

FRI – DO2 Meeting Patient Needs in the Design of Healing Gardens and Therapeutic Spaces

Friday October 20th 3:30-5:00pm Room: 404

Presenter: Clare C. Cooper Marcus, Hon ASLA – Professor Emerita, University of California, Berkeley

Co-presenter: Daniel Winterbottom, FASLA – Professor, University of Washington

Co-presenter: Brian Bainson, ASLA - Quatrefoil Designs Inc

Learning objectives:

Understanding the needs, challenges and strategies in creating successful healing gardens and therapeutic spaces.

Understanding the methods and usefulness of post occupancy evaluation studies, and working as a consultant on a design team.

De-institutionalizing Veteran’s Healthcare with Gardens/Creating Therapeutic Gardens in Public Parks.

Daniel Winterbottom

A. Puget Sound Veterans Administration Healing Garden, Designed by the U of WA Landscape Architecture Design/Build Program

1.The need, the impediments, the strategy.

Accessing veteran’s needs:

- 1) Strategies and challenges, whose needs were served.
- 2) Can a participatory process work within a tight timeframe? The role of trust and familiarity.

3) Can the expectations be met?

2.The impediments:

- 1) The bureaucratic time frame and review process.
- 2) The top down power structure.
- 3) The media show.

3.The strategy:

- 1) Using non-traditional methods of design and implementation to advocate for veteran's rights.
- 2) Can collaboration succeed within a governmental agency?
- 3) The need for research and evidence.

4. Intent, the results

A. Seattle Children's Garden, Designed by Winterbottom Design Inc.

1.The need, the vision, the partnership.

The Need: Lack of rehabilitative play opportunities for children:

- 1) The reality of Seattle parks and those who are excluded.
- 2) The enlightenment of the Parks Dept. and success of advocacy.

2.The vision:

- 1) The view of a speech therapist and limitations of traditional facilities.
- 2) Spawning the vision and building a coalition
- 3) The media show.

3.The partnership:

- 1) Role of volunteers.
- 2) Benefits to Seattle Parks Dept.

4. Intent, the results

Brian Bainson

Putting Patients and Staff first in the design of Therapeutic Gardens

A. Oregon Burn Center Garden, Portland, Oregon, design: Quatrefoil Inc.

1. The need, the impediments, the strategy.

Understand the needs of Burn Patients:

- 1) Participatory design process.
- 2) Determining patient care outcomes.
- 3) How to determine success

2. The impediments:

- 1) Site constraints and permitting issues.
- 2) Challenges of raising money.
- 3) Competing needs of patients, staff and administration

3. The strategy:

- 1) Interdisciplinary design team engaged throughout the process.
- 2) Tight cost controls and the ability to select preferred contractors.
- 3) Ability to modify/adapt the design post construction to best meet actual users' needs.

4. Intent, the results

B. Unity Hospital, In-Patient Behavioral Health Garden, Portland, Oregon design: Quatrefoil Inc.

1. The need, the impediments, the strategy.

Understand the needs of patients:

- 1) Participatory design process.
- 2) Lessons learned from two existing Behavioral Health Gardens.
- 3) Determine patient care outcomes.

2. The impediments:

- 1) Site constraints and permitting issues.
- 2) Challenges of building a garden while maintaining patient access to the garden during construction.
- 3) Understanding patient and staff safety in the environment of a Behavioral Health Unit.

3. The strategy:

- 1) Interdisciplinary design team engaged throughout the process.
- 2) Building two gardens to allow for flexible scheduling of the spaces for both construction and patient use.
- 3) Ability to modify/adapt the design post construction to best meet actual users' needs.

4. Intent, the results

Clare Cooper Marcus

The Role of Researcher and Consultant in Meeting Patient Needs in Healing Spaces

A. Working as a Researcher

1. Post Occupancy Evaluation (POE): A method of evaluating how an existing designed space is used; what works, what doesn't work.

Importance of using both:

- (1) Interviews or questionnaires – recording frequency of visits, feelings about space, ideas for change, etc.
- (2) Activity mapping – recording more accurately what people do, which sub-spaces most popular, etc.

2. The Living Garden at the Family Life Center, Grand Rapids, MI
Design by Martha Tyson; POE by Charlotte Grant

Good example of a POE revealing how the designer made all the right decisions, having worked with the staff and being familiar with research on the needs of those with Alzheimer's disease. Activity mapping was only method used since users had various stages of dementia and mental illness which precluded interviews.

3. Edward Heart Hospital, Naperville IL
Advocate Hope Children's Hospital, Oak Lawn, IL

Designs by Hitchcock Design Group, Naperville, IL. What worked and what did not work so well, revealed in POE studies by C. Cooper Marcus and M. Barnes. Research invited and paid for by the designers. Activity mapping only; budget did not cover interviews

4. POE studies of four San Francisco Bay Area hospital gardens, C. Cooper Marcus and M. Barnes.

What we can learn from interviews that cannot be revealed by activity mapping alone: What people feel after spending time a garden; what it is about a garden that helps them feel better.

5. POE of Kansai-Rosai Hospital Garden, Osaka, Japan by Fusayo Asano and Yoshisuke Miyake, with methodological input from C. Cooper Marcus.

Incorporated both interviews (how often people came, how long they stayed, relationship to hospital etc.); and activity mapping (where most people were observed, most popular places to sit etc.).

6. Why POEs are important:

- Learning from experience, not repeating mistakes

- Why relatively few are conducted

 - Lack of time, limited budget, lack of expertise

- What to do

 - Include line item in budget for POE, work with local school of landscape architecture, pressure LAM to publish more POEs

B. Working as a Consultant on a Design Team

Example of the Hospice Garden at Vacaville Correctional Facility for Men, Vacaville, CA

2006: Start of project: Grad student class in healing garden design taught by C. Cooper Marcus, UC Berkeley. Hypothetical proposals.

2016: Fund raising and political negotiation enables project to go ahead.

2016: Cooper Marcus solicits input from inmate volunteers in hospice. Reviews existing literature on hospice gardens. Works as consultant with client (Dr. Bick, Director of prison hospital) and designer (Chris Kent of PGA Designs, Oakland CA)

2017: Alternative designs; negotiations with CA State Dept. of Corrections on final design

Speaker contact information

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Further reading

Daniel Winterbottom and Amy Wagenfeld, *Therapeutic Gardens: Design for Healing Spaces*. Portland, OR: Timber Press, 2015.

Clare Cooper Marcus and Naomi A.Sachs, *Therapeutic Landscapes: An Evidence-Based Approach to Designing Healing Gardens and Restorative Outdoor Spaces*. Hoboken, NJ: John Wiley and Sons, 2014.

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