CULTIVATE

FLORIDA HORTICULTURE FOR HEALTH NETWORK

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The Florida Horticulture for Health Network's vision: To promote activities and connect organizations to each other and resources that use horticulture to improve health including: therapeutic horticulture and horticultural therapy, landscapes for health, nature, emerging professional support, allied horticulture and health services, community and school gardens, and food security initiatives.

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Introducing the Florida Horticulture for Health Network

By Lesley Fleming, HTR, Leah Diehl, HTM, Bree Stark, BS, & Randy Amil, BS Photos by L. Fleming

So many exciting programs are taking place in Florida where horticulture and health combine to make lives better—<u>Victory2020</u> <u>Garden</u> program in Columbia County, the <u>Fresh and Local</u> [hydroponic] Greenhouse Project at St. Pete Youth Farm, and Sarasota's <u>Eco Vets farm</u>. Horticulture for health includes all nature of activity where, as the name suggests, human health and wellbeing are promoted and where horticulture is a significant element.

Emerging on the scene is the Florida Horticulture for Health

Network (FLHHN). In 2021 a group of Floridians involved in people-plant interactions began discussions

about establishing a network where resources and networking would support, share and expand horticulture-centric health initiatives. Thinking on a broader scale, more expansive than just horticultural therapy, the nexus for this emerging network evolved with input from an advisory group with representation across generations and backgrounds. Some were young emerging professionals and some with leadership experience in national and state horticultural therapy associations (American Horticultural Therapy Association (AHTA) and the former Florida chapter of AHTA).

The catalyst for the network was the establishment of the <u>University of Florida's Certificate in</u> <u>Horticultural Therapy</u>, its students drawn from within and beyond the state, and their interest in plantbased programming. The increase in virtual communications due to COVID-19, and its wide acceptance as an effective modality for interactions expanded opportunities and accessibility. The network's plan of using multiple electronic platforms for webinars, group networking (virtual and in-person), epublications, social media engagement, and knowledge transfer seemed timely.

The mission of FLHHN states "We the Florida Horticulture for Health Network support horticulture for health initiatives in Florida and beyond through networking, knowledge exchange, and capacity building. We believe that horticulture and nature interventions can increase quality of life for all people regardless of age, ability, or background," (FLHHN, 2021). The network's vision "promotes activities and connects organizations to each and resources that use horticulture to other improve health including: therapeutic horticulture and horticultural interventions, therapy, nature landscapes for health, emerging professional support, allied horticulture services, community and health and school gardens, and food security initiatives," (FLHHN, 2021).

Horticulture for Health

Horticulture for health, an umbrella term referring to wideranging activities, programs and services, where horticulture used in various capacities and applications can positively impact health seemed a good fit for the emerging network. Referencing Fleming's horticulture for health



framework (2021) which captures the exponential growth and scope of activities across disciplines and sectors, where practices in health services, education, food production, business, landscape architecture and green industry promote human health, reflected activity evident in Florida. Her framework categorizes diverse initiatives like mobile food trucks, digitized horticulture technology, ecotherapy, parks Rx, forest breathing, and therapeutic horticulture, as parts of a greater whole, where "multi-sectoral nature and horticulture-specific commonality of [these] each focus on improving human health and where horticulture plays a significant role" (Fleming, 2021).

The Horticulture for Health Framework Activities are categorized into five subsets:

• "health services that use horticulture as an integral part within a therapeutic modality framework;

• groups or movements using horticulture as the catalyst for social interactions;

• landscapes for health: specifically designed landscapes (Sachs, 2008);

- food, nutrition, and food security;
- horticultural practices"
- (Fleming, 2021).

Health services that use horticulture as an integral part within a therapeutic modality framework include traditional and non-traditional health services like horticultural, recreational, occupational and physical therapists using gardens, gardening tasks, adaptive gardening tools and techniques, along with counselors, social workers, educators, nutritionists who integrate plant-based food, community and/or school gardens into their services. Nature-based therapy, wilderness camps, aromatherapy, forest bathing, and veteran to farmer programming that use plant-based programming, treatment, and garden space are also grouped into this category.

Groups or movements using horticulture as the catalyst for social interactions include horticulture

groups, green industry trade organizations, master gardener programs and garden clubs, as well as food security groups – food alliances, food literacy non-profits, and community gardens (Fleming, 2021). These are included in the horticulture for health paradigm for their use of horticultural activity supporting social interactions, sense of community, social cohesion and social affiliation, recognizing the important role social interactions play in health, both psychologically and sociologically (Fleming, 2021).

Landscapes for health (Sachs, 2008), and specifically; designed landscapes, healing gardens (Diehl, 2013), healthcare gardens and therapeutic gardens play a role in human health. Examples include population specific therapeutic gardens for children, veterans, seniors, and those incarcerated, "green spaces for ecotherapy, horticultural therapy, nutrition counseling, and infusion treatment" (Fleming & Figueirdo, 2016). These designed landscape elements, both hardscape and softscape work to improve accessibility, indoor air quality, sensory stimulation and sense of place for elders. Access to nature, green roofs, Zen gardens, labyrinths, and rails to trails, are further examples of landscapes for health, with the capacities to improve physical, mental, spiritual, and emotional health as well as to provide opportunities for essential people-plant connections.

The category *food, nutrition and food security* reflects the linkages between plant-based food accessibility, nutrition education to food insecurity, poor health and community disparities. Recently magnified by COVID-19, increased awareness of the role horticulture can play in this sector includes a wide variety of initiatives related to access to food, food systems benefits and challenges, nutrient-dense plant-based food, seed banks, farm to school networks, food box programs, community kitchens and freezers, upskilling festivals and other innovative models targeting nutrition deficits of food insecure populations (Fleming et al, 2020).

Horticultural practices, the fifth category within horticulture for health, organizes health-impacting activity from plants, environmental/regulatory requirements, and consumer preferences (Fleming, 2021). These include consumer driven trends like demand for plant-based protein crops, heirloom fruits and vegetables, organic foods, and plants used for herbal remedies. Also best practices for plant production, processes and products, safety and transparency, digital tools, alternative ways of

growing plants, with industry attention for health concerns related GMOs, chemical sensitivities, children's delayed cognitive development which have influenced green industry/business efforts. Innovative models for alternative plant-based foods, and use of refurbished shipping containers for hydroponic plant production reflect are examples of evolving horticultural practices.

The Florida Horticulture for Health Network recognizes and embraces programs, services and initiatives that support human health, for individuals and communities. Set to deliver events and knowledge transfer, support networking forums, and share information, the FLHHN will be using a variety of platforms in support of these including <u>website</u>, <u>facebook</u>, webinars on youtube channel and <u>email</u> FLHort4Health@outlook.com.

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The authors, all members of the Florida Horticulture for Health Network advisory group, have diverse backgrounds, educational credentials and experiences, sharing an interest in promoting horticulture for health activity across business, health, education, and horticulture sectors.



Emerging Professionals – Their Journeys into Horticultural Therapy

By Lesley Fleming, HTR Photos by B. Stark & R. Amil

Horticultural therapy is a discipline where plant and gardening activities are used by credentialed professionals to achieve specific health outcomes for individuals and groups. The profession attracts people from diverse educational backgrounds, each one taking their own particular journey into the field. In 2019 the University of Florida began delivering a three part <u>Certificate in Horticultural Therapy</u> accredited by the <u>American Horticultural Therapy</u> Association. Two emerging professionals from this certificate program share their path, demonstrating that there is more than one way to enter and participate in the profession.



Bree Stark 31, lives in Walton County, Florida and currently works on her final class to earn her horticultural therapy certification through the University of Florida's online program. She plans to operate several horticultural for health ventures in her local community, with special emphasis on clients with substance use disorder as well as those struggling with the collective grief over worldwide ecological collapse and climate disasters.



Randy Amil is beginning and building his career, looking forward to interesting adventures and opportunities. His employment experience has been in the Orlando Florida area, where he recently accepted a position with AdventHealth. Randy has many interests including assuming leadership roles in fraternity organizations and joining the advisory group of the emerging Florida Horticulture for Health Network.

What is your undergrad degree in and what did you think you would do upon completion?

I completed my undergraduate degree in Agricultural Education and Communication from the University of Florida. At the time I was interested in advocating for and organizing networked Community Supported Agriculture (CSA) type programs for small farmers and producers in Florida. My primary undergraduate degree is a Bachelor of Science in Forest Resources and Conservation from the University of Florida. Upon graduation I had an internship with Disney's Horticulture to work at the 2019 Epcot International Flower & Garden Festival. At that point I thought I would work in theme park horticulture for the rest of my career.

What brought you to the UF horticultural therapy courses?

I discovered as I learned about agriculture and our food system that I believe food is an inherent human right too strongly to be comfortable capitalizing on that food system as it currently exists. Horticultural therapy presented itself as a field where I could implement my skill set while having the opportunity to guide others in their connection with plants, the natural world, and the cycles of life. I believe this connection to be a huge part of shifting our societal consciousness regarding food, ecology, and ultimately living rights. The University of Florida program began in Fall 2019, and I signed up for the first horticultural therapy class as it was the only certificate available online as a non-degree seeking student. I decided to enroll in UF horticultural therapy courses as a post-baccalaureate student because I really enjoyed the Sensory Garden course with Dr. John Peterson on campus. I was always curious if there was more to the subject area and UF's program was a perfect match for the amount of free time in my adult life. I come from a medical family and I was very happy to see that I could combine my interests in horticulture and healthcare.

What have you found the most interesting about horticultural therapy?

I find it fascinating that the response to horticultural therapy activities is almost universally positive and overwhelmingly brings people to a conscious (often verbal) realization that they can feel empathy even for something as alien as a plant. I enjoy witnessing how it shifts the way they look at life, particularly those who haven't had the opportunity to have such connections to nature in the past.

The most interesting thing I found about horticultural therapy is that it is crossdisciplinary and that the benefits of gardening can be useful for all populations – some more obscure than traditional usages.

Do you now have experience with horticultural therapy and where do see this type of education taking you?

I am still completing the certification program as COVID put a pause on many horticultural therapy sessions as well as any travel plans, and I hoped to finish my internship hours as part of the certification. I eventually plan to create programs in Walton County, FL, particularly for community members dealing with substance use disorder. My dream (really, a pie in the sky) lately has been 24hour walk-in grief centers to offer space for people to go any time they need in-person support, day or night, which would incorporate horticultural therapy and more. I do not have any experience with horticultural therapy aside from my courses, but my certificate education at UF opened a new career door with AdventHealth. Because of that opportunity, I will be pursuing HTR registration once I meet all AHTA requirements so L can begin transforming healthcare here in Central Florida.

HT Activity Plan: Making Biodegradable Seed Pots



Materials newspaper, scissors glue or tape potting medium seeds Text & photo by Lesley Fleming, HTR

ACTIVITY DESCRIPTION: Making biodegradable seed pots THERAPEUTIC GOALS:

Intellectual: learning about biodynamic gardening, materials and environmentally responsible practices

Social: discussing positive impact on environment using recycled materials in group or classroom setting

Physical: fine motor skills

Spiritual & Emotional: connecting & protecting the environment

STEP-BY-STEP PROCESS:

- 1. Develop a plan including desired number of pots to be made based on future plantings.
- 2. Gather materials including recycled newspaper with environmentally safe ink and glue.
- 3. Wrap a sheet of paper around a rolling pin or soda bottle to accommodate desired diameter of seed pot. Glue or tape edge to form cylinder.
- 4. Slide cylinder off rolling pin and let dry.
- 5. Cut cylinder into 4 ½" lengths, folding to make a bottom.
- 6. Stand pots in a seed tray and fill with growing medium.
- 7. Discuss good environmental practices related to growing plants, composting, soil health and upcycling cartons & paper.

APPLICATIONS FOR POPULATIONS: Most populations will have hand strength and dexterity to roll paper around rolling pin, or physical therapy for those with compromised hand movement. Within school settings, this activity can be a lead-in to science, environment and math lessons appropriate for most ages. Extended projects can include: planting and tending to seeds, transplanting into garden, learning about composting methods and practices, and fundraising selling seeds/seedlings.

SAFETY CONSIDERATIONS: Participant sensitivity to paper, glue or growing medium should be determined prior to activity. Some populations (dementia, intellectually disabled, young children) may be tempted to put seeds into mouth. Paper cuts can be treated with first aid materials, soap and water.

NOTES OR OTHER CONSIDERATIONS: Alternative method – cut 10 ml strips of paper, use damaged egg cartons free of raw egg juices, paper muffin liners, or toilet paper rolls. Left-over newspaper can be composted or additional biodegradable pots can be constructed and donated to community.

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HT Activity Plan form developed by Lesley Fleming, Susan Morgan and Kathy Brechner 2012, revised in 2018.

園藝治療活動計劃一製作可生物降解育苗盆 (Biodegradable seed pots) Text & photo by Lesley Fleming, HTR Translated by Honsum Kwok, courtesy HKATH

ARDAR	活動描述 :製作可生物降解育苗盆 治療目標:
	·知識:學習生物動力園藝(biodynamic gardening),相關的物料 和對環境負責的做法
	·社交: 在小組或教室環境中討論使用回收物料對環境的正面影響
View View	· 身體: 精細運動技能
ND AGA	精神與情緒: 與環境連繫及保護環境
	詳細工序:
	1. 製訂計劃時,按未來的種植需求決定所需製作的育苗盆數量。
	2. 搜集物料包括使用對環境安全的墨水印刷的舊報紙和膠水。
	3. 按所需的育苗盆直徑,選擇大小配合的圓柱形模具(例如檊麵棍、
	汽水瓶),將報紙捲起來圍著模具,再用膠水或膠紙將紙邊貼實,做
++ 火1 .	成(中空)圓柱體。
ተ/ነ ጥት 📜	收回针纸挂从带目的山中响起

4. 將圓柱紙樣從模具褪出來晾乾。

5. 將圓柱紙樣剪裁成 4½ 吋,長度把其中端折疊出底部,即完成育苗盆。 6. 將一個一個圓柱體育苗盆放在盤子上,然後逐一注入植料。

7. 跟參加者討論: 與種植、堆肥、土壤健康,以及廢物利用有關的、 有利環境的做法。

不同社群應用:大多數人應有足夠手力和靈巧度去將紙捲起來套著汽水瓶。對於手部肌能欠 佳者,這操作就好比一種物理治療的訓練。至於在學校中,對不同年級的學生,都可以藉此 活動引入於科學、環境與數學的課題。延伸活動可以包括:播種與照顧幼苗、移苗至花園、 學習堆肥的方法,以及售賣種子/幼苗的籌款活動。

安全注意事項:在活動之前,應確定是否有參加者對紙張、膠水或植料有過敏反應。某些社 群(認知障礙症患者、智力障礙人士、幼童等)可能會將種子放入口。過程中若被紙張割傷, 則可以用急救物品、肥皂和清水處理。

其他注意事項:替代材料一可以剪出約 10 吋 x5 吋的紙條、或使用爛了的雞蛋紙盒(但不可沾 有蛋汁)、鬆餅紙杯或卷裝廁紙等。剩餘的報紙可以用來做堆肥,也可以做出更多的可生物 降解育苗盆,惠贈社區。參考資料:

Beaty, V. (2017). 20 upcycled seed starter pots you can easily make at home. DIY & Crafts. **攝取自** Engels, J. (2017). Seedling pots. Permaculture Research Institute. **攝取自** 萊詩麗·費林明(Lesley Fleming)、蘇珊·摩根(Susan Morgan)和凱西·布雷希納(Kathy Brechner)於 2012 年制定並於 2018 年修訂之園藝治療活動計劃表。

材料: 報紙,剪刀 膠水或膠紙

Horticultural Therapy Worldwide

By Siang Yu Tham, MA Graphics by SY. Tham, MapChart, Therapeutic Horticulture Australia

The use of nature and plants as a form of therapy is practiced all around the world. The term "hortotherapy" was first used by Richardson Wright in 1945 while the term "horticultural therapy" was introduced by Ruth Mosher in 1948 (Olszowy, 1978). Horticultural therapy as a profession is said to have begun following the end of World War II, due to a rise in occupational therapy programs in the United States (Relf, 2006; Shoemaker & Diehl, 2012). Subsequently, the profession has gained interest in other countries and regions including but not limited to Canada, the United Kingdom, Japan, South Korea, Israel, China, Hong Kong, India, Singapore, Australia, Peru, Spain and France.



Mapping of national and regional HT/TH associations around the world

With a growing interest in horticultural therapy (HT), its development varies across countries and regions (Reed, 2015). Some have established associations to provide professional registration, accreditation, training and networking opportunities. The United States and Canada offer professional registration and training in horticultural therapy through the <u>American Horticultural Therapy</u> <u>Association</u> and the <u>Canadian Horticultural Therapy Association</u> respectively (Haller et al, 2019). The <u>Hong Kong Association of Therapeutic Horticulture</u>, which was established in 2008, provides HT

professional certification, with its first registered horticultural therapist accredited in 2011. The Taiwan Horticultural Therapy Association was founded in 2013 and provides courses and accreditation for horticultural therapists (THTA, 2021). Other associations focus on training and knowledge sharing - the Horticultural Therapy Association of Victoria was established in 1984; it offers opportunities for training and networking for horticultural therapists and other interested people in Australia. Therapeutic Horticulture Australia (2021) represents therapeutic horticulture in Australia and offers support "through networks, training, education and research." The Asociación Española de Horticultura y Jardinería Social y Terapéutica (AEJHST) connects Spanish-speaking professionals and promotes training and research in horticultural therapy, while the Instituto de Horticultura Terapéutica in Peru offers a certificate program in horticultural therapy for Latin American professionals (Alcalde, 2020).

Organizations such as the <u>International People Plant Council</u> (IPPC) and regional HT groups within the United States and Canada do not provide professional registration but serve as platforms for sharing knowledge and promoting research internationally.

Horticultural therapy and therapeutic horticulture is also practiced in several countries such as India, China, the United Kingdom and Singapore, where no national associations have been established (Sia et al, 2018; Zhou & Relf, 1991). The Horticultural Therapy Healing Centre in India focuses on training professionals in horticultural therapy and serving children with special needs (Bonazzi, 2020). United Kingdom-based organizations Thrive and Trellis Scotland practice social and therapeutic horticulture, which they define as "the process of using plants and gardens to improve physical and mental health, as well as communication and thinking skills" (Thrive, n.d.). The National Parks Board Singapore offers therapeutic horticulture programs which are "suitable for elderly groups, persons with dementia and other special needs" (National Parks Board, 2021).

Professional associations and networks can create better alignment of horticultural therapy as a profession within the country/region as well as globally. However, the accessibility of information today has equally enabled practitioners to enhance and share their knowledge even without the presence of professional associations in their countries. Despite the different stages of development of horticultural therapy as a profession in various countries, practitioners all have a common goal of serving their clients. Upcoming articles in this Horticultural Therapy Worldwide series will feature some of the efforts of horticultural therapy practitioners around the globe.

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Siang Yu Tham began her foray into horticulture when she worked on organic farms in France in 2013. Siang Yu later returned to Singapore as a senior farm manager and head of education in an urban agriculture and foodscaping company. She is now the founder of By Wind and Wave, a company which conducts nature-based programs. She is a certified permaculture designer and is currently pursuing an Undergraduate Certificate in Horticultural Therapy at the University of Florida.



The 1999 Opportunity Garden at Epcot

By Jessica Sullivan, MS, Lesley Fleming, HTR, Tomi Jill Folk, MDiv, Hank Bruce & John Matthes Photos by Tomi Jill Folk

It all began with a casual conversation between the pied piper of horticultural therapy and a young Epcot staffer. The Opportunity Garden started as an idea and became a reality, installed as a showcase for horticultural therapy (HT) introducing elements of therapeutic gardening, adaptive and accessible gardening to people from around the world during the International Flower and Garden Festival. It was part of this six week long annual event from 1999 through 2002.



The Opportunity Garden was originated by Hank Bruce (the pied piper) and Tomi Jill Folk, who after that initial conversation promoting HT, were introduced to Ben Brogdon, Director of Horticulture at Epcot. He, and other Epcot staff supported the idea and were instrumental in making the Opportunity Garden happen - Sam Lemheney, Dr. Hank Robitel, Director of the Land Pavilion, Disney nursery and greenhouse staff, and Katy Moss Warner, who coordinated the garden's events, an HGTV interview, and tours of the garden. An exhibit fee of \$10,000, initially shocking, was accepted by the Florida Horticultural Therapy Association members who were steadfast in their commitment to promoting HT. The fee was waived by Disney!

Introducing visitors to different types of gardens, the Opportunity Garden included sensory gardens, hanging gardens, container gardens, as well as raised beds, planting tables, portable workstations, adaptive gardening tools, accessible garden features, and interactive exhibits. The importance of interactive engagement for visitors - to actually dig in the soil,

was a lesson learned from a pre-Epcot exhibit done in Deland, Florida. Feedback from visitors – the Opportunity Garden functioned as an oasis for people who needed a break from the hustle and bustle of the theme park. People were excited to discover how horticulture could be used to improve lives through gardening, and that therapeutic gardening activity was a recognized therapy, called horticultural therapy.

The Opportunity Garden's name was chosen to reflect the philosophy of a "safe haven for people seeking to understand, for those whose understanding was fading, [and for its ability to provide a range of experiences through hands-on gardening] - children learning the meaning of cooperation and responsibility, victims of violence and substance abuse rediscovering their own self-worth, for people with limitations to connect with life through gardening, and for those with stress and anger who could 12

transform these into compost, cultivating understanding and discovering that life has meaning" through gardening (Bruce, 1999). Fact sheets written by Bruce for use at the Opportunity Garden became the book <u>Gardens for the Senses, Gardening as Therapy</u> (Bruce, 1999 & 2013 2nd edition).

The success of the Opportunity Garden was a result of collaborative effort from a diverse range of organizations. Epcot staff worked with (former) Florida Chapter of AHTA (FAHTA) President John Matthes and its volunteers, University of Florida IFAS Master Gardener volunteers, Leu Botanic Gardens HT volunteers, and 2001 HT intern Jessica Sullivan. (Volunteers were available 10 hours a day, answering questions and giving tours). Funding support was provided by ACF Environmental's donation of portable and table top Cellugro gardens, and adaptive tools from Fiskars. The American Horticultural Therapy national Association (AHTA) provided some resources in year two of operation.

Jessica Sullivan, MS, former HT intern at Epcot, is an Extension agent in Osceola County working in sustainable agriculture and food systems. Lesley Fleming, HTR previously delivered therapeutic horticulture programs in Tampa, now writing on people-plant activities. Hank Bruce has led various groups using HT since the early 1960's. He and his wife



Tomi Jill Folk, MDiv have written a variety of books and articles, some of which have been translated for use internationally. John Matthes is a past president of Florida Chapter of the American Horticultural Therapy Association. During the Opportunity Garden, he and many volunteers spent hours manning this important exhibit.



Garden Accessibility: Ramps

Text by Lesley Fleming, HTR & Alexandra Marcaccio, MA Photos by L. Fleming

Garden accessibility involves multiple components. One such element - ramps - are used for changes in elevation. Public health and safety guide hardscape features, as do national and local building codes, and the Americans with Disabilities Act (ADA) and its 2010 ADA Standards for Accessible Design. Minimum specifications for ramps and other elements are regulated by these legislative documents (International Building Code, 2021; ADA, 2010). The ADA and the 2010 ADA Standards for Accessible Design do not specifically require gardens be accessible but best practices support evidence-based design with accessible features including ramps. The principles of accessibility and universal design (Erlandson, 2008; Sanford, 2012) are the underpinnings of good design and function and work in conjunction with the regulations.

It is typically architects and designers who use these codes; it is recommended that the garden design process include professionals trained in healthcare and therapeutic garden design for their familiarity and experience with regulations and needs of populations who will be using the garden. It is also important for practitioners delivering people-plant programs to be aware of accessibility features.

Ramps involve several key elements. Building codes stipulate slope, width and turnaround space. These may vary by jurisdiction but the overriding principle - ramps must be located in a barrier-free path of travel. Specific regulations for ramps are covered in Chapter 4: Accessible Routes in the 2010 ADA Standards for Accessible



Editor's notes: "The term handicapped, now considered derogatory, is no longer used within building code documents (handicapped parking, handicapped restrooms)".

The <u>ADA National Network</u> offers technical assistance in matters related to <u>accessibility</u>.



Design (405). The slope should not be greater than 1 in 12, and be at least 36 inches wide including the landing areas at both ends of the ramp no less than 60 inches x 60 inches, with appropriate handrails. Florida Building Code is consistent with these dimensions and regulations (2017).

A ramp 36 inches wide can accommodate one person. A 71 inch ramp width allows for two wheelchair users to pass at once. Flat pathways in the public garden should be at least 60 inches wide to allow 14

wheelchair users to turn around. Path materials should allow for good traction such as crushed stone, textured cement or asphalt, these to be selected based on climate and durability (Ross & Popovic, nd).

To assist individuals with vision impairments, it can be useful to have colored markings or variation in texture at the beginning and end of ramps to mark a change in slope.

Products for commercial and residential ramps include truncated dome tile inserts for concrete surfaces, turf edge reducer ramps, lightweight residential threshold transition plates (composite & aluminum materials), modular/portable ramps with pivoting flap(some with handrails), and anti-slip tape.

A recent article by the American Society of Landscape Architects (ASLA), <u>Universal Design: Gardens</u> (2020) presented current thought on physical and psychological accessibility, and the crucial role each plays in access to gardens for a range of populations.



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Lesley Fleming, HTR has delivered therapeutic horticulture in a variety of gardens, some of which included garden ramps. Her photos are from public garden spaces in Canada, the US and France. Alexandra Marcaccio, MS is interested in research and horticulture. Drawing on her previous accessibility training, she often writes articles concerning issues of accessibility.



Compassion Satisfaction and Compassion Fatigue

By Lesley Fleming, HTR & Christina Wilson, MSW, RSW

Are horticultural therapists familiar with these concepts? Compassion satisfaction and compassion fatigue are being recognized in a wider range of professions and circumstances, most recently magnified by COVID-19 and its impact on frontline workers. Historically included as part of trauma care, compassion satisfaction and compassion fatigue are now considered prevalent in all occupations that provide empathetic care including horticultural therapy.

Compassion satisfaction theory suggests that some people have a strong desire to help others, and for many, it is their chosen careers that provide this type of satisfaction and pleasure. Such occupations—social work, firefighting, nursing, education and therapeutic professions—share a common element. Compassion, defined as "one's empathetic attitude toward another's suffering with a desire to alleviate it" (Zang et al, 2018), is a positive human characteristic, and one that can address and help nurture, heal and contribute to improved health of others. Psychologist Steven Sultanoff identifies empathy, acceptance and genuineness as core competencies for therapeutic professionals (2013).

Compassion fatigue, defined as the "progressive and cumulative outcome of prolonged, continuous, and intense discomfort that exceeds...endurance levels, is the negative side of compassion satisfaction. Compassion fatigue is a state where the compassionate energy expends beyond restoration causing marked physical, social, emotional, spiritual, and intellectual changes in a progressive manner" (Coetzee & Klopper, 2010). This often includes continual hearing, seeing, and witnessing tragedies, continuous exposure to loss and suffering of clients (Siritsky, 2021). The literature on compassion fatigue has expanded since the early 1990s when it was first identified. The use of different terms including burnout, vicarious trauma, second victim (referring to the caregiver), secondary trauma stress and compassion fatigue have their own and different symptoms, prevalence, etiology and treatment efficacy (Zhang et al, 2018).



The ability to recognize stress, burnout or reduced feelings of job satisfaction is an important early indicator for professionals whose job it is to treat people using compassionate care. Many of the symptoms are easily identifiable—sleeping problems, depression, intrusive thoughts, inability to focus compassion, and shift from work mode to leisure mode. Across health disciplines, resources and strategies for dealing with compassion fatigue are available including self-care tips, workplace programs for respite, caregiver's bill of rights, and professional development re trauma care. The <u>Professional Quality of Life Measure</u> is widely used as a metric for gauging compassion fatigue.

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet" (R. Remen). Left unchecked, professionals may be vulnerable to violations of professional boundaries and trust, and their own health issues.

Evidence-based studies have determined that strategies like self-care, acceptance and building of resiliency can be effective in addressing compassion fatigue (Ames et al, 2017; Fakkema, 2018; Siritsky, 2021).

Recognizing and acknowledging the increasing prevalence of compassion fatigue can be an important development in the evolution of the horticultural therapy field. Therapists work with special populations where compassionate care is foundational to health improvements—veterans and active military, trauma survivors, individuals with mental health disorders among others. The current context - the world of global pandemics, civil unrest, military conflicts, and climate disasters, requires frontline workers and health professionals including those delivering people-plant programming to understand and manage compassion satisfaction and compassion fatigue.

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This article is being concurrently published in "Digging In" (Nova Scotia Horticulture for Health Network) and "Cultivate" (Florida Horticulture for Health Network). Lesley Fleming, HTR examines applications of HT/TH for a range of populations, plants and programs. Christina Wilson, MSW, RSW_is a clinical social worker with over 25 years working as a therapist primarily helping youth, families, and individuals heal from trauma. She has offered compassion resiliency workshops for fellow helpers given the evident need to care safely and sustainably. She is embracing in her practice how incorporating gardening and nature into therapy sessions has incredible healing impact for helpers and clients alike.



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