Therapeutic Garden Characteristics

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Therapeutic gardens are being built with increasing frequency in health care settings. Among these new gardens, there is a high degree of correlation in physical design and programming intended to improve therapeutic benefits to garden visitors and participants including patients, residents and clients. Characteristics of therapeutic garden were initially developed in 1993 by an American Horticultural Therapy Association (AHTA) workteam based on best practices and evidence based design principles. More recently the American Society of Landscape Architects (ASLA) and other bodies have contributed to the understanding of design elements for therapeutic landscapes. AHTA's Board approved the document, *Therapeutic* Garden Characteristics, which still stands today as the benchmark for HT, landscape and health practitioners. Citing this AHTA resource, the following elements represent current practices for therapeutic gardens:



Stenzel Healing Garden at Legacy Good Samaritan, AHTA's 1998 Therapeutic Garden Design Award recipient supports all rehabilitation therapies including HT, patients, visitors and employees 24-7. It is a public garden.

5 Benign and supportive conditions:
Therapeutic gardens provide safe, secure and comfortable settings for people. The avoidance of potentially hazardous chemicals such as herbicides, fertilizers, and insecticides, the provision of shade and other protective structures, the flourishing plants, and the protected and protective nature of the therapeutic garden offer personal comfort and refuge to the garden user.

6 Universal design: Therapeutic gardens are designed for the convenience and enjoyment for people with the widest possible range of conditions. As practical and pleasurable landscapes for people of all ages and all abilities, these gardens commonly stimulate the full range of senses including memory, hearing, touch, smell and sometimes taste as pleasurable alternatives to the visual experience of gardens. The therapeutic garden exploits the most complete range of people/plant interactions and experiences possible within its enclosures.

Recognizable placemaking: Therapeutic gardens are frequently simple, unified and

easily comprehended places. An intensified recognition of garden patterns and garden experiences enhance the unique identity of a garden as a special place for the people it serves. Placemaking, an important strategy in all landscape design efforts, heightens the visitor's focus on plant-related sensuality, comfort, and independence experienced within a therapeutic garden."

1 "Scheduled and programmed activities: A horticultural therapy program guiding and promoting a program of activities and experiences in the garden is ideal. However, even in gardens designed for the passive/independent enjoyment by visitors, special events increasing the number of visits, classes encouraging routine garden tasks, and publicizing activities of all kinds familiarize special populations, facility staff, families of clients/patients/residents and nearby community residents with the garden.

2 Features modified to improve accessibility: Garden elements, features and equipment are all selected or modified to provide accessible places, activities and experiences to the greatest extent possible. Each modification to the therapeutic garden environment eases the task of gardening and or enhances the horticultural experience for the visitor/gardener enabling them to see and even to study plants, to touch or smell them, to encounter the luxuriant garden growth in their own way, on their own terms and at their own pace

3 Well defined perimeters: Edges of garden spaces and special zones of activities within the garden are often intensified to redirect the attention and the energies of the visitor to the components and displays within the garden.

4 A profusion of plants and people/plant interactions: Therapeutic gardens introduce individuals to planned, intensive outdoor environments in which the conscious provisions of spaces and places for restoration, horticulture education, therapy, and for social exchanges are organized into legible and verdant, plant-dominated open spaces with simple patterns of paths and workplaces. The garden promotes four seasons of sensory stimulation.

Conclusion

Understanding the characteristics of therapeutic gardens is pertinent to every clinician and student's professional knowledge base. The periodic review of AHTA's standards of practice re therapeutic garden characteristics helps to address practices to meet healthcare's changing expectations for improved patient care and efficient and effective resource management. Continued research studies will help contribute to evidence based research and further implementation of best practices.

References

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