



Standards of Practice for Horticultural Therapy

Standard 1. Scope of General Horticultural Therapy Services

1. Horticultural activities are planned in consideration of each participant's health cultural, economic, social, and educational background identified through individual assessment.
2. Provisions are made for each participant:
3. To use his/her own initiative in selecting and participating in horticultural activities.
4. To participate at his/her optimal level of functioning.
5. To maintain, develop and/or use all of their senses in the horticultural environment.
6. To facilitate personal goals.
7. To experience successful completion of activities.
8. To develop leadership and positions of responsibility.
9. When appropriate, participation in groups is encouraged and social interactions are stressed. If feasible, interaction with the public is encouraged through plant/flower sales, garden tours, and other events.
10. Horticultural activities are modified and special gardening aids or adaptive tools are utilized to assure a successful experience. Provision for activities adapted to persons who use wheelchairs or for bedside activities is made when and where appropriate. The horticultural therapist will make every effort to provide facilities and accommodations compliant with the American's with Disabilities Act (ADA).
11. Provision is made for continued experiences of participants through gardening methods, food harvesting and preparation, arts and crafts, and related horticultural activities.
12. The horticultural therapist provides orientation to the participants on the physical aspects of the horticultural environment to assist them in achieving maximum mobility and independence when appropriate.

Standard 2. General Horticultural Program Administration

Organizational Goals

1. Long and short-term planning is done to assure that horticultural therapy program and services are maintained and improved.
2. The philosophy and goals of the horticultural therapy program correspond with those of the organization when possible, without compromising client health, safety and welfare or compromising the integrity of the profession.
3. Horticultural therapists ensure that appropriate participant relations and services are demonstrated to other staff members.
4. Horticultural therapists evaluate the efficiency of the horticultural therapy program as related to the organization's goals and objectives and management policy and procedures.
5. Networking with other organization staff is done to achieve goals and objectives and to solve problems through appropriate communication techniques.
6. Professional horticultural therapy services are maintained through completion of professional development activities to enhance therapeutic and communication skills, knowledge of disability, and/or knowledge of horticulture.

Personnel Management

1. Horticultural therapists comply with established personnel policies and procedures.
2. Quality working relations are ensured through proper adherence to established lines of authority and responsibility within the organization
3. Appropriate motivation is given to promote productivity and good morale among volunteers and/or other staff.
4. Horticultural therapists train volunteers to facilitate their adjustment to the horticultural therapy program and participant needs.

Financial Management

1. Financial aspects of the horticultural therapy program are effectively planned, implemented, and evaluated as related to organizational goals
2. Budgets are developed and coordinated to allot fiscal resources to meet requirements and provide quality service at a reasonable cost.
3. Financial controls are established to keep the horticultural therapy operations within budget.

4. Income and revenue sources are correctly projected to meet financial goals of the horticultural therapy program.
5. Current financial performance is analyzed to ensure conformance with goals and standards of quality treatment.
6. Future expansion is effectively planned to meet horticultural therapy program goals.

Public and Community Relations and Services

1. Public relations programs are planned, implemented, and evaluated to enhance the positive image of horticultural therapy program services.
2. Relationships among participants, their families, and the organization are enhanced by providing appropriate horticultural therapy activities.
3. Fee-based horticultural therapy programs are evaluated regularly to ensure that cost effective and quality services are provided.

Physical Resource Management

1. Program resources, i.e., buildings, grounds, equipment, etc., are properly maintained.
2. Horticultural therapy environments are maintained to provide a clean and attractive atmosphere for participants.
3. A safety plan is planned and implemented to ensure the health, welfare, and safety of participants while in the horticultural therapy program area, to include onsite and offsite programs.
4. Appropriate Material Safety Data Sheets (MSDS) are maintained on site and accessible

Standard 3. Specific Program Services

Horticultural Therapy Activities

1. Participants are given opportunities to participate in activities to address cognitive, affective, psychomotor, and psychosocial functioning.
2. Participants are provided opportunities to participate in individual, small, and/or large group activities.
3. Activity selection is dependent on participant needs. Activities utilizing a wide variety of organizational, public, and private community resources are recommended to compliment regularly scheduled activities.
4. Various levels of integration are provided for the participant and/or group with the general population.

Horticultural Educational Services

1. Participants are provided opportunities to explore and develop horticultural skills useful in their homes and/or community.
2. Appropriate horticultural resources and instruction methods available to the participant are identified.
3. Opportunities are provided to increase knowledge of inter-relationships between horticulture and the broader environment.
4. Community resources and opportunities to network with garden clubs, horticulture industries, and related programs are made to allow for successful adjustment following participant treatment.

Horticultural Clinical Services

1. Goal-oriented treatment services are made available for rehabilitative and therapeutic improvement that includes modifications to address specific physical, emotional, and/or mental conditions.
2. Participants are given opportunities to collaboratively develop goals and objectives that govern course of treatment.
3. Progress is monitored and evaluated through the identified goals and objectives in the participant's plan as he/she participates in horticultural therapy activities.
4. Evaluation of progress is ongoing, and goals and objectives are adjusted as needed.
5. Resources to encourage continued involvement in horticultural activities are provided to participant upon completion of treatment.

Horticultural Vocational Services

1. Goal-oriented vocational services are made available for teaching new work skills and behaviors.
2. Participants are given opportunities to engage in work-related activities and environments in which to practice new skills and work behaviors.
3. Progress is monitored as the participant progresses through the vocational program, which may include pre-vocational training, vocational training, and competitive employment.
4. Evaluation of progress is ongoing and goals and objectives adjusted as needed.
5. Services provided are following the Americans with Disabilities Act and other federal and/or state agencies governing vocational services.

Therapeutic Horticultural Services

1. Services are made available to enhance and/or increase quality of life of participants.
2. Participants are given opportunities to engage in both passive and active activities provided individually and/or in groups.
3. Participation is monitored as services are provided and services are adjusted as needed.
4. Evaluation of enhanced quality of life is ongoing.
5. Horticultural therapy goals are aligned with the mission of the organization and/or facility.

Standard 4. Horticultural Therapy Treatment Process

1. A participant assessment is completed, documented, and maintained in a manner that complies with patient confidentiality standards that includes relevant diagnostic and/or assessment data, the participant's physical, social, mental, and emotional aptitude, and current level of horticultural skills.
2. An individualized intervention plan is developed for each participant referred to the horticultural therapy program. The plan indicates precautions, restrictions, or limitations related to the participant's level of participation. The plan describes the participant's goals and objectives and discharge/transition goals.
3. When appropriate, the participant is involved in developing goals and objectives. The plan reflects the participant's goals and expectations of benefits to be derived from the horticultural therapy program. This becomes part of the participant's personal record.
4. When feasible, the participant's family is involved in developing the horticultural therapy treatment plan.
5. The goals and objectives are stated in observable behavioral terms to permit assessment of participant's progress. The participant's progress is documented and evaluated regularly.
6. The intervention plan is reviewed at set time intervals to evaluate and modify the plan as necessary to meet participant's overall clinical, vocational, or therapeutic goals.
7. Discharge planning and documentation of termination of services is completed as required.

Standard 5. Documentation

1. 1. Horticultural therapists record specific information on participant responses to horticultural activities in compliance with policies and procedures of organizational requirements.
2. The horticultural therapy documentation and participant file includes the following: a
 - a. Referral documentation
 - b. Horticultural therapy assessment.
 - c. Participant plan including goals with measurable objectives.
 - d. Progress notes or summary.
 - e. Discharge note or summary of participation upon completion of services.
3. The progress of the participant is systematically recorded relating to behaviors exhibited. In situations where the participant is paid, records are kept of productivity and job skills in accordance with program requirements.
4. A discharge/transition plan is completed for each participant reflective of treatment implemented and progress.
5. Where appropriate, a financial summary is completed of income and expenses to document the cost-effectiveness of horticultural therapy programs.
6. Records are maintained in accordance with the Health Insurance Portability and Accountability Act (HIPPA) guidelines and current laws.

Standard 6. Scheduling of Services

1. Scheduling of horticultural therapy services is done in coordination with other disciplines, services, and in consideration of the overall program goals.
2. Specific to horticultural programming, some aspects of horticultural therapy programs are seasonal. They may be dependent on the availability of climate-controlled structures such as greenhouses or indoor light gardens.
3. Outdoor and indoor activities are scheduled year-round to provide for a variety of participant needs. Seasonal events reflective of changes in nature are included in year-round schedules.
4. Crop scheduling, greenhouse crop rotations, activity events, and other program features are continually updated.

5. When possible, activity schedules and events in the gardens and greenhouses are posted for participant's information and/or to increase public awareness of the program.

Standard 7. Ethical Practices

1. Horticultural therapy service delivery is designed to respect the personal rights of the participant and their family
2. Ethical standards conform to local, state, and federal guidelines regulating participant populations, to include but not limited to the Patients' Bill of Rights, and the Americans with Disabilities Act.
3. Ethical standards conform to the Code of Professional Ethics outlined by the American Horticultural Therapy Association.