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Horticultural Therapy: Bringing New Growth to People with Disabilities

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Horticultural Therapy: Bringing New Growth to People with Disabilities

Abstract

Rutgers Master Gardeners of Union County, New Jersey, offer an eight-session program, Introduction to Horticultural Therapy, to agencies that serve people with special needs. Objectives of the program are to: introduce administrators to horticultural therapy; teach people with disabilities basic horticultural skills; and provide guidance so that horticulture becomes an on-going activity. Inputs include Extension staff, volunteers, supplies, donations, and a small budget. Outputs are volunteer training, site recruitment, and support and horticultural therapy activities. Increased awareness of horticultural therapy, new career opportunities, and incorporation of horticulture into regular activities for people with special needs are outcomes of the program.

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Situation

Union County, New Jersey, is home to over a half million residents, 17% of whom have disabilities or special needs. Special Education teachers and administrators of rehabilitation centers, nursing care facilities, and senior housing programs seek programs that will serve the physical and social needs of their clientele. Horticultural therapy programs meet that need.

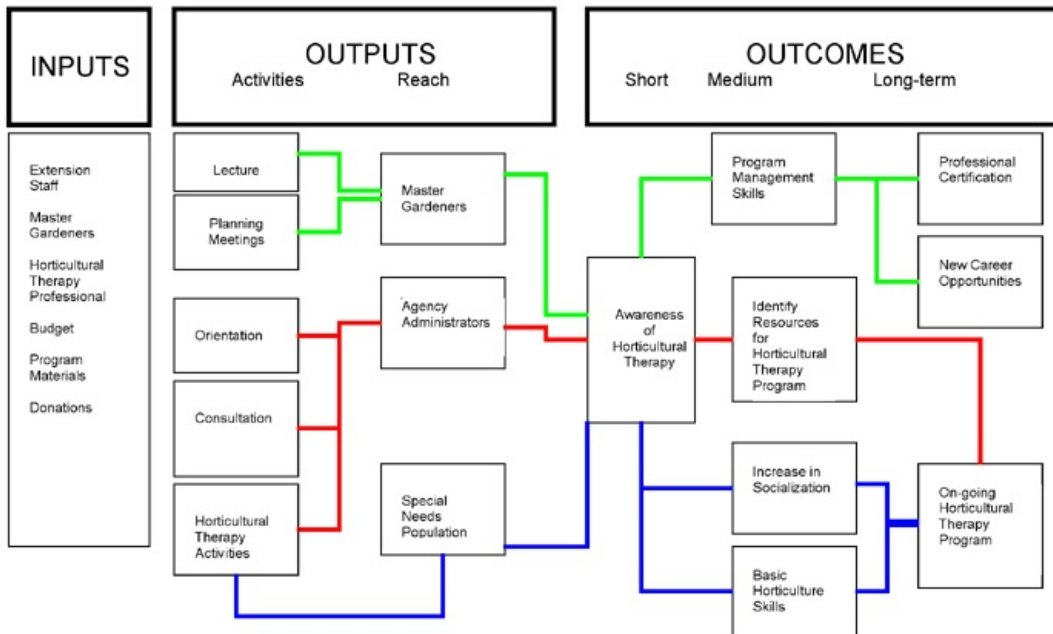
The American Horticultural Therapy Association defines horticultural therapy as a process in which plants and gardening activities are used to improve the body, mind and spirits of people (American Horticultural Therapy Association, 2005). Horticulture-related activities build up strength, memory, balance, motion, and socialization skills. They can also provide vocational options for clients (Nursing 92, 1992). Students participating in an intergenerational horticultural therapy program in Ohio exhibited increased self-esteem, self-confidence, pride in their accomplishments, and enthusiasm (Hudkins, 1995).

In 1988, the Rutgers Cooperative Research and Extension (RCRE) of Union County, New Jersey, Master Gardeners program offered a biweekly horticultural therapy program at a health care facility that continued for 3 years. Enthusiasms for the program led to the creation of handicapped-accessible outdoor vegetable gardens and an arboretum.

Based on the success of the program, the volunteer Master Gardeners and I created an eight-session Introduction to Horticultural Therapy program to reach more agencies serving county residents with special needs. The program involves Master Gardeners visiting facilities and teaching people with disabilities horticultural skills by creating hands-on projects using plant materials. The flexible introductory program can be offered at a variety of sites and does not require a garden. Figure 1 shows a Logic Model for the Introduction to Horticultural Therapy Program.

Figure 1.

Logic Model (UWCE, 2002) for the Introduction to Horticultural Therapy Program



Program Objectives

- Introduce administrators, staff members and clients to horticultural therapy.
- Teach adults and youth basic horticultural skills.
- Provide information on resources so that horticultural therapy can become an on-going program.

Program Inputs

Personnel

My assistant or I work with our Master Gardener Horticultural Therapy committee to coordinate programming with county agencies. The committee has 55 members, with four co-chairs. A registered Horticultural Therapist provides initial volunteer training.

At sessions, depending on the abilities of participants, a ratio of one volunteer to two or three participants is recommended. Facility staff members must be present at all times to offer support, assist with logistics, and respond to medical emergencies.

Materials

The Master Gardeners use natural and non-toxic materials and non-poisonous plant species. The use of pesticides and rooting hormones is avoided. Dried and pressed flowers, leaves, pinecones, rocks, and other natural items are used. The textures, colors, and scents stimulate the senses of participants.

Budget

There is no fee for the program. Materials are purchased with proceeds from a Master Gardener plant sale. There is a \$350 annual budget. Almost 50% of the materials used are donated by volunteers and businesses.

Program Outputs

Training, recruitment, orientation and horticultural therapy are offered to volunteers, agency administrators, their staff, and people with special needs.

For Master Gardeners

The Union County curriculum includes a 2-hour "Horticultural Therapy" lecture taught by an agricultural agent who is a Registered Horticultural Therapist and coordinates the undergraduate Horticultural Therapy curriculum at Rutgers University. A local American Horticultural Therapy Association Chapter may be willing to assist with training. Committee chairs recruit volunteers by encouraging students to visit sessions. Veteran Master Gardeners teach students propagation and

nature crafts.

In 1999, we hosted a workshop for agencies serving people with disabilities and Master Gardeners from other counties. The workshop featured displays and speakers on how to incorporate horticultural therapy into activities.

The committee meets yearly to set priorities and assign responsibilities. Volunteer duties include meeting with facility administrators; informing committee members of program sites, directions, and times; purchasing supplies; and teaching participants horticultural skills.

For Agency Administrators

Pilot Program Recruitment

- A letter describing the "Introduction to Horticultural Therapy" program was sent to all nursing care facilities in the county.
- The first programs were offered in conjunction with the County Parks Department and a Special Education teacher.

Current Program Recruitment

- The Master Gardeners created a display and brochure describing the program. The recruitment takes place at community events and is effective.
- Conversations between nursing care facility recreation coordinators, county agencies and special education teachers quickly fill "reservations" for the program. This "word-of-mouth" communication has been the most successful way to reach new audiences.

Orientation and Support

- When the "Introduction to Horticultural Therapy" Program is requested, a Master Gardener and I meet with the agency's administrator to explain and schedule the program and make arrangements for supply storage.
- When the program is finished, Master Gardeners serve as advisors.

For Special Needs Population

Examples of projects include:

- Potting Annuals
- Houseplant Propagation
- Everlasting Flower Arrangements
- Terrariums

Outcomes

The Introduction to Horticultural Therapy Program enhances volunteers, program administrators, and people with special needs. The program has been offered at 59 sites and reached over 1,475 people with disabilities. The program has shown volunteers, agency administrators, and their clientele the benefits of horticultural therapy.

For Master Gardeners

- Four Master Gardeners have pursued studies to become Registered Horticultural Therapists.
- One Master Gardener is employed as a Horticultural Therapist.

For Agencies

- The Cerebral Palsy League of Union received a grant to include Horticulture as an integral part of the school's curriculum.
- The Center for Hope Hospice continues gardening in a greenhouse that a Master Gardener helped maintain.
- Catholic Community Services created handicapped-accessible gardens at their adult day care site.
- Union Senior Housing established a community garden.

Outcomes for People with Special Needs

- Administrators see increased attendance at horticultural therapy sessions compared to other recreational activities.
- Clientele are proud of their accomplishments. Items created during the sessions decorate rooms and are given as gifts. As one participant said, "I can't wait to show this [keepsake box] to my heart doctor. He is going to be pleased that I am doing so well."

The Introduction to Horticultural Therapy program has prompted county agencies to offer horticulture programs as a therapeutic activity, provided Master Gardeners with new career opportunities, and brought new skills to people with disabilities.

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