

Practice of Horticultural Therapy in South Korea

Sin-Ae Park, Ki-Cheol Son*, Weon-Keun Cho

Dept. Environmental Science, College of Life and Environment Sciences, Konkuk Univ., Seoul, South Korea

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Abstract

Horticultural Therapy (HT) in Korea has seen rapid growth over the past 15 years. The Korean HT and Well-Being Association has been playing a crucial role in developing Korean HT. There are four levels of HT certification including Advanced HT, HT Level 1, HT Level 2, and Horticultural Well-being provided by the Korean HT and Well-Being Association. At present, the number of qualified horticultural therapists stands at approximately 2,000 and HT is offered at about 1,700 facilities such as social welfare organizations, job rehabilitation facilities, hospitals, public health centers, schools, etc. for various people. The practice of HT includes four phases: diagnosis and preparation, planning, implementation, and evaluation. Currently, endeavors are underway to obtain state certifications for HT certifications and to ensure medical insurance coverage.

HISTORICAL CONSIDERATION OF KOREAN HORTICULTURAL THERAPY

Horticultural therapy (HT) was introduced in South Korea in the 1980s when introductory classes were offered at universities and studies in HT were initiated. In 1997, Korean Research Society for HT (KRSHT) was founded by Ki-Cheol Son, Professor of Department of Environmental Science, College of Life and Environment Sciences at Konkuk University, Seoul, South Korea. Public relations, meetings, and research in HT at a national level began with KRSHT as its center. In 1999, the KRSHT was renamed the Korean Horticultural Therapy Association (KHTA).

In the initial stage of HT in South Korea, its scope and purpose were expanded, backed by exponential growth in interest without steady research and verification of results. There were difficulties because of a vague distinction between well-being-level horticultural activity (such as being exposed to an environment with plants or participating in horticultural activities for enjoyment) and HT as a professional treatment. In the beginning, HT specialists included well-being-level horticultural activity, which was not treatment, within the scope of HT in order to increase the base of HT. However, in the late 1990's the concept of HT and horticultural well-being were separated to enhance the specialty of HT.

To clarify the purpose and scope of HT, HT was defined as a professional treatment provided by a trained horticultural therapist by using plant and horticultural activities in a program pre-designed with therapeutic goals and purposes to improve physical rehabilitation and mental recovery of clients (Son et al., 2006). On the other hand, participating in horticultural activities for enjoyment is defined as horticultural well-being (Table 1). From this background, KHTA was finally renamed as the Korean HT and Well-Being Association in 2007.

KOREAN HORTICULTURAL THERAPY AND WELL-BEING ASSOCIATION

The Korean HT and Well-Being Association (<http://www.khta.or.kr/>) has been playing an essential role in developing Korean HT and horticultural well-being. It is a non-profit organization that provides HT certifications, supervision of educational programs for HT certification from centers of continuing education at respective universities, publishes regular newsletters for the membership, and holds regular workshops. There are about 5,000 members and 40% of whom are registered members as a horticultural therapist (March, 2012). The Korean HT and Well-Being Association was legally recognized as a corporation aggregate as of March, 2010 by the Rural Development Administration, a government organization in South Korea. Thereby, the status of the Korean HT and Well-Being Association was boosted by being acknowledged as a legal organization rather than a private organization.

KOREAN HORTICULTURAL THERAPY CERTIFICATION SYSTEM

A horticultural therapist is a person who has the eligibility to conduct HT and has horticultural knowledge not only of the growth, cultivation, and specialty of plants but also has understanding on various areas such as psychiatry, rehabilitation medicine, counseling, nursing, social welfare and etc. In addition, he/she needs to be capable of smoothly carrying out the planned HT program according to its intended purpose of treating the physical and psychological health of people (Son et al., 2006).

The qualities of a horticultural therapists are delineated as follows: 1) progressive and positive attitude regarding the client, 2) patience to help others, 3) theoretical knowledge and skills regarding horticulture and ability to convey them to others, 4) wisdom to create new ideas with fresh recognition of relationship between horticulture, plants and people, 5) self-confidence and conviction, 6) being able to maintain professionalism and warmth without being swept by other people's problems, and 7) teamwork enabling to work with other staff with the common goal of bringing recovery to clients and etc. (Son et al., 2006).

There are four levels of HT certification: Advanced HT, HT Level 1, HT Level 2, and Horticultural Well-being provided by the Korean HT and Well-Being Association (Table 2). Advanced HT is the highest level of professional certification, HT Level 1 is next, and then HT Level 2 follows. For example, to apply for HT Certification Level 2, the requirements are a community college degree in any field, completion of a HT educational course at the center of continuing education at a university in South Korea (or at least 15 credits of graduate school in HT), participation in workshops for 20 hours (Korean HT and Well-Being Association or universities hold regular workshops with various topics in HT), at least having lead at least 60 HT sessions, reports for the internships (an internship should include at least 10 HT sessions for the same clients), at least a poster or oral presentation for HT at a conference, and recommendation letter from an advisor (Table 2) (<http://www.khta.or.kr/>). There are 124 certified at the Horticultural Well-Being level, 1,664 at HT Level 2, 127 at HT Level 1, and 0 at Advanced HT level (March, 2012).

The centers of continuing education of 25 universities in the provincial or urban areas have been offering one-semester of training course for applying for HT certification from 1999 and about 5,000 students have completed the course (February, 2012). The courses at the center of continuing education of each university should include the classes for horticulture, HT, and medicine (Table 3). Moreover, six universities (Catholic University of Daegu, Dankuk University, Konkuk University, Korea University,

Soonchunhyang University, and Wankwang University) have undergraduate or graduate programs in HT. Some universities offer HT classes in horticulture, social work, nursing, or public health. There are about 350 theses or dissertations on HT as part of master or doctoral degrees and about 1,000 presentations related to HT at conferences in Korea. There are about 15 books concerning HT which have been published.

APPLICATION

Most of the horticultural therapists in Korea are working part-time or as freelancers and there are about 20 full-time horticultural therapists. HT is offered at about 1,700 facilities such as social welfare organizations, job rehabilitation facilities, hospitals, public health centers, schools, etc. for various people.

The practice of HT includes four phases: 1) diagnosis and preparation, 2) planning, 3) implementation, and 4) evaluation (Son et al., 2006). The first stage, diagnosis and preparation involve collecting basic information about clients in order to establish a clear therapy goal. To collect the information, interviews, questionnaires, or observation can be used. The purpose of the planning phase is to plan a specialized HT program for meeting the therapy goals established in the diagnosis and preparation phase. In this stage, therapy techniques such as process analysis, activity analysis, medical treatment intercession model, research design, and assessment method are decided.

Each activity which is performed, involves processes that have significance. Process analysis is conducted to summarize all processes in each session. The therapist organizes the horticultural activities that are appropriate for the therapy goals in each session and summarizes the processes in the specific horticultural activity planned (Son et al., 2006). Through this process analysis, optimal therapy activities can be selected according to the symptoms or conditions of the client in order to achieve maximal effects. At every session in the HT program, the activities to be stressed, repeated, or adjusted by the client's needs or ability can be planned through the process analysis. Each session in the HT program includes introduction, development, and conclusion sections. Furthermore, the process analysis for the HT program includes the objectives of the program, materials needed for the program, each process, expected time needed, etc. An example of the process analysis is in Table 4.

Activity analysis is to analyze the characters and elements of each specific activity in the therapy program and then to combine the analyzed specific activities based on the patient's needs and characteristics (Lampert et al., 1993). The activity analysis makes the HT activities simple, visual, with step-by-step application and the HT activities can be classified by the degree of difficulty. In activity analysis, the analyzed activities can be planned how to best meet the needs of the clients and the content, frequency, and degree of difficulty of the tasks can be decided for a proper therapy goal. Therefore, a HT program can be applied to various patients with different therapeutic objectives through activity analysis. By analyzing each task composing each activity, each individual task can be fully understood and used to define the meaning and purpose of the whole activity. The activities in the HT program are analyzed with an activity analysis form (Son et al., 2006). In the activity analysis form, there are six superior position items such as activity summary, occupational performance components, occupational performance, occupational performance modifications, implications for treatment, and grading the activity (Lampert et al., 1993; Son et al., 2006). After which, the superior position items are divided by subordinate position items.

The medical treatment intercession models are theories that are already established

in the professional medical field and can be utilized in HT as an intercession model for therapy (Son et al., 2006). Horticultural therapy can be expanded through interaction and correlation with various academic fields such as rehabilitation medicine, nursing, psychology, education, sociology, social welfare, economics, activity therapy, alternative medicine, and so on, as well as horticulture. Establishing various theoretical models from other fields as a medical treatment intercession model for HT can help perform further professional and effective HT (Son et al., 2006). In this case, the most important matter is how the medical treatment intercession models that are recognized in other professional fields can be applied to an HT program (Kim et al., 2012).

The implementation phase is the core component of the HT program. It is most important in this stage to execute the HT program based on the established goal. The therapist qualities are also crucial factors in the implementation. To monitor progress in a HT program, the therapist should examine and record the treatments given and subject progress by using scientific assessment sheets. The evaluation phase involves measuring the effects of HT and to determine if the goals and objectives of HT were met. Moreover, ineffective issues in the HT program can be investigated and revised. Finally, in order to recognize the effects of HT, the four basic process phase results should be presented at conferences.

FUTURE ISSUES

Horticultural therapy in Korea has seen rapid growth over the past 15 years. There are efforts to continuously improve and reinforce the capability of the horticultural therapist as a professional therapist and keep carrying out research to verify the effects of HT with scientific evidence. Moreover, there are endeavors to make HT certifications state-certified and have cost covered through medical insurance.

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Tables

Table 1. Concepts of horticultural therapy and horticultural well-being.

Items		Horticultural therapy	Horticultural well-being
Common	Goal	To improve quality of life	
Difference	Client	Diagnosed client who needs treatment	Client who wants to use horticulture for their life
	Process	Focused on maximizing therapeutic effects	Focused on enjoyment
	Role	Therapist	Counselor, supporter

Table 2. Four levels of the horticultural therapy (HT) certification provided by the Korean HT and Well-Being Association.

Requirements	Horticultural Well-Being	HT Level 2	HT Level 1	Advanced HT^z
Education	Completion of a HT course at a center of continuing education (or government employee of the Rural Development Administration)	Community college degree and completion of a HT course at a center of continuing education (or at least 15 credits of graduate courses in HT)	Bachelor's, master's, or doctoral degree in HT (For master's or doctoral degree in horticulture, completion of 3 courses related to medical studies and submission of thesis for HT)	Doctoral degree or 5 short-term intensive internships (including 2 internships overseas)
Qualifying exam	○ (same as HT Level 2)	○	None	None
Internship ^y	60 sessions	60 sessions	200 sessions	1,200 sessions
Workshop	40 hours	20 hours	40 hours	100 hours
Reports for internships	×	○	○	○
Presentation at a conference or publication	×	○	○ (1 presentation and 1 paper)	○ (5 presentations and 5 published papers)
Recommendation letter	○ (from an advisor)	○ (from an advisor)	○ (from an advisor)	○ (from an advisor and 10 members of the Korean HT and Well-Being Association)

^z: Able to apply 5 years after obtaining HT Level 1.

^y: An internship should include at least 10 HT sessions for the same clients.

Table 3. Educational courses for horticultural therapy (HT) certification in centers of continuing education at universities.

Topics	Contents
Horticulture	<ul style="list-style-type: none"> ▪ <u>Growth and Management of Horticultural Plants</u> ▪ <u>Flower Arrangement</u> ▪ Management of Indoor Plants ▪ Practice of Indoor Landscape ▪ Growing and Management of Herb Plants ▪ Plant Physiology ▪ Plant Propagation ▪ Vegetable and Fruit Production ▪ Management of Wildflowers etc.
HT	<ul style="list-style-type: none"> ▪ <u>Introduction to HT</u> ▪ <u>Methodology of Programming and Assessment in HT</u> ▪ <u>Clinical Skills in HT</u> ▪ Research Methods in HT ▪ Seminar in HT ▪ Therapeutic Garden etc.
Medicine	<ul style="list-style-type: none"> ▪ <u>Psychiatry and HT</u> ▪ <u>Rehabilitation Medicine and HT</u> ▪ <u>Counseling Psychology and HT</u> ▪ Occupational Therapy and HT ▪ Physical Therapy and HT ▪ Nursing and HT ▪ Preventive Medicine ▪ Development Psychology ▪ Stress Management etc.

* The underlined classes are mandatory.

Table 4. An example of process analysis of horticultural therapy program.

Activity name: Planting green onion		Therapist name: First, last	Date: Month/day/year
Materials needed	Seed bulb of green onion, mixed soil, planter, trowel, watering can, name tag, name pen		
Objective	To improve hand function ability and sociality for stroke patients		
Planning lead time	Process	Expected effects	Tip
	Introduction		
15 min.	1. Sharing stories about planting plants or green onion 2. Giving simple information about the green onion 3. Brief demonstration about the activity	To induce conversation topics and to generate interest for the activity	
20 min.	Development		
	4. Mixing soils by adding water 5. Filling soil (3/4) in the planter 6. Making lines in the planter 7. Planting seed bulbs of green onion on the lines 8. Covering the bulbs with soils 9. Watering	To practice grip strength and fine motor skills of hands and to induce cooperation	
10 min.	Conclusion		
	10. Making a name tag 11. Summarizing the whole process 12. Giving the information about management techniques of the green onion	To practice fine motor skills of hands and induce conversation topics	