



Ecotherapy with Dementia Clients

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What is Ecotherapy?



How we developed it?

Ecotherapy training + herb training workshop (PlantaSeed) + Mindfulness (existing expertise) + needs of dementia clients + social and therapeutic horticulture knowledge + resource availability

Aims and objectives

- To stimulate memory and increase concentration
- To improve overall mental and physical wellbeing
- To reduce stress and improve coping strategies
- To reconnect our clients relationship with nature in an otherwise urban environment.
- To encourage Mindfulness as a vehicle to self-management of mental health.
- To facilitate collective learning, peer support and reduce the sense of social exclusion



What we did

- **Week 1:** *Introduction to Nature therapy*
Name games- Mindful movement. Explain Nature therapy, experiences of nature therapy. Quality of life assessment. Wild Geese poem
- **Week 2:** *Mindfulness Part One*
Mindful walking, getting to know another living thing, I appreciate... Intro to Mindfulness. Mindful eating. Cookie of childhood reading
- **Week 3:** *Mindfulness Part Two*
Seated Tai Chi in garden. Tree meditation. Mindfulness of sound. Lost poem
- **Week 4:** *Gardening*
Mindfulness of herbs and planting. Planting herbs. Discussion re: benefits of gardening.

What we did (continued)

- **Week 5:** *Ravenscourt Park trip*
Wild Geese poem. Tree appreciation. Four elements. Mindful walk. I appreciate. Interconnectedness reading
- **Week 6:** *Herbs*
Exploring herb garden. Herb tasting (3 teas and lavender biscuits). Mountain meditation. You reading this be ready poem.
- **Week 7:** *Kew Gardens Trip*
Tai chi/ structured public lesson. Palm House, Lily House and Princess of Wales glasshouse.
- **Week 8:** *Reflections/ Group review*
Web of life. Summer day poem. Overview of group. Quality of life assessment. Feedback discussion. What's next?/ moving on. Harmony reading

Strengths

- Variety and originality of activities to participants
- Whole body/ multi sensory (smells, touch, taste etc)
- Focussed on being, non-striving (not goal orientated)
- Inclusive/ levelling, allowed choice/ freedom
- High consistent attendance (8) and active participation
- Experiential
- Reversal of expert/learner dynamic
- Encouraged physical activity in fresh outdoor air
- Allowed space to reflect/ no 'right or wrong'
- Facilitator's knowledge of Mindfulness
- Community venue was beneficial (social inclusion)
- Appealed to all genders



Weaknesses



- Lack of follow on groups in community
- Time consuming to develop/plan (especially due to being new)
- Mobility excluded some clients
- English language exclusions
- Some sessions lacked enough reflective space
- Training needs for the facilitators (Ecotherapy/ Mindfulness/ Horticulture)= complicated group to facilitate
- Weather dependant!
- Memory clients limited ability to retain information post session

Participants view

- "I never get to go outside, I look forward to being outside in the garden"
- "Before I felt grey, heavy and tense... now I feel relaxed and light"
- "I get it, its like not worrying about the future, not thinking about the past, but being here now"
- "I felt a sense of quietness"
- "I like meeting other people with similar problems, so I don't feel alone"
- "I'd like to carry this on when I get home"
- "It makes my worries seem small, when the world seems so big"
- "Its been years since I've done anything like this"
- "My favourite thing was the mindful walking"
- "I appreciated hearing the sounds of birds"



Next Steps

- Facilitating future Nature Therapy groups- next group planned for July 2015 in CID Hammersmith and Fulham
- Facilitators receiving more training in Mindfulness
- Clinical trials involvement in evaluating study in Hammersmith and Fulham



Clinical Research Proposal

- Question asked: 'Does ecotherapy improve the quality of life for dementia clients?'
- Plan to collect data on 3 cohorts of 8 clients starting from July 2015.
- Outcome measures:
 - EQ-5D-3L (quality of life scale)
 - Zarit Burden Interview
 - Qualitative feedback on improvements to Behavioural and Psychological Symptoms



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