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Effects of Horticultural Therapy in Long Term Care Facilities on Behavioral and Psychological Symptoms of Dementia

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Horticultural Therapy (HT) is the participation in horticultural activities facilitated by a certified horticultural therapist to achieve specific goals within an established treatment, rehabilitation, or vocational plan. It is considered an active technique where the process itself is thought of as the therapeutic activity rather than the end product (Diehl, 2007).

Dementia is an overall term used to describe a number of symptoms that are associated with a decline in memory or other cognitive thinking skills, that is severe enough to decrease a person's ability to perform activities of daily living (ADLs) (“What is Dementia”, n.d.). HT has been proven to have measurable outcomes and can be used in the therapeutic recreation practice.

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Knowledge Synthesis:
• Horticultural Therapy (HT) is the participation in horticultural activities facilitated by a certified horticultural therapist to achieve specific goals within an established treatment, rehabilitation, or vocational plan. It is considered an active technique where the process itself is thought of as the therapeutic activity rather than the end product (Diehl, 2007).
• Dementia is an overall term used to describe a number of symptoms that are associated with a decline in memory or other cognitive thinking skills, that is severe enough to decrease a person’s ability to perform activities of daily living (ADLs) (“What is Dementia”, n.d.). HT has been proven to have measurable outcomes and can be used in the therapeutic recreation practice.
• Studies have shown that participation in HT can lead to improved quality of life, well-being, and purpose; and decrease agitation and sleep disturbances (Connell, Sanford, & Lewis, 2007; D’Andrea, Batavia, & Sasson, 2007-2008; Jarrot, & Gigliotti, 2010; Edwards, Mcdonnell, & Merl, 2012).

Results: In the interview conducted by the researcher, the interviewee stated that in order to execute a horticultural therapy program, one must be trained and then certified (personal communication, October 17, 2018). The interviewee also stated that there is evidence-based practice that shows horticultural therapy programs carried out by a trained horticultural therapist does show a decrease in negative behaviors and provides a sense of well-being, which can be measured by improved quality of sleep (personal communication, October 17, 2018). The interviewee also stated that agitation in people with dementia is the number one symptom seen during programs (personal communication, October 17, 2018).

Knowledge Translation Plan
1. CTRS must receive HT certification
2. CTRS will pick an appropriate assessment based on desired outcomes and then conduct a pre-assessment
3. CTRS will pick an appropriate intervention based on the client’s pre-assessment scores and abilities
4. CTRS will select an appropriate environment and then proceed to conduct the intervention(s) previously selected
5. CTRS will then conduct a post-assessment
6. Once the post-assessment is conducted and reviewed, the CTRS can restart the intervention and make adaptations and modifications if needed.

References:

The Gap: It is common for older adults with dementia living in long term care facilities to have symptoms such as agitation, sleep disturbances, and decrease in well-being or purpose. For recreational therapist, it is their job to help these individuals with dementia manage or decrease his or her symptoms. By using horticultural therapy as an intervention an individual with dementia can gain back a sense of purpose and decrease agitation and sleep disturbances with increased sunlight exposure.

PICO: For older adults living in long term care facilities, does participation in horticultural therapy versus traditional indoor recreational therapy interventions decrease negative behavioral and psychological symptoms of dementia?

Methods: Data was collected through a qualitative telephonic interview. The interview was recorded then transcribed by hand. The interviewee had to have met the criteria of being a practicing CTRS and have worked in the field of horticultural therapy for at least five years. The participant interviewed was kept safe by having all documents that could have had identifying information on a password protected device. Also, no identifying information will be disclosed in this paper allowing the interviewee's confidentiality to be breached.

Limitations:
• Inability to access articles that could have had valuable information regarding the purpose of the research.
• Articles used that were older than five years were used still because they contained valuable information to the research.
• Studies used in this research collected data in a qualitative way instead of quantitative, and if data was collected in a quantitative way, it was of very poor quality.
• The qualifications for the interviewee were that the CTRS had to have been practicing in the field of study for at least five years.

Recommendations:
• More research needs to be done with larger sample sizes
• HT needs to be well defined throughout the studies conducted and the interventions used.
• In the studies, HT should be conducted by a certified horticultural therapist.