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An Overview of Animal Facilitated Therapy

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Introduction

An 81 year old woman sat in her wheelchair in front of a window at a nursing home surrounded by her family whom she no longer recognized. She had been in the home for two years, her mental and physical health steadily deteriorating. She spoke a language all her own, no longer could anyone decipher any English or Norwegian from it. The old woman plucked invisible entities from the air and placed them in her lap. The only glimmer of recognition or reality for her was aroused when she was asked about her cat, Munse.

"Grandma, how's Munse?"
"Where's Munse, Grandma?"

The only understandable words she speaks: "Munse? Here kitty. Meeow." She calls for her companion of eight years. A gray stuffed-toy cat is placed in her lap instead, she strokes it once or twice and then falls still and silent.

What might it have meant to this elderly woman to have kept her companion with her? Could it have helped her hold on to reality longer, maintained her health and improved the general quality of her life?

History

The term animal facilitated therapy (AFT) was recently coined, but the concept is not new. First consider that there are examples of its use recorded as long ago as the 9th century A.D. This first example occurred in Gheel, Belgium, where the care of handicapped individuals was provided in a family setting instead of an institution. Animals were included as a part of this therapeutic approach. An observation of the program included the following:

"In this atmosphere, open in every sense, the affinities which draw man and animal together develop, and it is on the top rank of the scale of affections, far from lacking influence on the condition of certain patients. There is at Gheel one patient who thinks only of birds; no one is more clever than he in catching them. Once they are caged, he leaves them no more; he leads them from his cell to the family room or when they are sunning themselves, their watchful master stands guard to protect them from the teeth of cats. Is there any doubt that these simple and childlike pleasures take away sorrows, and can even help to re-establish the harmony of soul and body? Deprive this man of the company of his birds, and without doubt his state will worsen."

In 1867, Bethel, a home for epileptics was founded in Bielefeld, Germany with a philosophy of using kindness, understanding, and trust to help their patients. Bethel incorporated the companionship of animals into their program. The home still operates today and continues to use animals as part of their therapeutic approach. Bethel now serves over 5000 patients and has more than 5000 staff members.

These examples have not described what animal facilitated therapy is, but they do illustrate its benefits. Although there was no quantitative data associated with either of these programs, qualitative assessment measured them as successful. Quantitative evaluation of AFT is a more recent development. In this era of skeptics, statistics and hard-core research, quantitative data is necessary to satisfy the analytical part of our mentality. Structured research to determine valid benefits from AFT has started, but because AFT involves complex interactions with other areas such as psychology, sociology and health, much more is needed to be able to quantitatively justify the acceptance of the use of AFT.

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Dr. Boris Levinson, a psychologist, was one of the first scientists to approach AFT quantitatively. Levinson is regarded as one of the founders of modern interest in the use of animals as therapeutic agents. His first observation of AFT was the accidental meeting in his office of his pet dog, Jingles, and one of his patients, a mentally disturbed boy. The child's reactions to the dog and increased responsiveness to Dr. Levinson led to the boy's rehabilitation and to Dr. Levinson's career in researching and promoting the use of animals in therapy.

Another major contribution to the development of modern animal facilitated therapy was the work of Sam Corson and Elizabeth O'Leary Corson and their associates at Ohio State University starting in 1975. They too were among the first contemporary investigators to attempt to systematically evaluate AFT. Through questionnaires for nurses and videotapes of patient-pet interactions they recorded and quantified the progress of the patients in their studies at a psychiatric hospital and at a nursing home. They found improved communications and socialization after the introduction of the pets. Some patients improved to the point of being discharged. One dramatic case was that of Jed, a man in his late seventies, who had been at the nursing home since 1949 and spoke his first words in 26 years after having been introduced to one of the Corson dogs.

A dramatic example of benefit occurring from the use of animals in therapy was evaluated by David Lee, psychiatric social worker at Lima State Hospital for the criminally insane. In 1975 he instituted an AFT program on an incentive basis, in which patients could earn the privilege of having an individual pet. A comparison of the wards with and without AFT revealed a marked decrease in the incidence of violence towards other patients and staff, decreased suicide attempts and decreased medication requirements in the ward with pets.

**Animal Facilitated Therapy**

So, what is animal facilitated therapy? It is the use of animals to assist in the care, rehabilitation and treatment of a variety of human conditions, including physical and emotional problems. Animals are co-therapists, not cure-alls. Throughout his work on this subject, Dr. Levinson described the role of animals in therapy as “catalysts” to human interaction and as “transitional objects” to which the patient can form non-threatening relationships which can later be used to form relationships with people. The Corsons observed that there was “a widening circle of warmth and approval” as the patients gradually related to the animals, their therapists, other patients and the staff.

Animals are now being used in a variety of settings; institutional programs at psychiatric hospitals, nursing homes, hospitals, hospices and prisons, outpatient programs for therapeutic horseback riding, communication therapy for autistic children using dolphins, and many more programs that serve children, adults and the elderly. Therapy may be directed for mentally or physically handicapped individuals, people with communication or psychiatric problems, or to comfort and befriend people who are alone. But how do animals provide an assistance to therapy? The bond between humans and animals is the key.

The association of man with animals is ancient and has not always been attributed to the need for food or clothing. Love and companionship are basic human needs and animals can provide them unconditionally, therefore laying the foundation for the development of a human-animal bond. The bond can develop in many different situations, from watching fish in an aquarium or Blue Jays at a bird-feeder to petting a cat or rabbit. The human-animal bond is difficult to define, but it can be described by the four attributes of the interactions between people and animals. These attributes are constancy, safety, kinship, and intimacy.

Constancy is provided by animals because, unlike people, they never grow-up. They do not progress along an axis of intellectual, moral or social achievements. In a sense they remain children and do not force us to change. Progress in science or industry, or even change in our own lives does not change them. They remain constant in the hustle and bustle of modern life and remind us of our roots in nature and its constancy.

Safety is provided by the physical and psychological presence of another living being. This feeling of safety can be demonstrated in novel situations. Researchers have measured lower blood pressures in subjects asked to read aloud with a dog present verses reading aloud with a researcher present. Safety is also conveyed to strangers in a chance meeting of someone with an animal. Researchers have found that people with animals are more approachable than people without an animal with them and that animals are frequently used as a subject to initiate conversation.
Kinship is provided by companion animals in that they are literally considered “members of the family” by many people who have them.

Intimacy is provided by animals in that they are something to talk to and to touch, frequently at the same time. This intimacy can be achieved quickly, even between a stranger and a friendly animal in a public place. It is not at all unusual for a person to pet and talk to an animal they are approached by in a park.

But how do these four attributes benefit humans? These attributes can be related to the seven functions of the human-animal relationship that Katcher has identified as having influence on the physical and emotional health of an individual involved in it. Animals can provide something to decrease loneliness, something to care for, something to keep you busy, something to touch and fondle, something to watch, something that makes you feel safe, and something to provide a stimulus for exercise.

The first three of these would be expected to decrease depression and feelings of loneliness and social isolation. The second three would be expected to decrease anxiety and automatic arousal. Any factor that decreases or prevents feelings of depression, anxiety, loneliness, and helplessness would be likely to have a positive effect on physical and emotional health and decrease the incidence of a broad spectrum of chronic diseases.

Considering these functions in the context of a nursing home, it can be seen that animals might have a positive influence on the condition of residents. Nursing homes tend to be closed social groups with very little personal treatment and little room for individuality or privacy. There are frequently no goal-directed activities for residents and no reinforcement of positive affects. There is sensory deprivation, social isolation and minimal tactile stimulation. The Corsons found that the social structure of institutions that reinforced the cycle of “debilitation, social degradation and dehumanization” could be broken with the assistance of animals. The seven benefits of animals that Katcher listed can all be applied to the breaking of the cycle.

In general, people perceive animals to be less intimidating, more accepting and less judgmental than people. Animals in nursing homes increase interactions among residents and with staff members. Animals in physical therapy programs act as cheerleaders and company during long workouts and recoveries. Animals in psychiatric programs act as catalysts for interaction with the therapist and other group members.

Therapy Programs

In light of these benefits how can animals be incorporated into therapy programs? Information is available from many organizations that promote the use of AFT. They include the People-Pet Partnership program (PPP) at Washington State University, the Delta Society of North America in Renton, Washington, the Center for the Study of the Human-Animal Relationship and Environment (CENSHARE) at the University of Minnesota, the People and Animals Coming Together program at Pennsylvania State University, the Center for Interaction of Animals and Society at the University of Pennsylvania, the Human/Animal program at the University of California at Davis, the Green Chimneys Program in Brewster, New York, the California Veterinary Medical Association (CVMA), the American Humane Society, and many more. (The addresses of specifically mentioned organizations are listed at the end of this article).

These groups and many others were active in lobbying for changes in federal laws so that animals would be allowed into nursing homes and other health care facilities. Minnesota in 1981, was the first state to establish comprehensive legislation setting up guidelines for allowing animals in nursing homes and other institutions. California and the federal government soon followed.

Legislation is changing quickly but as of the date of this article the midwestern states of Iowa, Minnesota, Wisconsin, North Dakota, South Dakota and Nebraska have no legislation in force that would prevent the placement of animals in health care facilities. Iowa does require written permission from the Iowa Department of Inspections and Appeals before animals are brought into a health care facility. Notification of the Department of Public Health is not required in Iowa but is advisable (in Iowa and other states) so that any changes in regulations can be provided.

In general the regulations are concerned with public health factors such as animals not being allowed in food preparing or serving areas, or in medication dispensing areas. Some states ask for the development of written policies by individual care facilities concerning how they will deal with animals in their own facility.

Now that legislation does not impede the placement of animals in health care facilities it is impor-
tant to know what types of programs can be used. Animal facilitated therapy can be implemented in three major ways: visiting animals with their handlers; mascot animals that live in the facility but belong to no individual; resident animals that belong to individual patients or are shared by individuals in a particular room. These are by no means the only ways animals can be brought into contact with the elderly, but they are a starting point. Volunteers visiting with a variety of animals is the most flexible means of bringing nursing home residents and animals together. This can be arranged on a group or individual basis. Not only does this method provide entertainment, diversion and sensory stimulation, it gives the residents an opportunity for reminiscence. In these situations the volunteer is as important as the animal. For residents who are non-ambulatory or confused and could not otherwise approach an animal, one can be brought to them and they can be assisted in proper handling on a one-on-one basis. It is important that these visits be established on a regular schedule, because if visits are sporadic or forgotten the experience can be very disappointing for residents.

The chances of missed visits can be reduced by preparing volunteers for what to expect and by letting them know how important their visits may be for individuals. One such program is that in Boise, Idaho, in which young volunteers from 4-H clubs, YMCA Latchkey youth and Girl Scouts are educated about disabilities, geriatric problems and basic animal hygiene and care before they ever visit the elderly or handicapped. The program is concluded with a film, Peege, that illustrates how important and eagerly anticipated their visits might be. A program like this could be just as important in educating adult volunteers and increasing their commitment to a program. (The address for information about this program is listed at the end of the article.)

A live-in animal is another AFT program option. The animal might be assigned to a particular room or group of individuals or a staff member might bring in their own animal during their shift. Companionship, visual stimulation, stimulation for conversation and entertainment are a few of the functions the animal might serve. Problems with the mascot program include individuals getting too possessive of the animal and creating rivalry and competition in group situations. Animals can be assigned to individual patients and if they are capable they can be responsible for all or part of their animal’s care, including feeding, exercise and grooming, although it is ultimately the responsibility of the nursing home.

Before an AFT program can be undertaken at a nursing home (or other health care facility) some basic guidelines for initiating a program should be followed: Does the facility director support the plan financially? Does the staff support the plan, in terms of time, energy and commitment? Does the resident population support the plan? Is there room for an animal and if so what kind? What is the animal preference of the staff and residents? What type of program (visiting or resident animals) would best fit the requirement of the facility as a whole?

The Guidelines for Animals in Nursing Homes is a publication of the California Veterinary Medical Association and has survey and questionnaire forms for staff and residents that could help answer some of these questions. The CVMA guidelines are only one example of what can be done, there are many other ways of evaluating the situation as long as the basic concerns of the situation are kept in mind. Guidelines are also available from the Delta Society and CENSHARE.

Some practical concerns that are frequently forgotten in the enthusiasm to place an animal include, commitment on the part of the volunteers, the fact that the ultimate responsibility of any animal falls on the staff, and that someone must be willing to see that the animal has proper housing, sanitation and routine veterinary care. Finding the right animal for the situation is another major concern. Sources include humane societies, interested community groups or individuals, and veterinarians who can assist in matching-up appropriate animals with the situation.

Veterinarians can even facilitate matching properly tempered animals that might be at home alone all day with responsible volunteers, who do not have their own pet, and could take the animal on visitations with them. This is a role for the veterinarian beyond doing the routine vaccinations and health check-ups that could help out an AFT program.

Animal facilitated therapy is a relatively new field that will require the cooperation of a number of professions. At present, it is known that AFT can improve the quality of life of the recipient, both in physical and emotional ways, but much more research is needed to assess the results and benefits. As for the 81 year old woman whose last touch with reality was the memory of her cat, the presence of “Munse” may not have extended her ability to think clearly, but probably would have
made her confused world a more pleasant place to live.

REFERENCES


ADRESSES OF ADDITIONAL INFORMATION SOURCES ON ANIMAL FACILITATED THERAPY

1. Center to Study Human-Animal Relationships and Environments (CENSHARE), School of Public Health, University of Minnesota, Minneapolis, MN 55455.

2. People-Pet Partnership, College of Veterinary Medicine, V.S. 110, Pullman, WA 99164-7010.


4. California Veterinary Medical Association, Guidelines for Animals in Nursing Homes, CVMA/PR, File #3758, P.O. Box 60000, San Francisco, CA 94160. Phone: (415)376-2020. $3.00 prepaid req.

5. Delta Society of North America, P.O. Box 1080, Renton, WA 98057. Phone: (206)226-7357.


7. Center for Interaction of Animals and Society, College of Veterinary Medicine, University of Pennsylvania, Philadelphia, PA.

8. Human/Animal Program, c/o Lynette A. Hart, College of Veterinary Medicine, University of California, Davis, CA 95616.

9. Involvement of Young People and Pets with the Elderly, Ada County 4-H, 5880 Glenwood, Boise, ID 83704.