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香港園藝治療協會專刊

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### 編者的話 Message from Editor

2015年真是豐收的一年！協會發展蒸蒸日上，而我更幸運地在美國園藝治療協會(AHTA)的年度大會上，榮獲專業服務大獎。其實這當中有我也有你，有著所有參與和推動園藝治療的朋友的努力。幸運是我認識了園藝治療和有緣認識了大家，得到各位的欣賞和幫助，一起推動園藝治療，致力通過人的智慧，發揮植物療癒力，讓世上多一分康寧和快樂。本期會訊便邀請了三位有份參與大會的良師益友，撰文分享大會見聞和獎項資訊，分別是美國資深園藝治療師萊詩麗·費林明、國立臺灣大學的曹幸之教授和廣州的梁健恒(P2-7, 13, 14, 20-23)。健恒的長文更是從一位年青新秀園藝治療師的角度細述了整個美國之行所見所聞、一花一草，值得細賞。曾獲得AHTA傑出研究獎的韓國學者Sin-Ae Park 博士，繼續讓我們轉載其實證科研論文(P8-12)，講述一個為智障兒童開展的園藝治療計劃的顯著成效。華南農業大學劉海濤教授的得獎文章則教我們怎樣看待有毒花卉(P15-16)，讓大家多一分知識，少一分恐懼。當然少不了香港和國內同工，包括司徒素琮(Soo)和譚秀嫻(Maia)、劉夢華、麥舜欣(Lynn)、謝倩瑩諸位對協會各項活動的報導和分享(P24-32)。本期還有一篇別開生面的讀者投稿，是兩位園藝愛好者許卓倫和周家怡合著的得獎兒童故事《綠野仁心》(P17-19)，熱愛園藝、滿載童心的你又怎能錯過？

彈指間，告別了 2015，踏進 2016，不久即要和羊仔說再見，迎來百變獼猴。謹祝大家有個平安愉快和豐盛的2016年，更要像猴子頭腦精伶，身手敏捷靈活，生活適意自在！

2015 has been a great year for HKATH. We have made continued progress in many areas, and I was so lucky to be awarded a prestigious prize from the American Horticultural Therapy Association (AHTA) in their annual conference. But it is not just my efforts. Everyone of you who has entered the world of HT and all who have joined efforts in promoting HT have contributed to this prize. In this issue, we have invited Lesley Fleming, a renowned horticultural therapist from America, Professor Tsao Shing-Jy of National Taiwan University and Ken Liang from Guangzhou to share their experiences at the AHTA conference (P2-7, 13, 14, 20-23). In particular, Ken's long article abounds with observations and thoughts from the perspective of a young horticultural therapist. Readers can get a clear picture of our trip to the U.S. and learn of some design secrets of healing gardens. Dr. Sin-Ae Park, Korean scholar and winner of AHTA's Excellence in Research Award in 2013, kindly let us reprint her thesis about the scientifically verified benefits of an HT program on children with intellectual disabilities (P8-12). Another highly readable article is Professor Liu Haitao's *How to Deal With Toxic Flowers?* (P15-16) Read it and next time you won't be so panic about encountering a poisonous flower. Many colleagues and friends from HK and Mainland China have also shared their experiences and discoveries in the many events hosted by HKATH (P24-32). In addition, we have a special article contributed by two readers and horticulture lovers (P17-19), which is an award-winning children story with themes related to plants and growing.



Very soon it is the Chinese New Year of the Monkey. I sincerely wish you a joyful and prosperous 2016. Let's be smart and lively and brave as the monkey!

馮婉儀 Fung Yuen Yee, Connie

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## 特別佈告 Special Announcement

恭賀

### CONGRATULATIONS

The American Horticultural Therapy Association recognizes excellence in its field with the bestowment of annual awards to outstanding practitioners. The recipients for the Rhea McCandliss Professional Service Award 2015 are : Connie Fung Yuen Yee, HTR, RHT, RSW and Rebecca Haller, HTM, founder of HT Institute. This is the first time to have 2 recipients for an award.

美國園藝治療協會 2015 年度蕾亞·麥肯迪尼斯專業服務獎 (Rhea McCandliss Professional Service Award 2015)，頒發予馮婉儀女士(美國園藝治療協會註冊園藝治療師，香港園藝治療協會註冊園藝治療師，註冊社工)及 Rebecca Haller, HTM, HT Institute 創始人以表揚二人在園藝治療領域的傑出貢獻，這是第一次有二人獲得同一獎項。



Connie and Rebecca Haller

## 美國園藝治療協會對馮婉儀女士的表揚

萊詩麗 · 費林明 (Lesley Fleming, HTR)

美國園藝治療協會(AHTA)決定將協會的最高榮譽獎項－2015 年度蕾亞·麥肯迪尼斯專業服務獎(Rhea McCandliss Professional Service Award)，頒發予馮婉儀女士(美國園藝治療協會註冊園藝治療師，香港園藝治療協會註冊園藝治療師，註冊社工)，以表揚馮女士在園藝治療領域的傑出服務和重大貢獻。馮女士(下稱 Connie)自 2003 年以來都是美國園藝治療協會的會員。

美國園藝治療協會(AHTA)表彰 Connie 致力於香港以及大中華地區推廣和發展園藝治療的遠見和領導。在其努力下，園藝治療在上述地區有著許多重要發展，包括成立一個專業組織－香港園藝治療協會(HKATH)、建立一套專業認證制度、設計及推行園藝治療課程、推行園藝治療的學術研究，以及倡議特別的項目，包括應用園藝治療服務四川大地震的倖存者、為 2014 年於香港舉行的第一屆園藝治療及治療性園景設計國際研討會擔任主席。為香港及大中華地區的園藝治療從業員引入和推行一套專業架構，有著重大的歷史意義。

在 Connie 的努力推廣之下，園藝治療已被確立為一種認可的治療模式。紮根於其作為社會工作者所受訓練及作為 AHTA 所認證園藝治療師的背景，Connie 很強調教育與專業培訓的必要。事實上，Connie 在發展及推行園藝治療課程上的工作已得到公認。由她創立的香港首個園藝治療教育中心，於 2006 年即得到 AHTA 認可所推行的課程；而自此以來，超過 2300 名來自香港、澳門、台灣以及中國內地的學生已親自受教於她或由她監督的課程。她亦發展了專業培訓課程當中的實習計劃，並與不同機構合作，設立了超過 60 個實習場地。

Connie 一直努力發展園藝治療實務操作的參考標準，並先後創立了兩個專業組織－香港園藝治療協會(2008)及大中華園藝治療聯盟(2014)，為園藝治療的普及應用，建立堅實基礎。作為 HKATH 的會長，她成功確立了包含三階段的 HKATH 專業認證制度，以及受訓專業人士所組成的網絡。

在園藝治療的基礎知識方面，Connie 在相關學術研究的合作上亦擔當先鋒角色。她已先後以合作研究員的身份參與 5 項實證研究，包括與香港理工大學護理學院耆年護理中心及香港大學合作進行的香港首項園藝治療研究。來自韓國建國大學的同行 Sin-Ae Park, Ph.D. 就說，「Connie 很了解以實證支持園藝治療的重要性(就是) … 分享 … 當前最新的研究發現。」國立臺灣大學的曹幸之博士則指出，(Connie)舉辦這眾多的工作坊和研討會「能夠讓彼此促進了解及從其他人身上學習園藝治療。」2014 年，Connie 主持了在香港舉行的第一屆園藝治療及治療性園景設計國際研討會。這次會議吸引了 350 位參加者，包括來自美國、國際知名的戴安麗芙博士(Dr. Diane Relf)作為主講嘉賓。以上這些努力，都說明了聯繫不同範疇的機構，加拿大、美國、南韓與臺灣的學術、園藝、醫護與園藝治療組織，建立國際網絡的重要性。

Connie 也著作了幾本園藝治療方面的專著，包括 2014 年時出版的代表作《園藝治療－種出身心好健康》(明窗出版社)。而自 2011-2015 年以來，作為 HKATH 會訊的主編，她充份利用這平台為園藝治療界的朋友提供最新的資訊。通過這些途徑，Connie 持續與業界朋友分享她為各種對象服務的經驗和知識，包括 2008 年四川大地震倖存者、各類型長者(其中包括認知障礙症患者、接受寧養護理的長者)、有肢體或精神障礙的成年人等。

在 AHTA 的評獎過程當中，Connie 的許多同行都讚譽其傑出貢獻，包括美國俄勒岡州波特蘭市 Legacy Health 醫療組織的德蕾茜雅·赫臣女士(Teresia Hazen, M.Ed, HTR, QMHP)、堪薩斯州立大學農業學院園藝、林業及康樂資源系系主任甘蒂絲·舒梅克博士(Candice Shoemaker, Ph.D.)、維吉尼亞理工學院暨州立大學園藝系榮譽教授



戴安麗芙博士(Diane Relf, Ph.D., HTM)、園藝治療服務員(HKATH)、大中華園藝治療聯盟中國代表、廣東園藝治療同學會聯合主席梁健恒先生，以及註冊園藝治療師(HKATH)兼職業治療師、澳門扶康會經理、大中華園藝治療聯盟澳門區代表、澳門園藝治療同學會主席黃達洋先生。以下引述他們對於 Connie 獲頒 AHTA 蕾亞·麥肯迪尼斯專業服務獎所表達的支持，從中可讓我們對於 Connie 的眾多成就與貢獻窺見一斑：

Connie 的無比魄力讓她發展出優秀的領袖風範，更讓她成為集教師、實習督導、研究員和作家於一身的先驅人物。

加拿大園藝治療協會前主席米契爾·修森

感謝 Connie 把園藝治療介紹到大中華地區，讓很多人有幸受惠於園藝治療。目前國內越來越多的醫院、社工機構、康復中心和學校開始認識到園藝對於身心健康的療愈作用，也有不少機構把園藝作為服務工作的手法之一。

園藝治療服務員梁健恒

Connie 就是十年前把園藝治療這門學問介紹到香港的第一人。

聖雅各福群會延續教育中心經理劉遠章(R. S. W., MSc. (Leicester UK))

## **International Recognition for Fung Yuen Yee Connie from the American Horticultural Therapy Association**

Fung Yuen Yee Connie HTR (AHTA), RHT (HKATH), RSW has received the highest award bestowed by the American Horticultural Therapy Association. The 2015 Rhea McCandliss Professional Service Award was given to Connie in recognition of her distinctive service and significant contribution to the field of horticultural therapy. Connie has been a member of The American Horticultural Therapy Association (AHTA) since 2003.

The American Horticultural Therapy Association (AHTA) cited Connie's vision and leadership for developing and promoting horticultural therapy in Hong Kong and Greater China. Because of her efforts, important development has occurred including the organization of a professional body (HKATH), a professional registration system, delivery of HT courses, research and special initiatives including delivering therapeutic horticulture to Sichuan China earthquake survivors and chairing the *1<sup>st</sup> International Conference on Horticultural Therapy and Therapeutic Landscaping* (Hong Kong 2014) with 350 participants. Introducing and implementing a professional framework for horticultural therapy to new professional populations in Hong Kong (HK) and Greater China (GC) is historic and significant.

Connie's efforts to promote horticultural therapy have resulted in validating the field as a recognized therapeutic modality. Beginning with her own training as a social worker and professional credentialing from AHTA as a horticultural therapist, Connie has emphasized the need for education and professional training. She is recognized for her work in developing and delivering HT courses. Establishing the first HT education center in HK, and then securing AHTA accreditation for these courses in 2006, Connie has overseen courses for more than 2300 students in HK, China, Macau and Taiwan. She also developed an internship program as part of professional training setting up more than 60 internship sites.

Connie has led the way in building a strong foundation for the practice of horticultural therapy by developing HT standards of practice and in creating two professional organizations-- the Hong Kong Association of Therapeutic Horticulture (2008), and the Greater China Horticultural Therapy Network (2014). As President of HKATH, Connie has been successful in establishing HKATH's professional registration system and its 3 levels of registration, and a network of trained professionals.



As part of the foundational knowledge of horticultural therapy, Connie has led the way in research collaborations as co-investigator for 5 empirical research studies, including the first ever HT research in HK, undertaken with the Centre for Gerontological Nursing, SN, Poly University and University of Hong Kong. Colleague Sin-Ae Park, Ph.D. from Konkuk University, South Korea stated, “Connie clearly understands how important evidence-based horticultural therapy [is]....sharing the ....latest research findings”. Dr. Jocelyn (Shing-Jy) Tsao from the National Taiwan University adds, organizing many workshops and conferences “has promoted mutual understanding and learning about HT from ....others”. Connie chaired the 1<sup>st</sup> International Conference on Horticultural Therapy and Therapeutic Landscaping held in HK in 2014 which attracted 350 participants including international keynote speaker Dr. Diane Relf from the U.S. Each of these efforts underscore the importance of establishing international connections with a range of institutions in multiple sectors; academic, horticulture, healthcare and HT organizations in Canada, U.S., South Korea, and Taiwan.

Connie has authored several important publications on horticultural therapy including her 2014 book titled *Horticultural Therapy : People-Plant Connection*. Hong Kong: Ming Pao 馮婉儀 園藝治療 - 種出身心好健康. 出版社 :明窗. As editor of HKATH’s newsletter (2011-2015), she has effectively used this platform to further educate HT practitioners about current trends and programs. Based on her extensive delivery of HT programs for multiple populations-- 2008 Sichuan earthquake survivors, those with dementia, the elderly including palliative care patients, and adults with physical and mental disabilities-- Connie has shared her knowledge and experience with many emerging and experienced HT practitioners.

Her many colleagues have praised her work as outstanding, and were quoted during the AHTA awards process including: Teresia Hazen, M.Ed, HTR, QMHP at Legacy Health, Portland Oregon; Candice Shoemaker, Ph.D. Head of College of Agriculture, Dept. of Horticulture, Forestry, and Recreation Resources at Kansas State University; Diane Relf Ph.D., HTM, Emeritus Professor, Virginia Polytechnic Institute and State University, Liang Jian Heng, Horticultural Therapy Facilitator (HKATH), Representative (China) of Greater China Horticultural Therapy Network, Co-chairperson, Guangdong Horticultural Therapy Alumni; and Vong Tat Jeong, Neville, RHT (HKATH), Occupational Therapist, Manager, Fuhong Society of Macau, Representative (Macau) of Greater China Horticultural Therapy Network, Chairperson, Macau Horticultural Therapy Alumni. Expressing their support for Connie receiving the AHTA McCandliss Award, their comments highlighted a few of her many accomplishments and contributions:

*Connie’s huge endeavor enabled her to develop excellence in leadership pioneering the way as educator, internship supervisor, researcher, and author.*

*Mitchell Hewson, HTM, Past President of the Canadian Horticultural Therapy Association.*

*Thanks to Connie, an increasing number of people in Greater China are feeling the benefits of horticultural therapy. More and more institutions, including hospitals, social service centers, rehabilitation facilities and schools ranging from kindergartens to universities, etc. are beginning to witness the healing power of horticulture in the hands of trained professionals, and many institutions are starting to adopt HT as one of their means of service.*

*Liang Jian Heng, Horticultural Therapy Facilitator (HKATH)*

*Connie was the first person who introduced the concept of HT to Hong Kong ten years ago.*

*John Lau, R.S.W, MSc.(Leicester UK), Manager, St. James’ Settlement Continued Education Centre*

## 馮婉儀會長獲頒 AHTA(美國園藝治療協會)2015 年事業獎 與有榮焉

曹幸之

美國園藝治療協會一年一度的年會是會員及相關領域的學生或有興趣探索的朋友最大的活動。2015 年年會於 10 月 9-10 日在俄勒岡州波特蘭市舉行；會場設於毗鄰華盛頓州、傍分界河(哥倫比亞河)的紅獅旅館(Red Lion Hotel on the River Jantzen Beach)。此時正值初秋，一些樹葉轉黃、變紅，看著對岸的景色，自然柔和，令人舒坦。

波特蘭市是美國推廣園藝治療的重鎮、特別在醫院療癒花園的設計與利用上著有成效。市內多座花園獲得 AHTA 的療癒花園設計獎，包括：波特蘭記憶花園(Portland Memory Garden)於 2011 年獲獎，波特蘭復臨醫療中心的希望與療癒花園(Portland Adventist Medical Center's Hope & Healing Garden) 於 2010 年獲獎，波特蘭市都會區第二大醫療組織 Legacy Health 轄下俄勒岡燒傷中心(The Legacy Oregon Burn Center, Portland)的療癒花園於 2006 年獲獎，另外兩個花園，以馬內利兒童醫院花園(Legacy Emanuel Children's Hospital Garden)及好撒瑪利亞人醫院史丹佐療癒花園(Legacy Good Samaritan Hospital's Stenzel Healing Garden)分別於 2002 及 1998 年獲獎。這些醫院內走道及病房都有窗景，由玻璃大窗可以看到花園。專門收容 5-17 歲有精神及行為問題孩子的中繼站，延齡草家庭服務之芭莉兒童中心(Trillium Family Services Parry Center for Children) 的療癒花園則於去年獲獎。今年年會的會前參觀(10 月 8 日)就安排與會者實地觀摩及了解以上幾個單位。

本次年會的主題是 Research: Shaping the Horticultural Therapy Landscape (研究：建立園藝治療之遠景)；請來瑞典籍國際知名的 Roger Ulrich 教授做 10 月 9 日開場演講 Measuring the Benefits of a Garden for Hospital Populations(醫院庭園對不同使用者的效益之測量)。這是在私人家族 TKF 基金會贊助下進行的跨國(瑞典、美國)研究計劃，希望提出更多有助於醫院設計療癒空間的量化實證結果。研究單位有大學、Legacy Health System、Legacy Research Institute、美國心臟協會等多個單位。報告的研究對象是臨盆婦女、ICU 病人家屬以及護理人員，這些都是醫院裡有極大壓力的族群。其他在本次年會發表的報告，分成半小時的(9 篇)及一小時的(22 篇)兩種，因此同一時段有三篇演講發表，與會者自由選聽。

而最光榮的莫過於本會會長馮婉儀女士獲得協會本年度的蕾亞·麥肯迪尼斯專業服務獎(Rhea McCandliss Professional Service Award)。這個獎項只頒給有協會認證的園藝治療師或助理治療師，認同並獎勵他們對園藝治療事業的推動、組織及發展的重要貢獻。除馮會長外，另一位得主為園藝治療學院(Horticultural Therapy Institute)創辦人 Rebecca Haller。她是以在園藝治療系列課程的教育貢獻獲獎。協會本年度另外的獎項有療癒花園設計獎、出版獎、C.A. Lewis 傑出研究紀念獎、Ann Lane Mavromatis 獎學金四項，各有一名/團體得主。頒獎晚會在 10 月 9 日歡迎餐會後、於晚上 8:00 開始，為時一小時。當主持人唸出馮會長由建立香港園藝治療協會、培訓人員、實踐足跡遍及港澳台中國大陸、到去年籌辦國際研討會、出書、建立大中華地區的網絡等長長的成績清單時，主持人問馮會長是否還有睡眠時間？本次年會有七位參加者來自兩岸三地，還有七、八位來自日本、韓國，總共約有 160 人。會長領獎後，除了表示她可以睡個安穩的覺外，簡短致詞內容為：

「各位來賓：謝謝你們的支持及 AHTA 給我的鼓勵！我好開心，好興奮！不知該如何表達。這個獎給我持續推動園藝治療的熱情與動力；過去十年對我很不容易，不說要做許多重要決定了，還要堅持，才發展了香港的園藝治療，並推動到澳門、大陸，這一切忙碌都是有意義的。在這裏，我要感謝與我一同前來的工作夥伴，Maia (香港)和 Ken (廣東)；提名我的 Lesley Fleming (筆者註：2013 年的出版獎得主)、幫我提供書



面事蹟報告的 Diane Relf、Candice Shoemaker、Mitchell Hewson、Teresia Hazen、Sin-Ae Park (註：2013 年傑出研究獎得主)，以及在港、澳及中國大陸的工作夥伴們。」最後也謝謝在場的筆者。

誠如會長說的：大家的支持與努力獲得美國園藝治療協會的肯定，我們一定要一本初衷，繼續推動並維持一定水準的工作，增加合作，提升我們服務對象的身心健康。



Dr. Roger Ulrich



(左起) Rebecca Haller, Connie 和筆者



在會場攤位上不同團體的交流刊物，當中有 HKATH 的單張和文件夾  
HKATH pamphlet & folder



## 專題文章及特稿 **Special Features**

### Horticultural Therapy Program for the Improvement of Attention and Sociality in Children with Intellectual Disabilities

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and Ki-Cheol Son<sup>1,2,3</sup>

**ADDITIONAL INDEX WORDS.** Conners' teacher rating scales—revised, social skills rating system, sociohorticulture, human issues in horticulture, people-plant interaction

**SUMMARY.** This study was conducted to determine the effects of a horticultural therapy (HT) program, based on B.F. Skinner's behavior modification theory and special education science curriculum for Korean children with intellectual disabilities for the improvement of attention and sociality. Twenty-four participants (10 males, 14 females, in grades 1 to 3) with intellectual disabilities were recruited from a special education class at an elementary school in Seoul, South Korea. Twelve children participated in the HT program after-school for 6 months (Mar. to Aug. 2009, once per week, ≈40 min per session); the control group consisted of the remaining 12 children. Before and after the HT program, Conners' teacher rating scales—revised and the social skills rating system assessments were conducted by parents/caregivers or teachers for each of the children. Analysis of covariance (ANCOVA) and chi square tests were used to compare differences between the two groups. Difference in attention was not significant between groups. Children in the HT group had statistically significant higher sociality scores than those in the control group ( $P < 0.001$ ). In conclusion, the HT program improved the sociality of children with intellectual disabilities. To maximize the therapeutic effects of the HT program for attention, the program should be revised and supplemented based on the results in this study. A larger sample size and factoring in the level of disability and year in school of the participants would increase the precision in assessing therapeutic effects.

Children with intellectual disabilities are in many ways similar to other children (e.g., weight, height, muscle coordination) but have lower lung capacity and resistance, as well as weaker eyesight, hearing, and motor control (Smith et al., 2005). Their intellectual development is slower resulting in significant disabilities or arrested intellectual capabilities (Smith et al., 2005). In addition, it is difficult for these children to focus on a task and they are easily distracted because of lower visual and perceptive capabilities (Kim and Park, 2007). This lack of attention is accompanied by symptoms of attention deficit hyperactivity disorder (ADHD) (Parker, 1992). The children's cognitive development capabilities are markedly low with weak abilities in terms of social skills (e.g., self-assertion,

self-control, cooperation) and they tend to avoid social relationships (Smith et al., 2005). The categories of intellectual disability are based on intelligence quotients (IQs). Those with an IQ  $\leq 34$  are classified as grade 1 and require the life-long protection of a caregiver because of their considerable difficulty with everyday life and adaptation in social settings. Those with IQs from 35 to 49, grade 2 disabilities, are able to be trained to succeed at simple everyday activities and can hold uncomplicated jobs that do not require a special technology. Those with IQs from 50 to 70 are classified as grade 3 and can undergo social and occupational rehabilitation via training (Kim, 2009b).

According to the Skinner's behavior modification theory which is composed of stimulus (environment) → response (action) → reinforcement (result), children are led to reinforce desirable actions through providing compensations for appropriate actions that they took by chance in response to external stimulus (Skinner, 1957). Skinner's theory is widely used by

special education teachers for children with disabilities to improve voluntary will (Dollard and Miller, 1950; Sundberg and Michael, 2001). In addition, the children talk less in class and display a decrease in distractive behaviors (Kim, 1993). Several studies have also shown improvement in implementing learned tasks (Kim, 1997; Yoo, 2002).

The efficacy of HT became apparent when horticultural activities were tested on people with mental disabilities and children with intellectual disabilities. A positive impact of HT on children with intellectual disabilities was established with improvements in attention and motivation (Kang, 1998), sociality and social relationships, self-concept and linguistic communication skills (Cho, 2001; Kim, 2001; Lee, 2004). In addition, their self-confidence and self-efficacy was strengthened (Lee, 2008). Horticultural activities also reduce inappropriate behavior and stress in children with intellectual disabilities (Doxon et al., 1987; Kang, 1998; Sim, 2007) and enhanced their self-concept (Han, 2007). Moreover, outdoor activities like soccer or fishing in green settings or playing in green environments, including grass, trees, or wild places improved attention deficit disorder that reduces children's attention capacity and positively affects to their school life, interpersonal relationships, or personal growth (Sundberg and Michael, 2001; Taylor et al., 2001).

The objective of this study was to test the effect of a HT program that was developed using Skinner's behavior modification theory and the special education science curriculum for Korean children with intellectual disabilities for the improvement of attention and sociality.

#### Materials and methods

**SUBJECTS.** Twenty-four students (10 male and 14 female) with disabilities from school grades 1 to 3, attending a special education class at an elementary school in K District, Seoul, South Korea, participated in the study. A study description, including consent form, was distributed to parents/caregivers of the students and then the children were decided to participate in the HT program according to their schedules. Twelve children with disabilities participated in the HT program while the remaining 12 were placed in the control group. Before

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implementation of the program, a survey was prepared and distributed to parents/caregivers to record demographic data (e.g., gender, age, disability level, family, use of alternative treatments) for the children.

**RESEARCH PERIOD AND ENVIRONMENT.** The HT program was administered after-school at a welfare center for the disabled in Seoul. The program was conducted by a horticultural therapist and two assistant therapists in the afternoon for 40 min per session, once per week between Mar. and Aug. 2009 for a total of 24 sessions. The length of the sessions and duration of the program were based on clinical results indicating that HT programs aimed at mental and psychological rehabilitation are more effective if conducted over an extended period at a lower frequency (i.e., one to two sessions per week over 6 months) (Son et al., 2006). The attendance rate of the participants was 86.5%. A classroom in the welfare center that had an outdoor garden was used for the HT program. The classroom was furnished with movable desks and chairs, was brightly lit, and had good ventilation and little distractive noise. The garden used for outdoor activities was equipped with water lines and was 13.23 m<sup>2</sup> in size.

**HORTICULTURAL THERAPY PROGRAM.** The purpose of the HT program was to improve attention and sociality of children with intellectual disabilities. Skinner's behavior modification theory was applied as the medical treatment intercession model in the program while activities for the program were developed based on the life section in the science curriculum of the seventh special education core program for Korea (Lee et al., 2007). Out of the four sections of the science curriculum, life was chosen because it is aligned with the characteristics of horticulture in which the students take care of living organisms (Son et al., 2006). From the life section, stage 1 (individual life and family life) and stage 2 (school life and social life) were applied to the HT program; stage 3 (economic life and leisure life) was excluded in that because it was inappropriate for children with significant learning abilities (Shin, 2008). In stage 1, the students are taught to distinguish life from non-life, the appearances of animals and plants, and the exterior appearance and functions of

human bodies. In stage 2, the students are taught characteristics of life and non-life, the structure, function, and circulatory process of human body.

The 24 session HT program was composed of three sessions of gardening activities [cultivating a vegetable garden, tying plants to stakes, cooking *pajeon* (spring onion pancakes, a Korean traditional food) after the harvest] and 21 sessions of indoor activities (planting seed; making a flower basket, a potpourri, a bouquet, natural soap, a wreath, a fan using pressed flowers, sunflower puzzles, natural dye; and planting herbs and doing aquaculture with foliage plants). Out of the 24 sessions, six sessions were group activities while in the remainder, the students engaged in individual activities within groups.

In each of the 24 sessions, the activity materials were stimulus to motivate for horticultural activities and compliments for the actions to complete the given activity, and outcomes in the sessions were reinforcement (Fig. 1). All procedures in each therapy session also included therapeutic intent to induce the therapeutic effects for the targeted variables such as attention and sociality in this study. For example, to reduce hyperactivity behavior that is a construct of attention, creative destruction activities that is a destructive action for producing a new creation (Son et al., 2006), and a group activity with others to improve cooperation were included in the HT program. Each therapy session started with a discussion of the date and weather, followed by the activity for the day that was introduced to provide motivation and provoke curiosity during the course of the therapy. At

the end of each section, the students were told to write their names on their work, present their work, and clean up around themselves to enhance their self-confidence, coordination, and responsibility.

Diverse materials were used for each session to improve the attention of children with visual attention deficiency caused by a lack of perceptive capability. Visual perception therapy techniques such as finding objects of the same size in a group of differing sizes, grouping according to size, finding the same shape, and grouping by shape were included in the program (Kang and Kim, 2006). The students were cautioned about using dangerous tools and materials (e.g., gardening scissors, glue gun, wires) during the program.

**ASSESSMENT.** To validate the efficacy of HT, before and after the program was completed, the attention and sociality of all the students were evaluated. The evaluation was conducted within one week before and after the program using surveys mailed to the parents/caregivers.

To assess the attention, CTRS-R (short version) was used (Conners, 1989). This rating scale is used to evaluate ADHD by teachers for children and teenagers from ages 3 to 17 years (Conners, 1969; Conners et al., 1998; Goyette et al., 1978). The four-point Likert scale (0 = rarely, 1 = at times, 2 = frequently, 3 = very frequently) is composed of four sub-categories including oppositional (e.g., violent outburst), hyperactivity (e.g., following instructions of teachers), inattention (e.g., attention to teacher's direction), and ADHD index (e.g., getting along with others) with 28

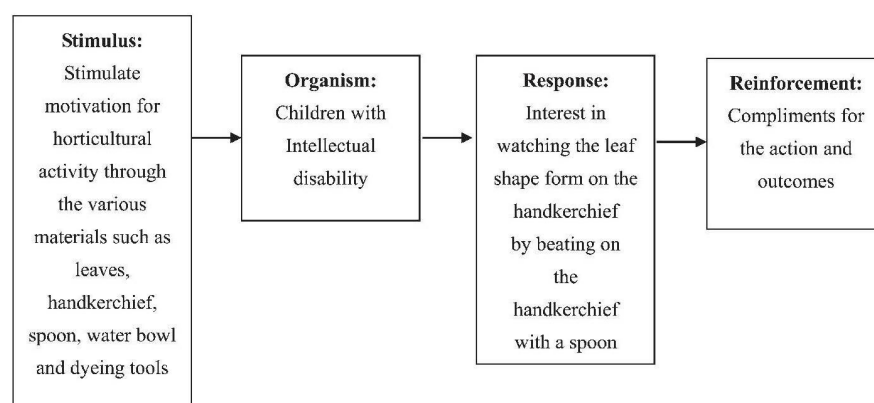


Fig. 1. An example of a horticultural therapy session based on B.F. Skinner's theory of behavior modification: Natural dyeing a handkerchief using leaves.



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questions with total score ranging from 0 to 84. The lower the point total in each section indicates better attention. In general, 15 points is considered to be the cutoff criteria of ADHD (Oh, 1990; Oh and Lee, 1989; Parker, 1992). The Cronbach's  $\alpha$  coefficient of the survey was 0.94 (Conners et al., 1998), whereas the Cronbach's  $\alpha$  coefficient in this study was 0.82.

To assess the sociality of the children, the SSRS (Gresham and Elliott, 1990) was used, which evaluates the social skills of young children and teenagers (3 to 18 years) (Kim, 1996). It is composed of a list of social skills, problem behaviors, and academic competence that are evaluated by parents, teachers, and students, respectively. The social skills scale for teachers is composed of assertion, self-control, cooperation subcategories and for parents is composed of cooperation, assertion, responsibility, and self-control. Each question uses a three-point Likert scale (0 = never, 1 = sometimes, 2 = frequently) for scoring; the point total for each section is an estimate of the student's social skills. The scale for teachers is composed of 30 questions (e.g., yield to others) with social skills ranging from 0 to 60 points. The scale for parents is composed of 38 questions (e.g., help family members voluntarily) with a range of 0 to 76 points. Higher points indicate superior social skills. The Cronbach's  $\alpha$  coefficients for teachers and parents were 0.9 and 0.95, respectively (Gresham and Elliott, 1990), and in this research they were 0.77 and 0.80, respectively, confirming their reliability.

**DATA ANALYSIS.** To compare the HT and control groups for attention and sociality, ANCOVA was conducted using SAS PROC GLM (SAS version 9 for Windows; SAS Institute, Cary, NC). At baseline, more students in the control group attended art therapy ( $P = 0.003$ ) so art therapy was a covariant in analysis. Furthermore, the chi square test using SAS PROC FREQ was leveraged to compare demographic data of the HT and control groups using 0.05 as the level of significance.

## Results and discussion

**DEMOGRAPHIC INFORMATION.** There were no significant differences between the HT and control groups regarding the gender, school year, level of disability, family, and number of siblings of the children (Table 1).

**Table 1. Chi square analysis of participant demographics as reported by parents or caregivers to ensure equal distribution between horticultural therapy (HT) ( $N = 12$ ) and control groups ( $N = 12$ ) in the study of the HT program for the improvement of attention and sociality in children with intellectual disabilities.**

Variable		HT [ <i>n</i> (%)]	Control [ <i>n</i> (%)]	Significance <sup>z</sup>
Gender	Male	5 (41.7) <sup>y</sup>	5 (41.7)	NS
	Female	7 (58.3)	7 (58.3)	
Elementary school year <sup>x</sup>	Grade 1	2 (16.7)	1 (8.3)	NS
	Grade 2	2 (16.7)	3 (25)	
	Grade 3	8 (66.7)	8 (66.7)	
Level of disability	Grade 1	1 (8.3)	3 (25)	NS
	Grade 2	3 (25)	2 (16.7)	
	Grade 3	8 (66.7)	7 (58.3)	
Type of household	Parents	11 (91.7)	11 (91.7)	NS
	Single father	0	0	
	Single mother	1 (8.3)	1 (8.3)	
Number of sibling (exclude participant)	1	8 (66.7)	6 (50)	NS
	2	1 (8.3)	1 (8.3)	
	3	0	1 (8.3)	
	None	3 (25)	4 (33.3)	
Current alternative therapy	Music	3 (25)	7 (58.3)	NS
	Art	1 (8.3)	8 (66.7)	*
	Physical	6 (50)	7 (58.3)	NS
	Speech	10 (83.3)	11 (91.7)	NS
	Play	1 (8.3)	2 (16.7)	NS
	Others	4 (33.3)	7 (58.3)	NS

<sup>z</sup>All variables were tested by chi square test at  $P = 0.05$ ; NS, \*Nonsignificant or significant at  $P < 0.05$ , respectively.

<sup>y</sup>The percentage sum for some variables is over 100% because those were rounded off numbers to two decimal places, and respondents could mark "all that apply" for the current alternative therapy.

<sup>x</sup>Grade 1 = 7 years old, grade 2 = 8 years old, grade 3 = 9 years old.

More than half of the children in both groups were grade 3 (9 years old) in elementary school and had a disability level of 3; 58.3% of the students were female and 41.7% were male in both groups. However, there was a significant difference ( $P = 0.003$ ) in the number of students participating in art therapy, with 66.7% of the control vs. 8.3% of the HT group.

**EFFECT OF HORTICULTURAL THERAPY ON ATTENTION.** To compare the effect of HT program between the HT and control groups on attention, the pretest value and the value of art therapy, which had a significant demographic effect, were used as covariance in the analysis. There was no statistically significant difference found on the overall CTRS-R scores or within individual subcategories when comparing the children who took part in the HT program with children in the control group (Table 2). Based on research by Oh and Lee (1989), elementary

school students with scores higher than 15 were considered ADHD, which indicated that the disability level of children in both the HT and control groups was severe (Table 2).

Although there was not significant improvement on attention in this study, expressing and sublimating negative behaviors through creative destructive actions such as cutting, breaking, sticking, and crumbling material for various horticultural activities (e.g., arranging flowers, making bouquets, planting herbs) during each session may have a potential to improve attention and hyperactivity (Son et al., 2006). Trancik and Evans (1995) suggested that day care settings should include green natural spaces for children's attention because the green natural settings may recover mental fatigue of preschool children who may be susceptible to be adapted a new preschool environment. By playing in outdoor green settings, children reduced



their attention deficit symptoms since contacting with nature may improve attentional functioning of children (Taylor et al., 2001). Often children with intellectual disabilities give up easily when faced with complicated tasks or a difficult teaching method (Kang, 1992), increasing their hyperactivity and reducing their concentration (Lee and Jo, 1991). The current HT program used various objects and different plants, horticultural tools, and landscape photos to increase the curiosity and expectations of the children (Park, 2006). Using uncomplicated activities helps to reduce distractive behaviors.

**EFFECT OF HORTICULTURAL THERAPY ON SOCIABILITY.** With the SSRS for teachers and parents, the initial test value and art therapy value were used as covariance in the analysis. Children who participated in the HT program showed notably higher sociality than the control group (teachers  $P = 0.0007$ , parents  $P = 0.002$ ) (Tables 3 and 4). This was consistent with prior research that revealed sociality of children with intellectual disabilities improves when they receive HT (Cho, 2001; Hwang, 2006; Kim, 2001; Sim, 2007). In the scale for teachers, all three subcategories [e.g., assertion ( $P = 0.04$ ), self-control ( $P = 0.0003$ ), cooperation ( $P = 0.0008$ )] displayed statistically significant differences (Table 3). When parents evaluated the students, excluding cooperation ( $P = 0.06$ ), the three subcategories of assertion ( $P < 0.0001$ ), responsibility ( $P = 0.05$ ), and self-control ( $P = 0.05$ ) showed statistically significant differences (Table 4). Although a statistically significant difference was not identified for cooperation in the scales for parents, the children who participated in the HT showed a higher tendency for cooperation.

A distinctive feature differentiating HT from other alternative therapies is that it uses group activities, which provide opportunities for cooperating and interacting with others. The HT program included various common activities for each session (e.g., gardening, arranging flowers, delivering ingredients to someone else, cleaning up) so that children could carry out their tasks in a group, follow rules and work with other children, whereby increasing interactions and enhancing the opportunity to learn cooperation, self-control, assertion, and

**Table 2. Analysis of adjusted Conners' teacher rating scales—revised (short version)<sup>z</sup> means for students with intellectual disabilities, with ( $N = 12$ ) and without ( $N = 12$ ) horticultural therapy (HT), assessed at the end of the program.**

Intellectual disability	HT [0–3 scale (mean ± SE)]	Control [0–3 scale (mean ± SE)]	Significance <sup>y</sup>
Subcategory			
Oppositional	6.9 ± 1.7 <sup>x</sup>	7.0 ± 1.7	NS
Hyperactivity	5.9 ± 1.4	8.1 ± 1.4	NS
Inattention	9.3 ± 1.5	8.3 ± 1.5	NS
Attention deficit hyperactivity disorder (ADHD) index	9.6 ± 2.0	10.5 ± 2.0	NS
Total	31.1 ± 6.3	34.4 ± 6.3	NS

<sup>z</sup>Based on a four-point Likert scale (0 = not at all, 1 = just a little, 2 = pretty much, 3 = very much) (Conners, 1969; Conners et al., 1998). Total score ranges from 0 to 84. A lower value indicates better condition. Above 15 points of total score is classified as ADHD (Oh, 1990; Oh and Lee, 1989).

<sup>y</sup>NS = Nonsignificant by analysis of covariance (ANCOVA) at  $P < 0.05$ .

<sup>x</sup>Adjusted for pretest and art therapy in demographic categories values as covariate by ANCOVA at  $P = 0.05$ .

**Table 3. Analysis of adjusted social skill means from the social skills rating system<sup>z</sup> for students with intellectual disabilities, with ( $N = 12$ ) and without ( $N = 12$ ) horticultural therapy (HT), assessed by teachers at the end of the program.**

Social skills	HT [1–3 scale (mean ± SE)]	Control [1–3 scale (mean ± SE)]	Significance <sup>y</sup>
Subcategory			
Self-assertion	11.3 ± 1.2 <sup>x</sup>	7.1 ± 1.2	*
Self-control	11.9 ± 1.1	4.3 ± 1.1	**
Cooperative	12.7 ± 0.9	7.3 ± 0.9	**
Total	36.0 ± 2.8	18.5 ± 2.8	**

<sup>z</sup>Based on three-point Likert scale (1 = not at all, 2 = sometimes, 3 = often) (Gresham and Elliott, 1990). Total score ranges from 0 to 60. A high value indicates higher sociality.

<sup>y</sup>\*,\*\*Significant by analysis of covariance (ANCOVA) at  $P < 0.05$  or 0.001, respectively.

<sup>x</sup>Adjusted for pretest and art therapy in demographic categories values as covariate by ANCOVA at  $P = 0.05$ .

**Table 4. Analysis of adjusted social skill means from the social skills rating system<sup>z</sup> for students with intellectual disabilities, with ( $N = 12$ ) and without ( $N = 12$ ) horticultural therapy (HT), assessed by parents at the end of the program.**

Social skills	HT [1–3 scale (mean ± SE)]	Control [1–3 scale (mean ± SE)]	Significance <sup>y</sup>
Subcategory			
Cooperation	10.8 ± 1.2 <sup>x</sup>	7.2 ± 1.2	NS
Self-assertion	9.7 ± 0.6	3.9 ± 0.6	*
Responsibility	6.4 ± 0.7	4.0 ± 0.7	**
Self-control	7.8 ± 0.9	4.9 ± 0.9	**
Total	35.0 ± 2.8	19.6 ± 2.8	***

<sup>z</sup>Based on three-point Likert scale (1 = not at all, 2 = sometimes, 3 = often) (Gresham and Elliott, 1990). Total score ranges from 0 to 76. A high value indicates higher sociality.

<sup>y</sup>NS = Nonsignificant by analysis of covariance (ANCOVA) at  $P < 0.05$ ; \*, \*\*, \*\*\*significant by ANCOVA at  $P < 0.05$ , 0.01, or 0.001, respectively.

<sup>x</sup>Adjusted for pretest and art therapy in demographic categories values as covariate by ANCOVA at  $P = 0.05$ .

responsibility. The students were able to select their own materials (e.g., pots, plants) for activities such as flowers for arranging, although they followed the instructions for trimming and cutting the flowers, increasing sense of achievement and self-confidence (Kim, 2009a) which are thought to improve their assertiveness.

In conclusion, the use of a HT program, based on Skinner's behavior

modification theory and the life section in the science curriculum of the seventh special education program, resulted in a significant improvement in the sociality of children with intellectual disabilities. In order for the HT program to have a major impact, future research should take into consideration the levels of disability, year in school, number of participants, and other factors.



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## HKATH 四川項目獲嘉許為優異的園藝治療計劃

萊詩麗 · 費林明 · HTR

2015 年 6 月，加拿大安大略省貴湖城的貴湖展能花園(Guelph Enabling Garden)主辦了一個工作坊，為醫護人員及園藝治療師提供專業訓練。工作坊導師包括分別來自佛羅里達和貴湖展能花園的註冊園藝治療師萊詩麗 · 費林明(Lesley Fleming)和海迪杜偉達(Heidi Torreiter)。工作坊的內容包括：

- 專題講座，介紹來自不同地區、獲推許為最有效益的園藝治療計劃，它們均達到以下各點－
  - 能同時吸引職員和參加者；
  - 能通過植物相關活動而吸引不同年齡和能力的人士投入參與；
  - 設計及執行上均臻於高水平，確實達到改善健康之效。
- 貴湖展能花園導賞－除了欣賞美景，更是讓參加者認識無障礙設計，及在這花園推展的園藝治療計劃及自主活動；
- 園藝治療活動，共分三項，包括製作小型花束、利用花園進行之體能運動，及一項靜坐活動。

講座授課部分總共介紹了 25 個園藝治療計劃，從中可以讓人認識到經研究支持、有實際推行及成效的最佳實務計劃。香港園藝治療協會 2009 年於四川推行的計劃正是其中之一。

香港園藝治療協會為 2008 年四川大地震倖存者提供的園藝治療項目，是有顯著成效的最佳實務計劃之一。這項目有幾方面值得嘉許：確定了園藝治療可應用於地震生還者，由此顯示園藝治療對其他自然災害的生還者的應用潛能；治療目標上包含了反思、情緒復原及為生命賦予新意義；在不同場地為社福機構職員及學童安排植物拓印活動。為倖存者安排園藝治療活動對於心理健康方面有一定的影響力，而選擇通過植物手作去疏導及轉化負面感受，更被視為一種新奇獨特的方法和介入手法。工作坊上介紹的其他一些園藝治療計劃包括：

- (美國)佛羅里達大學醫學院威蒙花園 (University of Florida's College of Medicine Wilmot Gardens)之計劃 – 為退伍軍人、癌症康復者等開展的 HT 及 TH 項目，場地為當前最先進的一座溫室。有關項目為大學校園增添了一個充滿魅力的環境，並促進了包括研究在內的各類合作活動。
- (美國)新澤西天蘭斐鎮之夢幻街營地 (Camp Dream Street, Tenafly New Jersey)之計劃 – 這是為患有癌症和血病的兒童的露天夏令營，在實驗性活動中整合了園藝治療元素，以求能幫助病童發展新技能、建立自尊心和促進群體互動。
- (加拿大)諾華斯高沙省省會醫院飲食失調診所 (Eating Disorder Clinic, Capital Health Nova Scotia)之計劃 – 這是醫院的特殊門診診所為協助病人建立與食物之正確關係的計劃，採用多管齊下的方法，包括種植及烹調富於營養的食物，以促進行為上之改變。（編者按：有關診所專為厭食症及暴食症病人而設。）

有關獲推許的 25 個園藝治療計劃詳情(包括計劃內容和相關研究)，請參看貴湖展能花園的網站 <http://www.enablinggarden.org/lesley-fleming-ht-programs-that-excite-excel-and-engage/>。





## HKATH Project Recognized as Horticultural Therapy Programs that Excite, Excel and Engage

Lesley Fleming, HTR

Excerpt from *HT Programs that Excite, Excel and Engage*, originally published by Guelph Enabling Garden Aug. 2015 ([www.enablinggarden.org](http://www.enablinggarden.org)). Reprint permission granted from the author and the Guelph Enabling Garden.

Twenty-five horticultural therapy programs were presented as effective best practice models at a June 2015 workshop in Guelph Ontario Canada. HKATH's 2009 therapeutic horticulture project in Sichuan, Greater China was one of the programs recognized. The workshop for healthcare providers and horticultural therapists reviewed programs that have been able to excite both staff and participants, engage people of all ages and abilities in plant-based activities and excel in delivering quality programming resulting in health improvements. The training was hosted by the Guelph Enabling Garden and was conducted by Lesley Fleming, HTR (Florida) and Heidi Torreyter, HTR (Guelph Enabling Garden). The professional development included: a tour of the enabling garden showcasing both the beauty and the barrier-free design, horticultural therapy (HT) programming, and self-directed activities available in this enabling garden; three hands-on HT activities (making small bouquets called tussie mussies, using the garden setting for increasing physical exercise, and a meditation activity). The lecture on the 25 HT programs shed light on best practices including research validated, field tested and promising practice programs.

Noted as an example of a promising best practice was HKATH's therapeutic horticulture (TH) project for Sichuan earthquake survivors. Several aspects of the project were identified as deserving this accolade; earthquake survivors as a new (to HT) population with possible applications for survivors of other natural disasters; the therapeutic goals of reflection, emotional restoration and new meaning to life; and the choice of a botanical print activity for school children and social service agency staff in multiple locations. The use of therapeutic horticulture engaging and challenging the psychological health of survivors, using a hands-on botanical activity as a means for channeling and transforming negative to positive feelings was considered an intriguing methodology and modality. Other HT programs cited included:

- *University of Florida's College of Medicine Wilmot Gardens* - both HT & TH programming for veterans, cancer survivors and wellness groups conducted in a state of the art greenhouse provide an appealing environment on the university's campus, contributing to collaborative activities including research
- *Camp Dream Street, Tenafly New Jersey* - an outdoor summer camp setting for children with cancer and blood disorders which integrates TH into experiential activities focused on developing new skills, building self-esteem & promoting group interactions
- *Eating Disorder Clinic, Capital Health Nova Scotia* - dealing with relationships with food, this out-patient clinic in a hospital setting uses a multi-modality approach which includes growing and preparing nutritious food to change behavior

For a complete listing of the 25 programs including program descriptions and related research, refer to the Guelph Enabling website <http://www.enablinggarden.org/lesley-fleming-ht-programs-that-excite-excel-and-engage/>.



## 正確看待有毒花卉

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(**標語**：本文原刊於 2014 第 9 期《花卉》雜誌，並榮獲 2015 年第十屆廣東省優秀科普作品“文章類”三等獎，以及廣州地區優秀科普作品“文章類”三等獎。讀者請注意，原文的對象為對園藝有興趣的普羅大眾，但若讀者需要選用植物推行園藝治療活動，則宜先仔細判斷服務對象的認知能力，去選擇安全和合適的植物。)

隨著我國人民的生活水準以及對審美要求的提高，越來越多花卉進入了我們的日常生活中。根據美國醫學博士威納威斯調查證實，通常在家庭栽種的 368 種花卉中，有 97% 都是對人體健康有益的，特別是那些含有香氣的花卉，因為花卉的香氣還具有防治一些疾病的功效。

### 一、有毒花卉

多年前，中國科學院院士、中國疾病預防控制中心病毒病預防控制所教授曾毅在報告中宣佈，經過對植物所含物質的促癌作用的研究，從 1693 種中草藥和植物中，共檢出 18 個科中的 52 種植物含有促癌物質，其中包括作為園林應用及盆栽觀賞的變葉木、紅鳳仙花、石粟、紅背桂、鐵海棠、紅雀珊瑚、滴水觀音、火殃勒、假連翹、鳶尾、黃花鐵線蓮等觀賞植物。此消息一經發佈和大量轉發，引起國內許多家庭養花愛好者的緊張。隨後有些人以訛傳訛，把“52 種含有促癌物質植物”變成了“52 種致癌植物”。有媒體還報導了這樣一則消息：有對夫婦都先後患了鼻咽癌，而他們喜歡養花，平時在家裡就種有其中的一些花，看到了“養花會致癌”的報導後，這對夫婦才恍然大悟，原來這些花就是引起鼻咽癌的罪魁禍首。這則消息被傳開後，更是引起許多人的恐慌，趕快就把家裡有種的這些花都扔掉。而在市場上，原來相當暢銷的鐵海棠和變葉木盆花，一時間也就變成了滯銷貨，生產者和經銷商大受損失。另外在一些住宅社區，由於變葉木、紅背桂等被作為綠化植物在社區大量使用，一些住戶甚至強烈要求物業管理部門把它們全部換掉，以維護自己的身體健康。

實際上，“家庭養花會致癌”這種說法是沒有科學道理的，這可以從兩個方面來進行解釋。首先，“促癌”不同於“致癌”。曾毅教授曾經解釋說，致癌物質可以直接誘發細胞癌變，而促癌物質本身不會直接導致細胞癌變，但能夠促進致癌物質或致癌病毒誘發細胞癌變，也就是說促癌物質只是“幫兇”，這在國內外的實驗中已經得到證實。但細胞癌變有其非常複雜的原因，不是說有促癌物質就一定會“致癌”。還有這樣一種現象，就是廣東人患鼻咽癌的機率較高。因此有人就研究會不會因為廣東人喜歡種花，跟經常接觸花粉有關係？其實進行這樣的研究是沒有必要的，很明顯喜歡花的都知道，歐洲、美國和日本人更喜歡買花養花賞花，那麼他們豈不是更加容易患鼻咽癌？而情況並非如此。另外也有調查發現，廣東人即使脫離了花粉的環境，比如在美國某一地區聚集了很多廣東居民，他們的鼻咽癌發病率也沒有降低。

其次，促癌物質不易進入人體體內。據說“促癌植物”不僅渾身上下都帶“毒”，而且種過此類植物的土壤都被檢測出含有致癌病毒和化學致癌物的啟動物質。如果室內外種有此類植物，人們有可能由於長期吸入花粉、塵土顆粒等原因引發癌症。實際上這種情況也是很少出現的。像變葉木、紅背桂、紅雀珊瑚、滴水觀音等都屬於非觀花植物，特別是家庭栽培數量都很少，而栽培的土壤也不容易產生灰塵，尤其是在用泥炭等無土基質進行栽培時。

除了“促癌植物”之外，還有不少十分常見的花卉也含有毒性不一的有毒物質。有毒花卉是泛指一些含有對人畜有毒物質的花卉，其有毒物質主要為生物鹼、配糖體、毒蛋白、揮發油、有機酸等，作用的部位可能是神經系統、呼吸系統、免疫系統、皮膚及黏膜或其他器官。在有毒花卉中，有的含一種毒，有的含多種毒；有的全株有毒，有的根有毒，也有的是枝葉、花朵、瓜蒂、果實、種子、樹液、球根有毒。花卉中的有毒物質大多數必須直接食用後，才會出現病徵；部分只需要吸入花粉，或者皮膚和眼睛接觸有毒汁液和花粉，就會引致中毒。其中以直接食用的後果更為嚴重，可產生一些生理異常的中毒現象，如喉舌發癢腫脹麻木、流涎、不能說話、噁心、胃灼痛、腹痛、嘔吐、腹瀉、出汗、呼吸困難、哮喘、驚厥、

心臟麻痺、痙攣、昏迷、休克、器官出血壞死等，嚴重者甚至窒息死亡。有些人對某些花的花粉過敏，通過呼吸道吸入花粉後，呼吸道粘膜受到阻礙性質的外侵物質刺激，會出現噴嚏不斷、眼淚鼻塞、流淚咳嗽、咽喉疼痛等症狀。皮膚接觸有毒汁液或花粉，則可能出現皮膚紅腫、起疹子、瘙癢、發炎甚至脫皮等現象。眼睛接觸則可引起結膜炎，嚴重的甚至失明。

在常見栽培的花卉中，有毒的花卉以天南星科的種類品種最多，如紅掌、馬蹄蓮、花葉芋、合果芋、一帆風順、滴水觀音、綠蘿(黃金葛)、春羽、龜背竹、白掌類、粗肋草類、蔓綠絨類、花葉萬年青類等等。天南星科植物都具有特殊的草酸鈣成分的乳汁，對皮膚有嚴重的刺激。大戟科多數種類有毒，存在於大戟科的有毒花卉也比較多，常見的如一品紅(聖誕花)、變葉木、紅雀珊瑚、龍骨、火殃勒等，其他科的常見有毒花卉則有夾竹桃、長春花、水仙、朱頂紅、石蒜、鬱金香、馬蹄蓮、虞美人、冬珊瑚、五色梅、紫藤、常春藤、杜鵑花、繡球花、鳶尾、橡膠榕、南天竹、含羞草、燕子掌、馬利筋、海芒果、黃蟬、軟枝黃蟬等等。

## 二、正確對待，不礙觀賞

一提到有毒的花卉，許多人就避而遠之，再也不敢買不敢養。實際上有些報導把其中一些花的毒性誇大了，如在發達國家十分流行的一品紅，在國內曾經一度引起人們的擔心。其實早在 1971 年美國俄亥俄州立大學就對一品紅的毒性問題做過專題研究，發現白鼠食用了特大劑量的一品紅葉片後，白鼠並未產生中毒症狀以致死亡。美國毒理通報也有體重 25 公斤的小孩攝入 500 - 600 片一品紅葉子，不會發生中毒現象的結論報導。其他調查結果也顯示，只有極少數人會對一品紅的白色汁液產生皮膚發紅或流鼻涕症狀。

以筆者的觀點，其實種植的不論是所謂的“促癌植物”還是有毒花卉，只要注意一下一些特別的情況，對人是不會造成任何傷害的。有毒物質進入人體，主要有三個途徑：一是口部進入，二是皮膚接觸，三是呼吸吸入。雖然這些花卉有毒，但是一般養花者都不會隨便去吃它，所以有毒物質通過口部進入人體的情況是很少見的。一般養花者也不會隨意去採摘花卉，所以直接接觸到其有毒的乳汁的情況也是很少的。另外，目前沒有證據表明有毒花卉中含有的有毒物質，會變成氣體通過葉片散發出來，這也就不存在人們通過呼吸吸入有毒物質的問題。因此，只要不吃、不摘、不接觸，“促癌植物”和有毒花卉是完全可以放心地拿來擺拿來養的。即使皮膚接觸到有毒汁液，因為接觸的量一般也很少，只要及時沖洗掉也就無礙。

當然，不怕一萬只怕萬一，特別是對於有小孩的家庭。2015 年就曾經有媒體報導，江蘇一位 7 歲的男孩以及河南一位 1 歲半的女孩，因為都是咬了滴水觀音的葉子而出現了中毒現象。為了盡量避免有毒花卉對人們造成中毒，筆者再提出幾點建議：一是在住宅社區不要種植有毒的花卉，如果有種植的則必須掛牌進行提醒或警告；二是對於賣花者來說，對有毒花卉要向買花者進行說明；三是有小孩的家庭不要購買有毒的花卉，還有帶刺的花卉，並且要教育小孩不要隨便採摘室內外的各種植物，更不要去吃；四是在對有毒花卉進行地插、修剪、換盆等操作時，要及時把手洗乾淨，如果在操作時戴上橡膠手套就更安全了。

最後還要補充一點的就是：目前一些媒體網路說丁香、蘭花、百合花、夜來香、鬱金香、夾竹桃、月季花、含羞草、紫羅蘭、鳶尾等花卉不能放在室內，因為其花香會使人出現不良反應甚至發病，這種說法也是不合常理或者是不完全正確的。例如像夾竹桃、夜來香等，實際上很少用於盆栽；夾竹桃、夜來香、丁香、含羞草、紫羅蘭、月季花等，因為屬於陽性植物而不適合在室內種植擺放；蘭花的香味一般並不濃烈，月季花很多的品種並不香或者只有淡香。即使是把這些花放在室內，因為一般數量都很少，其花香也很快就會擴散到空氣當中，因此其中又有多少花香會被人吸入？至於花香會使人出現不良的反應，這也只是對於少數人對於某些花而已。像國內外經常有舉辦的鬱金香、月季花、蘭花、百合花節或展覽，期間人們在花叢中長時間流連忘返，但是至今筆者也沒有見過其中因為花香而引起有人不適的情況報導呢。



## 綠野仁心

許卓倫，周家怡

**(標語：)**本文是加拿大兩位園藝愛好者的來稿，乃根據其朋友的園藝治療真事改編而成的故事，曾贏得香港康樂及文化事務署香港公共圖書館所主辦《二零一四年中文文學創作獎》兒童故事組的優異獎。作者希望通過這故事，分享綠化城市、綠化心靈的重要性。)

我叫芊怡，今年十歲。第一次見樂醫生是在醫院的花園。我滿臉淚水，瑟縮在紫荊樹後。夕陽斜照下，一個身穿白袍的男士穿過花卉步近。他溫暖的目光好像大哥哥一樣，我不期然呼叫：救命，有怪物追殺我！他輕拍我肩膀，又遞了一盆迷你薰衣草給我，說花語是平靜。

樂醫生扶我回病房後，向主診醫生拿了我這三個月的病歷。他一邊哼兒歌逗我睡，一邊細閱手上的資料。夜深了，他說了他童年的經歷我聽。朦朧中加上花的幽香，故事似夢也真。

樂啟文被小學開除學籍那天，天下著毛毛細雨。校長搖頭道：「他不但 IQ 評估全級最低，基本中英數、美術亦不合格。今天還在草地亂跑撞跌了女同學。抱歉，也許其它學校會適合他。」

樂媽在深井醫院做雜工，同事都叫她樂姐。她的座右銘是：困難是我的朋友，見得多便不怕！

下午趕返醫院後，她對啟文說：「別亂跑，媽下班回來找你。」

啟文在圖書館內坐了五分鐘，心中納悶，便決定四處走走。他一口氣跑上天台，又跑回地下。來到長廊的盡頭，他推開側門，清新的植物香氣撲鼻而來。啟文嘩一聲跳進小花園。「好漂亮啊！」他沿著圍欄跑，經過楓香樹，白玉蘭，康乃馨，牽牛花。花園中心有個小池塘，水面有荷葉和在暢泳的青蛙。一個戴簾帽的白鬚公公正在澆水。

啟文跪在花苗前，道：「伯伯，好得意！怎樣種的？」

「小朋友，叫我坤伯。你替我把這二十盤花苗搬到通爽的地方吧。放得對便教你。」

「一言為定！」

半小時後，坤伯見花盆全放在非常適當的位置，心中驚喜。最近好幾個來面試當園藝助手的人都擺錯了，也沒有這小朋友對花的熱誠。樂姐下班時得知啟文找到暑期工，嘖嘖稱奇。聽聞坤伯是醫院新來的義工，是新界園藝會的會長。雖然工資只是象徵式，但總比待在家看電視好。

晚上，樂姐寫信給幾間小學，希望會有消息。

第二天大清早來到花園，啟文以為會馬上學種花，哪知坤伯說：「今天第一課是畫畫。」

啟文驚道：「我很怕畫畫啊！」

「這是基本功。」坤伯打開一個木盒，遞了一個標本給他：「知道是什麼昆蟲嗎？」

「七星瓢蟲，婆婆說過是益蟲！」

坤伯提起粉筆，跪在石地上畫了一隻瓢蟲。啟文讚嘆：「好似！」也在旁邊臨摹一隻，哪知左右不對稱，有點三不像。他懊惱起來，把粉筆扔掉：「不畫了！」

「其實，我小時候也畫得不好，只要多磨練，便會進步。」

「我才不信！」

坤伯拿出一本厚厚的舊筆記簿，打開第一頁。上面有一團亂七八糟的顏色。「這是我師傅第一次教我認的花，猜猜是什麼？牽牛花。」

啟文捧腹大笑起來：「還以為是外星人！」

晴天雨天滋潤著大地，花苗日漸長大，而啟文在坤伯的薰陶下，也認得不少昆蟲和植物。一天，啟文搜捕

害蟲後，停在一盤花苗前說：「坤伯，這株花有病。」坤伯仔細檢查，發現有一片極隱閉的葉的底部有黑星病。他馬上剪掉這枝節，再塗上抗菌液。

「幸好發覺得早！你怎知花有病呢？」

啟文閉上眼若有所思：「這兩天經過這，不知為何心中總是忐忑不安。」

「第六感？」

這星期坤伯有急事去山東，臨行前把花園暫托啟文五天。他除下戴著的斑彩石項鍊：「這是我師傅六十年前送我的，現在借給你，你算是他徒孫啦！」啟文戴上項鍊，露出神氣的笑容。

大清早，啟文正在澆水，忽然有一把女聲說：太多水啦，窒息啦！

他愣了一愣，環顧四周，並沒有人。

「這邊！」聲音又來了。

他低頭一看，原來一株茶花在跟他說話。

「嘩！原來植物真的會說話！」啟文自幼都覺得花草是他的朋友，不禁手舞足蹈起來。

「其實你自小便能感應到花語。」茶花笑道。

啟文闔上眼，隱約聽到其他植物也在跟他打招呼。

茶花道：「謝謝你們治好我的病。能再幫我一個忙嗎？」

「沒問題！」

原來茶花想去馬鞍山找一種叫珀爾斯的花。聽聞這花近百年來第一次重現香港。第二天啟文便把茶花連盆放進背包，花頂則露在外，乘公車往郊野徑。

山徑上遇上十多名公公婆婆，啟文和他們閒聊，其中一名公公說：「我們行山幾十年，從沒聽過珀爾斯，你是不是搞錯了？」

來到山腰，迎面飄來一群蒲公英，茶花於是跟她們問路。

「前面轉左。」

和大隊道別後，山徑愈行愈斜，有些地方差不多要爬。啟文自小爬樹，所以也不覺得太難。

不久，來到一條山澗旁，茶花喜道：「找到了！」她對一棵像孔雀的植物說：「珀爾斯，妳好嗎？我是小茶花，請求賜予二十顆果實。」

珀爾斯彷彿聽若不聞，眼睛直瞪著啟文的項鍊：「你如何得這斑彩石？」

「是我師公的。」

「他的傳人，太好了！祝福妳們。」二十顆藍色果實辟啪墜落在泥土上。

來到山下已黃昏，啟文和茶花在一道石橋上一起欣賞晚霞。他買了冰淇淋，舀了一匙羹放入半杯水內：「請妳吃世界最美味的食物！」

「好好味啊！沖稀的奶和糖，是不錯的肥料耶。」

第二天晚上，啟文替茶花把一顆果實放進一盤牽牛花內。在幽暗中，花發出晶瑩的藍光，幻化成一株豬籠草。

啟文擦擦眼睛，目瞪口呆。

「珀爾斯是我們植物王國的變身花，其他花只要用她的果實，便可在夜間變成另一種植物。」

啟文又按照她的指示，將放了果實的花盤放在花園內外不同的位置。最後，他把茶花放在石像的掌心上，縱觀全園。

茶花已告知啟文鼠魔潛入香港的事。傳聞鼠魔是因生態和輻射污染而引發的變種生物，以吃花苗為生。上



星期新界一個苗圃深夜遭大肆破壞，被蒲公英發現了牠的踪跡，相信今夜便會來到深井。茶花叮囑啟文快點回家，哪知他晚飯後假裝去同學家讀書，又跑回來。

「我答應過坤伯照顧花園，我不怕！」

夜深了，天上繁星點點，四周不時傳來蟋蟀的叫鳴。夜風微涼，啟文替茶花的花盤紮了包書膠保暖，自己則坐在地上。

「師公是怎樣的人呢？」啟文好奇問。

「我們都是聽老師講的。二戰時日軍為防範游擊隊，殘害了不少植物。你師公每月冒險帶藥上山，救活了很多重傷的樹木，是我們王國的大恩人。」

驀地蟲聲停止了。

啟文手按腰包，戰戰兢兢行近圍欄，但見外面幽暗的空地上，閃爍數十對血紅的眼睛，正中佇立一個丈高的雙頭黑影。

傳來低沉的聲音：「八卦陣，雕蟲小技。」

一群黑鼠如潮水般湧過來。撲撲，欄外的豬籠草噴出臭氣，惡臭令黑鼠連連咳嗽，四散開去。一群較敏捷的衝上一棵小樹，欲飛身入園。這時欄上的七盤常春藤像八爪魚般揮動藤枝，嗖嗖把黑鼠凌空擊落。

啟文加入防線，把自製痕粉球拋進鼠群。幾隻黑鼠中彈後癢得滾地哇哇叫。兩頭黑鼠衝前狠噬豬籠草，只覺味道怪怪的，抬頭一看，怎麼變了曼陀羅花！黑鼠的嘴唇登時腫如紅腸，中毒仰天暈倒。

黑影一聲咆哮射出兩道紫電。兩盆常春藤從高處跌下爆破，變回牽牛花奄奄一息。幾頭黑鼠趁機跳入花園。哪知著地後卻同時哎喲慘叫，原來踏中仙人掌。

茶花發號師令：「楓香樹哥哥，滿天花雨。」驀地，數百片楓葉旋轉飛出，把其他凌空的黑鼠打到落花流水。

鼠魔怒喝：「可惡的小茶花！」啟文本能地飛身擋在茶花前，只見一道紫電正中胸前的斑彩石，化成閃耀藍光反射回鼠魔。鼠魔悶哼一聲拋上夜空，跌入兩哩外的樹林。眾鼠見主人敗陣，皆落荒而逃。

九月，樂媽收到仁義小學的入學通知，開心到睡不著。開學日，樂媽遇見校長，忍不住問：「你們為何會收阿文這樣笨的孩子呢？」

校長道：「我上個月胃病入院，每天從病房望下面的小花園，見一個小朋友風雨不改地照料花草。我便想，這樣有毅力的人，將來必能貢獻社會。後來我學長亦寫了推薦信給我。」

「學長？」

「他叫坤伯。」

我半年後終於出院。樂醫生研究的新療程治癒了我的病，他也因此得了年度醫學獎。

頒獎禮當日，我和家人被邀請坐在前排。

台上樂醫生接過獎牌，致詞時眼泛淚光：「這獎也屬於勇敢的芊怡和我小時候的好友和長輩。他們讓我明白到，就算只得一線希望，我們也要盡力幫助有需要的病人，學生，以及大地上的一草一木。」



## 與國際接軌，展望未來—— 美國園藝治療協會 2015 年度大會紀行

梁健恒 註冊園藝治療師，心理諮詢師

三年多前，我就開始關注園藝治療在世界各地的發展動向，當時對園藝治療還不是很瞭解，對香港園藝治療協會更是沒有接觸，但在資訊發達的互聯網，我收藏了幾個與園藝治療有關的網站超連結，如美國園藝治療協會、加拿大園藝治療協會、香港園藝治療協會、堪薩斯州立大學園藝治療專業等。當我進入美國園藝治療協會的網站時，完全沒有想到過有一天會親臨這個園藝治療發源地的年度大會現場呢。真是一段很神奇的緣分！

自從 2013 年 10 月在澳門結識了香港園藝治療協會會長馮婉儀女士以來，為了在中國內地推廣園藝治療，我們經常保持聯繫。兩年來，馮會長一直為傳播正統的園藝治療理念與知識不遺餘力，並推薦我作為國內園藝治療的代表，聯繫各方，共同推動園藝治療在國內的發展。鑒於對馮會長多年來努力的認可，美國園藝治療協會特授予其 2015 年度蕾亞·麥肯迪尼斯專業服務獎，並於 2015 年 10 月 9 號的年度大會上舉行頒獎儀式。馮會長是榮獲該獎項的第一位華人。我作為國內代表，與譚秀嫻老師陪同馮會長出席了這一盛會。

美國園藝治療協會 2015 年度大會於 10 月 9-10 號在俄勒岡州波特蘭市舉行。馮會長帶領我們一行三人於當地時間 10 月 5 號抵達波特蘭市。當天傍晚，我們就與本次大會的負責人 Teresia Hazen 共聚晚餐。馮會長與 Teresia 相識已久，兩人見面有種久別重逢的感覺。而 Teresia 也熱情親切地歡迎與款待我們。



左起：Maia · Connie · Teresia Hazen 和筆者



景色怡人的波特蘭市

在到達波特蘭之前，就聽馮會長講過波特蘭市的玫瑰園很有名，我還專門上網查過相關資料。果然，據有關資料介紹，波特蘭市的氣候特別適宜種植玫瑰，因此該市有“玫瑰之城”的美譽。而 6 號，我們的計劃就是到該市最有名的華盛頓公園裏的玫瑰園參觀。所以 5 號晚上，我就早早地休息了，期待次日的行程。波特蘭的秋天很漂亮，氣候也很宜人，難怪連續多年被評為美國最宜居的城市之一。6 號上午是一個大晴天。光是市區的街景就足夠搶佔我們相機的記憶體了。對於出生在祖國南方很少看到紅葉的我來說，這裏的樹葉紅黃綠三種顏色的比例，搭配得十分有畫意。這種搭配在街道，在廣場，在路邊，隨處可見，再襯上路旁一些多彩的花卉，整座城市被裝扮得像公園一樣，常常帶給我們許多驚喜和興奮。

下午我們終於來到了華盛頓公園，一條寧靜的綠蔭大道把我們帶到了玫瑰園的入口。玫瑰園在一個地臺上面，要登上一段臺階才能進入，臺階兩旁由兩棵茂盛的大樹護著，營造出一個拱門形的空間。兩個分別寫著 Rose Garden Amphitheatre 和 INTERNATIONAL ROSE TEST GARDEN 的名牌靜靜地立在臺階的左



側，以其最樸素的姿態迎接所有參觀者。登上臺階，視野豁然開朗，主幹道兩旁是一片分好區的玫瑰。粉紅、大紅、淺紫、淡黃、雪白、暗紅等等，各色玫瑰應有盡有，霎時間不知應該從哪裏看起。我們這個區走走，那個區停停，徜徉在玫瑰的海洋中。走近細看，哇，這些玫瑰的個頭比我伸出五指的手掌還要大，簡直是歎為觀止。也有一些是個頭小的品種，在主幹道中間一旁的小廣場上陳列著幾個花箱，裏面就栽植著幾種小個頭品種的玫瑰，跟剛剛那些氣派、震撼的大塊頭品種相比，這些小個頭的品種顯得嬌小可人，惹人憐愛，別有一番韻味。廣場中間有一木亭，裏面有一些展示牌，向遊人們展示園中數十種玫瑰的名稱、品種和照片。第一次認識到原來玫瑰有這麼豐富的品種！

從臺階進入的主幹道是整個玫瑰園的橫軸，從廣場處往下延伸，便是玫瑰園的縱軸。沿著縱軸往下走，會去到另一片園地。各色分區的不同品種的玫瑰，配上涼亭、噴泉和各款休憩長椅，再在各區出入口設置綠籬拱門，還有那片青翠的綠茵，上面輕輕躺著許多散落的玫瑰花瓣，猶如仙女飄逸的衣裳，高貴嬌嫩，讓你忍不住上前踏足，所有這些讓這片天地呈現得像天堂的迷宮一樣，既浪漫，又迷人。這裏真是一個讓人流連忘返的地方！賞著各色玫瑰，嗅著不同花香，穿梭於玫瑰花海之中，我們一直待到傍晚才肯離去。晚上在旅館休息時，我在微信的朋友圈中寫到“被



譽為‘玫瑰之城’的波特蘭果然名不虛傳，這裏的玫瑰園真的要親臨其境才能感受到她的魅力。玫瑰品種之豐富，數量之多，個頭之大，真的堪稱世界一流！”

7 號是陰天，有小雨。這天上午我們參觀了位於該市唐人街的一個中國園林——蘭蘇園。在祖國彼岸的美國能欣賞到自己國家的園林藝術，倍感親切。我感覺這是一個仿蘇州拙政園的園林，最明顯的是那條仿拙政園的跨水長廊——小飛虹。園中各種中式造園的手法和元素運用得恰到好處。尤其是在毛毛細雨的渲染下，更顯中國古典私家園林的恬淡與靜謐。看著許多西方人在這座中式園林中游覽，感覺很新鮮。而園外一些現代化的玻璃幕牆辦公大樓建築與這座中式古典園林在風格上形成了鮮明的對比。



下午我們進入了年會的前奏。在 Legacy Emanuel Children's Hospital 的療愈花園中，我們會見了多位來自世界各地的朋友，他們有些從事景觀設計，有些是醫生，還有醫院的經營者等等。我是第一次參加這種國際性的交流，不免有些緊張，但整個交流的氣氛還是讓人感覺輕鬆愉快。隨後我們參觀了這個療愈花園，除了見到很多在國內沒見過的植物外，設計者以人為本的設計理念也讓人印象深刻。緩緩上升的坡度方便輪椅的推行，寬闊大氣的玻璃窗方便室內人們觀賞到室外的花園景色，花園中豐富明亮的用色有助改善心情，等等。每一個細節都體現出設計者的細緻用心。



參觀療愈景觀基地是年會前的一個內容。8 號一整天，會方安排參加者參觀市內幾個有代表性的療愈景觀基地。首站是 Legacy Emanuel Children's Hospital 的兒童花園(昨天參觀了這醫院的第二層)。園中綠樹成蔭，開闊空間的噴泉與幽閉空間的休息區形成動靜結合的對比，園路佈置迂迴多變，不會讓人有走入死胡同和走回頭路的感覺。園中還佈置了不少具有童趣的



裝飾，諸如色彩斑斕的馬賽克大水牛雕塑、彩色花紋點綴的泥塑烏龜、小孩在打水洗澡的噴泉，還有多款



造型不同的彩色鳥屋等。這些點綴元素為整個花園增添了许多生氣和活力。

我們還參觀了位於這家醫院另一區的療愈花園 Oregon Burn Center Healing Garden (俄勒岡燒傷中心花園)。這個花園最獨特之處就是建了一個小型的有點卡通的模擬消防站，站內配備了一些簡單的消防用具。從消防站前經過，給人一種好奇、可愛的感覺。我想，這樣的構思也許有助曾遭受火災的人去坦然面對創傷吧。在離消防站不遠處的花園的盡頭，是一處噴泉水景，水景的正對面設有一張長凳，供遊人休息賞景。噴泉貼著假山石緩緩流出，浸潤了地面的一片卵石灘。卵石灘前有一塊碎石區域，裏面零星佈置了一些不規則的小岩石，岩石上及岩石與岩石之間長了幾種草本植物。植物、石頭與水景的搭配，頗具幾分禪意。而在空間分隔上，此處水景與消防站之間用闊葉的綠色喬木和灌木隔開，更顯水景處的寧靜。坐在長凳上靜靜感受，聽著潺潺的流水聲，心中感覺平和、安詳。

第三個參觀基地是“Trillium Family Services (延齡草家庭服務)”。這裏是一個很廣闊的空間，從入口處進去一看，大片綠草地展現在眼前，像一個高爾夫球場，遠處有一些農藝區域。一開始，機構負責人給我們介紹這所機構的情況，然後是到農藝區參觀。這是一所幫助有精神及行為問題的孩子和他們的家庭的機構。在這裏，孩子和家庭成員通過增加對自身的認識，學習新的知識和技能，發揮潛能，進而達到改善境況，重新融入社會的效果。在農藝區，我們接觸到了很多新鮮有趣的東西。首先是一個用鋪在地面的石頭擺成的迷宮，有兩位朋友還親自體驗了一回。在迷宮旁邊的另一區域，應該是親子樂之類的主題。區域內整齊地在地上劃分出十來個種植單位，每個大約 2~3 平方米，裏面按種植者的喜好而種有花卉、蔬菜、水果等作物。此外，還有一些立體的肉質植物園藝景觀造型小品。種植區另外一邊是玻璃溫室，裏面培育了多種肉質植物和蕨類植物。溫室外面的花境很是漂亮，多種不同顏色和形態的花卉搭配有序，就連行道上的石縫間也長出了青綠。以前我常在一些園林彩圖書上看到這些外國花境，讚歎他們怎能搭配得這麼美，現在是親眼目到了。



下午是到 Portland Memory Garden (波特蘭記憶花園)和一個長者社區參觀。Portland Memory Garden 是一個為幫助記憶障礙（如阿茲海默症）患者改善記憶功能及緩解其照料者壓力，由社會各界人士捐贈興建的花園。花園主要分為兩部分。靠近入口處的是以觀賞消閒為主的花園，園內多處設有高架式花床，可供輪椅使用者方便地接觸植物，還有開闊的草坪、涼亭、長凳等。休閒花園的後面是花卉蔬菜種植園。除了高架花床外，還有很多露地栽種的作物，如南瓜、番茄、西葫蘆、辣椒、玉米等，更有很多我從沒見過的可愛植物。使用者在園中通過接觸植物，耕作植物，以達到康復的效果。



相比記憶公園的療愈功能，長者社區則突出為長者提供的綜合服務。社區內建有很多長者共住房屋，每間屋內設有多個房間，每位長者單獨住一房間，而且屋內的居家設施非常齊全，給人家一樣的感覺，很溫馨。社區每天都安排專門的護理人員照料長者。另外還有專門的廚房，寬敞整潔，職員會安排組織長者動手做一些諸如小餅乾之類的廚藝 DIY，以提高長者的動手操作能力和增加生活樂趣。在戶外，社區也設有園藝種植區供長者親近大自然。社區的公共綠化也做得十分好，時花花壇、高大的綠葉喬木、草坪，供悠閒放鬆的親水木棧平臺等等，所有這一切都讓這個社區顯得平靜、和諧，為長者提供了一個非常舒適的生活環境。





這一天下來，行程緊湊，收穫也是滿滿的。療愈花園的概念之前只是在馮會長的中高班課程中接觸過，但這一次是實實在在的到實地體驗了一回。雖然還未能精通設計的技法，但至少是增加了許多感性的認識。目前國內還沒有成熟的療愈花園，相信這次美國之行的見聞，能為我們日後在國內的推廣起到指南針的作用。

美國園藝治療協會 2015 年度大會，在 9 號這一天正式開始。舉辦地點在波特蘭市的紅獅酒店 (Jantzen-beach Red Lion Hotel)，建於河畔，風景優美。會場設在酒店端莊大氣的會議大廳，有一百多人出席了這次大會。會議先由美國園藝治療協會主席 MaryAnne McMillan 向大家致歡迎辭，然後由 Roger Ulrich 博士做主題報告：*Measuring Benefits of a Garden for Hospital Populations*，向我們介紹了最新的研究進展。接下來，是各個分會場的論壇時間。這一天，我參加了五個專題論壇，包括 *Therapeutic Horticulture Practice for People with Intellectual Disabilities : Collaboration with Volunteers*, *Horticultural Therapy and Music Therapy as Interventions for Sundowning in an Adult Day Program*, *Designing, Programming and Assessment Tools in a Behavioral Health Therapy Garden*, *The Healthcare Garden Evaluation Toolkit* 和 *Quantifying the Effects of HT on Military Veterans in Central New York*。各個論壇分別從不同的方面介紹了園藝治療的具體應用，可見他們非常注重實際操作。

在傍晚的酒會和晚餐過後，大會就進入了正式的年度總結、財務報告和頒獎儀式。頒獎儀式中，主持人為各個在研究和實踐領域作出傑出貢獻和取得突出成績的會員頒發不同獎項。我非常榮幸地親歷了香港園藝治療協會馮婉儀會長接受 AHTA 授予其 2015 年度蕾亞·麥肯迪尼斯專業服務獎的難忘一刻。她是首位被授予該獎項的華人。這個獎凝聚了她多年來在香港、澳門以及中國內地推廣和發展園藝治療的努力，期間經歷過無數艱辛，同時也懷抱著未來在大中華地區更完善地發展園藝治療的偉大夢想。

10 號是大會的第二天。跟 9 號一樣，在各個分論壇前先是主題報告，由 Mike Wetter 和 Philip Wu 博士主講：*What if Your Garden Spanned Four Counties? Using Nature and Civic Innovation to Create Health at a Metropolitan Scale*，向我們傳遞了一些新的理念。主題報告結束後，我參加了多個不同專題的論壇，其中包括有馮會長介紹香港園藝治療發展的 *Planting for Well - Being : HT Programs in Hong Kong*。

這兩天來參加大會，真讓我獲益良多，更讓我感受到在美國園藝治療已經相當普及，並且發展非常快，無論是研究還是實踐，都體現了園藝治療的應用面非常廣泛。隨著大會結束，此次美國之行也到了尾聲。但行程的結束從另一方面講卻是新的開始。我們將帶著這次行程的見聞和感受回國，為在中國推廣正統的園藝治療堅定了方向。同時，我們也有緣認識了一些來自亞洲其他國家和地區的好朋友。除了我們中國內地和香港的朋友外，我們還結識了來自臺灣、日本和韓國的多位友人。這幾天我們常常利用會後時間相聚，一起探討在亞洲地區建立園藝治療聯繫網絡的可能，希望能在這幾個國家和地區之間增進交流和聯繫，並且參照美國園藝治療協會的標準，把園藝治療做更大範圍的推廣和普及。至於我個人，將進一步加強園藝治療的理論學習和實踐技能的鍛煉，並在實踐中尋求突破與創新，力求與馮會長一起把中國傳統文化融入園藝治療中，作一本土化的融合。

再次感謝馮婉儀會長給我的支持，讓我有幸見識到當今園藝治療在國際前沿的發展情況。同時也感謝有緣結識的多位美國朋友，他們的熱情和友善讓我們感覺非常真摯和溫暖。讓我們一起展望未來，共同期待明天會更好！

# 2015 年 7 月- 12 月活動剪影 Activity Snapshots 2015 July – Dec.

## ~ 香港園藝治療協會本地活動 ~ HKATH Local Activities

### 簡單就是美-壓花工作坊

司徒素琮 註冊園藝治療師

壓花活動是園藝治療眾多介入活動的其中一個重要類別，2015 年 8 月 15 日協會就主辦了壓花工作坊，為會員介紹壓花的歷史、自製壓花的簡單方法和秘訣等。雖然我們可以直接從工藝品店購買現成壓花，但自製壓花本身也可以作為園藝治療活動，很值得認識和學習。為了選擇適合的壓花活動，園藝治療師必須評估服務對象的需要和能力，然後設定目標和設計活動方案，以求達到治療的效果。以自製壓花來說，我的經驗是不需要太複雜和昂貴的花材。只要挑選簡單的和容易使用的鮮花、樹葉，將它們夾於吸水紙或厚圖畫紙(例如水彩紙)之間，然後再放入一本厚厚的書中並加重壓。待充份乾燥之後，便可以直接用於各類型壓花活動當中，如製作壓花圖畫、卡片、鑰匙扣等。

### *Simple is beautiful: Pressed Flower Workshop*

Sze To Soo Kheng, RHT

Pressed flower activities are common interventions in HT. Although we can find ready-to-use pressed flowers from craft shops, it is a valuable asset to us if we know how to make them ourselves. So, on 2015 August 15 HKATH organized a *Pressed Flower Workshop* for members to learn the history of pressed flowers and how to make them on their own. To choose a suitable pressed flower activity, horticultural therapists have to assess clients' needs and abilities, then set up the objectives and design the intervention protocol to achieve therapeutic effects. Considering the making of pressed flowers, from my experience, it is not necessary to use expensive plants. Rather, we should use plants that are simple and easy to handle. Just pick flowers or leaves and place them between pieces of blotting paper or thick drawing paper (watercolor paper), then put them in a thick book and press it with some weight. Once pressed and dried thoroughly, they can be used for activities such as making a pressed flower picture, card or key holder, etc.!





## 齊來感受「桌上感官聖誕樹」

司徒素琮 註冊園藝治療師

大腦是如何處理來自多個感官的刺激的呢？感官刺激包括五感的視覺、聽覺、觸覺、嗅覺和味覺刺激。通過感官刺激，大腦可以將涉及的所有刺激輸入成為連貫的知覺，最終和我們身處的環境產生互動。2015 年 12 月 16 日和 23 日，協會分別主辦兩場《桌上感官聖誕樹》園藝治療實務技巧分享會，活動過程就充滿了感官刺激和互動。沈田玉小姐教大家先後利用肉桂和松果砌出新奇又漂亮的迷你聖誕樹，一次過帶來多重感官刺激；活動亦富於挑戰性，要求大家專注投入、上肢大小肌肉靈活、手眼協調良好，還要發揮創意和美術觸覺，才可以造出精緻悅目的作品。

### *A World of Sensory Stimulation :* **Table Sensory Christmas Tree Workshop**

Sze To Soo Kheng, RHT

Sensory processing deals with how the brain processes sensory input from multiple sensory modalities. These include the five classic senses of vision (sight), audition (hearing), tactile stimulation (touch), olfaction (smell), and gustation (taste). Through sensory processing, the brain can relate all sensory inputs into a coherent percept, upon which our interaction with the environment is ultimately based. On 2015 December 16 and 23, HKATH organized two workshops involving a great deal of sensory stimulation: *Table Sensory Christmas Tree Workshop*. Our instructor Ms Emily Shum taught members how to use cinnamon and pine cones to create two beautiful mini Xmas trees which can be placed on your table top. The processes were great fun and a bit challenging, and required high concentration, good eye-hand coordination and fine motor skills, and also creativity and aesthetic sense in order to get satisfactory results.



## 園治你心

譚秀嫻 註冊園藝治療師

2015 年 12 月 8 日，香港園藝治療協會、聖雅各福群會延續教育中心及新生精神康復會合辦《園治你心》專題講座和工作坊。專題講座的時間是早上 9：30 -12：30，共分四節，會長 Connie 是首位講者，她讓我們了解園藝治療與情緒健康的關係，當中提到「專注力恢復理論」，指出大自然神奇的力量讓我們從疲倦中恢復過來，能再次專注到我們的工作。其後邀請了台灣大學園景學系的張俊彥教授為我們講解治療性園景對心靈有何影響，當中也有很多園藝治療的理論與研究，讓我們知道園藝植物和景觀對我們情緒的正面改變。新生精神康復會的莫艷萍小姐(Ide)則介紹有關情緒障礙的知識和園藝治療對預防及治療情緒障礙的應用。最後是新生會的金駿業先生(Michael)為大家介紹情緒評估的概念和在園藝治療活動中的應用。

下午有三個主題的工作坊同步舉行，將理論和實踐結合在一起：(一)治療性園景，由張俊彥教授帶領，讓參加者通過實操，了解設計實證為本的治療性園景之要素；(二)香草花園(組合盆栽)和(三)心花露放(聖誕花卉擺設)；兩者都配合了 Michael 的講解，如何運用植物做情緒評估，令到工作坊與大會的主題更貼近。「香草花園」分為兩個場地，分別由 Michael 和我、梁健恒(Ken, HTF)和黃達洋(Neville, RHT)帶領。我們準備的香草包括薄荷、香蜂草、香葉萬壽菊、紫葉羅勒、牛至等，各有獨特迷人的香氣和吸引的形態，不單能引起參加者的興趣，也放鬆了大家的情緒。「心花露放」工作坊則由 Ide 帶領，她運用豐富的花藝知識和技巧，帶領參加者造出配合節日的美麗擺設，不只提供了多樣的視覺刺激，更帶領大家進入開心、興奮和忘我的境界。

為了準備工作坊的活動物資，我和兩位義工朋友，會員曾翠凌(Annsears)和國內會員左浚銘，於前一天下午就開始分配物資，兩場的香草花園工作坊雖然只有 78 人，但要細分的部分也十分繁瑣。分配物資，令活動過程順利亦是一大學問，分門別類，擺放位置，最後總共花了 4 小時，將所有物資準備好了，發現好像一個小山丘似的，頗為壯觀呢。第二天早上再提早一小時到達現場，作最後的準備，分送到兩個場地，感謝翠凌和浚銘的幫忙，令活動順利進行。

這次的專題講座讓我再次看到愈來愈多香港人認識園藝治療，參與的人數日益增加，期待將來我們在香港及更多大中華地區有更多場的講座、研討會，大家一起發光發熱，致力讓園藝治療在中華大地上茁壯成長。



張俊彥教授講解治療性園景對心靈的影響和帶領工作坊

Professor Chang speaking about the effects of therapeutic landscapes on one's mind and leading the workshop



## Horticultural Therapy and Mental Health

Maia Tam, RHT

On December 8, 2015, HKATH, St. James' Settlement Continued Education Centre and New Life Psychiatric Rehabilitation Association (NLPRA) co-organized the *Horticulture Therapy and Mental Health Topical Seminar and Workshop*, a full-day event. The seminar was held in the morning from 9:30 to 12:30 and began with a presentation by our President Connie Fung. Connie spoke about the relationship between HT and emotional health and mentioned the Attention Restoration Theory which asserts that people can concentrate better after spending time in nature. Next, our guest speaker, Professor Chang Chun-yen from Department of Horticulture and Landscape Architecture, National Taiwan University, spoke about the effects of therapeutic landscapes on one's mind. Prof. Chang's presentation was based on many theories and researches, and assured us that plants and green landscapes definitely have positive effects on our emotions. In the third and the last sessions, occupational therapists Ide Mok and Michael Kam from NLPRA spoke about the application of HT to help clients with mood disorders, and the assessment of emotions in HT activities.

There were 3 workshops in the afternoon with different themes for participants to choose. The first was the *Therapeutic Landscape Workshop* in which Professor Chang taught participants the basic ingredients of a therapeutic landscape through hands-on activities. The other two were the *Mini Herb Garden Workshop* and *Christmas Floral Decoration Workshop*, both incorporated the ideas of using plants for emotions assessment which participants learned in the morning. The instructors of the *Mini Herb Garden Workshop* included Michael and I, Ken Liang (HTF) and Neville Vong (RHT). We used mint, lemon balm, Lemmon's marigold, purple basil and oregano, etc. to make the herb garden. Their attractive appearances and unique scents successfully aroused participants' interest yet relaxed their emotions. The *Christmas Floral Decoration Workshop* was led by Ide. She demonstrated her professionalism, superb knowledge and skills and taught participants to make their unique Christmas decorations. The process was full of fun and excitement and the finished products were so beautiful.

Two volunteers from HKATH, Annsears Tsang and Jor Chun-ming (from Mainland China) helped me in preparing the materials for the herb garden workshops. It required us considerable efforts as we knew effective preparation and distribution of materials is an important factor for running a workshop or HT session smoothly. Thank you, Annsears and Chun-ming!

The event confirmed my observation and belief that more and more Hong Kong people are interested in horticultural therapy. I sincerely hope that we can organize more seminars and workshops in different places in Greater China, to promote HT and let the power of plants invigorate more peoples' body and mind.



# 中國內地及澳門園藝治療發展 HT Development in Mainland China & Macau

## 中國內地 Mainland China

## 澳門 Macau

### 7 月 July

- 25, 26/7 花葉拓印園藝治療工作坊：廣州  
Leaf Pounding HT workshop : Guangzhou  
27/7 香味飄飄園藝治療工作坊：佛山  
Herb Bags HT Workshop : Foshan

### 8 月 August

- 2, 3/8 園藝治療簡介工作坊：貴陽  
Introduction to HT Workshop : Guiyang  
4/8 社區長者園藝治療小組示範工作坊：貴陽  
Demonstration of HT Group for  
Community-Dwelling Elderly : Guiyang  
29, 30/8 園藝治療基礎證書課程：東莞  
Certificate in Basic HT : Dongguan

### 9 月 September

- 1-3/9 園藝治療推廣及考察：上海  
HT Promotion & Study Tour : Shanghai  
4-6/9 園藝治療推廣及考察：南京  
HT Promotion & Study Tour : Nanjing

- 12/9 園藝治療工作坊：  
仁伯爵綜合醫院、澳門精神科醫學會  
Introduction to HT Workshop :  
Centro Hospitalar Conde de São Januário,  
Macau Psychiatric Association

### 10 月 October

- 23-27/10 園藝療法與康復景觀高峰論壇暨園藝治療  
學部第一屆學術與實踐研討會：北京  
HT & Rehabilitation Landscape The 1st  
Academic & Practical Seminar of Department  
of HT : Beijing

### 11 月 November

- 31/10, 1/11 園藝治療基礎證書課程：深圳  
Certificate in Basic HT : Shenzhen  
27, 28/11 園藝治療基礎證書課程：廣州  
Certificate in Basic HT : Guangzhou  
14, 15, 21, 22/11 園藝治療中級證書課程：澳門明愛  
HT Intermediate Certificate Course :  
Caritas Macau

### 12 月 December

- 29/11, 5, 6, 19, 20/12 園藝治療活動實務操作證書課程(理論及  
實習課)：廣州  
Certificate in HT Practice (Theory &  
Internship) : Guangzhou  
12, 13/12 園藝治療基礎證書課程：  
澳門弱智人士家長協進會  
Certificate in Basic HT : Associacao dos  
Familiares Encarregados dos Deficientes  
Mentais de Macau



## 佛山市園藝治療實務分享和培訓實錄

麥舜欣 香港園藝治療協會行政秘書，助理園藝治療師

2015 年 7 月 25 日下午，本會會長馮婉儀一行五人到佛山市第五人民醫院，應邀參加佛山市福康社會工作服務中心的園藝治療實務分享會。參加者當中有許多來自社福界、從未接觸過園藝治療的朋友。福康中心同工首先分享了應用園藝活動幫助康復者治療身心的個案，馮會長就個案作出點評並介紹園藝治療的概況，其後園藝治療師譚秀嫻(Maia)介紹園藝治療的應用，並帶領在場參與者製作「香味飄飄」香包。參加者製作了形狀不一的香包，不同香草的味道讓大家感到新奇。參加者有的將香包贈予朋友，有的自己保留。其後園藝治療技術員梁健恒向在場參加者分享了香草的園藝治療效益。分享會後，一行人參觀了第五人民醫院的康復花園，與福康中心的督導黃田鳳及社工共同探討花園的可持續使用，及如何改造成具療愈作用的花園。

從此次分享會，我們看到福康的社工很用心地設計園藝活動，並帶領康復人士通過種植植物和植物手作調息身心，並感受生命的多元。而生命影響生命，正源於園藝治療師對植物、對自然、對園藝活動過程的體悟，將體悟傳遞給有需要的人士，讓他們回歸自然，回到自我心靈的港灣，停下來，整理經歷中的酸甜苦辣，再重新出發，開啟人生下一段旅程。真期待國內有更多社工應用園藝治療服務大眾，讓更多人獲得自然賦予的能量！

## HT Sharing Workshop in Foshan, Guangdong

Lynn Mak, AHT, Administrative Secretary of HKATH

Our president Connie Fung and four HKATH members were invited by Fu Kang Social Services Centre in Foshan to participate as speakers and instructors in their Horticultural Therapy Practice Sharing Workshop on July 25, 2015. The event took place in the 5th People's Hospital of Foshan City. Many participants are working in the social services sector and have not been exposed to HT before. The workshop began with a sharing session where Fu Kang's social workers spoke about their experiences of applying HT to rehabilitation clients. Connie then shared her perspective on the cases reported. After this Maia Tam, experienced horticultural therapist from HKATH, gave a concise introduction to HT and then taught participants how to make a beautiful herb bag. Participants were so excited and delighted to smell the different herbs and they created herb bags of different styles too. Some said they would use the herb bags as gifts while others loved their creation so much that they decided to keep for themselves. Ken Liang, HT facilitator, also spoke on the therapeutic effects of many kinds of herbs. After the workshop, we visited the rehabilitation garden of the hospital with Fu Kang's supervisor Ms. Huang Tianfeng and social workers. We talked about the sustainable use of the garden and ways to enhance its therapeutic effects.

We can tell from the sharing session that the social workers at Fu Kang have spent great efforts to design and lead HT programs, to help rehabilitation clients improve their physical and mental health through growing and doing plant crafts. Their enthusiasm is characteristic of horticultural therapists who often have great appreciation of nature and get insights from plants and horticulture, and seek to share their insights with those in need. To some clients, engaging in horticulture has even become a refuge for the weary soul, through which they can take a break, reflect on life and then restart their journeys. We sincerely hope that more social workers in Mainland China can apply HT in their services, to let more people feel the healing power of nature and plants!

## “花葉拓印”之魅力

劉夢華 註冊園藝治療師，廣州市家康社會工作服務中心總幹事

麥舜欣 香港園藝治療協會行政秘書，助理園藝治療師

謝倩瑩 園藝治療技術員

人人都喜歡花，沒有人不認為花是最美的。從一朵花裡，人人都可以看到自己生命的狀態。

最近參加香港園藝治療協會主辦的“花葉拓印”工作坊，工作坊前兩天，知識淺薄的我才從團體隊員口中得知“拓印”的“拓”讀“tà”（編者按：粵音則為“塔”），讓我深深感受到中華文化的精深淵博——所謂拓印，也稱“拓石”，指現在的“碑帖”；就是把石碑或器物上的文字或圖畫印在紙上，也可用紙緊覆在物體（如植物的葉等）表面，將其紋理結構打拓在紙上。

2015 年 7 月 26 日工作坊當天，活動緊鑼密湊進行著，團隊中每個人都忙得不亦樂乎。我全然沒有想到工作坊能夠吸引這麼多人（84 人）報名的興趣，且現場出席人數更超出報名名單。縱觀現場，整個房間都坐得滿滿，學員表現得認真而有序，於此，可以看到園藝治療家族的不斷壯大。

活動於早上 10 點準時開始，主要分為六小部分進行：首先，經主持人，深圳市恒愛家庭服務中心總幹事臧切兒(Coco)簡單介紹後，協會會長 Connie 就香港園藝治療協會、園藝治療的概念及發展、園藝治療的應用概況等作出介紹；二是我們資深社工劉夢華的滾石拓印介紹以及示範；第三部分為 A、B 兩場地參加者的活動操作，以布料做拓印；第四為分享部分；第五則是由資深心理諮詢師梁建恒(Ken)簡單介紹園藝治療效益；最後，註冊園藝治療師兼導師譚秀嫻(Maia)介紹花葉拓印在園藝治療上的應用。與以往工作坊不一樣的是，每個人所負責的工作分工較明顯；時間把握恰到好處，分工合作的方式提高了效率，同時團隊的合作精神也大大增強。



令我最為感動的是第三部分的活動現場操作階段。參加者分成不同小組，組員經過前面學習，多少知悉拓印的步驟；每個人坐下來看到桌面上的工具就已經有點按捺不住當下的小興奮，小組之間已經熱開一鍋。活動期間，有些組員從不吝嗇自己的讚美，觀察到其他組員的作品的時候，及時給予讚美。有些組員則開動腦筋，發揮創意，將自己的姓印在布料上。組員之間都能夠互相照顧，例如諮詢對方的喜好主動去剪花，或者把自己的經驗、心得與其他人分享，使得整個氣氛很是融洽。我記得其中有個媽媽帶著小孩子，她先是要求孩子按照自己的想法去做，經過察覺後，放手讓女兒發揮創意去實現自己的作品，後來這位媽媽分享自己感受，說讓女兒自由發揮反而收穫到意想不到的效果，因為從中看到女兒自己的想法和創意。一個小時的活動期間，參加者不僅僅收穫了友誼，也收穫了愉悅和內在的發現。看到滿滿的愛意和每個人無限的創意，我真的很開心，不管是花葉給予我們的感染力，還是人與人之間互動的關係，總之，這個過程是溫暖的。

或許說，花葉只是一個工具，一個傳遞和連結的工具，但重要的是使用工具的人，使得工具發揮它的美，以及使用時的自我發現和觸動。因為美，是看不見的。美，其實是你端坐在那個地方，對於身邊周遭大自然的變化，有生命的祝福和感受在裡面；比如你發現一朵花開、一棵植物的發芽。美，這個字，回歸到本質上，大概是一個最基本的生命認知過程，美，是主觀和客觀的對話。植物的魅力如同人，有生命，會“說話”，只不過他擅長用生長、枯萎來表達他的生命強弱。同樣他們也需要“骨骼”作支撐，當我們的滾石壓下去一剎那，他也會做出“反抗”，發出“吱吱”的聲音。但是，經過一番錘煉之後，成就了一幅幅美麗而有故事的作品。當然，作品完成是雙方作用的，如果只是單靠花本身的美或是人來說，是不可能展現眼前的美景。所以說，相互的作用、相互的扶持、相互的融合，共同發揮本質的東西才能成就輝煌。



## What a Wonderful World of Leaf Pounding

Liu Menghua, RHT, General Secretary of Guangzhou Jiakang Social Work Service Center

Lynn Mak, AHT, Administrative Secretary of HKATH

Xie Qianying, HTF

HKATH organized the *Leaf Pounding Workshop* on July 26, 2015 in Guangzhou. I was one of the participants and was amazed to see that the workshop attracted so many people. 84 people enrolled and even more people showed up! The activity rooms were filled up with participants in a short time. The workshop started on time at 10 am in the morning. There were 6 sessions. After the welcome speech by Coco Zang, founder of the co-organization, our President Connie Fung led the first session which introduced horticultural therapy and its applications, and also information about HKATH to the audience. In the second session, Liu Menghua, experienced social worker, taught and demonstrated the actual process of leaf pounding. The third and fourth sessions were the hands-on activity itself and follow-up sharing from the participants. Ken Liang, experienced psychological counsellor, led the fifth session and spoke about the many benefits of HT. Maia Tam, horticultural therapist and trainer, led the last session and focused on the applications and benefits of leaf pounding in the context of HT, as a fitting summary to the workshop.



What impressed me the most was the hands-on activity session. Participants worked in small groups. Everyone looked excited and eager to try leaf pounding. During the process, I could see group members helping each other to achieve the best results. They would share experience and tips and compliment each other on their nice work. A sense of harmony prevailed over the workshop. A particular instant which I remembered clearly was when a mother asked her child to follow her suggestions. After some observation and reflection, she let her daughter do it on herself. In the sharing session, the mother said that her daughter's free creation was indeed better, as it could express the child's own thoughts and ideas.

The one-hour long activity session was very rewarding. The process itself was great fun and the products were so beautiful! Many participants had made new friends with group members. I was very glad to see so much creativity, warmth and kindness there. I could also see that plants are important means and media to help people connect with each other, express oneself and discover one's inner world. What a wonderful world of leaf pounding!

## 內地園藝治療初探研討會—北京四日之行

麥舜欣 香港園藝治療協會行政秘書，助理園藝治療師

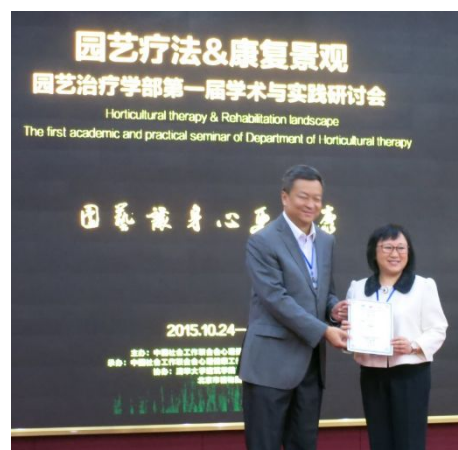
2015 年 10 月 24-27 日，本會會長馮婉儀及團體一行三人受邀出席“園藝療法與康復景觀高峰論壇暨園藝治療學部第一屆學術與實踐研討會”。此次大會由中國社會工作聯合會心理健康工作委員會主辦，清華大學建築學院和北京市植物園協辦。在會上，馮婉儀會長獲委任為中國社會工作聯合會心理健康工作委員會園藝治療學部名譽顧問，並在會上分享了《邁進專業性--園藝治療及實證為本實務》的專題報告。

從 24、25 日的活動中，我們瞭解到國內園藝治療發展的現狀，處於起步探索階段，更多是透過園林景觀和生態養生的角度去探索園藝治療的使用空間，最為吸引我的是“三個群體的康復花園案例對比”，講者講述了抑鬱婦女、老年癡呆長者、自閉症兒童在三種康復花園的使用情況、康復花園對三類群體的特殊設計及專業人員帶領操作的活動空間設計，讓我清楚看到「康復花園」這構思在國內落實與發展的潛力。26 號下午，馮會長帶領團隊，給國內來自高校、園林、社工界、醫務界等不同行業的參加者報告了園藝治療的應用及案例分享。

此行除了參加會議，我們也參觀了北京植物園的櫻桃溝(自然保護教育區)和園內的園藝治療福祉園。大家置身自然中，感受人與自然的互動，美景當前，心情舒暢，也為緊密的行程帶來短暫的放鬆。植物園得天獨厚的自然環境，我們行走其中都發現很多適合園藝治療之用的素材，旅途之餘不忘收集各類紅葉和形狀各異的樹皮，滿載而歸。四日的行程，讓我們瞭解國內園藝治療發展形勢，並與不同行業人士交流，也為進一步引進園藝治療專業知識到國內，做好充分的準備。

心理健康工作委員會副主任、總幹事林平光先生  
頒發證書予馮婉儀會長

Mr. Lin Pingguang, Deputy Director of MHC and Connie



## Horticultural Therapy Conference in Mainland China

Lynn Mak, AHT, Administrative Secretary of HKATH

Our President Connie Fung was invited as a guest speaker in the Horticultural Therapy and Rehabilitation Landscape - The First Academic and Practical Seminar of Department of Horticultural Therapy held on October 24-27, 2015 in Beijing. It was co-organized by the Mental Health Committee (MHC), China Federation of Social Work, School of Architecture, Tsinghua University and Beijing Botanical Garden. On the first day, Connie Fung was commissioned as the Honorary Advisor to the Department of Horticultural Therapy of MHC, and gave her presentation on “Moving towards Professionalism – HT & Evidence-based Practice”.

During the first two days, we learned from various speakers that horticultural therapy in Mainland China is in its initial stage of development, with considerable efforts put into applying HT in landscape garden settings. I am most impressed with a presentation which compared the use of rehabilitation gardens by depressed women, autistic children and elderly people with dementia. The speaker also spoke about the special designs of rehabilitation gardens for these 3 target groups and the design of activity spaces for professional caregivers. The presentation showed the potential of rehabilitation gardens in Mainland China. On the third day, Connie gave a presentation on the application of HT to different types of clients. The audience included people from different sectors like education, social work and medicine. Apart from participation in the conference, we also visited Cherry Valley (a nature reserve) and the Horticultural Well-being Garden in Beijing Botanical Garden. This gave us a short break from the tight working schedule. We felt a deep connection with nature as we immersed ourselves in the beautiful natural world. We also found many good stuff suitable for HT purpose and busily collected all kinds of red leaves and tree bark as we walked through the gardens. The 4-day trip gave us a valuable opportunity to learn about the development of HT in Mainland China and meet people from different fields. It also prepared us for our further work of promoting HT knowledge to Mainland China.

左圖：參加者正在修習園藝治療初級課程  
Participants learning about HT

右圖：暢遊北京植物園  
Visiting Beijing Botanical Garden



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如有意就園藝治療資訊投稿或提供意見，歡迎電郵至 [info@hkath.org](mailto:info@hkath.org) 與吳小姐聯絡。(投稿人交來圖文必須持有版權，不可轉載，並註明投稿人真實姓名、電話及電郵地址。)