



# Conference Publication

International Conference For Garden Therapy 2013  
DIE GARTEN TULLN, Am Wasserpark 1, 3430 Tulln



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European Regional  
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# Horticultural Therapy at the Chicago Botanic Garden: Development, Training, and Programs

Horticultural therapy is a small profession. The American Horticultural Therapy Association currently has 420 members. There are many more people than that who are working as horticultural therapists, but still, in a country the size of ours there are not a lot. However, do not confuse numbers with value! Margaret Mead once said, "Never believe that a few caring people cannot change the world. Indeed, that is all who ever have." We are those few caring people!

My goal in my talk today is to describe the horticultural therapy program at the Chicago Botanic Garden, where I am the director. Coincidentally, the development of our program parallels the development of the profession in the US, as you will see. I would also like to spend a bit of time on my personal view of how Horticultural Therapy can contribute to human well-being. Finally, I'll share some of our current programs and a description of our training program.

## History

Prior to the physical creation of the Garden, volunteers went to Veteran's Hospitals and gardened with the patients there for therapeutic purposes. There are records of their work dating from 1952.

The Learning Garden for the Disabled was one of the first 3 areas to be developed in the new Chicago Botanic Garden, and it was dedicated in 1977. What was going on in the late 70's that led to a commitment to serve this part of the population?

The 1960s and '70s saw the awareness of many minority groups raised. Racial groups, women and also people with disabilities began to advocate for fair treatment. In the US, the Individuals with Disabilities Education Act was passed by

Congress and for the first time, public schools were required to educate every child. The disability rights community worked for years and finally achieved passage of the first Americans with Disabilities Act in 1988. So, the dedication of this extraordinary garden was very much in step with the issues of the day.

Gene Rothert was hired in 1978 after completing rehabilitation for a spinal cord injury that he sustained as a college student. While Gene was not initially assigned to the Learning Garden, he was naturally drawn to it and by 1981 was named Director of Horticultural Therapy.

Gene took an active role when the Chicago Botanic Garden hosted the 1979 annual conference of the National Council for Therapy and Rehabilitation, which changed its name to the American Horticultural Therapy Association in 1987. The Chicago Botanic Garden remained instrumental in the development of the American Horticultural Therapy Association by supporting travel, time and physical space devoted to the new organization. Gene served on the Board from 1982-1996 and served 4 terms as an officer. Another garden employee, Maria Gabaldo, served as president twice and chaired the conference committee for 5 conferences. I am proud of how my garden has contributed to the development of the profession.

## The Buehler Enabling Garden

In 1999 a larger, state-of-the art Enabling Garden was dedicated. This is Gene's masterpiece. It is 11,000 square feet and includes raised beds at 3 different heights, vertical wall gardens, baskets that can be cranked down on pulleys to a comfortable working height, a shed full of adaptive tools and more. There is an outdoor classroom where we conduct Horticultural Therapy





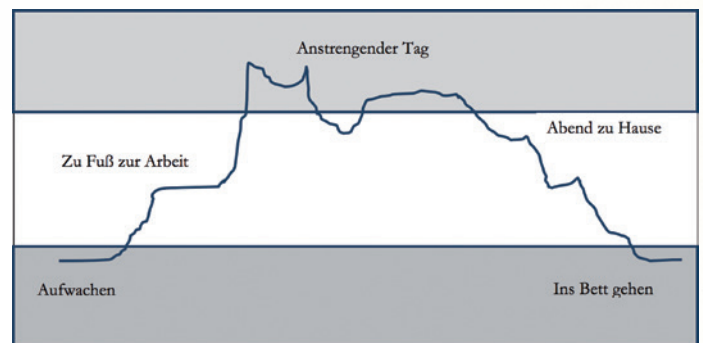
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sessions and there are two large, accessible washrooms. This garden can be accessed by a service drive so that busses or cars can discharge visitors right at our garden gate. There is a kitchenette that helps when we are preparing something edible from the garden. This garden is the first and largest of its kind. It still attracts international visitors who come to see how gardening can be made accessible.

## Theory of Neuroscience and Horticultural Therapy

As I am sure you know, we do not yet have a concise, universally accepted, well-documented evidence base for what we do. It is still evolving. We have a growing number of research studies that support our work, but they tend to come from other fields: landscape architecture, eco-psychology, and environmental design. My own education took me into the growing field of neuroscience which is what I specialized in when I got my Master's degree in occupational therapy. So this is the context my understanding has taken root in.

**Graph of nervous system arousal levels during a day:**



The model above is a modified version of one published by Wilbarger and Wilbarger in 1991. (Sensory Defensiveness in Children Ages 2-12: An Intervention Guide for Parents and Caretakers. Avanti Education Programs). They further postulate that we function best when our arousal state is in the middle ranges, neither highly aroused nor under aroused. It is my theory that horticultural therapy is effective because time spent in a natural setting is conducive to the mid-range of nervous system arousal. Horticultural therapy can be seen as being helpful in that it allows an individual to be ideally receptive and responsive.

## Training

In 2012, we began our latest version of our Certificate of Merit in Horticultural Therapy. We rewrote our curriculum to work in a distance-learning format. Students take classes on-line where the content can be shared and online discussions can take place.

We felt very sure that we wanted each student to have exposure to horticultural therapy in action as well as a variety of therapeutic garden designs. That is why our program includes two immersion experiences of 5 days each. During tho-





# Gartentherapie im Botanischen Garten Chicago: Entwicklung, Training und Programme

se periods, the students all come to the Chicago Botanic Garden together. We view some of the many therapeutic gardens in the area, and observe several therapeutic horticulture sessions. Students also work in groups to practice therapeutic garden design. They practice and gain confidence in presentation skills. They have a session devoted to funding programs through grant-writing and one devoted to developing a small business. Students are held responsible for knowing the most applicable research studies and for being able to critically appraise a research article that they read. It is my personal belief that the future of the horticultural therapy profession depends on not just high caliber work with our clients, but also with being fluent in the language of research.

## Current programs at the Chicago Botanic Garden

- Stress-relief for veterans
- Building family bonds for returning veterans and their families
- Pre-vocational experiences for developmentally disabled adults
- Sensory exploration for blind and visually impaired adults and children
- Sensory regulation for students with autism spectrum disorders
- Life enrichment for elderly residents of continuing care facilities
- Gardening for nutrition and health for adults with autism disorders living in sheltered housing
- Sessions to promote engagement and socialization for veterans with substance abuse disorders

- Gardening to enrich the science curriculum for students with special needs
- Gardening to promote community integration for adults with long-term mental illness living in group homes
- Sessions to aid in self-expression for grief support groups

The future looks promising for horticultural therapists. There will always be a need for a well-trained person with a deep knowledge of both human beings and the rest of the natural world. The question becomes if and how and how well horticultural therapists will be paid.

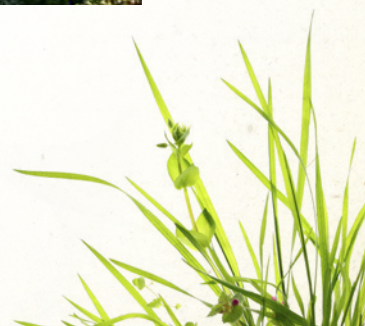
It appears that horticultural therapists will continue to be very special people with a passion for the work that they do as well as energy and a broad skill set to apply to their efforts. Horticultural therapists are strong, intelligent, multi-faceted individuals. I am proud to call you my friends as well as my colleagues.



Barbara Kreski



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