

*David Fernández, Alexander Rose & Natalia Ruiz de Cortázar – Asociación Experientia (Spain)*

## **Good Practice: Abriendo Vía**

### **What is it?**

“Abriendo Vía” is an Adventure Therapy program that uses climbing as a therapeutic tool. It is a program of 3 months duration. It involves one session of one hour and a half each week.

### **Target group**

It is formed by a group of 6 young adults from 18 to 35. All of them have been diagnosed with paranoid schizophrenia, with a history of using toxics and behavioural difficulties during adolescence. They present positive symptomatology's stability with regular monitoring by psychiatrics and Psychosocial Rehabilitation Day Care Centre's staff to which the patients attend on a daily basis. They suffer from negative symptomatology's predominance with their typical consequences deriving from it. It's important to note that this type of patients have suffered a partial or total rupture of their lifetime projects (studies, job, partner, friendships...) since their disease's onset, and because of that they are at risk of exclusion, since it is aggravated by the social stigma that exists in contemporary society towards mental illnesses.

### **Practitioners / trainers**

**Occupational Therapist:** Our occupational Therapist has 12 years of expertise in the mental health field at several placements such as Adults and Adolescents Psychiatric Hospitalization Unit, Psychosocial Rehabilitation Day Care Centre, Outpatient Care Centre, carrying groups or individual therapy. He is trained in the Canadian Model of Occupational Performance. He practices different mountain sports including climbing.

**Social Worker / Climbing instructor:** He has experience working as a Social Worker with adolescents with behavioural difficulties from dysfunctional families whether they live in a House of Refugees, family houses or other community resources. He is an experienced climbing instructor for adults,

adolescents and children. He is also in charge of the local climbing academy. He practices different mountain sports including climbing.

Psychologist: He has experience as a psychologist in the Psychosocial Reintegration Day Care Centre in whose program the participants take part on a daily basis.

## **Methodology**

The methodology used in sessions is the following:

First of all, the group, formed by the practitioners and the participants, make a circle and every participant explains briefly any relevant incident that happened during the week and how they have been feeling prior to the session (motivated, nervous, obliged...).

Secondly, a brief guided warm-up exercise will take place with all participants in the circle and after that, a specific climbing from-the-ground-to-the-wall warm-up will take place.

Thirdly, one or various challenges are proposed to perform at the boulder. Every participant chooses how to cope with it (or not) and in which order they would like to do it.

Fourthly, one or various challenges are proposed to perform in top rope modality. Every participant chooses how to cope with it (or not) and in which order they would like to do it.

Afterwards, everybody is sitting in a circle on the floor sharing their experiences. They will highlight difficulties, successes and personal resources used, among others. They will share if they experienced any possible connection with their real life during the session. They will also share which personal resources (beyond the physical perspective: cognitive, emotional and social perspective) could help them move forward with their lifetime projects.

Through the different challenges, practitioners assist participants as much as they might ask for it.

Participant's actions and reactions are observed while doing the activity noting different aspects (relational, cognitive, emotional and behavioural) to comment them on in the final debriefing. During the final debriefing, practitioners guide participants in an active way for the purpose of achieving the therapeutic objective of the program.

## Reasons

Due to the fact that this is an experiential activity, it allows participants to accomplish some therapeutical aspects that can't be tackled from a traditional psychological practice or at least it might be much more difficult to do it. In addition, the characteristics of the climbing activity allow participants to work on aspects such as self-confidence, overcoming fears, stress management, trust in others, self-esteem, self-awareness and confidence in their own abilities, among others. All of these aspects are to be strengthened in the reintegration process that participants follow.

## Adventure Therapy components

- Action centred therapy (experiential activity that requires physical, cognitive and emotional implications).
- Unfamiliar environment (the participants have never climbed previously).
- Goal setting (these goals are set based on each specific participant's problematic areas, such as in a traditional psychotherapeutic practice, and not based on the activity itself).
- Evaluation competence (a prior and post data collection to the program is done to evaluate the results; it is possible to evaluate the evolution of the experience along the sessions observing the participants and their narrative).
- Development of small group and community care (there are 6 participants; the respect between them, and their support helping each other in different ways along the posed challenges is always exploited).
- The experience is always focused on successful behaviour –strengths– rather than on dysfunctional behaviors –deficits– (the practitioners should not focus on difficulties during the sessions, but on personal resources that the participants might possess or might develop to move forward with their lifetime projects).
- Practitioner's role (it changes from being an expert that guides to being a facilitator that goes along with the participant's experience).
- Achievement experiences (the achievement experience is facilitated while affecting participant's self-concept, self-confidence and self-esteem).
- Activities sequencing (the practitioner establishes the order of the activities depending on goals, group stage and level of demand that is needed or possible, among other factors. For that, an exhaustive previous analysis is needed of every physical, cognitive, emotional and technical component that the activity might imply).
- Perceived risk (the participant's perceived risk in some challenges allows them to comment on relational, emotional and cognitive aspects that might not arise without being out of their comfort zone and that the therapeutic practice facilitates).

- Challenge by choice (every participant is free at any time to choose its implication in the posed challenge).
- Treatment focused on daily life generalization (the activity is used as a catalyst to achieve transformation. This transformation occurs prior, while and after therapy practice. For that, the introspective solo time and the metaphoric process, among other tools, are mostly used).
- Natural consequences anticipation (these are particularly efficient as they are not represented by any authority model and because they are usually “shocking”).
- Enjoyment (participants feel more committed to their treatment when there are some therapy components that make therapy more fun).

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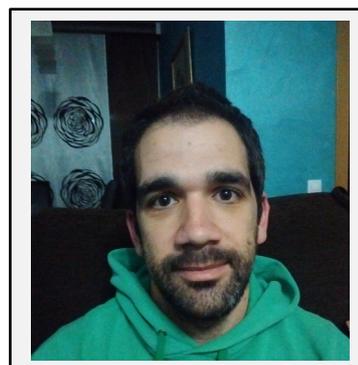
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