編者的話  Message from Editor

一元復始，萬象更新，筆者先代表香港園藝治療協會仝人恭祝各位讀者在2017丁酉雞年身心康泰、神采飛揚！2016年，協會發展穩步向前，更主辦了中國內地首屆園藝治療及療癒景觀國際學術研討會。有關報導詳見本期會訊的兩篇特稿(P2-8)，讀者從中可窺見會議的鼎盛陣容與豐富內涵。專題部分，筆者就撰文分享協會與不同大學及醫療、社福機構的合作研究項目(P9-12)；此外一如既往，轉載韓國學者朴信愛博士(Sin-Ae Park)的科研論文(P13-17)，本期一篇是探討園藝治療對改善智障兒童的專注力與社交適應方面的效益。對於智障人士及其他有特殊障礙的服務對象，適當的運用改良式工具不可或缺，故筆者亦以專文分享相關的經驗(P18-20)。除了我們有份主辦的廣州研討會之外，筆者與沈田玉、司徒秀worthy三位園藝治療師亦參加了美國園藝治療協會的年度大會和韓國園藝療法國際研討會和會議，並請他們共撰有三篇文章(P21-28)，分享了到美、韓交流期間的精采見聞。當然少不了香港和國內同工，包括賴瑞琼、林惠騰、樊庭輝、沈田玉、梁健恆、麥舜欣、方彩帆和李志波諸君對協會各項活動的報導和分享(P28-36)。衷心感謝各位的努力！

On behalf of myself and HKATH, I would like to wish all of you a great Year of the Rooster! May your days be filled with happiness and blessings! In 2016, HKATH has made steady progress in all major areas, and we are so proud to have hosted the 1st International Conference on Horticultural Therapy and Therapeutic Landscaping in Guangzhou. Readers can get a glimpse of the rich contents of the conference from the two Feature Articles (P2-8). As evidence-based practice is becoming increasingly important, we would also like to introduce readers to the many researches in HT involving HKATH (P9-12). As usual, Dr. Sin-Ae Park has kindly let us reprint another one of her research papers (P13-17), which investigates the effects of HT on the attention and sociality of intellectually disabled children. For such clients and those with other disabilities, the appropriate use of adaptative gardening tools is often indispensable, and interested readers can refer to an article devoted to adaptative tools on P18-21. In addition to the Guangzhou conference, RHTs Emily Shum, Soo Sze-to and I have also participated in American Horticultural Therapy Association Annual Conference 2016 and the Korean Horticultural Therapy International Symposium and Conference. You can learn of Emily and Soo’s adventures in the two countries from their articles (P22-28). Last but not the least are the 8 articles (P28-36) contributed by our colleagues and members from HK and Mainland China, including Carmen Lai, Terence Lam, Ivan Fan, Emily Shum, Ken Liang, Lynn Mak, Caifan Fang and Zhibo Li to share their experiences and reflections in the events hosted by HKATH. My heartfelt thanks to you all!

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The 1st International Conference on Horticultural Therapy and Therapeutic Landscaping in Guangzhou, China, 9-10 July 2016*

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Published by the American Horticultural Therapy Association (www.ahta.org).

On 9-10 July, 2016, The Hong Kong Association of Therapeutic Horticulture (HKATH) successfully presented the International Conference on Horticultural Therapy and Therapeutic Landscaping for the first time in Guangzhou, China, with the theme “Horticultural Therapy: People-Plant Connection.” This conference was co-organized by HKATH with the College of Horticulture, College of Forestry and Landscape Architecture, and College of Public Management, South China Agricultural University, and the Guangzhou Association of Social Work. We had 12 co-organizers and eight supporting organisers. U-Garden was our conference sponsor and support materials for workshops on 10 July.

The 2016 conference aimed to promote horticultural therapy and therapeutic landscaping locally and internationally, and to provide a platform for the dissemination of knowledge on evidence-based practice in this profession. The conference provided opportunity for scholars, practitioners, and researchers to communicate and network with the hope of advancing knowledge on the use of horticultural therapy and landscaping for health outcomes. More than 250 people attended the conference with 60 from Hong Kong and 10 from Macau. During the conference, there were exhibitions on horticultural therapy and therapeutic landscape, and also a display on adaptive tools.
Our keynote speakers were Professor William Sullivan, Head of the Department of Landscape Architecture at the University of Illinois - Urbana Champagne, and Professor Chun-Yen Chang, Department of Horticulture and Landscape Horticulture, National Taiwan University. Professor Sullivan shared his research findings on examining how green spaces in urban landscape can benefit an individual’s physical health and productivity. This brought great interest to the conference participants and sparked off spontaneous questions to explore ways to implement green landscape for health benefits. Professor Chang presented on “Map for Understanding Natural Landscapes Impact on Human Health,” illustrating interesting examples of natural healing landscapes from Taiwan. The two-day conference indeed brought together scholars from overseas and the local arena, and professionals from various disciplines. Our keynote speakers were joined by plenary speakers, including Professor Bin Jiang from the University of Hong Kong, Professor Hai To Liu from South China Agricultural University, Professor Liu Gang from the Third Affiliated Hospital of Southern Medical University and professionals from Mainland China and Hong Kong.
Horticultural therapy and therapeutic horticulture are new disciplines in China, and in recent years, Ms. Connie Fung, the president of HKATH, has held many seminars, training courses, certificate programs, and internship programs to promote and train professionals in horticultural therapy. In 2015, HKATH had over 60 interns carrying out practicums in Hong Kong and mainland China (spread across 56 internship sites in Hong Kong, 14 sites in southern China, and two in Macau). These internship sites recognized the benefits of horticultural therapy for their clients and requested our services. The HKATH has as its mission to introduce and develop the profession of horticultural therapy and therapeutic horticulture in Hong Kong and Greater China and this conference signified an important milestone as it witnessed the certificate ceremony of the first group of mainland China graduates from the HKATH Horticultural Therapy Certificate Program. The president of Asia Pacific Association of Therapeutic Horticulture (APATH), Mr. Kim Hyoung Deug from Korea, was our honoured guest to present certificates to three registered horticultural therapists, one assistant horticultural therapist, and five horticultural therapy facilitators, all graduates of the HKATH horticultural therapy certificate program. APATH has always been a great supporter for HKATH and in the past there were horticultural therapy exchange trips between the two associations. Beginning 2014, HKATH became the representative and sole organization of granting APATH certification in the area of Hong Kong, Macau, and Mainland China.

In therapy, often the process is more important than the outcome and the best way to understand a therapy session is through one’s own experience. The second day of the conference was mainly workshops intended for participants to have first-hand experience on horticultural therapy and therapeutic landscape sessions. There were six sessions to choose two from:

1. Therapeutic landscape design for healing environment
2. Dry flower arrangements to touch the spirit
3. Mini-garden micro-landscape
4. Pressed flower for stress relief
5. Table top sensory garden with fragrant plants
6. The power of life in seeds

Participants had the chance to learn how people with different disabilities or needs could participate and benefit from these horticultural therapy activities.
Over 40 participants joined the pre-tour visit to the Pressed Flower Laboratory of the College of Horticulture at the South China Agricultural University to see how pressed flowers and pressed flower art were made. In the afternoon, the group went to the Rehabilitation Centre of Home for the Aged Guangzhou to see how horticulture as an intervention for their clients with dementia was used. The care home started horticultural activity groups for the elderly and found it beneficial to their clients and therefore has plans for introducing horticultural therapy into their service. They also have a modified roof garden for residents and staff to take respite and be close to nature. Our overseas guest had a chance to take a boat ride down the Zhujiang River that cuts through Guangzhou city passing by the newly landscaped waterfront development district. It is a reflection on how urban dwellers are now more concerned to create sufficient green space for a better sustained living environment. The more stress there is in a city, the more need there is for green space.

Conference proceeding booklet

The conference brought together professionals and people from various disciplines to share and explore the benefits of horticulture and therapeutic landscape towards human health and well-being. During the conference, HKATH released a proceeding booklet “Horticultural Therapy: Concepts and Practice – Selected Essays” edited by Connie Fung. This publication is bilingual, in simplified Chinese and English. It has references to articles from AHTA, and it aims to share with others the horticultural therapy definition and framework, the application of horticultural therapy to different client groups, and the future development of horticultural therapy as an evidence-based discipline. It is our aim to set the foundation right and let the seed of horticultural therapy take root and grow strong for the benefit of many.

Connie Fung Yuen Yee is the first Horticultural Therapist registered with the American Horticultural Therapy Association (AHTA) to be practicing in Hong Kong and mainland China. Ms Fung has been a member of AHTA since 2003 and the recipient of 2015 Rhea McCandliss Professional Service Award, AHTA. She is also the founder and president of the Hong Kong Association of Therapeutic Horticulture (HKATH), which was established in 2008 to promote and develop HT. She is also an experienced social worker, whose expertise is in applying group work with various targets. She has authored several important publications on horticultural therapy including her 2014 book titled Horticultural Therapy - Connection between People and Plant. Hong Kong: Ming Pao.

Emily Shum Tin Yuk graduated from University of Guelph, B.Sc. Agriculture (Major in Horticulture), has professional experience in the landscape industry, is a member of the Hong Kong Horticultural Therapy Association (HKATH), and a registered horticultural therapist. She is also a member of research committee, HKATH. Working to complete the Graduate Horticulture Therapy Certificate Program with Kansas State University, USA.
中國內地首屆園藝治療及療癒景觀國際學術研討會報導

梁健恆 RHT (HKATH) 廣州綠瞭資訊諮詢有限公司 市場總監
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2016 年 7 月 9 日，10 日廣州市華僑大酒店迎來了一場隆重的盛會：中國內地首屆園藝治療及療癒景觀國際學術研討會—園藝治療：人與植物的串連。此次盛會由本會聯手華南農業大學（園藝學院、林學與風景園林學院、公共管理學院）、廣州市社會工作協會主辦，並與多家協辦單位、支援單位和贊助單位聯合舉辦。是次承辦單位：廣州綠瞭資訊諮詢有限公司及廣州市啟創社會工作服務中心。

園藝治療在北美和一些發達國家已經相當普及，然而在中國內地，園藝治療還是新鮮事物，其發展還處於萌芽階段。為大力推動園藝治療在中國內地的發展，讓更多有需要的人士受益，本會會長馮婉儀女士牽頭舉辦了此次在中國內地的首屆國際學術研討會。其實早在 2014 年 7 月，本會就已在香港與香港理工大學護理學院舉辦過園藝治療的國際學術研討會，而此次廣州研討會可謂是為園藝治療在中國內地紮根而奏響的一首序曲。

研討會由園藝治療論壇（7 月 9 日）和園藝治療實務工作坊（7 月 10 日）兩部分組成。第一天上午 8 點多，在研討會會議廳前的簽到處就已經熱鬧非凡。來自全國多個地區和城市的嘉賓和參與者們陸續簽到。參加者有社會工作者、心理諮詢師、高等院校的學者教授、商界的專案開發商、園林界的景觀設計師，也有對園藝治療充滿興趣的業餘愛好者等等。大家懷著對園藝治療的熱情與期待，興致勃勃地步入會議廳就坐，濟濟一堂。

9 點正，論壇正式開始。首先由亞太園藝治療聯盟主席，來自韓國的金炯得先生致開幕詞，並為應屆取得香港園藝治療協會認證的園藝治療技術員、助理園藝治療師、註冊園藝治療師頒發證書。這是香港園藝治療協會首次在國內舉行園藝治療法認證證書的頒發儀式，這意味著在中國內地誕生了首批獲得本會認證的國內園藝治療師和園藝治療技術員。接下來，馮婉儀會長發言。把園藝治療向中國內地推廣普及一直是會長努力的目標。發言雖簡短，已讓人窺見她十多年來在園藝治療領域的辛勤耕作；在場與會者們紛紛為其對專業的嚴謹態度和堅韌的實幹精神致以熱烈的掌聲。

在現場嘉賓與主協辦單位和支援、贊助單位的代表合影留念後，本次論壇的各項專題介紹正式展開，講者包括多位國內外專家：

美國伊利諾大學厄巴納—香檳分校園景建築系系主任、教授 Dr. William C. Sullivan，
國立臺灣大學園藝暨景觀學系教授 張俊彥，
香港大學建築學院園境建築學部助理教授 姜斌，
清華大學建築學院景觀學系教授 李樹華，
華南農業大學林學與風景園林學院副教授 劉海濤，
廣東省醫學會社區康復學分會主任委員 劉剛，
廣州市老人院康復中心主任 姚子弘，
香港園藝治療協會註冊園藝治療師 金駿業；

分別介紹美國、港臺以及中國內地的園藝治療和療癒景觀設計的研究應用及發展現況，並從各自研究和應用的專題領域詳細深入地闡述了園藝治療及療癒景觀對人們生活的正面影響，例如自然景觀對人類專注力恢復和精神減壓的影響、園藝治療中植物的選擇、園藝治療在康復醫學、養老服務中的應用等等。這些專題不僅增進了與會者們對園藝治療和療癒景觀設計的認識，更把國內行業最新的園藝治療發展動向帶到了現場，給與會者們留下了深刻的印象。
7月10日大会设立了6个不同主题的园艺治疗实务工作坊：

1. 环境疗愈－设计景觀治身心
2. 触动心靈－美丽乾花創繽紛
3. 「迷」景觀－小小瓶栽靜我心
4. 花樣年華－輕輕壓花紓重壓
5. 桌上感官－花香草氣提精神
6. 生命力量－種子活力展生機

邀请了香港资深的园艺治疗师分享带领，为整个研讨会增色不少，使参与者在理论支持下，亲身感受园艺治疗之魅力。大会工作人员的采访中，参与者表示工作坊内容为之大开眼界，意犹未尽，各位导师的带路精彩纷呈，大家从中获益良多，为工作带来新思路。

本次研讨会为了促进两地关于园艺治疗的交流，特意在会议前一天安排到华南农业大学园艺学院和广州市老人院交流，将香港的园艺治疗经验带入学校，带进老人院，也使两地参与者了解国内的园艺技术及老年服务现况。
7月8日早上10点，参加者乘坐大会安排的大巴抵达华南农业大学园艺系，开展一天的参观行程。华南农业大学园艺学院教授和研究园艺盆景、植物繁殖、压花研究等，压花系陈教授为大家介绍国内的压花技术以及学院研究的压花活动，其中展示的技巧和作品让来自两地的参加者大开眼界，为同学增加开展园艺治疗的活动提供新视界。下午行程转至广州市老人院，这是广州公办的老人院舍，院内有供不同能力的长者使用的景观园区。参观期间，院内工作人员将自身探索的园艺活动向参加者展示，而来自香港的园艺治疗师及实习同学则为院舍职员分享了香港在老人院舍开展园艺治疗的情况。这天的会前参观活动，为两地有志之士搭建交流平台，自由交流活动技术和园艺治疗经验。

此次研讨会约有200多名参加者，是我国内地第一届专业的园艺治疗与疗愈景观国际学术研讨会。总结三天的经验，此次研讨会开阔了参与者们的视野，把园艺治疗这个“新事物”的种子播到更多人的心中。展望未来，与国际接轨，相信园艺治疗在我国的发展不久将会呈现出一片欣欣向荣的新局面。
The Pathway towards Horticultural Therapy Research – Story of HKATH

Fung Yuen Yee, Connie  HTR (AHTA), RSW
President, Hong Kong Association of Therapeutic Horticulture

Evidence-based practice is fundamental for the development of a profession and it is no exception for Horticultural Therapy (HT). From 2009, Hong Kong Association of Therapeutic Horticulture (HKATH) began to plan and work towards conducting research for HT. With limited resources but a strong passion and commitment to HT, we started HT research with our collaborator, Professor Claudia Lai and her team at the Centre for Gerontological Nursing, School of Nursing, The Hong Kong Polytechnic University (CGN, SN, PolyU). HKATH designed protocols and our therapists conducted the HT program, while CGN handled research design and data analyses. From 2010-2016, HKATH has also worked with other organizations including Haven of Hope Hospital (HHH), Pentecostal Church of Hong Kong, Pok Oi Hospital and Fu Hong Society for more HT research.

Our first HT research began in 2010. It was conducted in a nursing home in Hong Kong run by a non-governmental organization. Clients were older adults of 75-95 years old. There was a total of 9 participants, 8 females and 1 male, 5 of them were diagnosed with dementia. The research design was descriptive qualitative. Data were collected through audio recording and field note taking through non-participant observation. It was found that HT was well accepted by dementia patients. It stimulated them to think about life and their past. At the same time, finding showed that HT activities could induce negative emotion which was rarely reported in previous studies. For instance, plants may wither and die thus causing a person to recall sad experiences in the past. In such case, it was recommended to have backup service to take care of their emotional outburst or to provide an appropriate referral. The research had oral presentations in the 14th East Asian Forum of Nursing Scholars (EAFONS) at Seoul, Korea in 2011 (Lai, Kwan & Fung, 2011a). Also, this research had led to a conference presentation in Taipei (Lai, Kwan & Fung, 2011b).

Afterward, in 2011, together with Haven of Hope Hospital (HHH) and SN, PolyU, HKATH pioneered an HT research on patients under palliative care. This research aimed to investigate the effect of horticultural therapy (HT) on the quality of life (QOL) of palliative care patients. A single group designed to have repeated measurements over a two-week intensive HT program was conducted on palliative care patients. This study was conducted in the activity room and also by the bedside of patients in a palliative ward of HHH. From the findings, it was believed that HT has clinical importance on the improvement of QOL of palliative care patients. It was recommended to integrate HT in palliative care. Physical symptoms should be addressed at the same time to maximize the effect on enhancing QOL. The research had oral presentations at the 16th EAFONS at Bangkok, Thailand in 2013 (Lai et al., 2013) and at the 10th International Conference on Grief & Bereavement in Contemporary Society (10th ICGB) in Hong Kong in 2014 (Lai et al., 2014). In December 2016, we submitted this research paper to the Journal of Psychosocial Oncology and it has been accepted for publishing (Lai et al., 2017).

In 2013, we also had a poster presentation “Patient Protection in the Use of HT for Different Populations” at the 16th EAFONS at Bangkok, Thailand (Lai, Kwan, Kan, & Fung, 2013).
In 2013 we started a research studying the effect of HT for adults with intellectual disabilities. This research used single group pre- and post-test study. It aimed to examine the effect of a 12-week HT program on the self-efficacy and quality of life (QOL) of 12 adults with ID at pre- (T0), immediately post- (T1), and 12 weeks post-intervention (T2) using the Glasgow Social Self-Efficacy Scale (GSSES) and the Chinese Quality of Life Questionnaire - Intellectual Disabilities (CQOL-ID). From the findings, HT improved the social self-efficacy of the participants during the intervention period and promoted the competence dimension of QOL. It was a pleasurable intervention for the participants. The research had an oral presentation at the 1st International Conference on HT and Therapeutic Landscaping in Hong Kong in 2014 (Lai, Mak, Kwan & Fung, 2014) and E-poster presentation at the Annual American Academy of Nursing Conference at Washington DC, USA, in 2015 (Lai, Mak, Kwan & Fung, 2015). In 2016, we submitted this research to the Journal of Therapeutic Horticulture, American Horticultural Therapy Association. It was accepted and published in the 2017 issue (Lai et al., 2017).
To move a step forward in our collaboration, HKATH together with Professor Claudia Lai’s team collaborated with Pok Oi Hospital to conduct a research on the effect of horticultural therapy (HT) for frail older people in residential care. The research ran from July 2014 to March 2016. This study used a randomized controlled trial design. Subjects were above 70 years old, elderly home residents, and identified as in a frail state according to Fried criteria. It was found that subjects had a positive mood when participating in HT activities. The result was promising. The research had a poster presentation at the 11th International Symposium on Healthy Aging in Hong Kong in March 2016 (Lai et al., 2016). A symposium will be held to report this research in Hong Kong on 27th February 2017.

Recently, we are working on research of HT with autistic clients and continue to explore on specific topics relating to HT. HKATH will continue to press forward in the area of HT research to lay a strong foundation for an evidence-based practice. The involvement of HKATH on HT research must continue to grow stronger and conduct more studies with our collaborators with an aim to better serve people with special needs.
References


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

Bo-Young Kim1, Sin-Ae Park2, Jong-Eun Song1, and Ki-Cheol Son1,2,3

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 ≤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 change 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 (Doxson 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 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
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 disruptive noise. The garden used for outdoor activities was equipped with water lines and was 13.23 m² 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 intervention 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 paenjom (spring onion pancakes, a Korean traditional food) after the harvest] and 21 sessions of indoor activities (planting seeds; 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 intend 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 session, 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., garden 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 (Connors, 1989). This rating scale is used to evaluate ADHD by teachers for children and teenagers from ages 3 to 17 years (Connors, 1969; Connors 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 subcategories 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.](image-url)
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 α coefficient of the survey was 0.94 (Conners et al., 1998), whereas the Cronbach’s α 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) (Kin, 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 α 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).

More than half of the children in both groups were grade 3 (9 years old) in elementary school and had a disability level of 5; 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. 83.7% of the HT group.

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.

<table>
<thead>
<tr>
<th>Variable</th>
<th>HT [n (%)]</th>
<th>Control [n (%)]</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 (41.7)</td>
<td>5 (41.7)</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>7 (58.3)</td>
<td>7 (58.3)</td>
<td></td>
</tr>
<tr>
<td>Elementary school year</td>
<td>Grade 1</td>
<td>Grade 2</td>
<td>Grade 3</td>
</tr>
<tr>
<td></td>
<td>2 (16.7)</td>
<td>2 (16.7)</td>
<td>8 (66.7)</td>
</tr>
<tr>
<td></td>
<td>1 (8.3)</td>
<td>3 (25)</td>
<td>8 (66.7)</td>
</tr>
<tr>
<td>Level of disability</td>
<td>Grade 1</td>
<td>Grade 2</td>
<td>Grade 3</td>
</tr>
<tr>
<td></td>
<td>1 (8.3)</td>
<td>3 (25)</td>
<td>8 (66.7)</td>
</tr>
<tr>
<td></td>
<td>3 (25)</td>
<td>2 (16.7)</td>
<td>7 (58.3)</td>
</tr>
<tr>
<td>Type of household</td>
<td>Parents</td>
<td>Single father</td>
<td>Single mother</td>
</tr>
<tr>
<td></td>
<td>11 (91.7)</td>
<td>0</td>
<td>1 (8.3)</td>
</tr>
<tr>
<td></td>
<td>11 (91.7)</td>
<td>0</td>
<td>1 (8.3)</td>
</tr>
<tr>
<td>Number of sibling (exclude participant)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>8 (66.7)</td>
<td>1 (8.3)</td>
<td>0</td>
</tr>
<tr>
<td>Current alternative therapy</td>
<td>Music</td>
<td>Art</td>
<td>Physical</td>
</tr>
<tr>
<td></td>
<td>3 (25)</td>
<td>1 (8.3)</td>
<td>6 (50)</td>
</tr>
<tr>
<td></td>
<td>7 (58.3)</td>
<td>8 (66.7)</td>
<td>7 (58.3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>4 (33.3)</td>
<td>7 (58.3)</td>
</tr>
</tbody>
</table>

*All variables were tested by chi square test at P = 0.05; ns = No significant or significant at P < 0.05, respectively.

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.

Grade 1 = 7 years old, grade 2 = 8 years old, grade 3 = 9 years old.

Although there was not a 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). Transelk 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 sociability than the control group (teachers \( P = 0.0007 \), parents \( P = 0.002 \)) (Tables 3 and 4). This was consistent with prior research that revealed sociability 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 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 sociability 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.

<p>| Table 2. Analysis of adjusted Conners’ teacher rating scales—revised (short version)(^b) means for students with intellectual disabilities, with ( N = 12 ) and without ( N = 12 ) horticultural therapy (HT), assessed at the end of the program. |
|-----------------|-----------------|-----------------|-----------------|</p>
<table>
<thead>
<tr>
<th>Intellectual disability</th>
<th>HT [0–3 scale (mean ± se)]</th>
<th>Control [0–3 scale (mean ± se)]</th>
<th>Significance(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcategory</td>
<td>Oppositional</td>
<td>6.9 ± 1.7(^a)</td>
<td>7.0 ± 1.7</td>
</tr>
<tr>
<td></td>
<td>Hyperactivity</td>
<td>5.9 ± 1.4</td>
<td>8.1 ± 1.4</td>
</tr>
<tr>
<td></td>
<td>Inattention</td>
<td>9.3 ± 1.5</td>
<td>8.3 ± 1.5</td>
</tr>
<tr>
<td></td>
<td>Attention deficit hyperactivity disorder (ADHD) index</td>
<td>9.6 ± 2.0</td>
<td>10.5 ± 2.0</td>
</tr>
<tr>
<td>Total</td>
<td>31.1 ± 6.3</td>
<td>34.4 ± 6.3</td>
<td>NS</td>
</tr>
</tbody>
</table>

\(^a\)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 score indicates better condition. Above 15 points of total score is classified as ADHD (Oh, 1990; Oh and Lee, 1999).

\(^b\)Adjusted for pretest and art therapy in demographic categories values as covariate by ANCOVA at \( P < 0.05 \).

<p>| Table 3. Analysis of adjusted social skill means from the social skills rating system(^b) for students with intellectual disabilities, with ( N = 12 ) and without ( N = 12 ) horticultural therapy (HT), assessed by teachers at the end of the program. |
|-----------------|-----------------|-----------------|-----------------|</p>
<table>
<thead>
<tr>
<th>Social skills</th>
<th>HT [1–3 scale (mean ± se)]</th>
<th>Control [1–3 scale (mean ± se)]</th>
<th>Significance(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcategory</td>
<td>Self-assertion</td>
<td>11.3 ± 1.2(^a)</td>
<td>7.1 ± 1.2</td>
</tr>
<tr>
<td></td>
<td>Self-control</td>
<td>11.9 ± 1.1</td>
<td>4.3 ± 1.1</td>
</tr>
<tr>
<td></td>
<td>Cooperative</td>
<td>12.7 ± 0.9</td>
<td>7.3 ± 0.9</td>
</tr>
<tr>
<td>Total</td>
<td>36.0 ± 2.8</td>
<td>18.5 ± 2.8</td>
<td>**</td>
</tr>
</tbody>
</table>

\(^a\)Based on three-point Likert scale (1 = not at all, 2 = sometimes, 3 = often) (Gresham and Elliott, 1999). Total score ranges from 0 to 60. A high value indicates higher sociability.

\(^b\)Adjusted for pretest and art therapy in demographic categories values as covariate by ANCOVA at \( P < 0.05 \).

<p>| Table 4. Analysis of adjusted social skill means from the social skills rating system(^b) for students with intellectual disabilities, with ( N = 12 ) and without ( N = 12 ) horticultural therapy (HT), assessed by parents at the end of the program. |
|-----------------|-----------------|-----------------|-----------------|</p>
<table>
<thead>
<tr>
<th>Social skills</th>
<th>HT [1–3 scale (mean ± se)]</th>
<th>Control [1–3 scale (mean ± se)]</th>
<th>Significance(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcategory</td>
<td>Cooperation</td>
<td>10.8 ± 1.2(^b)</td>
<td>7.2 ± 1.2</td>
</tr>
<tr>
<td></td>
<td>Self-assertion</td>
<td>9.7 ± 0.6</td>
<td>3.9 ± 0.6</td>
</tr>
<tr>
<td></td>
<td>Responsibility</td>
<td>6.4 ± 0.7</td>
<td>4.0 ± 0.7</td>
</tr>
<tr>
<td></td>
<td>Self-control</td>
<td>7.8 ± 0.9</td>
<td>4.9 ± 0.9</td>
</tr>
<tr>
<td>Total</td>
<td>35.0 ± 2.8</td>
<td>19.6 ± 2.8</td>
<td>**</td>
</tr>
</tbody>
</table>

\(^b\)Based on three-point Likert scale (1 = not at all, 2 = sometimes, 3 = often) (Gresham and Elliott, 1999). Total score ranges from 0 to 76. A high value indicates higher sociability.

\(^a\)Adjusted for pretest and art therapy in demographic categories values as covariate by ANCOVA at \( P < 0.05 \).
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園藝治療的無障礙參與—改良式工具

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香港園藝治療協會會長

根據美國園藝治療協會 (American Horticultural Therapy Association，簡稱 AHTA) 的定義，園藝治療是由受過專業訓練的園藝治療師策劃和帶領，讓服務對象參與園藝活動，達致治療效果。

園藝治療的服務對象多元化，而部分是身體殘障或認知障礙，他們在使用園藝工具時往往會遇到困難。因此，如何選擇適合的工具，或改良工具以適應他們的情況，是園藝治療師需要思考的問題。

ATM 概念模型 -- 評估、工序分析和修正

在正式開展園藝治療活動前，園藝治療師會與服務對象進行前測，以了解其能力和需要；並將各節活動進行工序分析，清楚了解每一步驟的要求。對於每一位服務對象，根據其情況，檢視每項工序的可行性；若判斷做不到或困難很大，便須作出適當的修改，盡量讓服務對象能夠親身體驗園藝治療活動。

評估、工序分析和修正三者環環相扣，可以歸納為下圖所示的「ATM 概念模型」:

ATM 模型突出了修正活動的三個方向，而其中之一是讓參與者使用「改良式園藝工具」。

改良式園藝工具的設計要點:
1. 配合人體工學設計
2. 省力、輕巧
3. 採用堅固耐用的物料
4. 採用舒適和防滑的手柄，可供緊握
5. 採用鮮艷的顏色，容易辨認
6. 安全
改良式園藝工具選例

(一) 改良式園藝鏟子

傳統的園藝鏟子，手柄是直的，操作時需要將上手腕肌肉拉直，緊壓下手腕，對手腕產生壓力；長期使用，有可能令到手腕勞損，手掌也可能會長出繭。改良式的鏟子依照人體工學而設計，手柄採用更為理想的直角設計，可以發揮槓桿原理而達至省力；手柄符合手掌的曲線，能夠提升力度和舒適度，同時盡量減少手臂和手腕所受的壓力。

改良式的鏟子適合以下人士使用：
‧ 緊握力較弱人士
‧ 手腕靈活性減弱的人士，例如關節炎或腕管綜合症患者

(二) 棘輪型剪刀 (Ratchet-Cut Pruner)

當要修剪較粗的樹枝時，使用傳統剪刀需要不少氣力，對一些體弱人士較為困難。與傳統式的剪刀比較，棘輪型剪刀需要較小的力氣。棘輪採開關設計，剪刀則只有一面刀鋒。透過幅度小而不停開關的動作產生力量，可以較容易切斷厚達3/4吋的樹枝。所用材料也輕巧、耐用，適合關節炎患者及手部活動能力較弱的人士。

棘輪型剪刀使用方法：
1. 將刀片放至枝條，按下手柄。
2. 鬆開手柄，還原打開位置。
3. 再次按下手柄，重複操作，直到切割完成。

(三) 易握型剪刀 (Easi-Grip Scissors)

易握型剪刀摒除傳統剪刀的雙圈設計，不需套入手指，操作時便可以完全運用拇指及其餘四隻手指力量，讓握力較弱人士也能夠穩握剪刀。剪刀閉合後會自動彈開，有助省力，而且輕巧，左右手均可方便使用。

筆者認為此剪刀非常適合長者使用，而且它與傳統的「剪線頭」剪刀相似，是一些長者熟識的活動和工具，能勾起往事回憶。
(四) 種子帶和種子圓片 (Seed Tape & Seed Disc)

播種是園藝治療常見的活動，有趣而且讓人充滿期盼。但對一些認知障礙或者手部小肌肉欠靈巧的人士，他們較難拿起細小的種子及將種子準確地放進泥土。筆者旅遊加拿大期間，於一間園藝公司發現種子帶和種子圓片，使用方法簡單便利，非常適合上述人士使用。

種子帶和種子圓片採用生物可分解材料（biodegradable materials）製造，種子已預先平均分隔排列在帶子和圓片上。

種子帶使用方法：
1. 首先準備所需泥土。
2. 挖出約 13 毫米深淺坑。
3. 將種子帶放進淺坑中，然後澆水。
4. 以泥土覆蓋淺坑，再次澆水。

種子圓片使用方法：
1. 把泥土加滿 4 吋直徑花盆，並澆水。
2. 將種子圓片平放泥土表面，並覆蓋薄薄一層泥土，再次澆水。
3. 保持泥土濕潤。

結論
園藝治療的精髓是讓參與者透過有計劃的園藝活動，親自接觸有生命的植物，親手操作種植過程，感受人與植物互動的關係。讓我們繼續發掘更多適用的工具，以適應不同服務對象的需要；努力串連起人與大自然，讓植物發揮它的療癒力，促進身心好健康！
AHTA Annual Conference 2016

Shum Tin Yuk, Emily  RHT (HKATH)

The beautiful Missouri Botanical Garden

This year the AHTA Annual Conference was held on September 16, 17 at the Missouri Botanical Garden in Saint Louis, Missouri, USA. Approximately one hundred participants came from across the US, China and Japan. The Missouri Botanical Garden is the oldest botanical garden in continuous operation in the US and is a historical landmark, situated in the estate that belonged to Henry Shaw built in 1850. Participants could stroll around the many theme gardens, historical house, woodland paths and greenhouses to experience the rich collection of plants from all over the world and the beautiful landscape.

The theme of the 2 day conference was “Meet Me in the Garden: Connecting People, Plants, Partnerships and the Profession”. Keynote speaker Candice Shoemaker, PhD, HTR, shared on her vision for the AHTA and gave an overview of the horticultural profession as it compares to the allied professions along with important messages of professional credentialing. Dr. Candice Shoemaker was also the recipient of the Alice Burlingame Humanitarian Award 2016. Jack Carman, FALSA, was the plenary speaker for the second day giving us an overview and examples of therapeutic gardens and landscapes. Both days were filled with informative sessions and workshops for participants to attend. It was a wealth of exchange of expertise and experiences among professionals.
This year the one day pre-tour brought us to The Gateway Greening Urban Farm and The Olson Family Garden of St. Louis Children’s Hospital. Ending with a time to visit the Missouri Botanical Garden and opportunities to participate in hands-on activities used in their horticultural therapy programs. It was an invaluable time for me to see and experience these different places and be inspired by the work that horticultural therapy professionals are doing for health and well-being of the users.

Then we visited the eighth-floor rooftop Olson Family Garden of St. Louis Children’s Hospital. The 8,000 sq. ft. interactive garden is beautifully landscaped with lush planting, tree lined wandering pathways, water features and a grass lawn providing a place for privacy, serenity and healing close to nature. In the garden, we can experience the elements of nature: wind, water, earth and sun. Children and families can come to the garden for solace or to have some fun with interactive features such as a kaleidoscope corner, a granite ball suspended on water, a human sundial and seat walls engraved with days and months of the year. In the garden, horticultural therapy sessions are regularly conducted for patients.

This conference has brought together old and new friends and served as a platform for sharing and discussions that focus on the horticultural therapy profession and its future direction. If you are interested, you can consider the next conference 2017 which will be in Burlington, Vermont, a state that is known for its natural landscape.
A Fruitful Day in Canada

Shum Tin Yuk, Emily RHT (HKATH)

In September 2016, Connie (President, HKATH), Emily and her friend Wai, a volunteer at the Toronto Botanical Garden, made a trip from Toronto to Guelph (Canada), to visit two horticultural therapy sites, the Guelph Enabling Garden and Homewood Health Centre and then to pay a visit to a long-standing friend and guru in horticultural therapy, Mitchell Hewson, who is Canada's first registered horticultural therapist and also an honorary consultant for HKATH.

The Guelph Enabling Garden is located in the heart of Riverside Park in the city of Guelph on the banks of Speed River, next to a neighborhood of senior homes and day care centers. It is a multi-use garden designed for children, for the elderly, and families of all types, but especially for those community members with varying degrees of physical and cognitive abilities. The garden displays pockets of sensory gardens, accessible raised garden beds, brick path, sitting out area, and horticultural therapy activity area. It is a very welcoming garden for people to come sit and relax in the shade listening to the sound of running stream and songbirds. The Enabling Garden is a thriving and inclusive space where people of all abilities can connect with their community, learn new skills, and stay active. In 2015 when Leslie Fleming, HTR, conducted a workshop at the Guelph Enabling Garden, she introduced the HKATH program for earthquake survivors in Sichuan, China. Currently the garden has a horticultural therapist who runs one-on-one and group-based programming specially tailored to the needs and ability of each client, and a master gardener who manages the garden through the involvement of many dedicated volunteers. The Enabling Garden is not very large but is well equipped with all the elements of a therapeutic garden making it extremely user friendly, functional and attractive.

Our next visit is to the Homewood Health Centre just about 2 kilometers from the Enabling Garden. It is one of the largest mental health and addiction facilities in Canada offering programs that are specialized and unique. The center has a capacity for 300 beds. One of the three in-house horticultural therapists introduced their program to us and showed us to the brightly lit, clean and orderly HT activity room which is adjacent to the greenhouse, filled with interesting hanging plants basking in the sun. The greenhouse is a popular space for running HT classes where participants do propagation and plant care activities. Apart from indoor activity rooms, there is a large outdoor woodland that runs down the slope with pocket gardens and stepped gardens along the way leading to a labyrinth, a landscape feature for calming and stress coping. Further on is a vegetable, herb and flower garden with raised beds and a large gazebo nearby for shelter and resting. There is also a
fenced in vegetable garden area to keep out animals that might damage the crop. HT classes are held both indoor and outdoor depending on the program design. The largest horticultural therapy program in Canada is developed here by Mitchell Hewson who dedicated many years of his service at Homewood before his retirement. The program is running strong and sessions are offered throughout the week.

When we were in Guelph, we did not miss the opportunity to swing by the University of Guelph campus, where the Ontario Agricultural College was located, before heading out on a 2 hour journey to meet with Mitchell Hewson at his home by the shore of Lake Huron. Mitchell still works tirelessly teaching, promoting and developing horticultural therapy trainings and provides consultation and speaks for national and international groups. His dedication and passion to share his experience from a lifelong career as a horticultural therapist could be felt so strongly over the course of our visit. His heart is for more networking with like-minded people to build the profession of horticultural therapy through training and programming. Mitchell’s hospitality and wonderful culinary skills also showed us how important it is to stay active and wholesome by eating healthily and maintain physical and mental wellness through consistently interacting with nature. His home and garden overlooking the calm water of Lake Huron is beautifully landscaped with a meticulously clipped lawn surrounded by ornamental plants and a vegetable and herb garden. It is a place of solace and perfect for meditation to regain strength and be energized. The meeting with Mitchell although short but was very meaningful, refreshing and inspiring. By the time we head back to Toronto, it was already late in the evening, it had been a very fruitful day indeed.

Connie and Mitchell Hewson in his lovely garden. Besides a great passion for horticultural therapy, they seem to have one more thing in common ... the same clothing style!
秋天是我最喜歡的季節，我很高興可以在這個季節參加由韓國園藝治療協會在2016年長興國際綜合博覽會主辦的園藝療法國際研討會和會議。這也是我第二次去韓國了。同行者還有註冊園藝治療師沈田玉（Emily），我們在10月18日乘坐午夜到首爾的航班，在清晨5:25到達首爾仁川國際機場，當地太陽即將升起。在機場大堂，我們遇到了導遊Yunah，一位正在韓國著名的建國大學修習園藝療法的研究員，她帶領我們乘坐韓國高鐵KTX前往位於半島南端的木浦市，火車車程超過3小時。我們與其他國際講者住在木浦，每一天都會乘坐穿梭巴士到達位於長興郡農村的綜合醫學博覽會會場。

長興郡以其生產的香菇和大片茂密的森林而聞名。韓國全國各地推行以環保方法種植藥用作物，而長興郡在這方面亦表現優異，於2006年時曾經獲得國家頒發獎項。雖然醫學博覽會已經在長興舉行了幾年，這是韓國人民、植物和環境協會和韓國園藝療養協會在醫學博覽會上聯合舉辦國際園藝治療會議和研討會的第一年。通過這次會議，他們希望介紹園藝治療的理論模型和普遍定義，探討園藝治療如何應用於綜合醫學，同時也關注園藝治療在美國、歐洲和亞洲的實踐和發展。

10月19日第一天，主辦方為大家舉行了一個歡迎招待會，然後安排專人帶領我們參觀醫學博覽會。下午則有園藝治療的不同工作坊，分別由Emily和來自美國的Matt Wichrowski主持。這些工作坊在10月20日和23日都重複舉行，讓更多的人可以參與HT活動的實際體驗。我們還參加了由韓國園藝治療師所主持的工作坊，相互學習和分享經驗，真是非常有趣又有得著。

Emily在工作坊中教參加者製作既可播種，又可作為禮品使用的種子紙（Seed Paper）。圖中Emily正以圖片介紹種子紙的治療效益，筆者則化身為小助手，在旁邊協助。
在 10 月 20 日晚上，韓國 HT 與康寧協會（KHTA）主辦了歡迎晚宴，並由協會主席 Weon-Keun Cho 發言。前韓國園藝治療協會會長孫基哲先生也是會議的發言人之一。KHTA 是在韓國推動園藝治療的最主要組織，現

在於韓國全國約有 7,000 名會員。 晚餐後，大家互相交流，討論了園藝治療的全球性未來發展方向。

眾講者一起討論園藝治療的全球性發展方向

兩天的講座、論壇和海報演示於 10 月 21 日和 22 日舉行，為本地和國際演講者提供了一個共享平台。演講者包括 Diane Relf（美國），Chun-Yen Chang 張俊彥（台灣）和 Ki-Cheol Son（韓國），Matt Wichrowski（美國），Anna Maria Palsdottir（瑞典），Erja Rappe（德國），Candice Shoemaker（美國），Marjolein Elings（荷蘭），Joe Sempik（英國），Dong-Kum Park（韓國），Dae-Sik Kim（韓國），Sin-Ae Park（韓國），Yuko Yokota（日本）和

Emily Shum（香港）一個接一個地登場。此外，還有專題座談會，最後則由閉幕式完美地結束了會議。

在仁川的最後一天，我們被安排在 Pyeonbaek 森林地與長興郡郡長一起去遠足，他不僅向我們介紹了長

興郡的歷史和農業，還向我們熱情的介紹了一種韓國傳統葡萄酒。這次遠足路程輕鬆，加上和煦的太陽與涼爽

的微風，教一眾參加者都感到神清氣朗，一路上我們也見到許多當地人參與遠足旅行呢。

最後在 10 月 24 日，我們這些國際參與者在早上離開木浦到首爾，當天晚上就在首爾度過，接待我們的是

Dr. Sin-Ae Park 和她的四個研究生。整個會議期間也是全賴他們的貼心接待，令我們的旅程稱心順利。 第二天

當我們回到香港，旅程中所見所聞的一切，仍然教我們不時反思與回味。
The Korean Horticultural Therapy International Symposium and Conference

Sze To Soo Kheng  RHT (HKATH)

It was my second time to visit South Korea. I was delighted to participate in the Horticultural Therapy International Symposium and Conference, hosted by the Korean Horticultural Therapy Association at the Jangheung International Integrative Medicine Expo 2016. Emily Shum (RHT) and I took the midnight flight to Seoul on October 18, arriving at Seoul Incheon International airport in the early morning at 5:25 a.m. just when the sun was about to rise. At the arrival hall, we met our guide Yunah, a graduate student studying Horticulture Therapy at Konkuk University. We took the KTX express rail to go to Mokpo, a city in the southern tip of the Korean peninsula. The train ride was a little more than 3 hours. We stayed in Mokpo with other international guests, and commuted to the Integrative Medicine Expo in the countryside of Jangheung each day of the conference by shuttle bus.

Jangheung county is famous for its production of Shiitake mushrooms and rich forests. In South Korea, eco-friendly cultivation methods are used country-wide to raise medicinal crops. Jangheung county is also doing well and received a national award in 2006 for growing high-quality crops. Although the Integrative Medicine Expo has been held in Jangheung for some years, this was the first year that the Korean Society for People, Plants, and Environment and the Korean Horticultural Therapy & Wellbeing Association co-hosted an International HT Conference & Symposium at the Expo. Through this conference, they hope to introduce the theoretical models and general definition of Horticultural Therapy, and explore how HT fits in integrative medicine, also look at the practice and development of HT in the US, Europe and Asia.

On October 19, there was a welcome reception, then the participants toured around the Expo. In the afternoon we participated in the HT workshops led by Emily and also Matt Wichrowski from the US. Those workshops were repeated on October 20 and 23 at the Korean Horticultural Therapy and Well-Being Association (KHTA) booth to allow more people to have hands-on experience of what an HT session would be like. We also participated in an HT workshop led by a Korean horticultural therapist. We all had great fun and gained a lot by learning from one another and sharing experiences.
In the evening of October 20, a welcome dinner was hosted by the Korean HT and Wellbeing Association (KHTA) and addressed by Weon-Keun Cho, the President of the association. The past president Professor Ki-Cheol Son, a pioneer of HT in Korea, was also present at the dinner. KHTA is the major organization promoting HT in South Korea, and it now stands with 7,000 members across the whole country. After dinner there was a meeting where all the local and international guests discussed on the future direction of HT development on a global scale.

Two days of lectures, forums and poster presentation were held on October 21 and 22, which provided a sharing platform for local and international speakers. Speakers included Diane Relf (USA), Chun-Yen Chang (Taiwan), Ki-Cheol Son (Korea), Matt Wichrowski (USA), Anna Maria Palsdottir (Sweden), Erja Rappe (Finland), Thomas van Elsen (Germany), Candice Shoemaker (USA), Marjolein Elings (Holland), Joe Sempik (UK), Dong-Kum Park (Korea), Dae-Sik Kim (South Korea), Sin-Ae Park (South Korea), Yuko Yokota (Japan), and Emily Shum (Hong Kong). Afterwards, a panel discussion and a closing ceremony perfectly ended the conference.

On the last day in Jangheung, we were invited to go hiking in the Pyeonbaek Forest Woodland with the Mayor of Jangheung County, who introduced to us not only the history and agriculture of his county but also a traditional Korean wine Makgeolli with much enthusiasm. Autumn is my favorite season and there is nothing better than going to the countryside in this lovely season. The hike was gentle but extremely refreshing with the sun and cool breeze. There were many locals hiking as well. Finally on October 24, our group of international participants left Mokpo for Seoul in the morning and spent the last night in Seoul with our local host Sin-Ae Park and her four graduate students who had been such wonderful guides throughout the conference. Then the next day we headed back to Hong Kong, everything in our trip still lingers in our mind.

2016年活動剪影 Activity Snapshots

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

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明報 JUMP 專題講座

明報 JUMP 於 10月 29日舉辦「護理、社福、教育招聘及進修日」活動，場內設有不同的專題講座。我很榮幸能夠代表香港園藝治療協會為此講座分享“種花種草－拾級成為園藝治療師”，跟在場人士分享近年本港對園藝治療的需求、主要服務對象的社群、適合哪些人士修讀，如何加入園藝治療的行列、註冊園藝治療師、助理園藝治療師和園藝治療服務員的不同職責和要求，場內參加者反應熱烈，不少人在講座後也向講者及聖雅各福群會延續教育中心查詢有關園藝治療的課程。
鐵桶變作靚花盆 蝶古巴特真神奇！

賴瑞琼 準註冊園藝治療師，RSW

“蝶古巴特”(Decoupage)一個源自法國的有型名字，吸引了我參加 2016 年 5 月 20 日晚上由協會舉辦的“蝶古巴特鐵皮花盆”園藝治療實務技巧分享會。當晚全場爆滿，70 個座位座無虛席，更要臨時加設座位呢! 在主持人譚秀嫺老師(Maia，RHT)發言及聖雅各福群會延續教育中心經理劉遠章先生開場贈言之後，隨即由主講導師招美英女士(Grace，RHT)為大家介紹並示範這種在歐洲已風行了幾百年的拼貼裝飾藝術技法。接著，就是我們急不及待的 DIY 時間，大家先把冷冰冰的鐵皮花盆髹上塑膠彩，再剪貼紙巾上的圖案，以專用膠水拼貼到花盆表面，造出明亮熱情的美麗花盆，整個過程叫人專注投入。我更是完全沉醉在這個自我創作的空間裏，聽不到 Grace 和 Maia 在台上說什麼。直至她們走到參加者當中提醒我們抓緊時間，我才驚覺“快活不知時日過”!

對於學習園藝治療的參加者來說，最後由 Maia 所帶領的討論和分享部分亦同樣重要，始終這不是一個單純的手工藝班，我們學習了蝶古巴特技法，也應當了解將它運用到園藝治療上的可能性，以及應用在不同服務對像時要注意的工序分析。一輪熱烈討論之後，竟然曲終人不散，大家也不願走似的，仍然在互相欣賞別人的創作。全場個個都是藝術家，因為每一個變身後的鐵皮花盆也非常美麗呢! 我真希望很快就可以應用到我的園藝治療小組中，讓組員也和我一樣，體驗到這種令人放鬆忘我的美好感覺!
多肉植物的名稱源自其肥厚的葉片和莖部，由於擁有強大的儲水能力，令它們可於一週甚至更長時間毋須澆水，僅靠自身儲存的水分便能夠生存。近年香港養殖多肉植物漸見普及，市場可見的品種亦越見豐富。雖然多肉植物不需太多的管理和照顧，但很多時因為護養不當，特別是澆水問題，多肉植物買回來後不久便死掉，甚是可惜。今年 8 月 17 日，香港園藝治療協會邀請筆者主講「木棒多肉小花園」工作坊，正是因應多肉植物對澆水的要求而設計，選用了冰棒(雪條)用的木棒，以交疊的方式搭砌成一個方形花器，木棒之間的空隙提供一個通透的環境以利多肉植物根系生長，亦讓過多的水分流出。生長介質使用水苔，取其優良的保濕能力和在活動過程中便於處理。另外水苔須以小鐵網固定於花器中。

從園藝治療角度去審視是次活動，搭砌花器訓練了參加者的專注力和耐性，木棒的組合排列，塗抹膠水的拿捏，多肉植物根系泥土的清理，都需要參加者小肌肉活動的配合。此外，多肉植物的選取、排列和組合又可以提高參加者的創意。通過清晰的步驟說明和妥善的材料安排，所有參加者都能順利完成作品，增加了個人成功感。

將多肉植物作為園藝治療活動的介入媒體，筆者特別推介應用於親子小組，因它可引發參加者不同的反思和話題。對於家長來說，護養多肉植物需要為其提供一個適合的生長環境，包括土壤、日照、通風、溫度等，但卻要避免過度的照料，例如澆水太多等，否則多肉植物便不能健康成長，甚至死亡。同樣地，家長又應如何養育他們的子女？另一方面，葉插是多肉植物其中一種繁殖方法，乃從健康植株取下葉片平舖在育苗盆中，待長出嫩芽和新根長出時便可移植到泥土中，母葉會為新芽供應養分直至枯萎，對小朋友來說可是一個很好的生命教育。

總括來說，多肉植物是一種很有趣的園藝治療素材，它既似易於護養，卻又需小心處理。時值秋冬日子，正是多肉植物蓬勃生長的季節，加上日夜溫差的變化，部分多肉植物會為你展現不同的姿彩。就讓我們一起努力，繼續去探索多肉植物在園藝治療方面的效用！
種出翩翩生命

樊庭輝 RHT (HKATH)

2016年10月23日星期日，香港園藝治療協會獲邀參加由鳳園蝴蝶保育區舉辦的2016年鳳園蝴蝶嘉年華，筆者榮幸與協會其他會員一起籌劃攤位活動，主題為「種出翩翩生命」。當日天氣晴朗，攤位由早上十時起至下午五時，我們的攤位有種子配對遊戲，大人細路都非常踊躍參加，答中遊戲當然有獎，參加者便可得到小麥草種子包，攤位亦有展示種子森林盆栽、用花盆及用絲襪製作的兩款草頭娃娃及不同種子拼成的種子畫等，全日總結約有400人次到訪我們的攤位，感受到種子的神奇生命力。

種子配對遊戲：在1分鐘內將種子與相關植物圖片配對，答中4題或以上可以造種子包，否則也有安慰獎

工作人員向一位家長介紹小麥草的種植知識

工作人員開心合照 左起：Kenny，Sally，Ivan(筆者)，Eirene，Amelia
小小水苔球 雅緻滿生機

賴瑞琼 準註冊園藝治療師，RSW

2016 年 11 月 24 日星期五晚上，在聖雅各福群會賽馬會社會服務大樓，舉行了“雅緻水苔球”園藝治療會員實務技巧分享會。一如以往，每次分享會均爆滿，原本名額是 70 人，那晚就約有 75 人參加。大家為了個小小的水苔球而聚首一堂，開心熱鬧，教人難忘！

對於作為主講者的我來說，彷彿是帶領了一節園藝治療小組一樣。不過，這是一個超大的組呢。而今次大組的物資及工序也頗多，故協會安排了多位師兄姊妹出手相助，其中黃復山(Tony)早一個半小時已來到幫忙預備，及後還有梁燕群(Lorraine)、沈田玉(Emily)及譚秀嫻(Maia)也加入協助，總算忙中有序，令活動可以準時於 7 時開始。

這個活動的重點，不只是分享如何去造出一個水苔球出來。如果只是這樣，以我們園藝治療同學們的聰明伶俐，大可以在 30 分鐘之內就完成啦。今次的重點是：如何設計活動和做工序分析，把工序步驟清楚示範，讓大家去經驗、去實操一次，為日後帶領小組作參考。我在詳細分析整個活動的步驟過程之後，決定今次以 PowerPoint 電子簡報作講授，同時以多款水苔球實物樣本作參考，再配合製作步驟的筆記，讓大家掌握清楚。

我記得 Connie 老師曾經教導我們：最緊要俾參加者“有得揀”！於是我當晚活動就準備了 4 - 5 種植物供選擇：紅白網紋、狼尾蕨、馬尾蕨、波士頓蕨、羅漢松；此外還有 4－5 款不同形狀及顏色的陶瓷碟子供大家挑選，作為水苔球的盛器。話說回今次工作坊的主角：苔蘚(Moss)，這種十分有趣的細小植物，從來很少被人注視，其實它幾乎每一天也在我們的生活裡出現。只要外出走一圈，細心觀察四周，你一定會發現它的蹤影：就在經常濕潤的地上、在馬路邊高低不平的空隙處、在地上階磚與階磚之間的隙縫中，當你留神細看，就一定會發現它…也許你已經踐踏過它不知多少遍呢！

造水苔球可用扦插法或分株法，以後者的效果較佳，今次工作坊就使用分株法。
我們今次選用了乾苔蘚(Dry Moss)做苔球，在場展示的實物樣本則除了有新鮮及乾苔球，同時也有用染色苔蘚(Preserved Moss)做的苔球，讓大家可以欣賞到不同的效果。在欣賞完一些園藝愛好者在網上分享的美麗苔球作品後，大家也按捺不住要動手了。整個過程有十多個工序，必須一步一步的進行，大家也十分專注，邊做邊期待自己的作品逐漸成形。最後，作品中還加入盆景設計的概念－配上盛器，再鋪上小石與小裝飾品，一個又一個獨一無二的雅緻水苔球就誕生了。

終於完成了，我們相信別人做到的，自己也可以做得到！大家望住自己製作的水苔球，一臉滿足，很有成功感呢！希望大家都能學以致用，利用水苔球，為服務對象的生活空間，帶來清雅精緻又滿載生機的一片小天地，更能每天喚起好心情！

筆者邀請參加者 Alice(圖左)分享創作水苔球的感受
2016年大中華發展
Development in Mainland China

2016年HKATH在廣東省及澳門的課程

麥舜欣 RHT (HKATH)

香港園藝治療協會於2014年起在深圳、廣州進行了園藝治療之推廣，讓大眾對園藝治療有初步認識。除了舉辦廣州的研討會之外，經歷兩年的醞釀，在2016年，協會與深圳市恆愛社會工作服務中心、廣州市社會工作協會、廣州市家康社會工作服務中心及廣州綠瞭資訊諮詢有限公司合作，將園藝治療證書課程完整及全面引進廣東，以滿足國內對園藝治療有興趣的同學的需求，同時讓同學接觸更多園藝治療的國際發展情況，促進同學參與實習及運用在日常工作中。廣東各課程參與人數如下：

<table>
<thead>
<tr>
<th>月份</th>
<th>課程</th>
<th>人數</th>
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<tbody>
<tr>
<td>3月</td>
<td>園藝治療基礎證書課程（深圳）</td>
<td>18</td>
</tr>
<tr>
<td>5月</td>
<td>園藝治療中級證書課程（深圳）</td>
<td>16</td>
</tr>
<tr>
<td>9月</td>
<td>園藝治療基礎證書課程（廣州）</td>
<td>23</td>
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<tr>
<td>10月</td>
<td>園藝治療中級證書課程（廣州）</td>
<td>22</td>
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<tr>
<td>11月</td>
<td>園藝治療活動操作實務證書課程（廣州）</td>
<td>19</td>
</tr>
<tr>
<td>12月</td>
<td>園藝治療高級證書課程（廣州）</td>
<td>14</td>
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2017年，協會將繼續推廣園藝治療證書課程，培養更多專業人才，吸引更多有志之士投入園藝治療應用行列，服務大眾。澳門方面，協會與澳門科技大學持續教育學院合作，在2016年3月及6月合辦了兩期園藝治療基礎證書課程；在9月和10月則是園藝治療中級證書課程。此外，澳門園藝治療同學會分別在9月和10月先後舉辦了「空氣草手工作坊」和「香草茶及香草精神製作工作坊」。

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“廣州綠瞭資訊諮詢有限公司”致力於推動園藝治療在國內的普及與發展。自創建以來，公司秉承“創新，綠色計畫，造福人群，貢獻社會”的理念，憑藉廣州的地緣優勢，加強與港澳台以及國外的交流與合作，讓公司的資訊一直保持行業領先優勢。同時，還致力於將園藝治療與個人心理成長有機融合，力求為人的身、心、靈健康全面提升，探索出一個更廣闊發展空間。

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繽紛的世界有你有我—“人與植物的串連”
學術研討會感想

方彩帆  RHT (HKATH)

生活處處都有美，在於你用心；人如此，植物的栽培也如此。有句話說得很好：心若相知，無言也默契；情若相眷，不語也嫣然。在繽紛的世界裡，我們需要放下喧嘩，在安靜的環境中享受一番。如果不能夠眺望遠方，那麼我們可以在眼前體驗我們的生活。其實，簡單的生活最美；生活中的我們需要增添綠意；“綠”代表著生機，期待，成長。但平日在喧囂中我們是否真的能夠找得到適合自己的綠意呢？

2016 年 7 月 9 日-10 日，我參加了協會主辦的“人與植物的串連”學術研討會，兩天的論壇學術的研究和討論實踐，深深地讓我感受到植物的感染力，為什麼要將植物串聯一起，因為植物會“說話”，他們同樣跟隨著“生老病死”的自然規律。你能感受到種子發芽，成長的喜悅，同時你也可以欣賞到百花齊放的喜悅，或者你還能處於枯萎的無奈和傷感。往往我們在栽種培育植物的時候，需要細心去呵護。同樣，我們自己也希望找到舒服、適合的成長環境，好讓自己的內在心靈充滿“綠”。所以說，人和植物是緊緊地聯繫在一起的。

上下午各三個工作坊，六個課程的導師非常用心地引導學生，帶領學生從認識植物、觸摸植物、用植物創作作品，在體驗中陶冶情操以及舒緩心情。工作坊的體驗不管是從感知上來滿足自己，還是團體的體驗中提升自己，都能夠讓我感受到如何與植物深深地對話，譬如應該將植物擺放在那個位置，該怎樣才能夠裝飾的更加舒服，而且要在體驗中找到自己舒適的地方。

就像很多時候有人問我，用什麼樣的花盆、花器插花比較好，其實最簡單的，最能夠襯托出自然美的是生活中常見的，例如我們常見的小盆子，透明牛奶瓶瓶罐罐等等；只要你用點心思就會讓視覺上產生滿足。如果你說你稍微發揮一下自己創意，美就油然而生。例如我們工作坊中的，就是收集生活中的簡單瓶罐和種子，當工作坊體驗的第一環節是認識掛在牆上的種子（上圖）。

當我看到種子牆時有引發很多的個人感觸：人有生離死別，植物也同樣面臨著生老病死的自然規律：

生  老師由“種子牆”來切入課題，是一個很好的課堂開端，能夠很大程度上吸引參與者的眼球，每個人都會很好奇種子的形成，種子如何茁壯成長的等等，我們都需要一個過程和探索：想必每個參與者在接觸種子的時候往往沒有想到過這顆種子的構造是怎麼樣的？他究竟有什麼樣的神奇地方可以吸引到我們呢？在它的生長期間，需要經歷過什麼呢？ 植物和人一樣，生長的過程中需要各種要索，像土壤、陽光、空氣水分、微生物等等，正因為有這些才能夠茁壯成長，我們在觀察植物生長過程中，其實對我們自身的性情有什麼樣的作用？我相信，我們是與植物連繫在一起的，當我們用心照顧和欣賞它們，看著它們日漸長大，反過來我們自己的內在也會發生正面改變。那麼，我們也應當安靜下來，慢慢地觀賞和欣賞著……

老  每個人或許都想擁有永久的容貌，衰老是一個必經的過程，不能夠逃過。我們是否見過我們的葉子枯黃了，見過樹留下一圈圈的年輪，樹皮老得沒有水分的時候，是不是覺得他是沒有用了呢？其實不然，我們有很多時候需要通的象徵意義，在我們生活周圍，老了並不可怕，重要的是我們需要哺育一顆不老的心，正所謂“人老心不老”，我們需要活到老，學到老。
當葉子變成黃色，或者發現有很多的枯葉子，那麼我們需不需要考慮問題所在：是不是照顧不周，營養不夠，還是水分不夠又或者陽光照耀不足等等的情況？當這些問題出現在我們種植當中，我們會自問：他是不是生病了？我們對待植物需要像我們培育一個孩子一樣給予耐心和細心，照顧著她。

或許很多人都喜歡秋天，在這樣一個涼意盎然的季節中，常常可以看到滿地的落葉。這是一個新陳代謝的季節，總會有新的取代舊的。有些人可能會投入很多的情感，覺得一株植物死亡，自己就沒有了寄託。老實講，每一樣東西都有這個過程，我們需要的是正向的思維，正確的面對死亡，採納一種接受的態度，不要過於悲觀。

沒有人會對自然規律做出反抗，我們能夠做的是需要面對和接納。在繽紛的世界中，你、我都一樣，常常面臨著抉擇。我想，人生的意義和挑戰，就是要做最智慧的抉擇，努力讓生命綻放出最燦爛的花朵。

乾枝樂趣多

2016年3月19日，香港園藝治療協會在廣州市社會工作協工委舉辦了園藝治療專案分享講座。講座中，廣州市家康社會工作服務中心總幹事及香港園藝治療協會註冊園藝治療師劉夢華先生向大家介紹了園藝治療的概況，其後由香港園藝治療協會行政秘書及註冊園藝治療師麥舜欣小姐帶領大家參與“園藝治療體驗工坊：乾枝樂趣多”，以發揮創意為重點而開展園藝治療活動。大家天馬行空，創作了不同的乾枝作品後，分享了參與此活動在情緒、體能、社交、認知及創意方面的效益。參加者對園藝治療有初步認識之後，劉夢華先生向大家分享了國內園藝治療專案的一個範例：廣州市家康社會工作服務中心之“愛心家園”，介紹了該項目從2014年到2016年一步一步的發展，當中包括有種植訓練、朋輩支援及殘疾人靈活就業等項目，由淺入深的回應了服務對象不同層次的需要。參加本次講座的小夥伴們滿載而歸，對園藝治療有了初步認識，親身體驗了有針對性、有特定目的之園藝治療活動，也從宏觀層面認識了園藝治療專案的運作。我相信，小夥伴們把自己的作品帶回家，日後在看到它時便能回味本次講座的收穫，更有動力學習園藝治療，為服務使用者帶來身心靈的得著。

參加者用心設計自己的乾枝作品

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