

# NEWSLETTER

## Conference inspires and educates horticultural therapy professionals

The who's who of the Canadian horticultural therapy gathered on Sept. 22 at Homewood's Health Centre in Guelph to participate in Canadian Horticultural Therapy Association's 30th annual conference.



*Mitchell Hewson was honoured by his peers, colleagues, friends and family at the 2017 CHTA Annual Conference.*

"The day was enchanting, informative, educational, inspiring and unexpectedly emotional in promoting horticultural therapy," says Julie Krahule, 2017 CHTA Conference Coordinator.

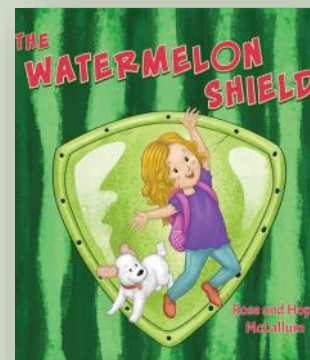
Highlighting the event was the dean of horticultural therapy in Canada, Mitchell Hewson, who was the conference's keynote speaker. (See page 10 for a separate article on his presentation.)

Later in the conference, the great respect with which fellow horticultural therapists hold Mitchell Hewson was displayed with a presentation of a painting by Julie Krahule, CHTA board member and 2017 Conference Coordinator. She presented a print of Canadian wildflowers she created for him and the conference.

Lesley Fleming, one of the guest speakers at the conference, took on the MC duties with an unorthodox exercise that outlined Mitchell's achievements. Each conference attendee found a bag of materials and a mortar board (graduation) hat under their seat. As CHTA members cited Mitchell's accomplishments, nine symbolic mementoes were attached to their hats. Mitchell was then presented with a very special hat as 'high priest' of HT.

At the conclusion of the recognition, the audience was

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*The Watermelon Shield*  
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asked to stand if they had taken Mitchell's classes or workshops, used his book, had been to Homewood, collaborated on projects with him, used one of his ideas, or worked with Alzheimer populations (he initiated HT programming for this population).

The entire audience rose to its feet in a salute—hats off—to the man of the hour.

Mitchell's impact across horticultural therapy and health services has inspired practitioners to work harder, be kinder, try new things, work within the system, be generous with talents,



recognize others, be in awe of nature, see each person as an individual and be the best that they can be.

The conference began with a walking tour, led by Mitchell, of Homewood's grounds and sanctuary gardens. The tour saw raised beds, a labyrinth and design features of healing and therapeutic gardens along with many healing plants, including herbaceous perennials, for mind, body and soul.

Following the tour, the nearly 50 attendees took part in the annual general meeting. Along with financial information and plans by various CHTA committees, the event named the 2017-2018 board members. Two new members, Miriam Goldberger and Maureen Marley, joined the board that day.

Board members are: Chair, Christina Klein; First Vice-Chair, Lindsay Jennings; Treasurer, Liane Ross; Members-at-Large, Julie Krahule, Judi Vinni, Miriam Goldberger and Maureen Marley. "I am especially grateful that I have been voted as chair for an additional year," says Christina.

## Guest speakers

Following the lunch break, the afternoon speakers included Homewood Health Centre's HT Department, headed up by Tami Proctor with Trina Alix and D'Arcy Meloche, along with Nick Csuzdi of the Homewood Health Centre's Outcome Studies Department.

Tami and her team spoke about the benefits of Homewood's programs through a series of surveys taken by patients. Tami explained how the program worked for the horticultural therapy program at Homewood, and then

showed statistics from Homewood's surveys. She explained that the survey program is a great tool to fine-tune what the horticultural therapy program provides patients.

This was followed by Jane New, Enabling Garden Coordinator at Riverwood Conservancy in Mississauga. She presented *Horticultural Therapy Through an Indigenous Lens*, working with the aboriginal community

by using nature as a catalyst for change. She talked about supporting the notion that contact with natural environments enhances positive effect, reduces stress, promotes more health-orientated behaviours, and enhances self-esteem.

Miriam Goldberger of Wildflower Farm in Coldwater, Ont., outlined the practical application of using wildflowers as an expressive therapeutic opportunity for horticultural therapists.

Award-winning writer and horticultural therapist, Lesley Fleming took to the stage. The former editor-in-chief of the American Horticultural Therapy Association's news magazine, presented her subject, *Horticulture and Health According to Three Wise Men*. She cited Hippocrates, E.O Wilson and Stephan Kaplan and their theories. Lesley spoke about the physiological benefits of nature and gardening, and the emergence of gardens in health care settings, social movements and treatment modalities.

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## **Recognizing Mitchell Hewson's many contributions to horticultural therapy**

Lesley Fleming recorded some of the comments by attendees on how they recognize Mitchell.

**D'Arcy Meloche**, "We recognize Mitchell for his compassionate care for others, particularly those with mental health challenges."

**Trina Alix**, "We recognize Mitchell for his pioneering role in developing horticultural therapy at a Canadian psychiatric hospital." Homewood's HT program, designed and developed by Mitchell, continues to be the largest and longest running program in the country, acting as a role model for HT applications across special populations.

**Amy Petersen**, "We recognize Mitchell for his influential role in the development of horticultural therapy practices and principles in Canada." In developing foundational knowledge for HT, Mitchell was the first to present definitions categorizing mental health populations, definitions still used by Canadian HT practitioners today.

**Maureen Marley**, "We recognize the programming and therapeutic techniques Mitchell has developed and so generously shared with HT professionals, opening our eyes to new ideas." These include horticultural therapy for mental health populations, those with Alzheimer's, the use of guided imagery, aromatherapy and so much more.

**Ruth Ann Cook**, "We recognize Mitchell for his extensive body of published work." With more than 75 published articles on a wide range of topics, Mitchell has led the way for practitioners to undertake research, share evidence-based findings and publish in peer-reviewed journals.

**Susan Feryn Perkin**, "We recognize Mitchell for the staggering number of practitioners he has trained." Mitchell has trained hundreds of HT professionals who have gone on to practice across Canada and elsewhere, thus extending his influence far beyond Guelph, Ontario and Canada.

**Monte Hewson**, Mitchell's brother, "We recognize the public education and outreach Mitchell has undertaken, demonstrating to the profession that it is an essential part of HT." Mitchell has significantly influenced attitudes and awareness of HT across health disciplines and to the public by doing more than 300

presentations, conference talks and interviews.

**Margaret Nevett**, "We recognize Mitchell for his leadership in Canadian horticultural therapy and the American horticultural therapy professional associations." One of the founding members of CHTA and instrumental in the early days of AHTA on the awards committee, Mitchell has been committed to sustaining leadership within the HT professional association for more than 30 years.

**Janet Phillips**, "We recognize Mitchell for his international promotion of horticultural therapy." Mitchell has introduced the concept of HT to Taiwan, Japan, Hong Kong, Cuba, and the US.

## **Excellent committee support**

As 2017 CHTA Conference Coordinator, Julie Krahule thanked and acknowledged "the excellent support of the conference committee, namely Tami Proctor, Tara Batho, Christina Klein, Liane Marie Ross, in realizing my vision for this conference."

Julie formulated the theme for the conference, *The Effects of Climate Change: Preserving Canadian Wildflowers, in January 2017*. Julie said that the theme for the conference, The Effects of Climate Change: Preserving Canadian Wildflowers, was formulated last January, "before the horrendous, world-wide climate change destruction and devastation that has taken place this year."

She went on to explain that early this year she had contacted Tamaura Proctor with the suggestion that this conference be held at Homewood Health Centre. "Tamaura responded that she was intending to propose this venue to me. Tami indicated to me that there would be no charge to CHTA for the venue, lecture theatre, along with assistance from Homewood's Information Services Department to the presenters. This conference could not have occurred without Tami's assistance!"

## **Survey says...**

A survey on how members felt about the conference was sent out by the CHTA, giving attendees the opportunity to comment on the conference. Although only ten attendees responded to the online survey, the results give the CHTA board good feedback on how to improve next year's conference.



Ninety per cent of the respondents revealed they would likely recommend the CHTA Conference to colleagues. All the respondents indicated they felt the conference was very good to excellent, while most thought the conference was well organized.

## **Members want activity breakouts, networking opportunities and physical activity**

In answering the question about what members would like to see at the 2018 conference, three areas were highlighted: activity breakouts, networking opportunities and physical activity.

In rating the length of time that the conference operated, 60 per cent felt it was too long, while 30 per cent responded that it was just the right amount of time. One respondent indicated it was too short.

Everyone did feel the content of this year's conference provided helpful information. In answering what they liked about the conference, some wrote that it was a good opportunity to meet like-minded people and it was wonderful to see everyone again. One respondent wrote, "The balance between lecture and garden tour. The e-book as a resource. The strength of knowledge and experience the presenters brought to the conference. The hands-on audience participation of the Hewson recognition."

## **Some issues raised**

Although some responded that there was nothing they disliked about the conference, others wrote about their specific issues with the event, touching on presentations, parking, lunch and networking.

"The scheduling of one short presentation after the other without a cohesive theme and no one facilitating time management. No active sessions, nor time to network," wrote one survey participant.

Another respondent wrote, "Presentations had information that everyone knew about already."

"Because of such a packed schedule, it was difficult to connect with others for networking and conversation," wrote one attendee.

"I would like to have our HT designation under our name on our name tag, and networking opportunities that mention new people and up-

and-comers in the field," responded another participant. The CHTA board also asked survey attendees to suggest themes, presenters and activities for the 2018 conference and AGM.

One response suggested a theme on what does HT in Canada look like, and who is doing what and how. They suggested a slide show of people's work, small group networking sessions, session on funding HT, sharing your best lessons, displays on the best tools, equipment, materials to use, lunch using local food, and a speaker who has benefited from being in a HT program

Another attendee suggested sharing activities, more time to discuss challenges, and more time outdoors.

"More activities or project information sharing. More engagement from the CHTA board to answer questions about internships, registration, branch membership areas, projects being worked on, and highlights. I think it would be great to know what's happened over the year and what the goals and objectives moving forward are as an organization," stated one respondent to the survey.

CHTA chair Christina Klein said, "We will use the input to improve the CHTA and the conference. As we implement changes, which reflect your voices, please don't hesitate to drop any of us on the board an email with suggestions or a vision on the future direction of your CHTA."

## **Next year's conference is in Kaministiquia**

CHTA has announced that next year's conference will take place at Willow Springs Creative Centre <http://www.willowsprings.ca/> in Kaministiquia, approximately 30 kilometres west of Thunder Bay, ON.

Judi Vinni, CHTA Board Member at Large, has taken on the position of 2018 Conference Coordinator. She is also co-founder and coordinator of Willow Springs Creative Centre.

It is described as a progressive, inclusive social purpose enterprise that provides programming and training in art, therapeutic gardening and food services.

*Judi may be contacted at [member2@chta.ca](mailto:member2@chta.ca).*

# Message from CHTA Chair, Christina Klein

The 2017 CHTA conference is behind us. Those who attended were rewarded with warm hospitality, education and a chance to reflect on what it is to be a horticultural therapist.

The conference was also a way of kindling new friendships and sustaining the old. These gatherings are an opportunity for solidarity in our profession, a way to authenticate what we do and also bring forth new ideas for our organization. We have a united goal: raising the bar for national standards and providing and improving opportunities for horticultural therapists. The conference achieved those opportunities. I hope this momentum continues.

Our conference also marked a transition as a board. Previous years saw voting for board members done either by proxy or by those attending the AGM. We have now transitioned to the online method, enabling us to reach out much more extensively to our members across Canada. Please make use of the questionnaires, which were emailed out to members on October 3. If you didn't receive the email, or lost it in your pile of email, contact Canadian Horticultural Therapy Association at [admin@chta.ca](mailto:admin@chta.ca). We use your input to improve the association. I thank all who have supported our board. I am especially grateful that I have been voted as chair for an additional year.

I find this time of year, as chores and demands from the outside world wind down, is a lovely time to reflect on change. I secretly like this snuggly, I-can-watch-TV-without-feeling-guilty time of year. Depending on where you are in Canada there is a sliding scale of intensity. The winds are howling, and I am fearful of slipping and falling and oh, that snow, doesn't it ever stop? The seasons force me to

slow down, to stop and to look.

I have come to welcome the cold weather; which makes me slow down my life and even-put a brake on it altogether. There's a word which you may have heard: Hygge. It comes to us on the wings of the cold winds in Denmark. In the way that translations go, while there is no one English word that can encompass the feeling of hygge. The Danish word is

meant to encompass coziness, comfort, familiarity and kinship.

As blogger Alex Beauchamp, creator of HyggeHouse.com, states, hygge is "acknowledging a feeling or moment, whether alone or with friends, at home or out, ordinary or extraordinary as cozy, charming or special."

Everyday acts may include special rituals, such as washing dishes, sweeping leaves and

even, yes, shovelling snow.

It's being in the moment with someone you love and with what you love doing. Doesn't working with plants and being around nature do this? When I'm gardening, I don't want to do anything else, or I'll miss it: the moment when I'm digging in the bed and see Mr. Toady sitting oh-so-stately.

It is so important being present and recognizing the moment. This is something we can bring, not only to our lives, but also to those whose lives are enhanced by horticultural therapy. At the end of each year, I am like the the mythology god of beginnings and transitions, Janus. He had two faces: one to scan the past, and one to peer into the future.

The year 2017 was one filled with ideas, excitement, welcoming new board members and a coming-together of wonderful people and minds. 2018? Ah, I can't wait!



## New book by CHTA member helps to solve issue of bullying

Long-time CHTA member Rose McCallum HTT of Thamesford, Ont., was trying to cope with bullying of her daughter Hope at school.

"Hope didn't understand why it was happening to her," says Rose. "She was starting to internalize the unkind words and actions, and began to feel sad, discouraged, and didn't want to go to school any longer." Rose gave her suggestions to try at school, but they didn't help.

One morning while making her lunch for school, Rose thought of a great idea that might just help Hope manage the bullying. As she cut into a large watermelon, she called for Hope to come into the kitchen. There, she shared with her the idea of using an imaginary watermelon shield to protect her at school that day.

Rose explained that the watermelon has a tough strong rind that protects its tender flesh inside, just like our skin protects our hearts. Her mom wanted her to use the watermelon shield to protect her from letting unkind words from bullies get into her heart, and affect how she felt about herself. She encouraged her to let those unkind words bounce off her shield, and go back to the bully, but also reveal how the bully feels inside. Hope immediately grasped the idea, and was excited to try it at school that day. Sure enough, it worked wonders for her.

Two years later, when Hope was eight years old, she asked her mom if they could write a book about the watermelon shield to help other children who are coping with bullying.

The Watermelon Shield is a sweet story and picture book about how a young six-year old Hope overcame bullying at school.

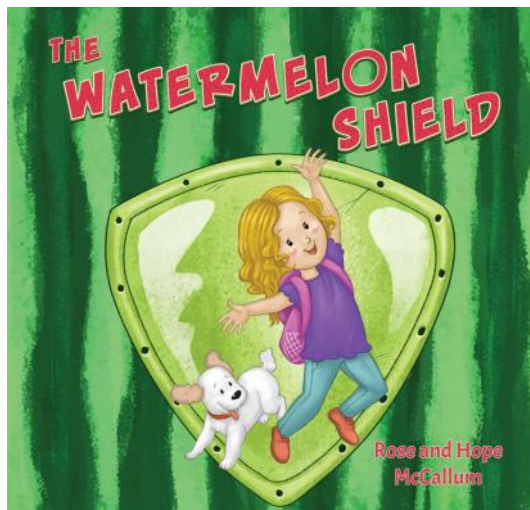
"The book has a great message for all of us, and really helps children coping with bullying," says Rose. "It supports the development of a compassionate understanding of why bullying happens, and can help children establish healthy boundaries to ultimately maintain their self-confidence and happiness."

On November 7, 2017, Rose and Hope were featured on a news story with [CTV news London](#) and Kitchener about *The Watermelon Shield*. The book is featured on a web-

site [thewatermelonshield.ca](http://thewatermelonshield.ca). "We would also love for readers to like and follow our Facebook page, and if you read and enjoy the book, share a review to our Facebook page as well."

The book is available to purchase online on kindle ebook from [amazon.ca](http://amazon.ca), [amazon.com](http://amazon.com) (search words '*The Watermelon Shield*'), and also available in print online from [volumesdirect.com](http://volumesdirect.com) (Canada), and [amazon.com](http://amazon.com) (U.S.).

"We hope that by sharing our coping strategy, it will help a child you love stay confident, amazing and awesome," says Rose.



## **Bell Let's Talk funds help train staff in horticultural therapy at Stella's Circle**

The Bell Let's Talk (BLT) Community Fund program selected Stella's Circle, a leading non-profit community organization in St. John's, Nfld., to pay for training five employees in horticultural therapy.

As part of its work with more than 1,000 clients a year, Stella's Circle will use BLT funds to train five staff in horticultural therapy to deliver three groups a year. The organization is creating a community garden on 3,200 square metres of land, as well as developing indoor garden space to provide participants with the therapeutic opportunity to develop new skills. Stella's Circle was among 70 organizations from across Canada that demonstrated dedication and commitment to help increase access to mental health care. The announcement of the \$16,000 fund was made in late October.

"The funds will allow us at Stella's Circle to train five counselors in horticultural therapy," said Denise Hillier, Director of Clinical Ser-

vices with Stella's Circle. "Once trained, they will facilitate several horticultural therapy sessions in various environments." This will allow the facility to offer a formal horticultural therapy program.

The annual [Bell Let's Talk Community Fund](#) is part of the \$100-million Bell Let's Talk mental health initiative that promotes Canadian mental health including national awareness and anti-stigma campaigns like Bell Let's Talk Day, and provides significant funding of community care, research and workplace initiatives across Canada.

The Fund provides \$1-million in grants each year for local and grassroots mental health initiatives that improve access to care and make a positive impact in communities across Canada. Since 2011, the Fund has supported 414 organizations. The grants range from \$5,000 to \$25,000.

The next call for applications will open in January 2018.

## **Serenity Farm assists with therapeutic food growing**

A blog on the website [The Bounty Hunter](#) featured Serenity Farm, a 14,000-square foot organic farm in the fertile Blenkinsop Valley in Victoria, B.C.

A community partnership, the farm provides therapeutic food-growing opportunities for people who have challenges including mental illness, addictions and/or criminal offences. Community volunteers, staff and participants work together to grow vegetables, fruits and flowers, which are then provided to the participants and sold through a number of community outlets. Much of the money generated through produce and flower sales goes back to the participants.

"It all started with planting a seed, tending to it and watching it grow. The diversity of people working together in community is only surpassed by the diversity of plants and pollinators on the farm. I so look forward to seeing how Serenity Farm continues to blossom in the seasons to come as I enjoy the bounty from the farm," writes blogger and daughter of Farm owners, Melissa Quantz.

[Serenity Farm](#) began in the fall of 2011 with the commitment of two people, provincial court judge Ernie Quantz and his wife Ardelle, a Master Gardener, to establish a therapeutic garden for offenders engaged with the Victoria Integrated Court system.



# Nova Scotia workshop promotes therapeutic horticulture

**Photo and article by Lesley Fleming**

Nova Scotia Recreation Professionals in Health hosted a one-day workshop on Aug. 30, entitled *The Versatility of Gardening Used for Recreation and Treatment*.

Presenters were Beth House, Director of Therapeutic Services, Windsor Elms Village, and myself, horticultural therapist Lesley Fleming.

Incorporating experiential hands-on activity as a principle of horticultural therapy, instructional method and therapeutic technique, workshop sessions included a plant-based service project for location host Windsor Elms Village seniors' facility in Falmouth, NS. Other activities included a plant game, garden tour and small group discussions.

Attendees from several therapeutic disciplines participated in the workshop including CHTA members, recreation professionals, social workers and corrections staff.

The workshop's four sessions covered a wide range of topics relevant to therapeutic professionals, including a keynote talk on the versatility of gardening used for both recreation and treatment; gardens come in all shapes and sizes; laughter therapy intersecting with other therapeutic modalities; and gardening's top five. Participants were provided digital resources and Lesley's e-book *Therapeutic Horticulture a Practitioner's Perspective*.

The workshop was accredited by the American Therapeutic Recreation Association for continuing education units (CEUs).

With growing interest across the province in plant-based gardening programming, Lesley Fleming suggested participation in the Nova Scotia Therapeutic Horticulture Network. Lindsay Jennings, CHTA) board member, spoke briefly about the national association and its interest in creating a provincial chapter in Nova Scotia.





# New book *Veggie Garden Remix* set for release in February

Novelist and radio host of *The Weekend Gardener* Niki Jabbour of Halifax, NS, is excited about her new book [\*Veggie Garden Remix\*](#) set for release this February.

Niki invites readers to shake up their vegetable garden with an array of 224 plants from around the world. She encourages gardeners “to start with what you know and expand your repertoire to try related plants, many of which are delicacies in other cultures.”

The book presents detailed growing information for each plant, along with fun facts and plant history.

“I caught the gardening bug early,” says Niki in an interview with the website [Humans Who Grow Food](#). “When I was a kid, my parents always planted a summer vegetable garden; seeds sown the long weekend in May with everything harvested by early September. It was a small, rectangular garden with long rows, and wasn’t very productive, but it did

teach me that food tasted better from the garden. By the time I was about 12 years old, I took over the garden, re-forming the rows into beds and mulching the paths to keep the weeds down. The garden became my playground and I never looked back, eventually studying horticulture in university.”

Niki is well-known for advocating growing food year-round. “I love being able to supply delicious, nutritious organic food to my family 365 days a year, even though I live in a cold climate in Eastern Canada. As a kid, our garden was a three-month garden, but as I learned and experimented, I discovered that many crops were cold-tolerant and could be cultivated into winter with simple season extenders like cold frames, mini-hoop tunnels and mulch.”

Find out more about Niki Jabbour at her website [savvygardening.com](#).

## Playgrounds can reduce or exacerbate child’s disability

The International Classification of Functioning, Disability and Health (ICF) suggests environmental contexts in playgrounds can reduce or exacerbate a child’s disability.

Appearing on the web page of the American Society of Landscape Architects, the article was written by Amy Wagenfeld, Assistant Professor in the Department of Occupational Therapy at Western Michigan University and Affiliate Faculty in the Department of Landscape Architecture at the University of Washington and co-chair of the Children’s Outdoor Environments PPN. She is co-author of *Therapeutic Gardens: Design for Healing Spaces*. “If an environment enables a young girl with a left leg amputation who uses a wheelchair to access spaces the same ways everyone else

does, she is not disabled in this context,” reads the article. “If she cannot participate or engage in the space, she is disabled.”

Universal design refers to products, services, and environments usable by the widest range of people possible, despite ability, age or preference. Inclusive design is design that considers the full range of human diversity with respect to ability, language, culture, gender, age and other forms of human difference. Universal and inclusive design is about equity and parity.”

The article also includes ideas for inclusive and universal design, and why they belong in all children’s outdoor environments. The article may be found at [Children’s Outdoor Environments](#).

# Excerpt of Mitchell Hewson's keynote address at CHTA 30th anniversary conference

*Editor's note: The following is a shortened version of Mitchell Hewson's keynote address at the 30th annual CHTA Conference on Sept. 22 at Homewood's Health Centre in Guelph. See the Spring 2018 CHTA Newsletter for Part two.*

Dear CHTA Members,

It was such a pleasure meeting you and sharing in the joy of the 30th anniversary of the CHTA conference. Thank you also for honouring me for my work. I continue to promote this wonderful vocation through education, writing, research and lectures. Enclosed please see the first of two articles from the conference. The first article consists of excerpts from the keynote address (*A humanistic approach to using nature as therapeutic tool for specialized populations*). The next issue will feature an article (*Therapeutic design and principles of a therapeutic space*) from the guided tour of the therapeutic gardens and labyrinth.

Best wishes for a creative winter season!

Mitchell

## **A humanistic approach to using nature as a therapeutic tool for specialized populations**

It is my honour to speak to you and share my work and thoughts as a therapist, educator and horticulturalist. I have been called the guru of HT from the APO, CHTA and recreational therapists, but now I think I am now known as the grandfather of HT.

Before I begin any program or presentation, it

is important to ground and provide mindfulness through therapeutic exercises such as an inspiring reading, Tibetan singing bowl, Psycho aromatherapy, music, etc. I have developed five binders and 20 of life's questions, each representing nature, therapy, humour, inspiration and nature's bounty.

I will ask you five questions to think about during this conference, ground with the Tibetan singing bowl and use aromatherapy for mindfulness. Where do you get your energy and passion from? What are your special gifts you give to others? What one word describes you? Where is sanctuary for you? Who inspires you and why?

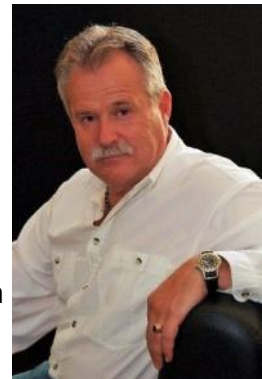
### **Singing bowls**

During the 1960s came a new youth culture looking for spiritual guidance. In their search, they came upon the singing bowls in the Himalayas. They were round metal bowls of various sizes and colours. They produced a wonderful singing sound when they were tapped, struck or rubbed.

Sound is used as a medium, which can transport the human spirit to a different state of consciousness.

Bowls are made of seven metals, connecting to the planets: Gold — Sun, Silver — Moon, Copper — Venus, Mercury — Mercury, Iron — Mars, Tin — Jupiter and Lead — Saturn.

Size, shape and the type of metal used all combine to give each bowl its own unique sound. Sound is vibration and vibration is music in a three-dimensional form. Vibration of



sound spreads through the body and acts like a delicate internal massage of all the cells. In the measurement of magnetic brain waves, alpha waves are present in the brain in a state of meditation and calm. The wave pattern of the singing bowls is equivalent to the alpha waves produced by the brain. Bowls are placed over parts of the body for their healing vibrations.



### **Horticultural therapy journey**

You are here today for many reasons. You know that nature is a therapy, and you care deeply about others and our planet. You possess passion to nurture and you are a voice for the disenfranchised and marginalized. Horticultural therapists are not tolerant of intolerance.

We know each person needs to be understood, valued and appreciated. We know the smell of mother earth, watch and care for our plants with love. We relish in the joy that each season brings. We are also lucky and proud to live in a country called Canada.

We give our energy to others and at times our well needs to be filled and nourished. Be aware of your energy levels and don't go beyond what leaves you empty. Hopefully, today's conference will stimulate and motivate

you and fill your well.

### **What is horticultural therapy?**

Horticultural therapy is used as treatment tool to develop a relationship with clients to improve their cognitive, social, behavioural and spiritual well-being. Horticultural therapy promotes a natural sense of wellness. It is a clinically validated, is an experiential-based profession that uses nature and adjunctive therapies to encourage clients to engage in the natural world.

The use of living materials requires nurturing and cultivation, helps clients develop new ways of thinking about life and self-care. It provides rehabilitation, acquisition of new skills, increased self-esteem, dignity, hope and quality of life.

I knew as a child visiting my grandparents' farm there was something magical. But I could not put it into words. I knew the feeling of the canopy or cathedral of trees in the forest, the yellow marsh marigolds in the spring, the sweet smell of water lilies in the lake and the brilliant red fall leaves. This left me feeling a sense of wonder and I knew it would play a major part of my life. Initially as a child, I wanted to be a missionary, so I feel nature is indeed spiritual in many ways.

The scientific part of nature tells us the real physiological and psychological benefits for the brain and nervous system. When we interact with nature, the growth of a plant, beauty of a rose or smell of lilacs in spring, this provides potent neurological responses such as the suppression of stress hormone cortisol and a surge of endorphins, decreasing feelings of stress and pain. Experiencing the world of plants is a mega-prescription of nature on demand.

We know that therapeutic spaces indoors or outdoors for our clients should be safe, nurturing and comfortable spaces designed for their success. There are many books written on designing therapeutic spaces and healing gardens, etc. One excellent reference is: *Healing Gardens: Therapeutic Benefits and Design*



*Recommendations* by Clare Cooper Marcus and Marni Barnes.

Over the years I have had the honour of working with patients who suffer with mental illness and share their journey of emotional turmoil. The words that come to mind when working with these incredible people are compassion, patience, empathy and consistency. And, it's sometimes a sense of humour in the face of adversity.

It is imperative to know the diagnosis to understand your clients and their precipitating problems. An incredible memory of mine is from when I worked with a brilliant and compassionate psychiatrist Dr. Lesser. Before a team meeting, he left an article on a diagnosis of a patient with whom he was working. I read it over and then went to the team meeting. There, he explained the symptoms of the disease process and asked if anyone knew the answer. I stated it was monosymptomatic hypochondriacal psychosis.

He was quite amazed. I indicated it was because I wanted the discipline of HT to be a functioning and valuable part of the multi-disciplinary treatment team, and it was important for me to be conversant with the terminology. Many institutions still do not have horticultural therapists with the team approach. I strongly advocate our presence on the team and to glean respect from other disciplines and wage parity with other professionals. In mental health, we work from the DSM 5, but more importantly we need to UNDERSTAND THE PERSON and the illness they suffer from. Proper terminology is person first, diagnosis second.

Know your facility in order to align your horticultural therapy treatment program with the mission and vision of the institution, especially if you are a consultant.

Know the population you are working with, their diagnosis and their cognitive, physical and behavioral functioning levels. Also know their culture, customs, language and spirituality.

Know the psychological temperature of the

environment you are working in. Is it a clinical environment that is client-centered in an environment that promotes collegiality?

Know your personal school of psychology and the base on which you are working: Rogerian, Jungian, Behaviorism Gestalt, Psychoanalysis, Cognitive therapy, etc.

Use your gifts, people skills and listen.

Be a role model through your actions and deeds. Clients need consistency.

Always ask your clients how they would like to be addressed. Never use honey, dear, etc.

Always leave personal dynamics and problems at home.

Please do not share family pictures and highlights of your life to persons who are depressed and do not know you.

Your best appearance is a smile.

Interesting fact from *Psychology Today* is how a message to your clients is interpreted. Seven per cent is based on words, 33 per cent on tone, pitch volume, rate of speed and inflection and 60 per cent is based on body language.

The clients who are angry are generally hurting and the clients who are non-verbal are the ones who need your attention. There are three kinds of people: Those who make things happen, those who watch things happen and those who wondered what happened. Be the person to make things happen.

Volunteers are the backbone of our programs. Please have a full job description with qualifications and expected outcomes. Nurture them and honour their presence.

### **Documentation**

One of the most important factors of the horticultural therapy treatment program is patient documentation to provide clinical results and feedback to the treatment team. This feedback and professional document is accessed by all team members to ensure that the client's goals and objectives are monitored and that horticultural therapy is also part of the multi-disciplinary team approach.

Horticultural therapists should provide an initial assessment for a baseline, mid-

assessment for progress and discharge summaries for treatment involvement and closure. Another important factor for successful programs is a continuous quality assurance program. Please develop and design your Continuous Quality Improvement (CQI) to deliver the best programming to meet the clinical goals and objectives of your clients and to provide the best standards of practice. Quality of care must be designed for your clients. All aspects of your treatment should be assessed, and evaluated for its competence. Quality indicators are built from your program criteria. These individualized goals are built from your client needs, as decided by the multi-disciplinary treatment team and the client's involvement within the program. Quality indicators should parallel your assessment and documentation of the client's involvement in the program (social, behavioural, educational, physical and spiritual function levels and outcomes). A CQI questionnaire is a valuable tool for funding, patient response, best practices, qualitative analysis, physical and psychological data, future programming and increased staffing and building or renovating of therapeutic space.

Every time a client finishes your program, it is imperative to get feedback/response through their thoughts and experience. We learn more about what went wrong or does not work more so than standard comments.

### **As green as the plants**

I was 22 when I started working at Homewood. I was as green as the plants in terms of understanding the dynamics of working with specialized populations.

The first day I was riding on a wagon with a group of patients headed to the garden on the grounds where we grew vegetables for the hospital and community. This young man, who was diagnosed with schizophrenia, kept watching the sky and pointed out the different shapes that he saw. I watched as he depicted the different figures. I was amazed by his imagination and creativity. He thanked me for just being there and listening and validating

his creative thoughts. He stated to me, "Everyone wants us to be normal and the only thing that I think is normal is the setting on the dryer and sometimes that does not work either."

My last day at Homewood, I was the only staff in the department. A young man came into the conservatory anxious and distraught. It was his first day, and he stated he was diagnosed with schizophrenia. I suggested that we go for a walk onto the grounds to explore the gardens for a nature walk. We talked and looked at the sky and grounds and river that bordered the property. He seemed to relax and stay in the moment. His breathing changed and he was calmer as he shared some of his life's experiences with me. After a half-hour, I led him back to his room onto his unit.

Later that day, he stopped me in the hall as I was getting ready to hand in my badge and keys. He stated, "I heard you are leaving after many years of being here. I want you to know what you did for me. You made me feel special. You took the time to listen and walk with me when I was frightened and alone, and eased me into the transition of the hospital. I want to thank you before you go."

I acknowledged him for his strengths and coping and thanked him for sharing his time and thoughts with me and that I had many emotions about leaving/retiring.

This moment in time, that I dearly treasure, allowed me to reflect, share and ground. I left the steps of Homewood a little weepy, but happy that I ended my career with the knowledge and joy that is about the clients and their healing journey. It inspires you and makes your heart sing to continue your own journey.

### **The elderly and dementia**

Be conversant with the Global Deterioration Scale (GDS) developed by Dr. Barry Reisberg. This scale provides caregivers with an overview of the stages of cognitive function for those suffering from a primary degenerative dementia such as Alzheimer's disease. It is broken down into seven different stages. This

allows you to recognize your client's stage to parallel their ability with the task at hand.

Be aware of their medication and the many side effects.

Be aware of water features that promote toilet habits and attract insects and disease.

Use most herbs, especially lavender and mint, also tropical plants such as orange trees and plants that parallel the time, month and season.

Chromology – the study of colour. For those persons who remember the 70s harvest gold, avocado green and shag rugs, these colours promote acuity and stimulate skill levels.

For those with tunnel and blurred vision, allow 10 to 12 to adapt to the sun's rays when going outside.

Harsh light bulbs, use frosted rather than clear.

To those clients who have macular degeneration, black and white tiled squares look like holes in the floor and the elderly are afraid to walk on them.

Listen intently to understand the message before answering and mirroring back.

Provide meaningful work not busy work.

### **Working with persons with addiction and substance abuse**

This population benefits from community, positive affirmation, guidance and role modelling. Horticultural therapists have wonderful tools that provide many gateways to the brain. Our environment and plants are the tools of our trade.

Opening exercises with your clients. Never jump into a task; always do a warm-up. Honour each person with the singing bowl, spirituality and enlightenment-Buddha. Aromatherapy, using essential oils and odiferous plants, heightens the senses and nurtures the body, mind and soul.

Determine the relationship with plants, such as how much water do we need?

During the initial classes, techniques of plant propagation are taught to enable clients to see the analogy of the plant's growth as compared to their personal development and met-

amorphosis.

Have clients label their plant by using a positive word on the plant label. Upon discharge, patients take their plant home as a new beginning and journey.

Orange tree, lavender, mint, spider plant and garlic are considered best plants.

Keep the program alive through diversity, energy, creativity and motivating your clients.

Complement your program with adjunctive therapies: aromatherapy, meditation, yoga.

Exercise through nature walks, guided imagery and visualization.

Classes should be structured and have a theme and goal for each session.

Addiction programs should include a number of sessions each with a unique theme and learning objective. The following is a list of the themes and learning objectives explored throughout the program:

- Session I: Introduction to Wellness – focus on taking care of the mind, body and soul, self-nurturing, self-care and strength.
- Session II: Plant Propagation – develop focus and pursue personal treatment goals.
- Session III: Psycho-aromatherapy – to learn to self-nurture through mind, body and soul.
- Session IV: Botanical Prints – developing options and positive use of time and energy.
- Session V: Creative Arts – stimulate creativity, imagination and self-worth.
- Session VI: Herbal Vinegars – promoting self-care through nutrition.
- Session VII: Final Session – reconnection with nature and the environment.

### **Developing coping strategies**

In working with specialized populations, patients with addiction issues learn self-actualization and coping methods for recovery. A patient recounts his experience with this therapy method: "Horticulture did for me what I never felt I could do for myself. To be truthful, my understanding of this word (horticulture) had something to do with the



forest or wide, rolling fields. When I came to Homewood, I learned that horticulture has to do with self-nurturing—how a person can look after themselves in a caring way. I learned that there is an unexplained power when one is caring for a simple plant. For me, the plants represented different nationalities, black, white, brown and others. If I could look after these plants, see them as unique, even those with long, sharp needles and see the beauty in them, I was on the road to tolerance. Interpersonal relationships, co-operation, giving up control and learning to listen were only a few of the benefits of horticulture.”

### **Post-Traumatic Stress Disorder**

Key words are safety, body language, triggers, reconnecting and letting go, psychological burials through nature.

PTSD is characterized by intrusive symptoms such as memories, nightmares or physical sensations. Psychologists say that gardens spaces are like a womb, nurturing, warm and safe.

Avoid people, places or situations that remind the individual of the trauma incident. The sight, smell and sound of the garden or greenhouse promote sanctuary and social and physical safety. Safety for clients means feeling protected or sheltered from harm. To experience safety is to know that our well-being is safe so we feel relaxed and secure to take manageable risks for change and healing. Build a therapeutic alliance on trust, support, listening and being non-judgmental. Ensure guided instruction with each project to support client's success. Motivate clients through ongoing support and individual success and by acknowledging each person's talents.

In a therapeutic session, one client states, “I have had so much shit in my life I have turned it to fertilizer and learned to grow from it.”

### **Eating disorders**

Types of eating disorders include anorexia nervosa, bulimia, EDNOS (Eating Disorder Not Otherwise Specified), binge eating, etc. HT plays an important role in helping clients adjust to the hospital and develop coping

strategies such as building self-esteem and respect, not seeking perfection, role modelling and nurturing the body for health rather than focusing on beauty. Creative tasks promote imagination and self-expression, lowering anxiety and stress levels.

### **Therapeutic dynamics**

Be active in your profession – best practices workshops, seminars, education sessions, or anything that inspires from music to yoga to ideas on Pinterest. Be innovative. Each one of you has many gifts and a passion to nurture others and make a difference. I have had the privilege to work with a number of incredible persons in Canada and internationally. I would like to acknowledge a few of these special persons:

**Ruth Ann Cook**, an incredible teacher who has designed a curriculum using horticultural therapy for indigenous girls at Hillside School, Kettle and Stony Point First Nation in Ontario. Thank you, Ruth Ann, for your passion and 21 years of dedication to these students.

**Megan Marshall**, Coordinator Transitions Program, Autism Society of Newfoundland and Labrador. Megan has developed a program to support individuals with complex neuro-developmental disabilities. It's a model for making a difference in many people's lives through destigmatizing autism.

**Vanessa Young**, University of Saskatchewan, Lifelong Learning Program Coordinator. Vanessa developed a program within the penal system to reconnect socially- and ecologically-displaced individuals with a natural, healing environment. It offers nature in an institutionalized setting of safety, where they can practice nurturing behavior and healthy introspection.

**Ryan Frisbee** for his pioneering work in the penal system in Abbotsford, B.C. He is making a difference in the lives of inmates through his horticultural therapy program, teaching horticultural skills, landscaping of the prison grounds, growing fruits and vegetables for the community. Ryan is also the Registration Coordinator for the CHTA.

**Margaret Nevett** is a registered horticultural therapist, consultant, writer and teacher who provides horticultural therapy training at the Toronto Botanical Garden. Her dedication and commitment to this profession is incredible. She provides professional training when there are few places in Canada that offer this calibre of expertise. I am lucky to know this person and call her my friend.

**Lesley Fleming** is another accomplished woman who has graciously provided access to her wonderful e-book that is a compilation of papers and essays titled *Therapeutic Horticulture: a Practitioner's Perspective*. Lesley is a writer, consultant, educator and therapist in the United States and Canada. She has been active in the field for 11 years, and has been the editor-in-chief of the *AHTA News Magazine*.

#### Resources

- *The Courage to Heal* Ellen Bass and Laura Davis
- *Dual Diagnosis Seeking Safety* Linda Najavits
- *Eating disorders: The Food and Feelings Workbook: A Full Course Meal on Emotional Health* Karen R. Koenig
- *The Four Agreements* Don Miguel Ruez
- *The Winner's Brain* Drs. Jeffrey Brown and Mark J. Fenske
- *Creating Sanctuary* Dr. Sandra Bloom

#### Plant resources

- *The House Plant Expert* D.G. Hessayon
- *Power Plants: Simple Home Remedies You Can Grow* Frankie Flowers and Bryce Wylde
- *Herbs* Lesley Bremness
- *Essential Oils in Healthcare* Jane Buckle

#### Threshold of a great future

Horticultural therapy is on the threshold of a great future in health care. In today's world, we are finding it hard to cope. This results in stress, anxiety, substance abuse and eventual disease process.

Traditional methods of treatment such as

chemotherapy, drug therapy, psychotherapy and shock therapy are either temporary or not working. Research is finding that patients are getting back to the basics and responding to more natural forms of therapy.

Horticultural therapy is becoming not only a popular vocation, but is also seen as a viable treatment tool in many health care settings. There is a real need and demand for therapeutic spaces, facilities and training for both practitioner and client dynamics. Patients are discovering how the wonders of nature can represent a profound change of lifestyle. Persons suffering from depression and addiction are learning to feel positive about themselves once more. By nurturing plants and developing an awareness of the environment, they are able to give back these newly found skills and renewed energy to their families and community they once rejected. For people who are elderly, there is a rekindling of their desire to live and to do something meaningful. Gardening provides the schizophrenic population with a chance to hold onto reality and to master their environment.



*Patients respond well to being in the garden.*

The depressed client's mood is altered in the plant environment and the garden setting. Negative emotions are channelled through constructive activity promoting self-confidence and self-worth.

As horticultural therapists, we are on a wonderful journey. We get to use our horticultural skills which we combine with psychology and life experience to make a difference in people's lives and also help save and maintain this beautiful planet called Earth.

# HT Profile

## Ties to hort. therapy go back many years

In the early 1990s, Rose McCallum became involved in horticultural therapy programming with the recreation therapy department at what was the Freeport Hospital, now Grand River Hospital in Kitchener, Ont.

After leaving the Kitchener-Waterloo area in 2000, Rose continued her involvement with horticultural therapy as a recreation therapist at Hotel Dieu Grace Hospital in Windsor, Ont. Later she moved into a therapeutic gardening position with Mount Hope Centre for Long Term Care, in London, Ont.

Rose continued her studies in long-term care management, volunteer management and courses in horticulture, including master gardener courses in extended learning with Dalhousie University.

In 2010, she obtained her HTT registration with the Canadian Horticultural Therapy Association. In that same year, Rose started her own company, McCallum Outreach Services, and provided contract therapeutic horticulture programming for four years at Woodingford Lodge in Woodstock, Ont.

Throughout these positions, Rose loved providing therapeutic horticulture/horticultural therapy programs involving raised bed gardening, encouraging community gardens, nature/gardening related outings, fundraising sales, plant sales, plantings, seed starting and seasonal activities.

In 2014, she took a break to focus on a joint business with her husband. Rose maintained her connection to horticulture by raising and releasing butterflies on her property in Oxford County. It was something that she had included in her therapeutic horticulture programming since 2010.

Working with their two daughters, Rose also raised and released butterflies as memorial

tributes to loved ones who had passed. Memorial photo tribute books were created, and sent to families coping with loss and grief. "This was, and continues to be a great opportunity to give back," says Rose.

Her daughters often took chrysalises to school to help their classes learn about life cycles and habitats. Rose says her butterfly rearing is still done on a very small scale, averaging between 10-25 releases per year. Since 2010, they have raised and released over 130 butterflies. You can visit the website at [www.angelwingsbutterflytributes.webs.com](http://www.angelwingsbutterflytributes.webs.com).

Rose is also a member of the Toronto Entomologists' Association.

Since 2014, Rose and her youngest daughter have been on a different journey. After Hope experienced bullying at school when she was six, Rose came up with the idea of using a watermelon shield to help Hope protect her heart, and maintain her confidence by visualizing a watermelon shield to keep out bullies' unkind words and actions. This coping strategy worked so well for Hope that, when she turned eight, she asked if they could write a book about it.

Three years later, on Nov. 1, 2017, Rose and Hope self-published a children's picture book, entitled *The Watermelon Shield*. "The book has ties to horticulture using symbolism, which many of us HT/TH practitioners utilize in our programs and client care," says Rose.

*See the news article on The Watermelon Shield in this issue on page 6.*





# Starting a volunteer-run therapeutic community garden

*The Promise Garden – St Joseph's Health Centre, Toronto, Ont.*

**By John Richmond**

Making the link between healthy, natural food, gardening and basic mental and physical health is an essential part of the Promise Garden experience at St Joseph's Health Centre in Toronto.

The project endeavours to demonstrate that horticultural therapy makes everyone feel better regardless of what kind of a day a person has at work, or what kind of health problem brings them to Health Centre. The garden seeks to orient staff, patients, friends and family away from the sickness associated with a hospital and toward the wellness associated with the Centre.

In 2014, Health Centre patient and horticultural therapist Judie Craig, after more than a year of advocacy with management, saw the Promise Garden become a volunteer-built, community-based project.

A small group of Health Centre staff, clients and community members came together after a notice was sent door-to-door and several open consultation meetings held in the winter of 2014. With the official support of the Health Centre and mostly in-kind contributions from community businesses and professionals (such as a carpenter), along with the sweat equity of volunteers and staff-raised funds, the garden committee built five raised beds and one accessible raised bed.

Several Health Centre mental health clients, who lived in close proximity to St Joe's and attend the Health Centre daily for medical treatment, were asked and agreed to fill the beds with soil and compost and begin the gardening (mid-summer 2014). The project began small to determine if enough Health Centre clients would volunteer to do the necessary gardening. They were looking for feedback to determine the size of the project for the 2015 season.

Almost immediately a core group of Health Centre clients expressed interest in gardening

on a daily basis with small tasks such planting a few seeds, watering or pulling weeds. In addition, a few staff from the Health Centre, families of patients in the hospital, and individuals and families from the community would drop in to garden. Low-income families of hospital patients in need of fresh food were often the main beneficiaries of the garden's first crop of tomatoes, snow peas, lettuce and kale.

The project was, and continues to be, supervised on a volunteer basis by three individuals: myself, John Richmond, now a horticultural therapist following in the footsteps of Judie Craig; Ryan McGuire, a pharmacist and St Joe's Health Centre Collaborative Practice Leader; and Heather Watts, a former Health Centre client, neighbourhood volunteer and now a St. Joseph's Health Centre student with George Brown College.

The project has grown steadily with 2017 see-



ing 21 raised beds. Health Centre management recently gave the garden committee permission to plant an in-ground bed that had become overgrown with weeds. Health Centre clients enthusiastically participated in digging the 30-foot-long bed and starting the process of transforming the soil with organic compost, new soil, mulch and other natural additives. Donated herbs were planted with a rhubarb plant with plans for bigger things next year. At the end of the 2016 season, our volunteer

gardeners reported feeling “much nicer” with the gardening and sad to see the season end. They decided to plant winter spinach, kale and garlic. All three crops did well over the winter season and two of our most dedicated volunteer gardeners began collecting coffee grounds and eggshells from the Health Centre cafeteria. To date, we have composted over 600 kilograms of coffee grounds and created more than 30 cubic metres of compost.

This year we saw fewer volunteers from the Health Centre and almost none from the immediate community. However, we saw an increase in spontaneous gardening from patients and families. This has been a fascinating phenomenon with patients and families assessing the gardens and compost and then weeding, planting, pruning, picking and watering without guidance or structure.

Families and patients report universal positive feelings and emotions related to the garden, with one comment reflecting many others, “This used to be a community hospital a long time ago, but then it seemed to belong to bureaucrats and doctors. But, now it feels like a community hospital again.”

Perhaps one reason we had fewer volunteers in 2017 is that many staff, patients and families report that they thought the garden looked amazing this year (thanks to good weather and excellent planning by Heather Watts), so they felt less need to help out.

The garden has been an excellent learning opportunity for myself and indeed a therapeutic addition to my busy and stressful day as a mental health and addictions social worker. But most importantly, it has offered a different way to connect with clients in a much more egalitarian and empowering framework than one finds in a traditional therapeutic setting. A variety of horticultural therapists have noted this unique and powerful quality, such as Margaret Nevett at the Toronto Botanical Garden’s horticultural therapy training program. Horticultural therapy allows clients to feel relaxed and mindful in the peaceful garden. There, they interact in a different manner with a professional than they would in an interview

room, or an in-patient setting.

Heather Watts, our student and principal volunteer gardener, also reports feeling qualitatively different and better interactions with clients in her gardening activities than she does in other environments.

The volunteer nature of the Promise Garden helps to create a built-in sustainability, while adding a sense of equality. Clients frequently comment, “I’m volunteering just like you are.” This demonstrates the sense that gardening is a natural, normal and pleasant experience that changes the relationship dynamic for people accustomed to being in a position of receiver, while the professional is the giver. In the Promise Garden everyone is giving. And, everyone is receiving. Perhaps, in some ways, that is the most healing act of all.

## Recent developments

The use of horticultural therapy in mental health settings has come a long way since Alice Burlingame started her horticultural therapy program in 1951 at the Michigan State Psychiatric Hospital.

Even as recently as the 1990s, writers and therapists talked about high rates of recidivism in populations with little insight, non-compliance with medication and failure to follow up with outpatient mental health services after discharge.

Today, mental health practitioners are more focused on patient engagement and empowerment and recognizing that the concepts of mental health and mental illness are more complicated and multi-faceted than we originally thought.

Some of the latest developments stem from the ideas found in books such *Your Brain on Nature* by Eva Selhub and Alan Logan, and the microbiology/gardening text, *Teaming with Microbes* by Wayne Lewis and Jeff Lowenfels. Gardening, horticultural therapy, and in particular growing local, healthy food like heritage tomatoes or wild leeks, might be the key to bringing together essential ingredients for mental wellness in the 21st century.

## CHTA Newsletter

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