

Landscape Ontario Podcast

From Soil to Soul: The art and science of Horticultural Therapy Careers

Host: Karina Sinclair

Guests: Guinevere Kern

Transcription

INTRO:

Karina Sinclair: Welcome to the Landscape Ontario Podcast. I'm your host, Karina Sinclair.

If you've ever felt the calming influence of spending time surrounded by nature, then you might be familiar with the notion of horticultural therapy. It can be a pretty profound experience. There are lots of studies that support the healing powers of nature. There's really well-known study from 1984 by Dr. Roger Ulrich, who is an expert in healthcare architecture. He compared hospital patients recovering from surgery. Those with a window view of a natural setting had shorter postoperative hospital stays and required less pain medication than patients with windows that faced brick walls. He found that even viewing natural scenes fostered stress recovery by evoking positive feelings and reducing negative emotions. This study has helped influence how horticulture is incorporated in therapeutic settings all around the world.

Today, I'll be talking with Guinevere Kern, a horticultural therapy practitioner based in Guelph, Ontario. Guinevere is an active member of the American Horticultural Therapy Association, as well as the Canadian Horticultural Therapy Association, where she also sits on the Education Committee. We're going to explore horticultural therapy as a career, and transformative power plants can have on physical, emotional and mental wellness.

Whether you're a seasoned landscaper looking for a new direction or someone fascinated by the idea of helping others through the therapeutic magic of plants, this episode is for you.

INTERVIEW

Karina Sinclair:

I am so delighted that you have joined us on the Landscape Ontario podcast today, Guinevere. I really think that our audience is going to love hearing about your background and about your career path. So let's help that audience understand a little bit more about you and give us a sense of your professional background.

Guinevere Kern:

Well, first of all, thanks, Karina, for having me. It's a real delight to be with you here today and have a chance to speak about my experience in horticultural therapy and some ideas and thoughts that I have around it. So thank you for the opportunity.

So a little bit about my professional background is that I am a horticultural therapy practitioner who works at Homewood Health Care Centre at this moment in time, so I'm a part time employee there, and I also have experience in working with folks who have suffered from traumatic brain injuries due to motor vehicle accidents and also founded a horticultural therapy program at a long-term care centre.

And prior to my experience in clinical health care settings in horticultural therapy, I completed a 1000-hour internship that specialized in community outreach and therapeutic gardening and food security through a nonprofit organization in Guelph, Ontario. At the time, that was the only internship that was actually offered in the country that was approved by the Canadian Horticultural Therapy Association. And so that's what really kind of got me started on the road to the profession that I'm in right now in horticultural therapy.

Karina:

Horticultural therapy might be a term that isn't familiar to everybody. So what exactly is that? What does it mean to be a horticultural therapy practitioner?

Guinevere:

So horticultural therapy, we break down the word of it: Horticulture is rooted in the Latin words *Hortis* and *Cultura*, which means to cultivate a garden space. And therapy is rooted in the Greek term *Therapeia*, which relates to our concept of healing or health or of wholeness. And so when we think about the term horticultural therapy and the profession of it, it actually is in reference to the cultivation of plants, garden space, natural environment, different landscapes that promote health and well-being for individuals and groups that are participating in the treatment oriented process.

An important thing to note as well, too, is that horticultural therapy is goal oriented that works with certain defined outcomes that are informed from assessment procedures, and then, of course, that they have to be administered by professionally trained horticultural therapists as well.

Karina:

And what drew you to this career path?

Guinevere:

I ended up seeing a job posting for a horticultural therapy internship that ended up relating to folks that are systemically and historically oppressed, who utilize horticulture and gardening related programming to benefit their health and their well-being. And it was a friend that actually sent me this job posting and she said at the very bottom of this post, "This is you in a nutshell." And so I ended up being exposed to this term horticultural therapy that I had again never heard of. It really related and resonated in a lot of different ways with previous work that I had done in the United States as well as in Canada.

And so I decided to withdraw all my job applications that I had put in. At the time I was living in Toronto and applied for this internship where I really wanted to know more, and so I was accepted to the internship opportunity, relocated myself to Guelph, Ontario, and found myself where I am today.

Karina:

Well, what a lucky find from your friend and thoughtful that they recognize you in that post. You mentioned that there's only about 50 people certified as horticultural therapy practitioners in Canada. Tell me a little bit more about that certification body. Who is that?

Guinevere:

Yeah. So the Canadian Horticultural Therapy Association is the governing body for registered horticultural therapists in Canada and the process to becoming a professionally registered horticultural therapist is a real combination of education as well as practical experience.

So we're getting a lot of theory, we're getting a lot of application of that and it is inherently interdisciplinary. So you need to have educational experience in horticulture and related academic studies such as perhaps environmental studies or urban agriculture, let's say botany, plant science, etc. And you also need to have experience as well as education in human services. So that could be anything related to psychology, sociology, other types of humanities studies. And from those two components of horticulture and human services under the educational stream, you also need to have educational experience in horticultural therapy. So sort of the theoretical as well as practical applications of how they really can come together to promote health and well-being in different individuals and groups.

And so after that educational component piece, you need to also have the practical experience. So as we know in horticulture, there's so much that is consisted of the work that we are really engaged with. There's often seasonal components of that, there's indoor work, outdoor work,

and there's so much to know about the variables that are included and incorporated into the growth and the health and the sustainability of plant and plant life, indoors and outdoors, like I mentioned, in landscapes earlier. So you really need to have that practical experience as well too. And there are lots of different areas that that can be exercised in, so that can occur in clinical spaces, that can occur in non-clinical or community oriented spaces as well too. And so the Canadian Horticultural Therapy Association's website has the registration guidelines.

There's quite a lot incorporated into getting your designation, and it often takes people quite a long time get there. But hopefully this is going to be something that as there's been more attention and interest in the field of horticultural therapy as a viable professional treatment option for folks, that we can get more folks registered as well as make greater impact in clinical or non-clinical settings.

Karina:

So it's one of those careers where you don't just decide one day that you're going to be a horticultural therapy practitioner, hang up a shingle and start treating people. There's a lot of experience and education required from multiple streams. It sounds like there's no straight, direct path to becoming a horticultural therapy practitioner. It sounds like there are multiple ways to get there.

Guinevere:

Yes. Yeah. When my students at the GROW program through Landscape Ontario ask me about horticultural therapy, the first thing often out of my mouth is I say, "the path to becoming a horticultural therapist is non-linear." And they often get a bit of a quizzical look on their face, like, "Tell me more. What do you mean?" And so I end up launching into the same sort of explanation and in saying that, you know, with so few practitioners registered at this current moment in time, luckily we have some experts in the field that have offered different coursework and intensive study programs, as well as intensive application processes such as my internship that are offered.

But there certainly is opportunity for that to grow. And I would argue that there's actually a real necessity for the field of horticultural therapy to be implemented into a post-secondary academic arena in the Canadian context. I had the chance to go down to the American Horticultural Therapy Association Conference in Kansas City last year and was exposed to very large, reputable Division One universities in the United States such as Rutgers University, such as UCLA, Notre Dame, University of Tennessee at Knoxville, University of Florida, Gainesville that are offering horticultural therapy certificate programs as well as undergraduate programs. And there's a university in the state of Oregon as well that just came out with a new

horticultural therapy program as well. So I think the fact that there isn't that opportunity yet for people to take horticultural therapy that's substantiated through a post-secondary institution in the Canadian context is an area of growth where we can really offer all the unique skills that we bring to the table as health care professionals rooted in the practice of horticulture to support people's health and well-being, but to hopefully offer an opportunity for the development of allied health professionals to see this as a viable career opportunity to move forward and support individuals and communities again in the clinical and non-clinical context.

Karina:

That's too bad that interested people in this career path would have to go to the States to get that certification in something like this. It would be so great to see more visibility of this career path in Canada. And like you said, in post-secondary situations where people can tap into the the existing network of horticultural programs that are offered from throughout the provinces and then add this on top of it as the next step.

Guinevere:

Exactly.

Karina:

What are some of the personal qualities of an individual that would make them well-suited for a career in horticultural therapy?

Guinevere:

I think that path to becoming a registered horticultural therapist in Canada is non-linear. And so to pull from past experiences, know that you're going to have to commit yourself to further education, which is going to potentially take years, and to also seek out those opportunities to develop that in either a volunteer or a paid instance to get the necessary horticulture experience required to get the professional designation is one that requires the qualities of patience and the qualities of persistence, and also the qualities of somebody who is truly growth oriented in their mindset. There are so many different arenas of academic study that you can pull from to really have an effective mechanism of how you curate your treatment plans and implement programming that is creative, that is impactful and that is viable and that gets the results that you're looking for and that your patient — individual or group — is looking to achieve as well too.

And so within that, you're always going to be learning, you're always going to be growing yourself and you really have to be comfortable with the fact that, again, the path is not set in

stone for you. And so to be continuously reevaluating, having your finger on the pulse for new research that's coming out. There's new research coming out all the time!

And so it's exciting. But at the same time, too, it can be a little bit overwhelming with the path that, again, isn't necessarily carved out in very traditional ways like you would perhaps with engineering or like you would perhaps in farming or like you would perhaps in population health care, for example. So I think that those skills of patience, persistence, a growth oriented mindset are key to have.

But I also think, too, that being a strong communicator as well as being collaborative, are key pieces to being a successful not only facilitator within your programming, but also working inter-professionally as well too. I've been so fortunate in all the health care settings that I've worked in, as well as non-health care settings in horticultural therapy, because I've gotten the opportunity to learn from and work with other members of the health care team that I'm a part of.

And so that includes recreational therapists, community stakeholders, executive directors of nonprofits and community organizations, that includes dietitians, psychologists, psychotherapists, nutritionists, chiropractors, physiotherapists. Like the list can really go on. And so I think a real underlying factor in someone being a successful practitioner but also a successful team member is being that strong communicator and having an inherently collaborative outlook on ways that we can support the profession, but also support people's health and their well-being for what we're looking to achieve.

Karina:

What are the different career paths that horticultural therapists could work in? What are the settings? Who's employing the people with these skills?

Guinevere:

Horticultural therapists have worked in a variety of settings. Historically speaking, horticultural therapy actually has its roots in occupational therapy. So a health care professional that essentially assesses the environment and supports people in their desire to have the environment be a successful one to achieve whatever health outcomes they're looking to have. And so horticultural therapy really has its roots in rehabilitation centres and exercising, you know, gross and fine motor movement improvements and supporting people in recovery from wartime injuries that they have incurred.

And so I think to extend that to the present moment of where we find horticultural therapists operating in, we're seeing them in clinical health care settings, like I've already mentioned, rehabilitation centres. We see it in hospitals in the United States. St Joseph's Hospital in Guelph, Ontario used to have a horticultural therapy program that they offer.

And so that's an area where horticultural therapists have worked. Typically, people in horticultural therapy get their start in long-term care. That's a particular population as well as health care setting that has been more readily receptive and integrated into programming that's offered in retirement centres and long-term care centres. That's where I got my start as a horticultural therapist.

I was working for the Guelph Enabling Garden, which is a nonprofit organization in Guelph, Ontario, as part of my 1000-hour internship. And it was in the tail end of December 2020 and January 2021, where older adults had been, of course, as we know and remember, one of the populations most grievously affected by the global pandemic. And it was just such a overwhelming feeling of helplessness to have had the rampant impact and fatalities that occurred in those settings due to the global pandemic.

And so there was a real push to service this particular population at that time. And so the Guelph Enabling Garden was able to secure a grant to work with older adults in delivering horticultural therapy when it was needed truly at that time the most. And so what I did was organized a virtual horticultural therapy session for people that were in long-term care, in a particular health care setting. Delivered the program, virtually. Dropped off plant supplies in the middle of January outdoors that had to stay outdoors for a certain amount of time to potentially kill any surface bacteria that was on there. Because at the time we didn't know that COVID 19 was airborne based and not necessarily on surfaces. And so how I keep plants alive in the middle of January to use in the next three days virtually for people in long-term care was a complex thing to try to navigate, let alone attempt to be successful. But strong communication skills, strong collaboration skills and creativity were some of the things, let alone plant knowledge, that informed the choices that myself and other intern and my registered horticultural therapist supervisor came up with together and so we were able to deliver our materials for the virtual programming to be conducted. And after only three sessions, the recreational therapists asked if I was able to come up with a contract to maintain my programming and come and deliver it in person. And so to see the impact of virtual programming, especially at that moment in time where all programming had been canceled. Visitors weren't allowed to come into long-term care centres to see their loved ones.

There was rapid cognitive decline as well as a physical deterioration that was occurring within those populations of people that were staying in long-term care centres. And it was incredibly difficult for obviously the people experiencing the effects of that. But of course, for staff as well to have guidelines that were really challenging to work through and navigate to figure out how to best support people, let alone keep them alive and keep them safe.

And so that was, I think, a really interesting experience for me to see again, the impact of horticultural therapy, but try to also think beyond servicing people in that particular setting, because staff can certainly benefit from this as well. We know that health care workers are experiencing advanced stages of burnout and are leaving the profession entirely due to the stressors on our health care system.

And so I think that in horticultural therapy typically being delivered to populations such as older and aging adults in clinical settings, this can also extend to health care workers in clinical settings. This also traditionally has extended to people that are incarcerated. And so we see horticultural therapists that have worked in prison systems, schools, older adult settings. People who are neurodivergent have been on the receiving end of horticultural therapy practiced in outdoor settings such as farms and urban centres in green spaces.

And so there truly is no limit to the impact that horticultural therapy as a profession can have. And when we think about some of the key indicators of people's health and wellbeing, we see anxiety and we see stress and stress as a precursor for much of the chronic diseases that we're experiencing as a population.

And so when we're considering new ways, new avenues to implement this viable therapeutic profession, I think that there are ways to reach more people in our population that are experiencing stress and anxiety, which we know have no borders on the people that they impact.

Karina:

That's a pretty wide area for application. I'd love to hear more about how you facilitate this kind of therapy with your patients or clients and create different methods for different needs. Can you share any memorable experiences from your career as a horticultural therapist that highlight how this impacts patients?

Guinevere:

Hmmm... such a good question, Karina.

I have truly so many experiences that do come to mind in my work as a horticultural therapist. I bear witness to such tangible shifts that occur in people, whether that's physical shifts, whether that's emotional shifts, whether that's social shifts. You know, as horticultural therapists, we really try to create goals and treatment outcomes that are related to the domains of wellness.

So that's physical, social, cognitive, emotional, and I would include spiritual in that as well too which can often be incorporated into or perhaps interpreted as a kind of creative connection perhaps. And so in thinking about a newcomer youth leadership program that I ran that was based out of a two-acre farm setting and thinking about the empowering situation of bringing in people to this program, giving them access to land and to resources, and the creative capacity to make choices and selections based on what they're interested in, but also what their family is interested in.

That is an opportunity for them to really grow in connection to land in a space that they don't necessarily have access to, because we know that, statistically speaking, newcomers to Canada are often living in much smaller home living situations where access to land and to greenspace is often at a much lesser amount than they are in areas of communities that have higher socioeconomic status.

And so the fact that I had numerous participants from this youth leadership development program that I was running asked to be employed in the space that we were working in when our programming finished, I think really told me a lot about the impact that that has on people and that kind of careful, thoughtful curation of client centred or participant centred programming, that's a core feature of the impact of horticultural therapy, treatment and facilitation techniques that we instill is really important for how to proceed designing all treatment, but also for the way that people can enhance their connection to the offerings and the process that we are gently facilitating them through to connect with plant material, to land, to outdoor space, etc..

And so I think that, you know, what high school person do you know who wants to work on a farm? Probably not too many, to be perfectly honest. And you know, in agriculture there's a real labour shortage, just like you see in horticulture as well too, right? And so I think that that for me is a bit of a lasting memory and the excitement and the real desire to stay and to remain and to be connected...

I'd ask, 'And so how come you want to work here?' They'd reply, 'I don't know. I don't have the words. I just know that this is a place that I want to be.' And so I think that that's an example that comes to mind.

I also think about working in the clinical spaces that I'm in as well, too. You know, at Homewood Health Centre, it is an inpatient mental health and treatment centre that is located in Guelph Ontario. And there are multiple populations that the Horticultural Therapy Department sees. So we have an indoor classroom, we have an indoor greenhouse, we have 50 acres of space that we're able to utilize. We have raised beds. There's a labyrinth outside. There's an area where we also grow sensory herbs and some food as well too. And so that really is a beautiful arena to explore the different facets and applications of the kinds of programming that we can cater to different populations. But I think that it's really, really remarkable to see a recovery of the sensory experience that oftentimes is blocked or stunted in people's sensation experience that they are able to go through due to different medications or due to substance use or due to whatever the plethora of reasons that potentially brought people to receive the kind of treatment that they're hoping to implement into their lives at Homewood.

And so I think it's really remarkable to bear witness to that kind of change and that renewed sense of joy and excitement that comes from the kinds of programming that we're able to offer people. Because if you think about it, that isn't trivial. You know, that that connection that people are able to feel back to themselves and to whatever programming activity that they are experiencing that we're offering, that they have the opportunity to participate in, whether it's indoors or outdoors, is something that is able to not only target and hopefully achieve particular domains of health that we're looking to accomplish, but also to see the lasting effect of curiosity and of interest and of feelings of hope and of follow through, of increased attention and focus and concentration, of problem solving, of retention of learning, and these sorts of things, that again, are really important for people to experience on a regular basis, but particularly for people that are in such an intensive treatment oriented program that can last anywhere from six weeks to, 12 to 16 weeks or so. That's a long time to be on that of intensive healing journey. And so I think that that's some of the things that come to mind for me when I think about some memorable experiences that last in my mind.

Karina:

How about designing programs that work for those different populations? Like you might be working with people who have experienced brain trauma or memory loss or eating disorders or addiction, how do you apply horticultural therapy a tangible way for those different groups that works with their current treatment process?

Guinevere:

It's important to keep in mind who we are working with and centreing them in the process to determine what their needs are and how we can curtail that best to the treatment planning process and also to the desired outcomes that we're hoping to support them in achieving.

So I think, for example, someone in the eating disorder program, it would be very possible to be sensitive to the fact that we're not able to connect as much to the physical activity component because we are looking to conserve energy in many ways. There's really complex relationships, of course, for not just people in this program, obviously, but in just general on disordered eating and around body image and around energy expulsion.

And so we really have to be cognizant of the fact that there are definitely sensitivities that we need to be aware of about this particular patient population. And that impacts the kind of ways that we make decisions around programming in that regard. So what we do and how long we are doing a certain program or a particular component of an activity for is what we're really considering, in that instance. I think another instance to consider is in long-term care. And again, when I was working in that setting in the pandemic, a big focus of my programming was to really try to maintain and increase the amount of social connection that people are feeling. Isolation was so, so strong at that point in time, and it remains to actually be, statistically speaking, a newer figure that is seeing increased focus on about the experience of loneliness societally today.

And so again, I'm talking about maybe a particular population, but I also want to broaden my vantage point of who this can also impact and potentially positively affect, because I can speak about it at long-term care.

But there are also positive implications that we could have for other people in society. As you know, the rates of loneliness and its impact on poor health outcomes and anxiety and depression and mood disorders are increasing as well.

And so regarding long-term care, a big focus of my programming was on the social component because we need to encourage communication skills. I need to have the verbal conversations that the participants in long-term care could ignite with one another. We're looking to reduce social anxiety, we're looking to strengthen relationships, we're looking to have empathy, kindness, generosity, sharing. That impacts the sort of sense of community and the sense of belonging that are really intrinsic to our health, but also our outlook on life in general.

And so that falls under the social domain of wellness that I had catered my horticultural therapy programming around in long-term care. But there was such an absence of that over that,

particularly the first and second wave of the COVID-19 pandemic that people were experiencing that ended up informing how I encouraged and how I facilitated programming, as well too.

Probably the last example that I'll give is when I was working with clients who were experiencing the repercussions of having been in a motor vehicle accident.

And there is often so much grief and bereavement that people are incurring and experiencing from the plethora of life changing occurrences that happen from, you know, an accident as traumatic as that. And so with the grief and bereavement, we could see that really impacting people's depression. The ability to show up to the horticultural therapy session was often a really big deal for people when they can be bedridden for days.

So thinking about ways that I could support them in increasing their sense of perception of vitality and of energy, to motivate them to also maybe sit outside for 15 or 20 minutes. We know that if we are outside for a minimum of 20 minutes at a time, then our blood pressure is reduced because of our drop in cortisol levels. And cortisol, of course, is a stress indicator as well too, depending on how high or low it is. And so if I'm able to motivate somebody via a type of nature literacy program that helps them identify what is actually the tree that is in their backyard or the shrub that their partner planted ten months ago, or the bulbs that come up every year that their grandmother planted or whatever is a way to entice them to try to achieve the treatment outcomes that we're looking to hit.

Because, again, people were experiencing such a wide range of challenges in their health. And that's why the interprofessional health care team was so extensive in so many different aspects of health care to support them. And so it was really taking the information of what's documented and things that have been successful or things that perhaps seem to be aware of to then have that inform the way that I'm creating, delivering and implementing the horticultural therapy treatment program to get people to engage with plant material, their natural landscapes in their backyard.

Perhaps it's been a goal of theirs to go around the ravine that runs along the river that they used to walk along multiple times a week prior to the accident and they haven't been able to do that in years. And so what are some ways that we can take some real tangible efforts and hopefully steps together to get them to those sorts of places that they're looking to be in.

Karina:

There's so much involved in horticultural therapy and so many different aspects we haven't even touched on yet, but what do you wish people understood about horticultural therapy? Are there any misconceptions you'd like to clear up?

Guinevere:

I think one of the things I'd like to clear up is that horticultural therapy has actually been in practice as a profession for the past 100 years plus in North America, as well as abroad. And I'd really like to see that brought into the modern context in a way where we can expand our role as allied health professionals and be considered a player in the role of preventative health.

So I'd really like to see all the evidence that is out there that we know of to be in academic magazines and publishing, like The Lancet, like the journal of psychologists, journals in plant science and in landscape architecture, and the really broad spectrum that research and data that's been collected, that's proven the effect of horticultural therapy on people's health and well-being can be consolidated and put forward in concrete action steps to impact individual and communal health.

Karina:

Guinevere, thank you so much for sharing your passion and your expertise and insights in horticultural therapy practicing. I hope this has been really useful for people considering this path in their own career and create some curiosity around the topic so that we can hopefully gain more certification, and create certification programs within Canada so more people can study this and apply it to citizens that obviously need this kind of therapy so much.

Again, thank you so much for joining us on the podcast.

Guinevere:

Thank you, Karina. This was such a pleasure to speak with you and I look forward to continuing the conversation.

EXTRO:

Karina:

I hope you enjoyed my conversation with Guinevere Kern. Personally, I was fascinated to learn horticultural therapy is being used to help people recover from brain trauma, disordered eating, and even loneliness. I feel like we only scratched the surface of this topic and hope to explore it more in the future.

If you're interested in learning more about the science behind horticultural therapy, or would like some resources for exploring it as a career, I'll include some links, as well as a full transcription for today's interview, on this episode's web page at landscapeontario.com/podcast.

Thank you so much for listening to the Landscape Ontario podcast. We talk to all kinds of innovative and knowledgeable landscape professionals, so be sure to subscribe to catch new episodes for inspiration every month.

Resources mentioned in this episode

[Canadian Horticultural Therapy Association](#)

[Homewood Health Care Centre](#)

[American Horticultural Therapy Association](#)

[Guelph Enabling Garden](#)

[The Lancet](#)

[Roger Ulrich, PhD 1984 Study](#)

[Landscape Ontario GROW Program](#)

Additional resources from LO:

<https://landscapeontario.com/the-therapeutic-value-of-horticulture>

<https://horttrades.com/the-healing-power-of-horticulture>