A running, hollering, skipping, playing place:
A Conversation with Teresia Hazen on the Legacy Emanuel Children’s Hospital Garden

Teresia Hazen, M.Ed., HTR, QMPH is the Coordinator of Therapeutic Gardens and Horticultural Therapy for Legacy Health System in Oregon.

In the following interview, Teresia answers questions by Addie Hahn, a writer who is also working towards her Child Life credential, on the Legacy Emanuel Children’s Hospital Garden, which won the American Horticultural Therapy Association Therapeutic Garden Award in 2000.

Photos by Max Sokol.

AH: Could you briefly describe the design process that led to the creation of the Emanuel Children's Hospital garden?

TH: We did our design work in 1996. Then it was a three-stage process to develop all this, between 1997-99. Two major elements we wanted to address in this garden for kids and their siblings were a therapeutic focus and a restorative focus, or unstructured, independent time. To develop our list of therapeutic requirements, we needed to involve the clinicians. And in these meetings, we needed to hear about the dreams, the aspirations and the clinical goals of each team. We had Physical Therapists, Occupational Therapists, Speech and Language Therapists, Child Life, Spiritual Care, Managers, Horticultural Therapists and our LA. All of those people had very specific goals and needs for the garden setting.

The second reason we have the garden is to provide a restorative setting for every patient, visitor and employee 24-7. So we had to be thinking about some of the elements that were needed for that. One of those turned into the 3-5 niche spots, or bump-out areas where a small group can gather to socialize, provide emotional support or grieve together.

AH: What are a few of the ways the garden is used clinically now?

TH: Physical Therapists needed walking rails for adults and for children, as well as some inclines, because you have to learn to walk in settings like this first if you’re going to go back out in to community settings.
Speech and Language Therapists needed items that would lead and encourage children around the garden. So, having a curved pathway encourages them now to go, “What’s around that corner?” A dragonfly sculpture in a tree might be something to watch for and “tell us when you see it.” The dragonfly starts the communication task.

We needed places where kids could maneuver—inclines, declines and a variety of surfaces that they need to manage while working on mobility skills. Kids ride their trikes and scooters for therapy, and we even have a Segway now that kids with vestibular disorders ride to work toward meeting their treatment goals.

**AH:** What about how it’s used as a restorative place?

**TH:** The garden has features that allow people to experience it the way they want to and when they want to: you can read signs, find a bench in the sun or in the shade, use your phone, there’s a hose set-up with watering cans, and there’s nothing you can overwater. So this creates independent activity, which is empowering. Just following the circulation in here is empowering, because it draws you from one place to the next. Sometimes the children will have school sessions in the garden, and they can place their chairs where they like. One time, I saw a little girl park her chair in the lawn, and she was giving a lesson to the hydrangeas, just giving them a really good talking to. So this is a place with many activities and opportunities so people can experience the garden in their own time, and in their own way, to meet their own needs.

This place is all about children. This is nature, and this allows for child’s work, which is play. You can come out and run all you want. The clinical team designed this as a place for children to “run off steam.” As well, you may also see a family pulling their child patient in a wagon having independent restorative time. This is a running, hollering, skipping, playing place. We’re using an authentic, normalized setting to help children heal and grow.

**AH:** How is the garden used differently among very young children versus teenagers or young adults?

**TH:** The point is that everyone here gets to choose what to do. So teens will come out here and huddle up and joke and laugh with each other and usually avoid their parents. Other kids will run. Other people will weep. The remarkable thing is that all of this can happen at the same time. The environment allows people to get their needs met.
AH: Are there ways to include children in the garden who may have very little strength, or may not be able to leave their hospital rooms at all?

TH: If they can come outside, they can be pulled in wagons. Some children may not be using their extremities or may be fatigued or frightened, but they can still participate in our once weekly ‘Nature Stations.’ We set up projects in steps that are ready for them, so these children could participate in just the last step, or they may just take a finished project.

For children who may be bedridden, their windows at Emanuel look out on the garden, and they can participate that way. And if you’re here and your parents come out to the garden and share some intimate time together, the emotional support they can then give back to the child in the room can then benefit them. We even push some children outdoors in their beds. Last week, I noticed a Child Life therapist had a spinal cord injury patient in the garden on a gurney playing a game of checkers.

AH: What do you suggest for hospitals that may not have the funds to hire a Horticultural Therapist, or where staff may at first be resistant to the idea of bringing a professional on board? Are there ways a Child Life Therapist or other staff member could slowly introduce staff to the idea?

Any therapist can add nature-based activities. They could say, “We’re going to integrate nature into our programming.” Anyone can do that. Integrate what you can manage. Consider a 12’ X 12 niche. Do only what you can maintain, and maintain with quality year-round. Therapeutic gardens need to be four season environments.

AH: Can you talk about what you believe is behind the growing interest in incorporating ‘healing gardens’ or smaller-scale, natural elements into hospitals and other healthcare environments?

TH: Programs everywhere are looking for cost-effective ways to help client therapeutic programs do their work most efficiently and effectively. We’re all working leaner these days—a reflection of the economic setting. These gardens provide choices for all therapeutic programs to help patients connect in whatever ways they need to to aid rehabilitation and recovery and discharge as soon as possible. These gardens are a coping resource and if well designed, can assist patients in their treatment and recovery.

We can also provide that kind of care and honoring even to families that
have a baby or a child who is in hospice. The clinical team has assisted parents in supporting the child’s death in the garden. Two nurses will come with the parents. Parents initiate this request and they want their child to experience the fresh air or the sunshine before they die. Nature is a place of spirituality for many family groups.

**AH:** How can these gardens have an impact on staff?

**TH:** Our gardens provide restoration to our 9,300 employees at our different Legacy Health facilities. Kaplan and Kaplan (1989) describe how in well-designed nature settings, people can have a restorative experience within three minutes. This translates to physiological and/or positive mood change. So doesn’t that sound smart for those in the 24-7 stressful environment of healthcare? This restoration and positive change can happen without any directed attention…and directed attention is what causes mental fatigue. Spending time in a well-designed garden can be a restorative event.

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