------------------------|

### Discussion
- Encourage and allow members to bring topics to therapy freely.  
- Counselor maintains stance of respectful curiosity toward member’s world of meaning (Winslade & Monk, 1999).  
- Throughout hike, facilitators use narrative prompts to explore limited belief systems that hinder change (Appendix C, D and F). Members are urged to share elements of “My Life Story” with group. Facilitators work to identify themes (problems) within members’ stories.  

**-Prep for next session:** Wear athletic clothing and bring water bottle for next session. Optionally, members can bring personal yoga gear if they would like (personal mat, towel, bands etc).

| Location & Activities | -Begin session at **agency**. Horticulture therapy: tend to plants. Open discussion about previous session.  
-Split group in half, both facilitators drive group 6 minutes to beginning of **hike**. On drive, facilitators describe nature as the “other” in therapeutic treatment and ask them to pay attention to influence of natural elements. Encourage them to consider limited beliefs they may hold about their physical and mental capacities for challenge.  
-**Hike** with two stopping points (Marselle et al., 2014). Group may move at staggering paces. First facilitator will respect group’s decision to stop at any time. Second facilitator tasked with incorporating members who are further behind.  
-Members are led through weekly mindfulness meditation. (Appendix B)  
-Return to agency to end session. |
## Week 3- Outdoor Yoga

| Objectives | 1. Narrative: Identify unique outcomes and exceptions to problem-story.  
2. Members become comfortable sharing more earnestly with group  
3. Overcome limiting beliefs by accepting challenges |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discussion | -Facilitators lead group through beginner yoga practice which takes between 20 and 35 minutes (Woodyard, 2011). As members hold poses, facilitators guide breathing, provide psychoeducation and prompt narrative ideas and questions (Appendix F.)  
-Bring group to half lotus seated position (Appendix I.) and lead group through Ujjayi breathing (Appendix H.) Throughout session, remind members to engage in Ujjayi breathing if they are comfortable. Demonstrate and lead members through sequence: half lotus, seated twist (Appendix J.), half lotus, child’s pose (Appendix L.), half lotus, to mountain pose (Appendix K.) Allow members to return to comfortable position (half lotus, child’s pose or mountain pose) at any time throughout practice.  
-Facilitators demonstrate Sun Salutation (Appendix M,) and let members know we will be engaging in optional sun salutation sequence at next yoga therapy session (Week 7.)  
-Seated group discussion. **Narrative:** Facilitators encourage members to build distance between themselves and their story using Narrative questions from Appendix D.  
**-Prep for next session:** Wear comfortable shoes and bring a water bottle. |
| Location & Activities | -Session at agency **green space** involving yoga therapy and seated discussion.  
-Begin with horticulture therapy: tend to plants.  
-Yoga exercises (Appendices H-M)  
-Agency provides yoga mats  
-Members are led through weekly mindfulness meditation. (Appendix B) |
**Week 4: Nature-Based Walk**

| **Objectives** | 1. Narrative: Plot alternative story  
2. Members feel enough safety to be receptive to group feedback. |
|----------------|------------------------------------------------------------------|
| **Discussion** | - Research shows that nature-based group walks mitigate depressive symptoms (Marselle et al., 2014).  
- Facilitators incorporate natural metaphors throughout walk (Appendix G.).  
- Trace history of dominant story and situate dominant story within context of life events. Members construct preferred story line through discussion led by facilitators (Appendix E.)  
  
  **- Prep for next session:** Wear shoes that can get dirty. |
| **Location & Activities** | - Session meets at agency. Group embarks on path for nature-based walk. This differs from hike in that it does not include obstacles such as rough terrain and incline.  
- Return to agency where members engage in horticulture therapy: tend to plants.  
- Members are led through weekly mindfulness meditation. (Appendix B) |
## Week 5: Lakeside Seated session

|                 | 3. Members become more comfortable sharing with and possibly confronting, members or facilitators. |
| Discussion       | -Facilitators demonstrate eco-genogram example, and prompt members (Appendix A & G.)  
|                 | -Task members with considering their alternative story throughout creation of eco-genogram. Assess eco-genogram implications in their dominant story.  
|                 | -Ask members to identify and share historical experiences in which alternative story was present (Appendix E.) |
|                 | **-Prep for next session:** Wear clothes and shoes that can get wet: jacket, optional change of clothes, layers |
| Location & Activities | -Members meet at agency. Facilitators walk group to lake for waterside seated session. Chairs will be set up prior to session.  
|                 | -Facilitators provide eco-genogram worksheet and explain process of constructing (Appendix A.)  
|                 | -Return to agency where members engage in horticulture therapy: tend to plants.  
|                 | -Members are led through weekly mindfulness meditation. (Appendix B)  
|                 | -Members complete Group Membership Experience Survey (Appendix O.) |
## Week 6: Row-Boating

| Objectives | 1. Incorporate alternative story in members’ daily lives  
|            | 2. Group hierarchies are challenged, and an even more trusting environment is created. |
| Discussion | - Facilitators allows group freedom to work together to coordinate process by which they embark on row-boating, a form of adventure therapy. Members split themselves into three groups, decide starting rowers.  
|            | - Task small groups with sharing personal actions from previous week in which they lived by alternative story or not (Appendix E & F).  
|            | - Ask members to identify how they’ve incorporated alternative story into life outside of group. |
| Location & Activities | - Prep for next session: Bring “My Life Story.” Wear athletic clothing and bring water bottle. Optional: personal yoga gear  
|            | Members meet at agency. Facilitators walk group to lake where 3 row boats are docked. Life jackets are provided and required to be worn by all members.  
|            | - One facilitator will lead direction of boats with the intention of slowly moving around lake. Facilitators will monitor boating, making any stops required. Facilitator will notify members when all boats should come together, and members will collaborate to creatively connect 3 boats for group discussion at end.  
|            | - Members are led through weekly mindfulness meditation at lakeside (Appendix B.)  
|            | - Return to agency where members engage in horticulture therapy: tend to plants. |
## Week 7: Outdoor Yoga

| Objectives | 1. Re-author “My Life Story” with counterplot’s influence.  
2. New level of vulnerability is reached amongst group. |
|------------|---------------------------------------------------------------|
| **Discussion** | - Facilitators lead group through yoga practice which takes between 30 and 40 minutes. As members hold poses, facilitators guide breathing, provide psychoeducation and prompt narrative ideas and questions (Appendix F.)  
- Facilitators provide members with option to partake in yoga poses from Week 3 or engage in sun salutations.  
- Facilitator 1 leads sun salutations (Appendix M.)  
Facilitator 2 provides modified poses for beginner members (Appendices H-L.)  
-Members revisit “My Life Story” (Appendix N) and re-write story with counterplot in mind. What risks/benefits are there to living your life by new story?  
-Members share and discuss experience with group  
**Prep for next session:** Wear clothes that can get dirty, and that can smell like bonfire. |
| **Location & Activities** | - Members meet at agency. Facilitators walk to green space for yoga therapy followed by outdoor seated discussion.  
- Engage in horticulture therapy: tend to plants.  
- Members are led through weekly mindfulness meditation. (Appendix B) |
## Week 8: Bonfire & Collecting natural totems

| Objectives | 1. Identify appreciative audience outside of this group to witness and support members’ new story.  
2. Obtain totem to carry from natural world into daily life (Kamitsis & Simmonds, 2017).  
3. Members act as supporters and encourages of others’ decision to live by new narrative. |
| --- | --- |
| Discussion | - Facilitators ask members to work together as they collect elements and build bonfire. During collection, members are prompted to find relaxing natural elements (rocks, seeds, leaves, shells) that can be used as narrative metaphor and totems of natural world (Appendix G.)  
- What can this kindling represent in your life? What would you like to throw into the bonfire?  
- Once seated, members maintain fire while partaking in group discussion.  
- Members share social influences that promote and hinder their preferred story.  
- Discuss group relational dynamics.  

- **Prep for next session:** Wear comfortable clothing |
| Location & Activities | - Members meet at agency. Facilitators walk group to lakeside where chairs are set up around fire pit. Members work together to collect supplies to build bonfire.  
- Return to agency where members engage in horticulture therapy: tend to plants.  
- Members are led through weekly mindfulness meditation (Appendix B.) |
### Week 9: Nature-Based Group Walk

**Objectives**

1. Present new story to group  
2. Examine group experience  
3. Develop ways to incorporate group experience into personal lives

**Discussion**

- During walk, members discuss the group experience. Continue conversation once back to seated.  
- Members present new stories with group.  
- Discuss growth they’ve experienced and have seen in others.  
- Develop action plans for bringing the work from group into life outside of group.  
- Ask how their world of meaning, attitudes, and concept-of-self have changed. Discuss how you may write your story now. Where will you go in the future? Who will you be?  
- Facilitators end with horticulture and natural metaphors (Appendix G.)

**Location & Activities**

- Members meet at agency. They embark on short nature walk (Marselle et al., 2014). Members return to green space for final seated session.  
- Horticulture therapy: Members are provided with small pots to transplant their plant from garden.  
- Members are led through weekly mindfulness meditation (Appendix B.)  
- Members complete Group Membership Experience Survey (Appendix O.)
References


https://doi.org/10.1176/appi.books.9780890425787


https://doi.org/10.3389/fpsyg.2014.00976


Johnson, et al., (2020). The Effectiveness of Trauma-Informed Wilderness Therapy With Adolescents: A Pilot Study


Appendix A:

Eco-Genogram

https://www.therapistaid.com/worksheets/genogram-template

Genogram

Addendum for Eco-Genogram

Locations of importance: e.g. parks, vacation spot, significant family member’s home, childhood bedroom, playgrounds, best friend’s backyard, field trip location.

Connect yourself with influential locations. Create web between locations, relationships and self.
Appendix B:

Nature-Based mindfulness meditation

https://www.mindfuldaily.com/livewell/meditation-basics-the-5-senses/

You may want to begin in a sitting position, close your eyes, take a few deep breaths (five sounds like a good number, doesn't it?), and begin gently – calling to attention each sensory window, going one experience at a time.

Listen – let the sound of your environment (or lack of sound) call you to the present moment. Let each moment’s passing reveal some new element you may not have ordinarily noticed. Reflect, breathe, and move forward.

Look – open your eyes and carefully note the colors, shapes and textures that surround you. What areas of movement or areas of stillness attract the eye? Reflect, breathe, and move forward.

Smell – close your eyes again and breathe in through your nose, absorbing fully the scent of your surroundings. Observe which sensations feel like natural smells and artificial smells. Reflect, breathe, and move forward.

Touch – you can hold a small object such as a stone or meditation mala, or you can simply reach forward and touch the earth. Let the feeling of “touching” tether you to the environment, connecting you with the physical reality of your existence. Reflect, breathe, and move forward.

Taste – whether you taste, air, water, an item of food, or the back of your hand – find a way to awaken the most intimate sense, and observe how the experience gives insight into the inner portion of your being. Reflect, breathe, and move forward.

https://www.youtube.com/watch?v=vQXEfmlCkns: Example of guided meditation

Prompts for facilitators:

- Typically spend around 1 minute on each sense, dependent on amount of time provided for meditation.
- Throughout meditation, provide examples of things members may smell, feel, hear, taste or see. “You may hear the leaves brushing against each other in the trees.” “Notice the pressure between yourself and the ground, or the feeling of your clothes on your body.”
- If you notice your mind wandering, or becoming consumed with thoughts, bring yourself back to your breath. Focus on your breath and your surroundings.
- When thoughts arise, acknowledge that these are not “good” or “bad,” they just “are.”
- Consider how you feel now compared to how you felt at beginning of meditation. What has changed?
- Remember this feeling.
- As we embark into our daily lives, consider this feeling when overwhelmed, anxious or in despair. Remember that at any moment you can ground yourself through this practice.
Appendix C:

Narrative Therapy Structure over 9 Weeks

- Overview of Narrative therapy process from *Narrative Counseling in Schools* by John Winslade & Gerald Monk (1999).
  - *Telling one’s story.* Develop and share life story focusing on thematic elements that persist over time.
  - *Externalize* and name problem, i.e. “trouble” “depression” “ADHD” “worthlessness” “boredom”
  - *Map the influence.* What has this problem cost members or others in their lives.
    - Find domains of members’ lives in which the problem is not present.
  - Identify *Unique Outcomes*—Facilitator focuses on any experience that differentiates from problem story. The authors assert “this is raw material from which the new story can be fashioned (Winslade & Monk, 1999, p. 9).
    - Facilitators use *Persistent Questioning*, bringing easily discounted/overlooked details of success/capability into focus.
  - *Plot the alternative story*—Encourage members to share experiences that are departures from problem bound story. Ask them to provide an explanation for these.
  - *Provide client opportunity* to decide whether to continue to live by problem-saturated story or center themselves alternative story. This could be finding an element that has stopped problem-story from always prevailing. E.g. “survival,” “fighter,” “hope” has prevented me from giving in to suicidal thoughts.” Identify where hope exists and use strengths-based approach.
  - *Counselor identifies* new areas in client’s life where alternative story might be growing. Identify 3 areas where “trouble” doesn’t run away with him.
  - The *alternative story* has a beginning early in member’s life (just like their problem story.) Task members with identifying history of competence and assist in emphasizing strengths.
  - Utilize *appreciative audience*—The group format provides witness to members’ change. Members should act as supporters and encourages of others’ decision to live by new narrative. Bringing this story into the social world acts as a tool to ground changes.
  - *Prepare client* for the problem’s attempts to re-enter their lives. These are long-standing narratives, and it takes time to re-author. Consistently identify examples of members living by new story, and encourage them to do the same.
Appendix D:

Narrative Questions to develop “Problem Story”


Useful Narrative Therapy Questions

- How long have you been noticing this problem?
- What effect does the problem have on your life?
- How does the problem impact your energy for daily tasks?
- Does the problem have an impact on your relationship with other family members?
- What effects does the problem have on your child’s life?
- What do you think about the effects the problem is having on your life?
- Are you accepting what the problem is doing?
- Are these effects acceptable to you or not?
- Why is this? Why are you taking this position on what the problem is doing?
- How would you prefer things to be?
- If you were to stay connected to what you just said about what you prefer, what next steps could you take?
Appendix E:

Alternative Story

Facilitator prompts for developing alternative story from Narrative Counseling in Schools by John Winslade & Gerald Monk (1999).

- Identify recent actions that don’t align with problem story
- How did member achieve these actions? Be persistent as member may not give themselves credit for action.
- Other similar actions recently?
- How did member prepare to take this step? What did they think and feel about this before and after?
- If no actions have taken place (member can’t identify them,) inquire about intentions or desire to act.
- Welcome member to give counterplot a name.
- Explore history of this counterplot in member’s life.
- Are there appreciative audiences in their life that have witnessed this counterplot? How would they describe member’s actions? The authors ask “who might not be surprised that you did this?” (Winslade & Monk, 1999, p. 45).
- Speculate meaning of these events
- Draw connections between events that fit into counterplot
- Are you pleased with the alternative story? Why? Why not?
Appendix F:

General Narrative prompts and lines of inquiry

Counselor maintains stance of respectful curiosity toward member’s world of meaning (Winslade & Monk, 1999).

- Group provides an appreciative audience to the changes you are making.
- The past shaped you, but it does not define you.
- What events in your life have been neglected? Unique outcomes or exceptions that differ from dominant narrative.
- Situation problem within
- Has your narrative informed your decisions? Has it ever acted as a cage?
- How does the problem affect you?
- How did the problem take hold in your life?
- What risks/benefits are there to living your life by new story?
- Alternative Story: Visualize how your life could change with new story. How will things look in a week/month/year/10 years?
Appendix G:

Eco-Therapy Prompts for Facilitators

- Emphasize healing through connectedness to nature.
- Nature is non-judgmental. It doesn’t care where you’re from, what you’ve done. It will treat us all equally.
- Do you feel you belong to the earth? What connects us all together? We all deserve a sense of unconditional belonging.
- How is your relationship with nature like/unlike your relationship with others (or yourself?)
- The universe is interconnected. We are connected to one another and to the world.
- **Eco-Genogram**: Identify types of memories associated with different important locations of your life. Did you have a favorite tree to read under as a child? Do you picture playing in their backyard when you think of your grandparent’s? Identify the sensory experience of being outside. What was the air like at a significant funeral? Are there locations you still return, to this day?
- Activating exercises in a secure natural environment can influence boredom and lack of interest (Norton, 2009).

Natural Metaphors:

- Nature is non-judgmental. It doesn’t care where you’re from, what you’ve done. It will treat us all equally.
- “For just one second, someone stepped on this leaf, one second defined its existence, no longer able to flow with the wind, until someone picks it up again for it to continue its story. Don’t let that one second define you.” – Incorporating narrative of natural world.
- Depression can feel like swimming upstream. What are you fighting? Can you allow yourself to follow the stream?
- What can this kindling represent in your life? What would you like to throw into the bonfire?

- Use *caring for plants* as metaphor for caring for self. What do each need to survive and grow? What is the sun, water, and consistent care in your own life?

**Green Exercise:**

- Green exercise combines physical activity and a natural element (Kamitsis & Simmonds, 2017). Within this group, we will engage in hiking, outdoor yoga and boating.
- What does it mean to put ourselves through challenges? Moderate stress has been found to promote adaptation, provide energy and motivation (Oh et al., 2020).
- What are the limited beliefs you may hold about yourself? Why do we still hold onto these beliefs?
Appendix H:

Ujjayi Breathing

https://www.youtube.com/watch?v=IQrsJ-yZWV8&t=314s
Appendix I:

Half Lotus (Ardha Padmasana)

https://liforme.com/blogs/blog/seated-yoga-poses

HALF LOTUS (ARDHA PADMASANA)

Benefits: Opens the hips, stretches the feet and ankles
Alignment Insights: Lotus is one of yoga’s most iconic postures but it isn’t readily accessible to many practitioners, especially people with tricky knees. Half Lotus is a good substitute.
Appendix J:

Seated Twist (Vakrasana)

https://societyforpsychotherapy.org/5-ways-implement-yoga/

HOW TO DO IT:

The client sits with both feet placed on the floor. The client is asked to inhale through the nose, raising the arms from alongside of the body over the head, as if they are drawing a circle with their arms. Throughout this sequence, the client should keep the shoulders down, and resist them from reaching up towards the ears. As the client exhales through the nose, the client twists their torso to the right, reaching for the back of the chair with the right hand, placing the left hand to the outside of the right knee, and looking over the right shoulder.

On the next inhalation, the client raises their arms back overhead while returning their torso to center. On the subsequent exhalation, the client twists their torso to the left with the left arm reaching to the back of the chair, the right arm resting on the left knee, and gazing over the left shoulder.

To complete one full cycle, the client inhales back to center with arms raised overhead. If the client is comfortable maintaining the twisted position, you can encourage them to hold the twist, lengthening the spine on the inhalation and relaxing deeper into the twist on the exhalation. Complete several cycles of this.
Appendix K:

Mountain Pose (Tandasana)

https://societyforpsychotherapy.org/5-ways-implement-yoga/

HOW TO DO IT:

The client stands with arms down by their side, palms facing out. The client should practice balancing their weight evenly between both feet, while imagining that a thread is attached to the top of their head, pulling them upwards and elongating the spine.

For an added grounding component, the client can practice shifting their weight from one foot to the other or shift their attention to the rise and fall of their abdomen while breathing. Clients should be encouraged to relax their shoulders down and back and contract their abdominal muscles while tucking their pelvis slightly.

https://yogajala.com/mountain-pose/ -

The powerful foundation to all standing poses. A place of rest, or new beginnings.
Appendix L:

Child’s Pose (Balasana)

https://www.yogajournal.com/poses/child-s-pose/
Appendix M:

Sun Salutation (Surya Namaskar)

In-depth written description: https://www.arhantayoga.org/sun-salutation-surya-namaskara/

Step-By-Step Sun Salutation: https://www.youtube.com/watch?v=L4Z7lix6Qao

Sun Salutation Flow for Beginners (Free Yoga Class)
Appendix N:

My Life Story Exercise


**MY LIFE STORY – A NARRATIVE EXERCISE**

**OVERVIEW**

The following exercise is to be used in conjunction with our book, “What Is PTSD? 3 Steps to Healing Trauma” for best effect. Please visit www.WhatIsPTSD.com for additional resources.

**GOAL**

Your goal with the *My Life Story – A Narrative Exercise* is to begin creating emotional distance from your past so that you can become reflective in order to gain perspective on your life as a whole. This is a storytelling outline that helps you organize life events and gain self-compassion, without going too deeply into the memories.

**TIME OUT**

Always reflect on your inner state and notice if you need a break from the exercise to find your inner calm.

**MATERIALS AND LAYOUT**

Pen or pencil and the form we have provided on the following pages.

My Life Story exercise will be more concise within this group. Task members with attempting to synthesize key points that define what their story has been, rather than authoring book with multiple chapters.

Prompts for members:

- What meaning do you attribute to your life story?
- Identify challenges you’ve overcome
- What strengths have allowed you to prevail?
Appendix O:

Survey

Group Membership Experience Survey

Rating Scale:
1 - Strongly disagree, 2 - Disagree, 3 - Neither agree or disagree, 4 - Agree, 5 - Strongly Agree

1. Facilitators provide comfortable and safe environment to express vulnerability
2. Nature-based elements of group are most therapeutic factor
3. Narrative approach to group is most therapeutic factor
4. I feel physically safe in group
5. I feel comfortable with level of confidentiality in group
6. Facilitators are knowledgeable and prepared
7. My interpersonal connections are stronger as a result of group
8. I have more control over my life as a result of group
9. I feel more hopeful as a result of group
Appendix P:

Informed Consent

The success of this group relies on an environment of respect amongst facilitator and members. Due to the unique elements of nature-based work, support between members is especially important. Facilitator will put client safety above all else when engaging in outdoor work. A strong, supportive alliance between members is particularly important. Remember, this work can bring about surprising reactions, and it is our job as members and facilitator to empower each other and outwardly acknowledge strengths in ourselves and others.

Group counseling functions on the requirements of confidentiality and forming a safe environment to share personal accounts. Group leaders will discuss individuals only in professional consultation settings with fellow practitioners. Group members are expected to keep all names and identities private. In accordance with ethical standards and state laws, some exceptions to confidentiality are in place for the safety of yourself and others. As mandated reporters, your facilitator is required to report:

◊ If you pose a threat to your own safety or the safety of others

◊ If abuse of a child, the elderly, or the differently abled is suspected

Facilitator will take necessary precautions to provide a confidential environment in outdoor spaces. Due to the public elements of this work, facilitator cannot guarantee complete confidentiality from being seen participating in group. However, facilitator will actively disengage private conversations if confronted with non-participants. If non-participants approach group or pass by, facilitator will not disclose that this is group therapy. At initial meeting, members will discuss comfortability with being seen, and collaborate on diversion tactics if group deems this necessary.
Members are expected to actively participate in the group process by sharing thoughts, perspectives, and reactions throughout weekly meetings. You will get out of this group what you put in. Your facilitator will practice respect and curiosity toward all group members, and model openness and support. Every member will have differing levels of comfort with disclosure, which is perfectly alright. Facilitator will ask that you practice active listening and participation in activities, even if you are not yet comfortable self-disclosing.

Attendance at all meetings provides the most fruitful opportunity for growth within this group. We understand that life can throw us many curveballs and will be understanding if you are unable to attend group. Due to the additive nature of the weekly process, facilitator will ask you to leave group after missing three meetings. Facilitator will work with you to plan for future group membership/next steps in treatment that is appropriate for you. Participation in this group is voluntary.

By signing below you agree to group guidelines and informed consent.

_________________________________________  ____________________________
Client Signature                                      Date

_________________________________________  ____________________________
Facilitator Signature                                 Date

____________________________________________
Facilitator Signature                                      Date