The Multidisciplinary Institute
of Nature Therapy (MINT)
University of British Columbia
in collaboration with international partners

International Standard for Forest Therapy Practice

2025

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International Standard for Forest Therapy Practice

Framework for Health, Ecology, and Cultural Integrity

(First Edition, 2025)

Developed by:
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(Any comments and feedback, please send to: *mint.ubc@ubc.ca*)

PREFACE

The growing recognition of the interdependence between human health and natural ecosystems has created an urgent need for coherent, evidence-based approaches to forest therapy. Around the world, diverse practices have emerged, grounded in scientific research, cultural traditions, and professional experience. Yet until now, no unified framework has existed to guide the safe, ethical, and effective delivery of forest therapy across regions and disciplines.

The idea for the International Standard for Forest Therapy Practice – Framework for Health, Ecology, and Cultural Integrity originated at the first International Conference on Forest Therapy in Vancouver in 2022. Since then, the team at the Multidisciplinary Institute of Nature Therapy (MINT), University of British Columbia, has undertaken research to address key gaps while working closely with partners worldwide to shape this framework. Together, we have traveled across continents, participating in and learning from conferences and workshops in Korea, Japan, China, Sweden, Spain, and the United States.

A major milestone in this journey was the organization of forest therapy technical sessions at the XXVI IUFRO World Congress in 2024, which brought global experts together and provided a strong foundation for this work. During the Second International Conference on Forest Therapy in Vancouver, August 2025, the draft standard underwent rigorous review, discussion, and substantive revision, ensuring that it reflects a truly international and collaborative process.

This standard represents a synthesis of current scientific evidence, long-standing cultural knowledge, and practical expertise from the field. It has been shaped through the insights of researchers, practitioners, policymakers, and organizations working at the intersection of health, ecology, and culture. The intention is not to prescribe a single model of practice, but to provide a flexible and robust framework that can be adapted to diverse ecological, social, and cultural contexts.

The standard establishes common definitions, principles, competencies, and procedures that serve as benchmarks for quality assurance, training, program delivery, and evaluation. It emphasizes safety, inclusivity, and respect for ecological integrity, while fostering innovation and honoring cultural diversity in practice. By providing a shared language and structure, this framework aims to:

- Support the integration of forest therapy into public health systems, education, and community practice.

- Enhance the credibility and recognition of forest therapy worldwide.
- Encourage ongoing research, monitoring, and refinement of practices.
- Strengthen collaboration across sectors, from healthcare to conservation.

This ambitious work has only been possible because of the collective efforts of colleagues across continents. Key contributors—such as Dr. Susan Abookire (Harvard Medical School), Dr. Gregory Bratman (University of Washington), Dr. Ralf Buckley (Griffith University), Amos Clifford (ANFT), Alex Gesse (Forest Therapy Hub), Dr. Rosanna Ginocchio (Pontificia Universidad Católica de Chile), Nagisa Ono (Future with Forest Association, Japan), Dr. Kathy Wolf (University of Washington), Dr. Jun Yang (Tsinghua University), and many others—have provided invaluable expertise, guidance, and vision. Their leadership was complemented by a wide circle of contributors from universities, organizations, and independent practice worldwide, whose names are listed in full to recognize the diversity of perspectives and the spirit of collaboration that underpin this standard.

I am deeply grateful to all who lent their knowledge, time, and passion to this work. I especially thank Dr. Benoit-Antoine Bacon, President of the University of British Columbia for his great support and encouragement to forest therapy research, and colleagues from the Faculties of Forestry, Medicine, and Public Health; and the graduate students and postdoctoral fellows of MINT, who carried much of the day-to-day work. Special appreciation goes to Dr. Won Sop Shin and Dr. Kathy Wolf for their mentorship to our graduate students; to Prof. Michael Lee, Dr. Melissa Lem, and Dr. Samir Malhotra for their collaboration; and to Dr. Qing Li, Dr. Iwao Uehara, and Dr. Kiyotaka Segami from Japan for their enduring guidance and inspiration.

I am grateful to Amos Clifford, whose pioneering contributions to relational forest therapy and the Standard Sequence established key foundations for this guideline, and to Alex Gesse whose consistent collaboration and support have greatly strengthened this journey.

This document is, above all, the product of a global community. It reflects a shared commitment: to advance human well-being while safeguarding the health and integrity of forests. May this standard serve as a lasting foundation for collaboration, innovation, and shared stewardship of the healing bond between people and forests.

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Chair, International Council of Forest Therapy
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1. FOREWORD

This guideline provides direction on implementation, practitioner training, evaluation, and policy integration across health, education, tourism, forestry, and community development. It promotes evidence-based practice while respecting cultural diversity, Indigenous knowledge, and ecological integrity. Because forest therapy lies at the crossroads of medicine, psychology, ecology, and public health, it emphasizes interdisciplinary collaboration to establish a clear and practical standard.

Rather than prescribing a single model, the guideline presents a flexible framework that can be adapted to local cultural and ecological contexts. It identifies core principles and competencies to ensure safety, effectiveness, and ethical integrity while allowing space for innovation and adaptation.

We envision this document as a foundation for advancing forest therapy globally. By offering clarity and credibility, it seeks to support practitioners in their work, guide policymakers in integrating forest therapy into health and environmental strategies, and encourage further research. Ultimately, it aims to contribute to healthier people, stronger communities, and more resilient ecosystems.

We welcome comments and suggestions to help the guideline continue evolving with emerging knowledge and practice. Please send feedback to mint.ubc@ubc.ca

2. SCOPE

This international guideline (standard) specifies the principles, requirements, and recommendations for the practice of forest therapy as a health-promoting, non-invasive, and nature-connected intervention.

It aims to harmonize forest therapy methodologies worldwide, integrating scientific knowledge, traditional wisdom, and culturally appropriate practices across diverse ecosystems and communities.

This guideline applies to:

- Forest therapy practitioners (guides and trainers)
- Program designers and curriculum developers

- Organizations and institutions offering certification and accreditation
- Land managers and site designers for forest therapy
- Researchers and evaluators of health and environmental outcomes

It excludes licensed psychotherapy, wilderness therapy, and adventure-based practices, unless they are explicitly adapted to align with the forest therapy principles described herein.

3. NORMATIVE REFERENCES

The following documents are indispensable for the application of this guideline. For dated references, only the edition cited applies. For undated references, the latest edition applies:

- ISO 45001 – Occupational Health and Safety Management
- ISO 26000 – Social Responsibility
- WHO (2021) – Nature, Biodiversity and Health: An Overview of Interconnectedness
- IUCN Global Standard for Nature-based Solutions

4. TERMS AND DEFINITIONS

For the purposes of this document, the following terms and definitions apply:

- Forest Therapy: A guided or self-led immersive experience in a forest or nature setting intended to promote physical, mental, emotional, and social well-being.
- Guide: A trained facilitator who leads individuals or groups through forest therapy sessions.
- Sensory Activation: Engagement of the senses to deepen nature connection.
- Target Population: The demographic or health-related group served by a forest therapy program.
- Therapeutic Outcomes: Benefits such as stress reduction, improved mood and immunity, enhanced social cohesion, spiritual connection, and cognitive-emotional resilience.
- Reciprocity: A mutual human-nature relationship emphasizing respect, gratitude, and stewardship

5. CORE PRINCIPLES AND FRAMEWORK

Forest therapy is grounded in a rich blend of scientific, cultural, and traditional knowledge. This section outlines the foundational principles and theories that guide the practice.

5.1 Core Principles

- Science-Based: Practices should be grounded in evidence from psychological and physiological research.
- Nature-Centred: Nature is not a backdrop but a co-facilitator in the therapeutic process.
- Trauma-Informed: Emphasizes safety, choice, and empowerment of participants.
- Inclusive and Culturally Sensitive: Practices shall respect cultural, social, and individual diversity.
- Knowledge-Sharing: Encourage open but respectful sharing of insights while honoring intellectual property.
- Ethical: Practices shall reflect respect for people, communities, and ecosystems.
- Discerning: Practitioners apply sound judgment to ensure alignment with professional standards.

5.2 Theoretical Foundations

- Biophilia Hypothesis
- Attention Restoration Theory (ART)
- Stress Reduction Theory (SRT)
- Psycho-Evolutionary Theory
- Relational Theory

These theories shape how forest therapy engages attention, reduces stress, and fosters emotional connection and healing.

5.3 Framework for Practice

- Clear theoretical grounding
- Procedural clarity
- Articulated goals and intended outcomes
- Method-outcome alignment
- Proper attribution of intellectual sources

6.PRACTITIONER REQUIREMENTS

Forest therapy practitioners including guides, trainers, and advanced practitioners shall meet minimum qualifications and uphold ethical conduct to ensure safe, effective, and culturally respectful practice.

6.1 Certification and Training

- Completion of a forest therapy training program accredited by an independent international or regional board.
- Competence in ecology, conservation, psychology, physiology, and therapeutic practices.
- Understanding of health, wellness, facilitation methods, public health perspectives, and professional ethics.
- Current Wilderness First Aid or equivalent emergency and safety certification.
- Training to engage respectfully with diverse populations, Indigenous knowledge systems, and community traditions.
- Eligibility to pursue advanced practitioner certification or university-based degree programs.

6.2 Continuing Education

- Annual Professional Development:
  - Completion of continuing education hours as defined by the relevant national or regional accrediting body
  - Training should include in emerging research, safety protocols, inclusivity, and ecological knowledge. Advanced practitioners are expected to undertake additional hours as required by their association or accrediting body.
- Peer Engagement: Ongoing participation in professional networks for mentorship, peer review, and accountability, in alignment with national or international standards.
- Research Involvement: Where possible, contribution to evaluation and evidence-based studies that advance the field of forest therapy.

6.3 Ethical Code

- Respect ecological limits and minimize environmental impacts
- Transparent communication of benefits and pricing
- Respect confidentiality, autonomy, and ecological limits
- Prohibit commercial exploitation of cultural practices

7. FOREST THERAPY STRUCTURE AND DELIVERY

The structure of a session typically includes warming up, sensory engagement, solo reflection, and closing.

7.1 Warm-up and Orientation

- Transition participants into present awareness through gentle grounding practices.
- Offer land acknowledgment or culturally appropriate greetings.
- Establish shared intentions, safety agreements, and respectful group norms.
- Invite participants to deepen their emotional connection and openness to the natural setting.

7.2 Sensory (-scapes) Engagement

Forest therapy engages multiple sensory '-scapes' to deepen immersion

- Sightscape: Guide awareness of light, color, form, and movement in the environment.
- Soundscape: Encourage attentive listening to natural sounds and silences.
- Aromascape (Smellscape): Explore forest scents or, where appropriate, introduce natural essential oils.
- Touchscape: Facilitate safe exploration of textures, temperatures, and physical contact with natural elements.
- Tastescape: Conclude with a mindful tasting, such as herbal teas or ethically gathered forest foods.
  Beyond the physical senses, other dimensions may also be engaged: the Mindscape, inviting inner reflection; the Soulscape or Spirit-scape, opening space for deeper meaning or the sacred; and the Socialscape, nurturing companionship and shared presence.

7.3 Immersion and solo Reflection

- Provide quiet, undirected time for individual exploration and introspection.
- Offer optional nature-based prompts to inspire deeper engagement.
- Emphasize autonomy, privacy, and the principle of non-intrusion.

7.4 Appreciation and Creative Expression

- Invite participants to recognize and appreciate beauty in their surroundings.
- Encourage free expression of feelings or insights through words, drawing, play, music, imagination or other creative outlets.
- Foster personal meaning-making without judgment or evaluation

7.5 Social Connection and Closing Ritual

- Gather participants for a closing ritual or simple ceremony of choice.
- Hold an optional sharing circle to exchange experiences and reflections.
- Express gratitude to the forest, one another, and self.
- Support a gentle reintegration into daily awareness and community connection.

8. SITE SELECTION AND MANAGEMENT

Forest therapy sites should be ecologically sound, culturally appropriate, and accessible.

8.1 Environmental Criteria

- Prefer sites with native biodiversity and multilayered vegetation
- Avoid ecologically fragile or protected zones
- Ensure air and water quality is safe for health-promoting activities、
- Minimize proximity to sources of industrial noise or urban distractions.

8.2 Safety and Risk Management

- Assess natural hazards (e.g., terrain, branches, wildlife, hazardous plants and fire risk)
- Ensure emergency access and communication readiness
- Maintain safe and clear trails

8.3 Accessibility and Inclusivity

- Provide options for varying mobility levels
- Ensure proximity to transport and basic amenities (shelters, restrooms)
- Use inclusive design in site layout and signage

8.4 Site Infrastructure

- Include therapy zones, buffer areas, and clear wayfinding
- Use eco-friendly, permeable trail materials
- Integrate small-scale shelters using natural materials

8.5 Management and Capacity

- Conduct regular seasonal safety and ecological checks
- Set carrying capacities and visitor quotas
- Engage Indigenous partners or local communities

9. INTEGRATED THERAPEUTIC PRACTICES

Forest therapy may be enhanced through thoughtful integration with other health-promoting activities.

- Examples include yoga, mindfulness, art therapy, sound therapy, aromatherapy, horticultural therapy, nature-based counseling, and others.
- It may also be incorporated into organizational development initiatives, such as team building, leadership training, and workplace wellness programs, to foster resilience, collaboration, and collective well-being.
- Practices should be selected according to participant needs, environmental condition and cultural context
- Facilitators must be qualified in their respective disciplines
- Forest therapy shall remain the primary framework, with other practices serving as supportive elements

10. HEALTH AND SAFETY

Practitioners shall prepare for physical and psychological risks.

10.1 Pre-Session Risk Screening

- Collect medical disclosures (e.g., asthma, mobility, PTSD)
- Identify contraindications (e.g., epilepsy)

10.2 Emergency Preparedness

- Carry emergency kits with first aid, EpiPens, blankets, and AEDs
- Ensure communication tools are functional in remote areas

10.3 Psychological Safety

- Guides trained in Psychological First Aid (PFA)
- Referral networks for nature-based clinical professionals

11. CULTURAL AND ETHICAL PROTOCOLS

Forest therapy shall uphold cultural integrity, respect traditional knowledge, and honor land-based practices.

11.1 Indigenous and Local Community Collaboration

- Obtain Free, Prior, and Informed Consent (FPIC)
- Ensure fair revenue-sharing with Indigenous or local conservation initiatives
- Avoid cultural appropriation or unpermitted use of ceremonies or sacred practices

11.2 Local Cultural Adaptation

Forest therapy practices should be adapted to local cultural contexts in respectful and authentic ways. Examples include:

- Japan: Integrate Shinto-inspired gratitude practices
- Scandinavia: Embrace friluftsliv (the philosophy of open-air life)
- Brazil: Engage Amazonian tribes for medicinal plant walks
- China: Incorporate Taoist principles and Traditional Chinese Medicine (TCM)

11.3 Forest Therapy Practitioner Conduct

- Maintain humility and respect in cross-cultural contexts
- Recognize the forest as a sovereign co-healer
- Self-awareness to avoid imposing personal agenda

12. RESEARCH AND EVALUATION

Forest therapy shall be advanced through rigorous, ethical, and collaborative research.

- Integrate insights from psychology, medicine, ecology, public health, and traditional knowledge, using validated tools and indicators
- Uphold participant consent and privacy while respecting cultural and Indigenous contributions
- Apply pre/post assessments, participant feedback, and standardized measures to enable comparability and meta-analysis
- Monitor outcomes over time and incorporate practitioner and community perspectives
- Support global knowledge exchange while protecting privacy and data sovereignty
- Conduct regular internal reviews to ensure quality and drive improvement
- Employ emerging technologies and foster interdisciplinary inquiry to generate new evidence and practices

13. CERTIFICATION AND ACCREDITATION

Forest therapy programs, guides, and sites should meet standardized levels of quality assurance.

13.1 Accreditation Bodies

- Certification should be overseen by international and national boards.
- Regular audits and compliance reviews are required to maintain standards.

13.2 Levels of Certification

- Guiding Practice (Level 1): Qualified to independently lead forest therapy walks, ensuring participant safety, meaningful engagement, and ethical practice
- Advanced Practice (Level 2): Demonstrates deeper competencies, including program design, mentoring of new guides, and integration of specialized approaches (equivalent to post-secondary diploma or similar professional training).
- Academic and Professional Programs (Level 3): University-based education at the bachelor, master's, or doctoral level of nature therapy related fields, integrating research, theory, and professional practice.

13.3 Site Certification

- Initial and recurring evaluations to ensure consistent quality.
- Address ecological integrity, participant safety, and respect for cultural protocols.
- Recertification on a regular cycle, typically every 3-5 years.

14. IMPLEMENTATION TOOLS

14.1 Practical Resources

- Checklists for training, site design, safety reviews
- Participant waiver templates (e.g., medical, liability, media)

14.2 Policy and Advocacy

- Engage health ministries, insurance providers, and tourism board
- Recognize forest therapy as a reimbursable, preventive health service

14.3 Community Mobilization

- Volunteer training and capacity-building programs
- Public campaigns to promote awareness of forest therapy benefits

15. REVIEW AND EVOLUTION

This standard will undergo biannual review to ensure relevance, scientific integrity, and inclusivity.

15.1 Stakeholder Review Councils

Include Forest therapy practitioners, ecologists, cultural representatives, and public health professionals

15.2 Incorporation of New Research

Integrate emerging knowledge on climate resilience, technological innovation, and social equity.

15.3 Responsive Evolution

Establish feedback mechanisms for practitioners and participants to inform ongoing improvements.

APPENDIX I GLOSSARY AND TERMINOLOGY

This annex provides definitions for key terms used in the Global Standard for Forest Therapy Practices. These terms ensure clarity, consistency, and alignment across forest therapy practices globally.

- Accessibility: Ensuring that forest therapy practices are inclusive and reachable for people of all abilities, ages, and backgrounds.
- Biophilia: The innate human tendency to seek connections with nature and other forms of life.
- Eco-Anxiety: A chronic fear of environmental doom, often addressed through reconnection practices such as forest therapy.
- Eco-Psychology: A field that studies the relationship between human beings and the natural world through ecological and psychological principles.
- Forest Bathing (Shinrin-yoku): A Japanese-originated practice involving mindful immersion in a forest setting to promote relaxation and stress reduction.
- Multisensory Engagement: Involving multiple senses—sight, sound, touch, smell, and sometimes taste—to deepen nature connection and enhance therapeutic outcomes.
- Nature-Based Therapy: Any intervention that uses elements of the natural environment as part of a therapeutic practice.
- Negative Ions: Airborne molecules found abundantly in natural settings such as forests and waterfalls, believed to have mood-enhancing effects.
- Phytoncides: Natural compounds emitted by trees and plants, known for their antimicrobial and immune-boosting properties.
- Restorative Environment: A natural setting that supports recovery from mental fatigue and stress, fostering attention restoration, emotional regulation, and spiritual grounding.
- Somatic Awareness: The practice of paying attention to bodily sensations, often used in nature therapy for grounding and stress relief.
- Therapeutic Alliance: The trust-based relationship between the guide and participant that contributes to the effectiveness of therapy.
- Therapeutic Guide: A certified individual who facilitates forest therapy sessions, ensuring safety, inclusivity, and meaningful connection with nature.
- Therapeutic Landscape: A physical setting that promotes healing through its aesthetic, cultural, and environmental features.

ANNEX I CONTRIBUTORS TO THE STANDARD

Contributors to the standard: List of organizations and individuals who contributed to the development of this standard

AirNutri, Canada
Algoma University, Canada
Association of Nature and Forest Therapy Guides and Programs
Beijing Forestry University, China
Birchwalking, USA
Botrich Inc. Canada
Capella University, Canada
Capilano University, Canada
Cascadia Forest Therapy, USA
China Innovation Alliance on Forest Therapy and Health Promotion, China
Chinese Academy of Forestry, China
Clemson University, Canada
Conservation Conexions, USA
Department of Nursing, Brandon University, Canada
EcoWisdom Forest Preserve, Canada
Faculty of Social Sciences, University of Ljubljana, Slovenia
Federation of Canadian Municipalities, Canada
Forest And Go (Forest & go), Italy
Forest Therapy Hub, Spain
Forest Therapy Society, Japan
Forestry, University of the Philippines Los Baños, Philippines
Fujian Agriculture and Forestry University, China
Fundación El Bosque y La Niebla, Colombia
Future with Forest Association, Japan
Human and Nature Youth Club, Canada
Indigenous Studies, University of Victoria, Canada
Internal Reign Nature Therapy, Canada
International Council of Forest Therapy, Canada
International Society for the Study of Trauma and Association, USA
ITCA, International Tao Culture Association, Canada
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Journal of Forestry Research, Springer.
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The University of Canterbury, New Zealand
The University of Colorado - Anschutz Medical Campus
The University of Washington, USA
Tzu Chi Foundation Canada (TCFC), Canada
Tzu Chi International College of Traditional Chinese Medicine, Canada
University of Delhi, India
University of Florida, USA
University of Ottawa / Children's Hospital of Eastern Ontario, Canada
Western University, Canada
Women University Swabi, Pakistan
XGIMI, China
Yichun University, China
Yorkville University, Canada
ZEN Yoga, China
Zhejiang Agriculture and Forestry University, China