




Congregational Caregiving Using Special Pets - (C-CUSP) A Resource for Creating a Very Unique Care Team

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 *Does the thought of expanding the boundaries of congregational care teams give you paws? Congregations have been using a formal “team” approach to ministries of care and support for several years. Can you imagine a slightly different care team – one composed of Olivia, a pre-teen girl, Helen, a retired executive secretary and Max, a golden retriever **Pet Partner**?*

This resource will:

- Introduce a new National Health Ministry - Congregational Caregiving Using Special Pets – (C-CUSP)
- Explain how pet partners can become effective members of congregational care teams,
- Supply background on the pet-assisted therapy program
- Furnish information on liability (Insurance is available as an affiliate of Delta Society ®)
- Describe effective models where pet partners are working
- Provide a sample evaluation as an indicator of necessary pet partner skills, and,
- List a veritable plethora of additional resources

From the files. . .



~ It is Thursday afternoon and Helen, Olivia and Max are on the way to visit the pediatric unit of the Childrens Hospital. One of the members of their congregation – Kris, an 8-year-old boy, is undergoing a long hospitalization while receiving chemotherapy. Kris's family visits often and the staff at the hospital is generally nice, but the high point of his week is his Thursday afternoon opportunity to scratch the silky head of Max, Olivia's golden retriever.

~ Molly lives in a small apartment at the SeaShore Assisted Living Center. She misses her husband Leo, whose recent passing was the catalyst for her move to the center, but she also misses Mildred, her tiger striped longhair domestic cat, who was not allowed to move there with her. She eagerly anticipates visits from her care team, Justin, who is 11, his grandmother Eleanor, and Mildred,



who now resides with Justin and his family. Molly enjoys the conversation and treats that Eleanor and Justin bring, but seeing and petting Mildred, knowing she is well cared for in a loving home, makes Saturday morning very special.

Butch has lived at OakView, a long-term care facility for almost 3 years, since his severe depression made it impossible for him to live independently. Although many of the residents interact with one another, playing games and cards, Butch has no family living near him and is known as a loner who typically sits silently in a corner of the dayroom staring out the window for hours on end. Before his episode of depression, Butch was an avid hiker and outdoors person, yet, even when encouraged by staff, Butch will not venture outside. The staff of OakView have contacted your congregation – knowing that you have a Care Teams Using Pet Partners Program and are hoping that you might have a care team who could come and visit Butch. They have noticed that when a care team that uses pets visits another patient, William, Butch moves from his isolated seat to be near William and his visitors. They think a Care Team with a Pet Partner might be a safe way to subtly encourage Butch to begin interacting with others, as well as provide a reason for him to go outside occasionally.

Expanding the image of care teams.

Many visitation situations could incorporate a pet partner. The stories of Kris and Molly and Butch exemplify three different situations in which visits from Congregational Caregiving Using Special Pet Partners - (C-CUSPP) Care Teams could be effective. As in Kris's case, children who have prolonged or frequent hospitalizations because of long and complex treatment regimes miss many of the experiences of a typical childhood. Because pets are often a part of one's childhood experiences, the only opportunity many children in this situation have for interaction and bonding with pets is through a visitation program. An intergenerational congregational care team using pets, could make a great difference in the lives of many children.

Butch's feelings of isolation could be penetrated by a pet who is non-threatening and approaches him with unconditional acceptance. A pet might also connect him to a happier time in his life.

Molly's situation is typical of many people who enter assisted living or long-term care facilities. Though the trend is changing, many facilities do not allow residents to bring or have pets, so the opportunity to visit with one's pet is an important option. A study conducted in the UK, conducted by by Warwick University –



explored issues faced by residents entering long term care. Their findings revealed the importance of the bond between people and companion animals, and, affirmed the impact of the loss of this connection when people are forced to break that bond.

~ Residents who had owned pets immediately before entry showed significantly more negative feelings toward the move; were less likely to regard the residence as 'home' and took longer to adjust to routines within the home and to 'feel settled'.

~ Former pet owners took longer to make friends, and were more likely to avoid joining social activities

~ Former pet owners reported more difficulty in sleeping at the time of entry, took longer to establish regular sleeping patterns and were more likely to require sleeping tablets during the adjustment time

~ And, importantly, they were reluctant to confide in staff the reasons for their unhappiness, believing that their feelings would be trivialized, or just not understood.



For years, anecdotal information – stories – of the benefits of contact and bonding between people and companion animals have abounded. Recently, the field of Human-Animal Bonding has grown and matured, with formal, scientific research studies having been conducted. These studies reveal that contact with companion animals can have a significant positive result on the wellbeing of many people. For people who live independently, having companion animals in one's life is typically based on choice and convenience. For many people who are not living independently, the opportunity to interact with, and the therapeutic value of human-animal bonding must be an intentional and planned process.



Karin & Tim Stewart of Burnt Store Presbyterian Church in Punta Gorda, Florida incorporate Sunshine into their Pet Ministry





What are “typical” situations in which C-CUSPP Care Teams might volunteer?

In addition to the stories of Kris, Butch and Molly, positive results of intentionally incorporating pets into many other situations have been recorded. Among them are:

~ Pets have been found to help children who have experienced loss. Children seem able to express feeling of grief and bereavement to a non-judgmental pet more easily than to a person. Sometimes just holding and cuddling a pet gives children (and adults) a feeling of comfort and connection.

~ Autistic children have been found to respond to pets at times when adults have not been able to elicit a response.

~ People in later stages of Alzheimer’s Disease typically respond best to stimuli that trigger more than one sense simultaneously. Pets stimulate visual, tactile and auditory senses, and, often invoke a memory from the past as well.

~ Experience also supports the ways in which dogs – in particular are useful in helping with stroke victims. A stroke victim with left-side partial paralysis, for example, can be given specific goals such as sitting up, standing and memory recall. As one incorporate a pet into this situation, the care team might bring the dog to the patient on the left side so he/she is motivated to reach out with the left hand to pet the animal. They might also tell the patient facts about the animal – name, age or favorite food. Several minutes later the patient could be asked to recall the information – an exercise that helps with recall.

~ Pets decrease a sense of loneliness in people who live alone or who feel alone even in the presents of others.

Research and documentation of successful use of companion animals continues. Several articles reporting these results are included at the end of this article.



How would C-CUSP pet partners work?

Exploring the use of companion animals in non-independent living settings, there are typically two types of animal/human interaction – animal visitation and animal-assisted therapy. Animal visitation can include almost any type of pet and is usually simply an informal visit. While there are generally no firm therapeutic goals, patients have been shown to experience benefits like lowered blood pressure, lowered blood sugar and improved physical movement and socialization. It is in the type of situation in which C-CUSPP Care Teams would most likely work.

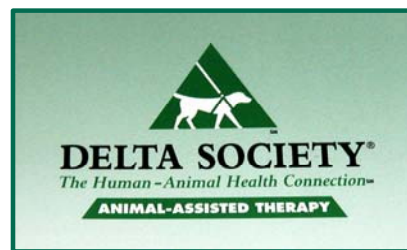
Animal-assisted therapy, by contrast, pairs a well-trained, certified animal – usually a dog – with an experienced handler and a therapeutic team that



includes a physical therapist, nurse or social worker. Specific goals are set for each session and records are kept to chart any improvements. In this situation the certified companion animal is actually a member of the therapeutic team. This more advanced work could certainly be a goal for experienced Care Teams Using Pet partners, especially if a *human* volunteer already has the appropriate educational background and experience in providing therapeutic treatment.

How do Congregational Care Teams begin a CCUSPP Ministry ?

Health Ministries USA is currently in the process of becoming an affiliate of Delta® Society's Pet Partner Program. Delta® has a national network of trainers and evaluators who can work with a congregation interested in starting a program. In addition, becoming an affiliate of Delta® provides liability insurance coverage, a wealth of training and experience, research resources and a national support system.



If your congregation already has a care team ministry, adding this nuance should require fewer steps. If your congregation does not have a care team ministry, you will want to begin one as the foundation for this work. Concurrent with the development of a care team ministry, you would identify resources specific to the pet partner component. Once contact with a trainer/evaluator has been made, that person may also be aware of hospitals, health and long term care, assisted living, independent living or other facilities that have already approved pet partners in your community . If there are no facilities already encouraging approved pet partners, your group will be challenged to find a facility willing to allow the program. Resources that show the value of these programs are available through Health Ministries USA as well as through Delta®.

C-CUSP provides unique opportunities for congregations

Many congregations report that the numbers of folks available to do visitation has dwindled. C-CUSP care teams will:

- (1) Attract younger members into a caring volunteer service
- (2) Enable both younger and older members to work jointly in a program
- (3) Provide a needed and helpful activity for members of their congregation and community

As an entree to Care Teams – for younger members, C-CUSP care teams can very simply be FUN. Many young people would enjoy an opportunity to introduce their **calm and reliable** pet to others who either do not or cannot have a pet of their own. In the C-CUSP model, the pet would be portrayed as a focus of the activity. Young people would not feel the pressure of anticipating conversations about topics foreign to them or the expectation that they would be asked to demonstrate affection for a person who might be a only a slight acquaintance.

More about C-CUSP . . .

Several national organizations train and/or evaluate both pets and handlers to assure suitability and safety for service in a variety of settings. Therapeutic pet assistants (and their handler) or pet partners are currently involved in “activity therapy” in hospitals, nursing homes, assisted care centers and after school reading/tutorial programs – to name a very few venues.

Unless the pet partner is part of a therapeutic plan that will be implemented under the supervision of trained professionals, never take your pet into a facility or on a visit without first checking to see if pet



partners are allowed. Never allow your pet partner to approach an individual unless you get a clear message that the pet will be accepted.



What kinds of skills are needed? Could your pet become a C-CUSP Pet Partner?

While many different pets are used as pet partners, dogs are most frequently utilized – and tend to be the most active pet partners. Much of the information related to choosing appropriate pet partners, is, therefore, geared to dogs. Pet partners must be social. The point of the program is the interaction between the pet and the people you are visiting. If the pet does not enjoy the visit the interaction will be less than ideal. The person needs to feel accepted by the pet. A rejection could make the visit more hurtful than no visit at all. A good pet partner is calm, tolerant and friendly. The visits should be pleasurable for both the team and the person being visited.

Pet partners must be polite. It is rude for a person to challenge another for walking down a public street. The same is true for your pet. That it is natural for one dog to challenge another does not mean its polite. It is also rude for one person to touch another without permission. A polite dog does not touch a person unless invited.

The balance between calmness, and friendliness is a difficult one. Even an excellent obedience dog may not be a good visiting dog if he/she shows little interest in meeting people. An aloof dog may be calm, but may cause people to feel rejected. A very friendly dog may have the best of intentions but may cause injury. A dog that is full of energy and always ready to work may be too active for most situations.

There are many examinations that various associations use to determine if a pet is ready to be a partner. Pets that are not inappropriate can have a disastrous effect on a program – whether it is new or established. Putting a pet who is not ready into a care team situation is not fair to the pet or the team certainly not fair or WISE for the person you intend to visit.



The questions and answers below will give you some idea of the potential pet partner's readiness. Although this self-evaluation is geared toward dogs, it will provide good basic information about skills needed. Answer the following questions by determining which best reflects your potential pet partner's behavior.

Is your dog well socialized?

He's accustomed to many kinds of situations, people and other dogs.
Yes, I let him out in the yard everyday and that's as far as he goes.

Does your dog jump up on people?

I don't permit this conduct; I use a stern but humane correction.
Only when they ring the bell, meet us in the street, talk to her or me, etc.

Are you surprised when your dog puts his/her best paw forward?

No, I've worked hard to train him and I expect him to behave.
Yeah! You never know (WHAT he'll do...?)

How does your dog react to rolling shopping carts, roller blades or skateboards?

She calmly watches with curiosity as they move past.



Her eyes glaze over, the mouth foams and with curled up lips she barks and growls furiously.

How do you and your dog handle the unexpected?

Appropriately, just like Lassie.
Chaos could result.

How does your dog behave at the Vet or Groomer?

He compliantly agrees to whatever fate awaits him.
They meet us at the door with a muzzle.

Have you and your dog had any formal training? How about at home training yourself?

Yes, we have been through at least beginners and we still practice at home.
Why would we need training?

Does your dog have any health problems?

No, as far as I know she's fine, but I check her regularly for lumps and sensitive areas.
I have no idea.

How does your dog accept a treat?

He sits and waits until given the signal and then gently takes it from my hand.
Eagerly, don't get in his way.

How do people respond to your dog?

They smile sweetly and pat her fondly.
They sometimes seem afraid.

What happens when your dog sees another dog?

He exhibits mild curiosity and wags his tail.
He growls, snarls, and drags you down the street.

Does your dog like children?

Yes, she wags his tail and wants to go play - gently. She knows not to jump up and scare little ones.
She has never been around children.

Does your dog bark incessantly - ever?

No, not ever. He knows that is unacceptable behavior
Yes, he's a true watch dog.

Does your dog growl at strangers, children, or anyone she doesn't know?

No, my dog really likes people.
Yes, occasionally she just doesn't like someone.

 **Health Ministries USA support for C-CUSP**

Congregations interested in beginning Congregational Caregiving Using Special Pet Partners - (C-CUSPP) Care Teams may apply for care teams start-up/seed grants. Training for individuals who wish to be evaluated or to advance and become evaluators will be provided as a part of the "Encircling Care" Conferences when possible. Additional training opportunities are frequently available through Delta Society® and this information will be made available as it is received.

New resources will be posted on the Health Ministries website as they are developed or identified.



Additional Information - Articles

The following articles are provided for additional information – and examples of use of pet partners and animal assisted therapy.

Courtesy of NurseWeek.com -

Puppy Power

Patient care goes to the dogs, as more hospitals and nurses discover benefits of animal-assisted activities and therapy

By Cathryn Domrose
November 11, 2002

Dogs of all shapes and sizes roam the halls of The Children's Hospital in Denver with their handlers, carrying "business cards" so young patients can remember their names.

The 12-year-old cancer patient had just been told that her leukemia had returned, and she was angry. She slammed the door on her parents, her nurses and her doctors, refusing to see or talk to any of them. She threw things across her hospital room and sobbed in frustration.

One of the girl's nurses at Loyola University Medical Center in Maywood, Ill., contacted Becky Jankowski, MS, RN, program coordinator for Pawsitive Therapy Troupe, the hospital's animal-assisted activity and therapy program. "Would you try?" the nurse asked. "Maybe she'll see the dog."

Jankowski arrived at the girl's room with her sheltie Rosie, a certified therapy dog. As Jankowski opened the door, Rosie peeked around the corner.

"Would you like to see Rosie today?" Jankowski asked. The girl, her face puffy and tear-streaked, said yes. Jankowski put Rosie on the girl's bed. The girl stroked the sheltie's soft fur. She talked to the dog and to Jankowski about what a difficult time she was having and how upset she was.

After about 20 minutes, Jankowski asked if the girl wanted to see her mother. She said she did, and eventually she was ready to face the doctors and nurses as well.

"It really made me feel like I had made a difference that day," said Jankowski, who owns two therapy dogs she uses in her work at Loyola and nearby Edward Hines Jr. VA Hospital. "Patients will tell the dog things they won't tell people. They will hug her and rock her and tears will stream down their faces. She touches people in ways that humans can't."

In the last decade, a growing number of hospitals have been using animals, especially dogs, to calm, reassure, motivate and help rehabilitate patients.

At Northern California Shriners Hospital, dogs, cats and even potbellied pigs stroll the halls and help distract nervous kids in clinic waiting rooms and hospital rooms. Nurse researchers in Texas have shown how dogs calm agitated Alzheimer's patients when staff members at long-term care facilities cannot.

Amazing response



Nurses who work with animal therapy programs, whether as researchers, program coordinators, handlers or frontline caregivers with patients who might benefit from an animal visit or therapy, say the response from patients and staff is amazing.

"It's a wonderful thing for us as nurses," said Norine Hemphill, RN, a clinical director in neurosurgery, orthopedics and neurotrauma rehabilitation at The Children's Hospital in Denver. Her hospital's program, Prescription Pets, was launched 17 years ago, one of the first in the country. Dogs of all shapes and sizes roam the halls with their handlers, carrying "business cards" so young patients can remember their names.

"They're chilled-out dogs," Hemphill said. "They just sit there and let these kids pet them. We love to see what it does for the kids. When a kid is hurting, it's a distraction. It helps them forget" why they're in the hospital.

Studies have shown that petting animals can reduce blood pressure and lower stress levels in some patients. One study has shown improved recovery rates for cardiac patients who have pets at home. Depressive, psychotic and demented patients have shown considerably less anxiety when dogs are present at therapy sessions.

Program coordinators, handlers and researchers distinguish between animal-assisted activities-visits to entertain or distract patients or residents in a health care facility-and animal-assisted therapy, in which a health care professional uses an animal to achieve a specific goal, like getting a patient to walk, throw a ball, talk to a therapist or socialize with other people.

An important part of successful physical therapy is motivation, researchers and therapists say. Jankowski said she has seen patients who wouldn't take a step for a therapist walk down the hall in a walker with a dog.

"If it were me, I'd rather go home and pet my dog than work on a biofeedback machine," said Mara Baun, DMSc, FAAN, assistant professor of nursing at the University of Texas-Houston Health Science Center. Baun has authored a number of studies on the benefits of animal visits and therapies.

Some of her studies looked at children who received a routine examination by a nurse practitioner. Those who had the examination with a dog next to them at the examining table showed considerably fewer signs of stress.

In other work, Baun has focused on nursing homes, perhaps the most popular places for animal visits because rules about infection and disease control are not as stringent as in hospitals. Baun found that Alzheimer's patients were more socially interactive and less agitated with a dog present.

But Baun said she does not know if the mental benefits would continue once residents became accustomed to having the animals around. "Certainly in the short term, the effects are positive," Baun said, "but we really need to know what the long-term effects are."

Therapeutic connection

Mental health practitioners also have used animal therapy successfully. Linda Porter, MSN, MA, RN, assistant professor in the department of chronic care nursing at the University of Texas Health Science Center at San Antonio, teaches classes in animal-assisted therapy at the school of nursing and uses animals in her work as a private practice psychotherapist.



Clients lie on the floor and hug her golden retrievers or walk in the park with her and the dogs, then sit on a log and talk. Porter also brings adolescent girls who have been in violent situations to her ranch to work with trained horses.

The girls learn that "if they can control a horse, they can control their situation," Porter said.

Whether in a hospital or in a therapist's office, animals often help ease tensions for people who are uncomfortable or unhappy, she said. "There's less anxiety in the room when there's an animal there. There is more connection with the people."

This connection led cardiac nurse Kathie Cole, MN, RN, to start the People-Animal Connection program at UCLA Medical Center in 1994. Cole, a dog owner, thought that dogs might help cheer up heart-transplant patients while they waited for donor organs. She has expanded from 12 cardiac dogs to 50 volunteer dog-and-handler teams who visit 37 units in the hospital.

Volunteer teams must go through a training program based on one created by the Delta Society, a Seattle-area-based nonprofit organization that screens dogs for personality, obedience and hospital training.

By the end of the training, dogs must be able to endure everything from yanks on their ears and tails to people screaming and moaning to wheelchairs whirling down corridors. Handlers learn hospital protocol, how to place dogs on beds, how to encourage them to interact with patients and how to look for signs of stress that show the animal has had enough.

In hospitals with animal visitation programs-about 10 percent of all hospitals in the country, according to the Delta Society-patients who are allergic to dogs, afraid of dogs or just plain don't like dogs have this information posted in their charts. Because hospital rules are so complicated, a successful animal-assisted therapy program must be carefully designed, those who run the programs say.

"I think that having a nursing background is a wonderful thing for an animal-assisted therapy program," Jankowski said. "If you're going to bring dogs into a hospital, you have to be darn sure you know what you're doing."

A nod from nurses

Nurses who run animal-assisted therapy programs say volunteers follow special protocols for bathing and grooming the animals before they come to the hospital. Handlers brush their dogs' teeth and clip their nails. Although many hospitals have balked at animal visits, voicing concerns about infection and sanitation, hospitals with the programs say they have had no incidents of patients being infected or bitten by an animal.

"The principles of infection control are the same" as for humans, said Paul Maxwell, MA, RN, manager of infection control and employee health at Shriners Hospital in Sacramento. "It's just commonsense stuff."

Whenever Maxwell brings in his own certified therapy dog, a yellow Lab named Bubba, he gets calls to visit not just patients but staff as well. Managers of animal-assisted therapy programs say they tell their volunteers to allow at least an hour extra for time to spend with hospital workers.

"Pet therapy is a real boost for employee health," Maxwell said, particularly a hospital staff that deals with high levels of stress. "I think there's a whole human-animal bond that you see under stressful times."



Cole would like to see more nurse involvement in animal-assisted therapy. "Nurses have so many things to do, it doesn't matter whether they include animal-assisted therapy into their care. Other than that, most nurses are so compassionate, they see a need for it."

She expects more nurses will become involved as evidence showing the benefits of animal-assisted therapy increases. Some nurses are already discovering new ways to use animals.

At The Children's Hospital in Denver, oncology nurse Anne Ingalls has started a program with the Veterinary Referral Clinic of Colorado that matches dogs and children who are both cancer survivors. The dogs in Jankowski's program put on a full-costume performance of the Nutcracker ballet for patients at Loyola and Hines.

"The nurses really appreciate the service the dogs provide and they really become a part of the team," Hemphill said. "They're a part of the care we deliver. A fun part of the care, not a bad part of the care."

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Reflections on a Pet Partner Visit-

Yesterday we visited the rehab hospital and in the Physical Therapy room there was a very large young man who indicated, with his gestures not voice, that he wanted Beaucoup to come over to him. He was in a wheelchair and his right foot was in a cast. He loved petting Bouks, and when I asked if he'd like to give her a treat he indicated yes. He didn't talk at all, but somehow I knew what he wanted and Beaucoup was quite taken by him.

Later in our visit, when we were on the upper floors doing our room visits, we encountered him again in his wheelchair near the nursing station. By this time we were joined by the recreation director, Pam, who has an incredible way of using these dog visits for her own interactions with the patients. She began to ask him questions, like "Have you ever seen such a big dog?" "Do you like her?" "What do you think of..." and he was verbally answering her. It all seemed quite normal to me.

Then afterwards, she said to me privately that this was the first time since he'd been admitted that he had spoken – had said anything to her. He is schizophrenic, hears voices, had tried to jump out of a window and broken his foot.

Just these small, small steps in communication that a dog can make possible. And often you don't even know just how gigantic an interaction may be in terms of bringing a patient to a new level.
Carol

Take Two Dogs and Call Me in the Morning

by Sarah-Jane Noden

Karen Maxwell had been lying in her hospital bed for two years. A serious car accident had left her drifting in and out of consciousness, moving nothing but her eyes. That is how James found her when he first took Bosworth in to visit her.



He put Bosworth up on the bed and he snuggled up close to her. That was all for the first visit. On the next visit, a week later, James did the same thing and soon it became a regular routine. One of the nurses took a picture of Karen and Bozzie and it was placed in a frame by her bedside.

Once when they arrived, Karen's parents were in the room. James put Bozzie on the bed as usual. But this time Karen smiled and very slowly and distinctly said one word, "dog." As James was leaving, Karen's mother came up to him with tears in her eyes. "I never thought I'd ever hear my daughter's beautiful voice again," she said.

A few weeks later James went downstairs and found Bosworth dead. He had died from cardiac failure at the age of four.

James dreaded going to the hospital that evening. He went straight up to the nurse on duty and told her about Bosworth. Very quietly she told him that Karen had died in the night.

James Ryan's bloodhound, Bosworth, may have had a short life, but it was a worthwhile one. Bozzie was one of many dogs engaged in pet therapy programs all over the world.

Pet therapy is now being used to help with a whole range of medical and emotional ailments. Animals help with stress relief, physiotherapy, depression and short-term memory. They are especially useful to children with behavioural disorders, or those who have been physically or emotionally abused. Patients with heart conditions are often given small pets to look after; this lowers their blood pressure and improves their mood.

Therapy animals have also proven to be beneficial in prisons and institutions and are often brought to senior-care facilities.

Bubba is a large, white cockatoo. His owner brought him to such a facility where they met an elderly lady. At first the lady did not seem to notice their presence, but then she saw Bubba. His owner says, "It was as though a spark of life came back to her. She smiled, and stroked his head and back, and told him what a lovely creature he was. On every visit after that there has been the same reaction."

Most pet therapy organizations screen animals before they allow them to begin visiting. The animals must be well-behaved and have good manners. They are assessed in walking around equipment like wheelchairs and walkers and their reaction to noise, loud talking, petting and friendliness is observed. As one handler puts it, "They have to be able to remain calm. Jumping on someone is an absolute No-No."

The Pet Therapy Society of Northern Alberta is involved in three types of animal therapy. As well as the usual pet visitation there are animal-assisted activities and animal-assisted therapy. Animal-assisted activities are a kind of occupational therapy. Patients are involved in making bird-feeders, rabbit hutches and similar items. Animal-assisted therapy has specific objectives. For example a patient might be advised to walk a dog for 15 minutes a day, to help with mobility. The length of the walk will be increased as the patient gets stronger.

The Delta Society runs a program called Pet Partners. It trains owner volunteers and screens pets for suitability. The training is by home-study courses, videos and newsletters from the society. You don't have to own a pet to be involved with the program. There is always work to be done in answering the phones, administration and handling all the animals on the society's books.



The program uses a whole selection of animals including dogs, cats, guinea pigs, rabbits, horses, goats, donkeys, pot-bellied pigs, cockatoos, parrots, chickens and llamas. Incidentally llamas are often used in preference to horses when visiting nursing homes because they have pads on their feet instead of hooves.

As well as helping with specific medical problems, a pet visit can simply lift a patient's mood and make the day that bit more bearable. This is borne out by the request of one cardiac patient to his doctor, "I would like a prescription of one dog visit a day doctor."

<http://members.bellatlantic.net/~lilbun/special.html#anchor38655>

Note: This article comes from Canada and not only tells of experiences using pets in therapeutic programs

Nursing Home Therapy

Hyland Crest Nursing Home, Minden, Ontario, has a different therapy approach for residents. The therapy treatment received by the elderly is most rewarding.

Kyla Grexton, a trained volunteer, offers her time to Hyland Crest on a weekly basis. Kyla and her best friend Kirby, a 3 year-old Retriever/English Setter mix, provide refreshing visits in the comfort of the residence. The word 'friend' takes on new meaning from this energetic and friendly team.

Kyla trained at Riverside Dog Training, Daphin, Pennsylvania from January to August 1999. She worked with service and hearing dogs. Her training involved monthly volunteer visits to a nursing home where her interest developed in Therapy dog relationships.

Kirby graduated from Riverside Dog Training in Daphin, Pennsylvania as a service dog. He later graduated from the St. John Ambulance Therapy Dog Program. He was tested for temperament, obedience, and socializing skills. He passed with flying colors. His previous training was a bonus for him. He was exposed quite frequently to the public in his role as a service animal. Different situations, noises, and distractions, along with his basic obedience training and social activity improved ranking as a Therapy dog.

St. John Ambulance contacted Hyland Crest in Minden, Ontario and authorized visits by Kyla and her partner. Updated vaccination records were provided to both the nursing home and St. John Ambulance before visitor approval was consented.

Since, late February 2001, the team has made routine weekly visits lasting from 1 to 1 ½ hours. A regular group of card players are always first to welcome Kirby upon entrance to the residence. "I don't have time to sign in before the card players call Kirby over to see them," Kyla said.

After greetings are exchanged, the tour in the lobby proceeds onto the second floor. Each opened door is checked for persons resting or sleeping before knocking. Residents that are awake have a visit and Kirby moves on to the next person. Kyla doesn't like bothering people and won't disturb anyone. "Some people are afraid of Kirby's size, while others don't like dogs. I respect their wishes," she explained.

The bottom floor has the same procedure but with more difficulty. Constant care provided for these patients, results in fewer visitors. Kirby has another round upstairs for those who missed him the first time. Kyla remarked, "A few people enjoy seeing Kirby and she makes a point to visit these people."

Response from the residents is clearly visible when approached by their visitor. Smiles stretched across their faces show how much they love the time spent with Kirby. He has remarkable socializing skills. Lines



of communication are opened up immediately. "People talk a lot more with each new visit and seem happier. A few patients visit longer because they enjoy the company," Kyla said.

Visits are still new to the residents so it's a pleasant surprise when Kyla and Kirby show up. The new atmosphere has caused stress for the Therapy dog but he has to get used to the environment. The nursing home has been warm and this makes Kirby pant a lot. Stress also added to the panting. Being the professional dog that he is, Kirby's behavior has never been affected. When he has had enough visiting he lets his partner know by whining. An exit into the next room takes place or the visit ends for that day.

Kirby's arrival stirred enthusiasm among the nursing home's staff. The kitchen staff knows when the therapy dog has visited. Residents ate more of their dinner and were livelier during mealtime. A cheerful atmosphere surrounded the dining room that night after spending time with their new friend.

Kyla explained how surprised she was when Kirby passed his test as a therapy dog. "I didn't think he was ready for the job. St. John Ambulance knew what they were looking for in a dog." They (SJA) won't pass a dog unless he is ready.

Anyone has an opportunity of being a therapy dog visitor. If you are interested in having your pet certified as a Therapy dog and can answer 'yes' to these simple questions, have your dog tested:

Can you control your dog?

Does your dog like people?
Is your dog quiet, not a big barker?

Once your dog has passed the test, facilities are more receptive to you. A certified Therapy dog is preferred by facilities, rather than having someone off the street visiting nursing homes.

A couple of hours spent a week with a friendly companion can make a world of difference to older people. Kyla never forgets the smiles on faces as the elderly reminisce the love that a past pet brought to them. "The feeling you get from visiting is indescribable," she remarked.

A couple of months ago Kyla was filled with inspiration. She hasn't deciphered whether or not to go up to a person who doesn't respond. A woman confined to a wheelchair was unresponsive and Kyla talked with her anyway. She tried keeping Kirby away from her because she didn't know if the woman liked dogs, or not. Kirby went over, nudged the woman's hand, and backed away. The woman reached out. Kyla took the dog over to the woman and she started petting Kirby. "It was amazing!" Kyla said. Instincts told Kirby the appropriate timing was necessary for that moment.

Hospital visits are more involved. The second stage of training for Kirby will follow shortly. Canada has a shortage of Therapy dogs. Therapy services are offered in facilities but a tremendous lack of volunteers exists in Ontario. People are unaware of Therapy animals because of little media. Education about what a therapy dog is and what talents they possess are essential for the public's awareness.

Dogs in training are allowed to go anywhere in public areas in different parts of the United States. A dog involved in training for therapy, hearing, seizure-alert, or any other type of service should be permitted in public areas. The dog has to be familiarized for appropriate skills in order to protect his partner due to his/her disability.

Canada has a written law pertaining to Guide dogs, assisting the blind in public places, but other service dogs are not permitted to escort their owners freely, in public places. Due to an overwhelming percentage



of disabled persons, a trained companion is essential for daily living. A service animal has to remain with their partner 24 hours a day. The animals protect the person in need of their services. Kyla has strong feelings about service animals.

"Public access is vital in preparing service dogs for socializing in public and getting them accustomed to distractions and sounds. A service animal can't do his job for a person who is limited in strength and mobility if he hasn't been given proper conditions to function."

Kyla Grexton expressed her dream, "I hope to fund my own program and spread awareness to the public. The necessity for service animals to be allowed wherever their owners (disabled persons) need them."

Help Kyla and many service dog owners across Canada by having the choice to do what healthy active people do every day. Let these people have freedom to shop, eat in restaurants, and visit friends and family living in restricted zones for service animals. Contact Kyla for your support: info@petpawtrol.com

Therapeutic Aspects of the Human-Companion Animal Interaction,

Sandra B. Barker, Ph.D. *Psychiatric Times* February 1999 Vol. XVI Issue 2

Studies have found that simply having an animal present or visiting is beneficial to children and adults in some health care situations. Friedmann et al. (1983) observed reductions in children's blood pressure levels when a dog was present during a mildly stressful task. More recently, Wells (1998) found that the presence of a dog during potentially painful medical procedures reduced chronically ill children's physiological and psychological levels of distress. Similarly, Nagengast et al. (1993) found children's levels of distress during physical examinations were lower when a companion animal was present in the room.

Such findings have also been reported for adults. Katcher et al. (1984) reported reduced blood pressure levels for adults watching an aquarium. Others have addressed the positive influence of animals in acute care settings, nursing homes and rehabilitation settings, as well as in psychiatric settings (Barba, 1995; Brickel, 1980; Voelker, 1995). In nursing homes, residents have been found to be less depressed following animal visits (Francis et al., 1985). Patients hospitalized on a psychiatric service have been found to have better group attendance and fewer psychiatric symptoms when caged birds are present (Beck et al., 1986), and increased positive socialization has been found for Alzheimer's patients when a dog was present (Batson et al., 1995).

Animal-Assisted Therapy (AAT)

While receiving heightened media attention in recent years, AAT can be traced back to at least the 18th century when hippotherapy, or therapeutic horseback riding, was used as a medical intervention for improving postural control, joint disturbance, coordination and basic balance (Depauw, 1983). In addition to these physical benefits, hippotherapy has also been noted to improve feelings of self-worth and power as patients are freed from the mechanical supports of wheelchairs and crutches, and are able to move about on a powerful animal (Blue, 1986). Today, horses are also used in psychotherapy to assist patients in improving ego strength, self-confidence and social competence (Schneidhacker, 1994).

An early report of the potential of AAT in mental health care was provided by Boris Levinson, M.D., a Canadian child psychiatrist who included his dog in therapy sessions (1962). Based on his observations of the interaction between his child patients and the dog during therapy sessions, he reported that the dog served as a communication link, provided the child with a sense of security in the therapy setting and quickened the therapy process. Levinson found that AAT worked well with children who were nonverbal, inhibited, autistic, schizophrenic, withdrawn, obsessive-compulsive or



culturally disadvantaged. He found the dog particularly beneficial in helping to strengthen autistic children's contact with reality. A more recent and controlled study of autistic children and AAT reported increased social response by children to both animal and therapist (Campbell and Katcher, 1992). An AAT/nature education program was found to be therapeutic for children in residential treatment for attention-deficit/hyperactive and conduct disorders (Katcher and Wilkins, 1994). The results of this controlled study indicated the AAT program was effective in decreasing agitated and aggressive behavior, improving cooperation with instructors, engaging students in learning, and in improving behavioral control in regular classrooms.

Others have also addressed the potential therapeutic role of companion animals with other psychiatric populations such as those with dissociative disorders, Alzheimer's disease, dementia and other chronic mental illnesses (Arnold, 1995; Corson and Corson, 1978; Fritz et al., 1995; Hundley, 1991). The role of companion animals in psychotherapy, and their ability to serve as a clinical bridge, has also been described by Barker et al. (1997), Draper et al. (1990) and Mallon (1992). Based on clinical observations, such authors assert the ability of companion animals to demonstrate acceptance by allowing themselves to be petted, to reduce the threat of the therapy setting by their presence, and to serve as a distraction while patients discuss painful material.

A recent study documented the anxiolytic effect of animal-assisted therapy with hospitalized psychiatry patients (Barker and Dawson, 1998). Using a controlled, cross-over design, the researchers compared patients' anxiety levels following AAT and following traditional therapeutic recreation (TR) activities. Results revealed significant reductions in anxiety following AAT for patients with mood disorders, psychotic disorders and other disorders. For the comparison group, only patients with mood disorders showed significant reductions in anxiety. Interestingly, the reduction in anxiety levels for the psychotic patients following AAT was twice as great as that found following TR. The researchers speculate that AAT may be less threatening than traditional group activities, that the physical contact such as hugging and petting the dog may result in the same physiological and psychological reductions in stress that have been reported for nonclinical populations, and that the dog may serve as an entertaining distraction."

One Pet Partner, Two Pet Partners, Three Pet Partners ...Group?

Originally published in Pet Partners Newsletter, Vol. 10, No. 2, 2000

by Liz Teal

Where or how do you begin a Delta Pet Partners visiting group? Look at your community and see what needs you can fill. Create a clearly defined mission that is specific to the needs in your community and the needs of your volunteers. For example, your community may have a high percentage of cat owners and six adult senior daycare facilities within a 10-block radius of downtown. Only one daycare has a visiting Pet Partner team (and that team is you and your cat!). Your new group "Purrs for People" may develop a goal of providing Pet Partner cats to the downtown daycare facilities.

It is important to start small. C.J. Puotinen, coordinator of the Hudson Valley Humane Society Visiting Pet Partners group, suggests, "Picture your program in five years. What do you imagine? An informal group of six friends who visit the same facility every month? An ambitious program that has its own office, administrative staff, trainers, and fund raisers? How do you plan to recruit new members?" Set goals toward where you see your group in the future and what outcomes you want to achieve. Be specific but allow for flexibility, to change as situations dictate.

Puotinen says "Focus your attention on a single facility or a single population. Many programs fail because they're too ambitious. Then ... network! Get in touch with everyone in your area who is doing



Animal Assisted Activity/ Therapy (AAA/T) and ask for their advice. Even if they don't respond, keep lines of communication open. Everyone who does AAA/T has successes, failures, problems, solutions and experiences to share. Maintain a friendly relationship with groups in your area and you can learn information that helps you avoid making common mistakes. As your program grows, you may be able to work with nearby groups in sponsoring seminars, conferences, training workshops, or other events that benefit everyone. Your plan, whether long term or short term, will help you stay focused and enable your group to fulfill its mission."

Cynthia Page, president of Delta Society Animal Ambassadors in San Antonio, a visiting Pet Partners group in Texas with over 200 members, reminds us: "Regardless of your size, you need space for training, large spaces for evaluations, and on a continuous basis, space for an office. Get your community involved in helping your group. Dog clubs, animal shelters and humane societies may be able to donate space for your workshops, evaluations, training and/or monthly group meetings.

Training

Build a foundation of resources for your group and your community. Have a member of your group become a Pet Partners Team Training Course Instructor or Team Evaluator. In this way, you can teach courses as often you like and it will help you build a strong group membership. In addition, a Team Evaluator can recertify Pet Partner teams. As your group grows, grow with it through continuing education training. Check the Delta web site for exciting educational opportunities.

Danni Sabia of Providence Animal-Assisted Activities/ Therapy, a visiting pet program in Olympia, WA, recommends you provide comprehensive training for your volunteers. "At the very least, I would recommend all volunteers become registered Pet Partners through Delta Society."

Puotinen concurs and adds, "Most first-time pet/handler teams are not quite ready for the Delta evaluation. Prepare your applicants. Some groups require applicants to make observation visits (without pets) to facilities to better understand the working conditions, and sponsor therapy pet training classes."

Sabia feels that additional training should be offered to address specific needs of the facilities and the populations you will be working with. Advanced handling workshops can be created as well. Consider developing additional screening evaluations to deal with specific needs within your group, such as multi-species group visits or unique facility challenges.

Pay careful attention to safety. Sabia notes, "Safety cannot be stressed enough: the safety of your human and animal volunteers and the safety of the people you are visiting. Be sure volunteers know how to recognize signs of stress in their animals - and know what to do about it. Be sure the physical environments you visit are safe for your teams. Be sure your teams are well screened and evaluated; be sure infection control policies are in place and followed. Don't allow yourself or the program to become lax about this most important issue." Develop volunteer contracts that include your group's safety protocols. Require all participants to read and sign them before beginning.

Overcoming Obstacles

As obstacles come up, stay focused on your group's mission and goals. Remember why you started a group in the first place. The more you understand the dynamics of groups, the more prepared you will be to handle the various difficulties you may encounter, from growing too fast too soon, to new members with new ideas, to internal conflict.

Maintenance

Groups require maintenance to stay together. Page suggests, "Provide group events for your volunteers. We have four fun meetings a year, a blessing of the animals and an annual picnic, and



sponsor speakers the group might be interested in." Clearly this strategy has served them well since they have over 80 active teams! While you may never aspire to a group this large, the same dynamics apply to a group of 12.

An excellent resource to have is *Starting a Visiting Animal Group* (order at 360-493-7629). This new book guides you step by step through developing your mission, recruiting and training members, finding a facility, working with staff, managing the group and survival techniques!

Visiting with your pet is one of the most demanding, challenging, and rewarding volunteering you will ever do. Having a group to share the experience gives you credibility within your community, opportunities to share the times of joy, and the emotional strength to deal with the stressful moments. So go out, start a group ... just do it with your eyes open, and all your paws on the ground.

Pet Partner Certification Sample Test

(used by Bright & Beautiful Therapy Dogs)

This sample certification analysis is typical of the demonstrated skills required in order for a pet to be approved for use as a Pet Partner. Each of the skills needed to complete the task must be demonstrated – to varying degrees for approval. The handler must be in control of the pet at all times, and, the pet must exhibit predictable responses and behaviors – even when another pet is introduced or when made slightly uncomfortable when touched roughly or bumped accidentally.

A. Initial Meeting

The dog is seated at the handler's left side. The evaluator approaches the dog and handler and stands facing the team from a distance of about 4 feet.

- The evaluator approaches and enthusiastically greets and touches (handshake, pat on the arm, etc) the handler.
- The evaluator asks the dog's name, loudly repeats the dog's name, and then circles the dog and handler.
- The evaluator inspects the dog, petting the dog and touches ears, mouth, paws and tail.
- The evaluator may hug the dog.

Note: This portion of the test is the ideal time for the evaluator to examine the dog for cleanliness, grooming, health, parasites and proper weight. The evaluator should nicely and diplomatically point out potential health problems, excessive weight, and other issues and make helpful suggestions.

B. Cane/Awkward Stranger

The dog is seated at the handler's side, the evaluator approaches with the cane moving erratically with hunched posture, while speaking in an odd voice. The evaluator pats the dog on the head and body and bumps the dog gently with the cane.

C. Socialization

Groups of people (2-5) stand in a gathering. If possible dogs (1-2) are present with the group of people.

- Medical equipment (wheelchair, walker, cane and crutches) is present during this test.
- The dog and handler walk together with a loose lead threading through the group of people.
- The dog may be on either side of the handler.
- The group of people mill around and quietly talk to one another.
- Creating their own heeling pattern, the dog and handler made right, about and left turns while meandering through the gathering of people.



- The dog and handler wander casually through the crowd three times.

D. Food Aggression Pass

The dog is seated next to the handler facing the evaluator. The evaluator drops a piece of food on the floor.

- If possible dogs (1-2) are present with the group of people.
- The evaluator instructs the handler to walk past the food with the dog at the handler's side.
- The handler and dog then turn and while walking back, pick up the piece of food.

E. Walker

While the dog is seated at the handler's side, the evaluator approaches noisily with the walker.

- The evaluator pats the dog on the head and body and bumps the dog gently with the walker.

F. Training Pass

The handler positions the dog to the left and faces the evaluator. This test is performed with the use of a 20' long line. The handler replaces the leash with the long line and drops the long line to the ground.

1. Sit: The evaluator asks the handler to sit their dog. The handler may give more than one command and coax the dog into position. The handler must not force the dog down into a sit with their hand.

2. Down: The evaluator asks the handler (lie) down their dog. The handler gives the dog the command to down. The handler may use more than one command. The handler must not force the dog into position with their hand.

3. Stay: The evaluator asks the handler to tell the dog to stay (from either a sit or a down - handler preference). The handler gives the dog the command to stay, walks to the end of the long line and waits for the signal to return. The handler returns to the dog. The dog should remain in place while the handler returns to the dog at a normal pace. The handler may tell the dog to stay more than once and if necessary, back away from the dog telling the dog to stay repeatedly. The handler may take a fair period of time, give the dog more than one command to stay and reposition the dog a few times, if they break the stay.

4. Come: The evaluator asks the handler to tell the dog to stay (from either a sit or a down - handler preference), walk out to the long line and after a signal from the evaluator, call their dog. The handler gives the dog the command to stay, walks to the long line, turns and after the signal, calls the dog to come. The handler may use more than one command.

G. Canine to Canine Interaction

Two handlers and their dogs approach each other from a distance of about 15 feet, stop speak to each other, turn and line up facing the same direction and walk forward for about 10 feet.

H. Crutches

While the dog is seated at the handler's side, the evaluator approaches with the crutches, as if disabled.

- The evaluator pats the dog roughly on the head and body and bumps the dog gently with a crutch.

I. Human to Canine Interaction: Stability

A group of people (2-5) stand in a gathering. If possible dogs (1-2) are present with the group of people.

- Medical equipment is not present during this portion of the test.
- The handler and dog team is exposed to the following diversions:
- The dog and handler walk together with a loose lead threading through the group of people.
- The dog may be on either side of the handler.
- A metal bowl is dropped behind the dog and handler.
- People are loudly laughing, talking and slapping each other on the back.
- One of the evaluators runs.



- An evaluator shouts loudly at another evaluator simulating an argument.
- An umbrella is opened and closed.

J. Working with other Therapy Dogs

An evaluator/test dog team approaches the handler and dog. The handler and dog are positioned with the dog seated at the handler's side. The evaluator/test dog positions themselves the same way, but facing the handler and dog situated about 5 feet apart. The two teams hold this position for 10 seconds.

The handler/dog team holds their position and the evaluator/test dog team swing around so they line up along side the team being tested (as if doing long sits). The teams hold this position for 10 seconds.

K. Wheelchair

The handler and dog approaches the wheelchair from a distance of about 5 feet. The handler leads the dog up to the wheelchair and encourages the dog to interact with the evaluator. The evaluator gently pets the dog and bumps the dog with the wheelchair.

More information?

An exemplary program is offered at Children's Hospital in Denver

Prescription Pet Program

The award-winning Prescription Pet Program (also known as RxPets) is a dog-assisted therapy and visitation program which began in 1984 as a cooperative effort of The Children's Hospital (TCH) and the Denver Area Veterinary Medical Society (DAVMS).

Specially-trained volunteer dog owners take their dogs on rounds at The Children's Hospital. All Prescription Pet dogs have passed a vigorous screening and have been approved by veterinarians who volunteer their time. Almost half of the inpatients at The Children's Hospital are offered a dog visit every day. The visits can range from a few minutes to 15 minutes or longer, depending on the child's response. The dogs also assist the medical staff in the psychiatric units and, as needed, in the physical rehabilitation department.

Building the Rx Pet Program at TCH

In 1978, Fern Bechtel, director of Volunteers at TCH, saw the positive effects of pet visitation on her son as he recovered from extensive surgery. She determined that the kids at The Children's Hospital in Denver would benefit from a similar program and began to work toward that goal. Bechtel teamed up with Drs. Jan Facinelli and Jim Houchens, Denver veterinarians, and Mary Jo Cleaveland, head nurse of oncology at TCH, to establish the first dog visitation protocols for The Children's Hospital of Denver.

In 1984, the first dog visited the kids at TCH (one dog, 20 visits to the oncology unit) under close supervision of medical staff. A written prescription from the child's physician was necessary for a dog visit. This was the origin of the name Prescription Pet program. The pet program grew steadily.

In 1990, the program received the American Hospital Award for Volunteer Excellence (HAVE). This was the first time an animal-assisted program received the award. The same year, the RxPets program was honored by the American Society of Directors of Volunteer Services with its "Extraordinary Program" award; Rx Pets won a "DAVMS Service Award" from the Denver Area Veterinary Medical Society as well.

To obtain a copy of the Prescription Pet Program Procol please call Judy Dolton, 303-861-6286

Ask about our inexpensive 10-minute video. The video shows how animal-assisted therapy and visitation can benefit not only the patients, but the health care facility that supports the program as well.



Questions or Comments

For information regarding the Prescription Pet Program please call Judy Dolton 303-861-6286.



A Selected Animal Facilitated Therapy Bibliography

Books:

Organization and Management of a K-9 Therapy Group. Root, Jacqueline. Delingers. Pub. Ltd. 1990.

The Good Shepherd: A Special Dog's Gift of Healing. Coudert, Jo. Andrews & McMeel. 1998.

Volunteering With Your Pet: How to Get Involved in Animal-Assisted Therapy with Any Kind of Pet. Burch, Mary R. Howell Book House, 1996.

Therapy Dogs: Training Your Dog to Reach Others. Davis, Kathy Diamond. Howell Book House, 1992

Companion Animals in Human Health. Wilson, Cindy C. Sage Publications, 1998. (Available in Forbes Medical Library.)

Therapy Dogs. How to Train and Prepare Your Pet for Therapy Work. Davis, Kathy Diamond. 1992.

Pet-oriented Child Psychotherapy. Levinson, Boris. 1969.

Skeezer - Dog With a Mission , Yates, Elizabeth.. Irvington-on-Hudson, 1973.

Animals as Teachers and Healers: True Stories and Reflections , McIlroy, Susan Chernak New Sage Press, Troutdale, OR, 1996

Communicating With Animals , Myers, Arthur Contemporary Publishing House, Chicago, IL 1997

Love on a Leash: Giving Joy to Others Through Pet Therapy , Palika, Liz Alpine Publications, Inc., Loveland, CO, 1996

The Four Footed Therapist , Ruckert, Janet Ten Speed Press, Berkley, CA, 1987

Love, Miracles & Animal Healing , Schoen, A. & Proctor, P. Fireside, New York, NY, 1996

Standards of Practice for Animal Assisted Activities & Therapy Delta Society, Renton, WA, 1996
Sussman, M. Ed. Pets

Pets in Therapy, edited by Margaret N. Abdill & Denise Juppe

Both of these national organizations have a great deal of information supporting and describing pets for therapy work, please refer to the following web sites:

The Delta Society <http://www.deltasociety.org/>

Therapy Dogs International, Inc. <http://www.tdi-dog.org/>

