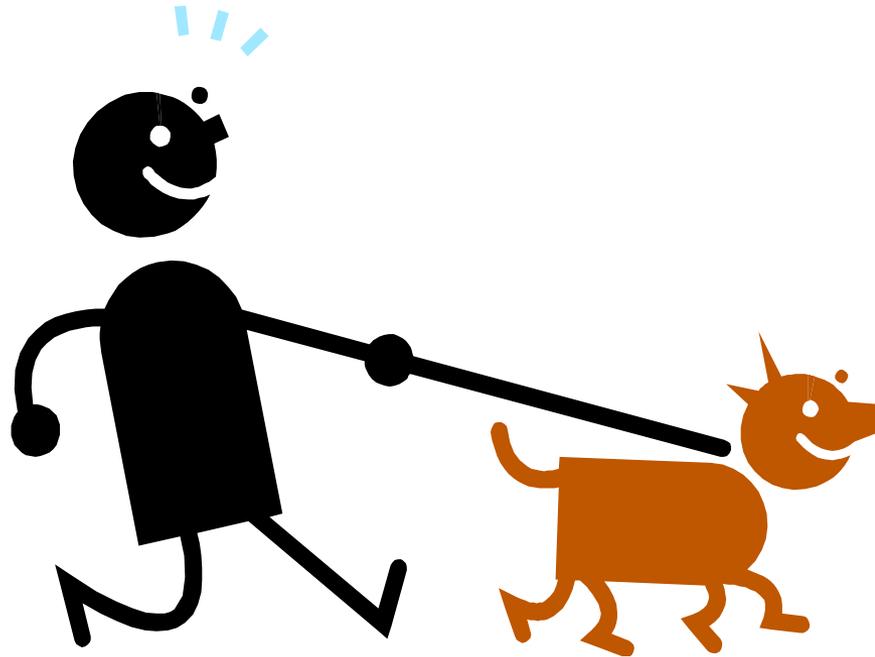


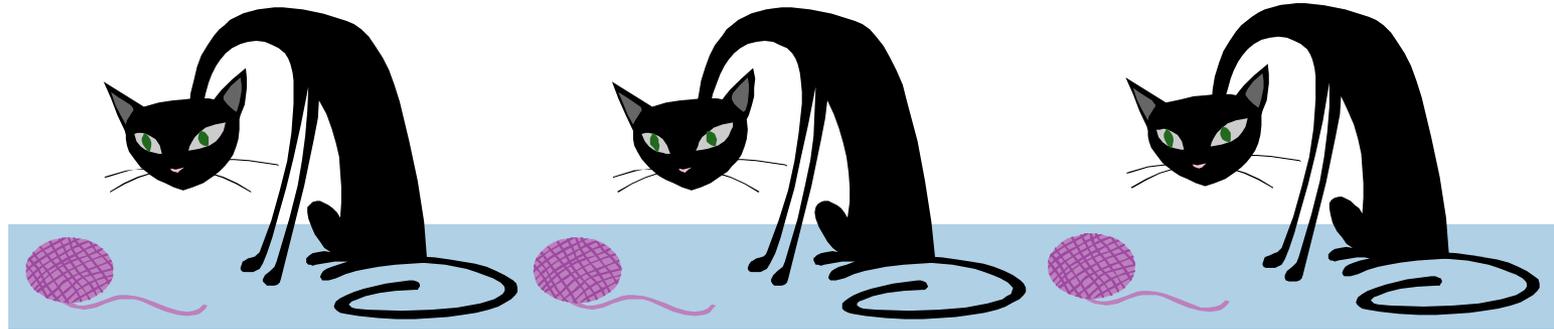
Magic of Pet Therapy

Improving Quality of life of the Elderly



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Who are the pets in Pet Therapy?



- **Most therapy pets are highly trained professionals, not household pets**
- **Dogs are the most common**
- **But, cats, birds, horses, rabbits and fish (even Dolphins) have also participated in Pet Therapy**

What is Pet Therapy?



Pet Therapy is a generic term used to describe different, usually overlapping ways, therapists work with animals in order to achieve positive psychological change in patients. Has existed since the 1970's, perhaps earlier.

Different names and different but overlapping objectives...

- **AAT=Animal Assisted Therapy**
- **AAA=Animal Assisted Activities**
- **AV=Animal Visitation**
- **PFT= Pet facilitated therapy**
- **PFP= Pet facilitated psychotherapy**
- **People-Pet Partnerships**
- **Other**



Some objectives of Pet Therapy

- **Encourage interaction between patients, animals, staff and family**
- **Help patients achieve dignity and develop coping mechanisms**
- **Reduce boredom, loneliness, depression, anger and increase social contact**
- **Improve physical and emotional health through physical activity**
- **Motivate patients to develop their talents and pursue their interests**



How does Pet Therapy work?

Animals are brought into a therapeutic setting
No fixed methodologies but 3 recognized categories:



- 1) **Milieu:** The most common. Animals and people interact with one another, usually in the presence of a trained volunteer or therapist who assumes a passive role.
- 2) **Physical/Social Rehabilitation (AAA):** Activity oriented interaction between animals, trained professions/volunteers and patients. Specific goals.
- 3) **Pet Facilitated Psychotherapy (PFP):** The animal is used in a three way interaction with the psychotherapist and patient as a full participant in the psychotherapy session.

Practical Applications Milieu

Provide companionship and serve as
an entre for those who might not
otherwise accept help



Ice Lake Housing

- Director brought his dog to work one day.
- Residents' reaction so positive that Dutchess the dog became a permanent staff member. Residents would wait for her in the lobby each morning

Pleasant View

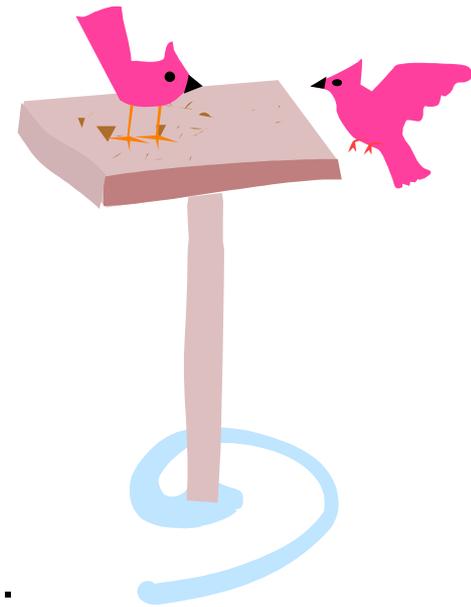
- Volunteers brought their cats & dogs for visits.
- Later one resident asked to bring her cat into the facility.
- This led to other cats , fish and birds becoming resident pets.
- Eventually a portable aviary was purchased so it could be moved around the facility

(Donker & Heidenreich, 1999)

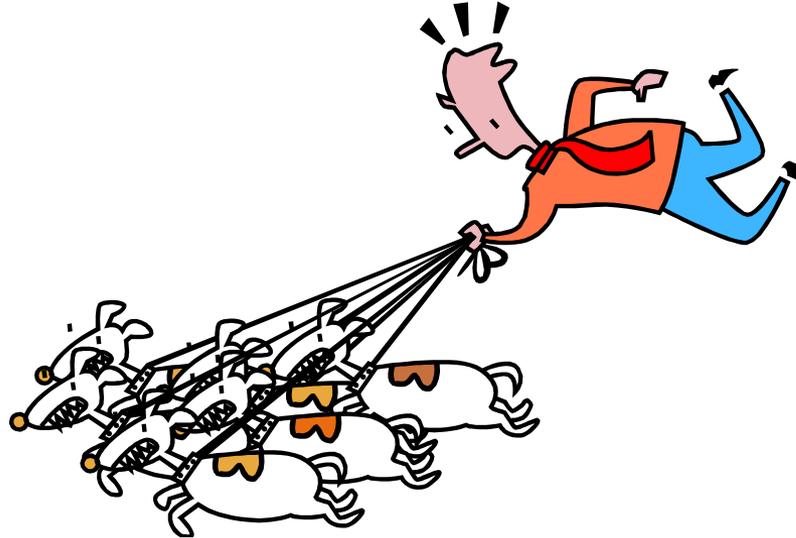
Milieu (cont.)

Spring Creek Health Care Center

- Has both resident & visiting pets.
- Began with a fish tank.
- Once fish were proven, birds were introduced.
- Two small cages of canaries grew to two full scale aviaries.
- Residents gathered around the aviaries to socialize and watch the birds, including the birth of babies.
- Later residents were allowed to take birds to their rooms during difficult times.
- Then bird feeders were placed outside of windows.
- (One bedridden women got up and began talking to people about the birds).
- A visiting rabbit was added then residents were allowed to have their own pets, either on a regular or sporadic basis.



Practical Applications: Rehab/AAA



- Establish human-animal bond through socialization and reminiscence to draw people out of isolation and possibly increase physical activity
- Incorporate activities such as walking, feeding, brushing so patient and animal interact and patient exercises control over the animal
- Patients & therapy teams (volunteer + animal) matched for temperament, personality & skills
- Visits monitored and supervised, documented and evaluated

Pet Facilitated Therapy (PFT)



CHARACTERISTICS

- More intense and clinically oriented
- Still no mandated techniques or standards
- Accepted guideline is common sense
- Not considered psychotherapy per se but a supplement to traditional therapy
- **Goal**= to bring about behavioural change, relieve mental distress and develop inner strength

APPLICATIONS

- Act as link between therapist & client
- Draw out verbal and emotional responsiveness
- Facilitate social interaction for client
- Provide a tactile source of comfort
- Build upon client's inner resources
- Enhance client's quality of life

Changes required to work with the elderly

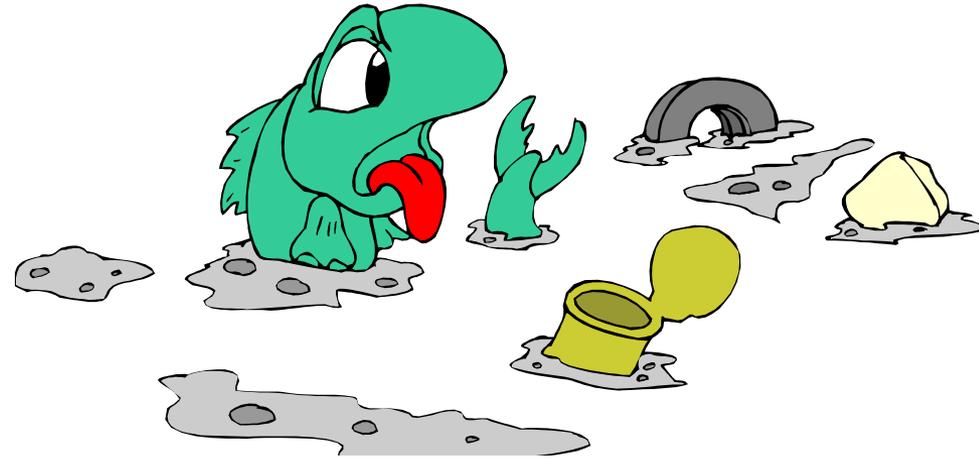


- Depends on the therapy being used and the location where the therapy is to take place
- Threshold issue is whether therapy animals are going to have physical contact with patients
- The needs, requirements and goals of the patient and the animal must be considered as well as the potential effectiveness of the therapy

Considerations if contact involved

PHYSICAL CONCERNS

- Patient's **frailty** if the animal is to be held
- Patient's **mobility** if the animal is to be walked or played with
- **Size** of the animal as older people, particularly women, may have osteoporosis or other weakness



HEALTH CONCERNS

- The elder's **immune system** may be weak or compromised having fewer defences to fight allergies, infections or diseases (zoonoses)

OVERCOMING CONCERNS: If therapy animals are carefully screened for their own health and temperament, impeccably clean and groomed, cages and tanks cleaned regularly, any potential risks should be minimal.

Other Considerations



COGNITIVE IMPAIRMENT: Patients may not be capable of physical contact

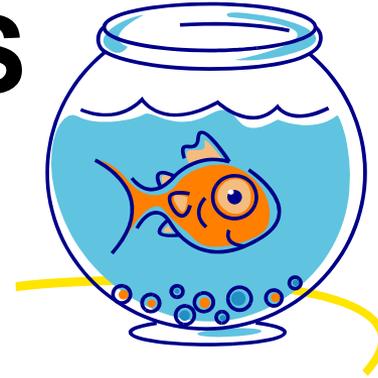
PHOBIAS: Patients should be questioned about childhood phobias and other experiences before introducing an animal into the environment

TERMINATION: Anticipated termination must be planned for and implemented slowly and replacements integrated into this process

ISSUES UNIQUE TO HONG KONG:

- Little history of pet ownership
- Small houses
- Bird flu

Non-contact therapy: AQUARIUMS



- Response to visual stimuli
- Found to be beneficial for Alzheimer's patients with difficulty eating: watching fish was not only a recreational activity but patients ate more, increasing nutritional levels
- This helped to reduce muscle loss, weakness, loss of mobility and osteoporosis and enabled patients to be more independent
- Study also found that vitamin supplements could be cut back, thereby saving care facility money.
- Watching the fish also gave families a starting point from which to begin talking

(Edwards, N.E. & Beck, A.M., 2002)

Issues specific to institutionalized elderly



- **One of the most traumatic, stress producing events of an older person's life is moving into a nursing home**
 - Loss of family home
 - Loss of personal possessions
 - Loss of independence
 - Breakdown of family structure: marginalization of older person, loss of status, power, authority
 - Separation from family & friends: loneliness
- **For the family:** Feelings of guilt and betrayal

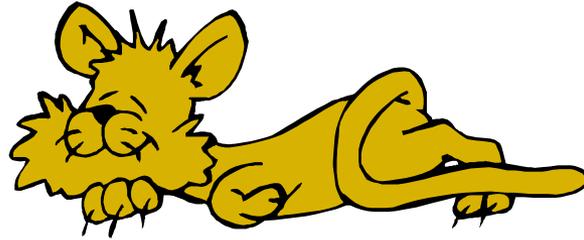
Animals & Family Systems Therapy



- Animal may help therapist become accepted by the family
- Presence of animal can flush out people's reactions and create a more relaxed environment
- If patient is mobile, walking, feeding, grooming allows family members to engage in conversation or non verbal communication, getting them used to each other in a new environment
- Animal can be a tool for observing how family members react to each other and to assess moods and levels of cooperation
- Social interaction is less menacing in the company of a cuddly, furry companion
- Animals facilitate conversation. If a family starts talking one can learn about the family structure, roles of family members, what they consider their problems to be and how they would like things to change
- Animals encourage reminiscence which may encourage families to share stories & memories. Useful for identifying historical problems
- Animal may help create a common interest among family members, thus improving relations and strengthening ties

(Kogan, 2000; Smyer & Quail, 1999; Donaldson, 2002)

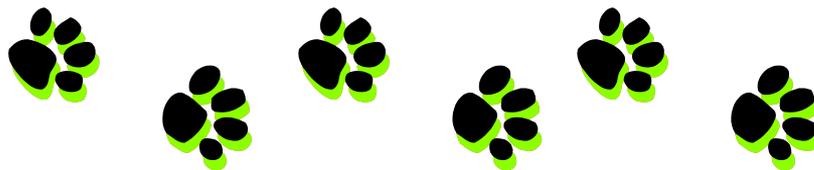
Strengths of Pet Therapy working with the elderly



- Animal companionship is a strong source of social support known to have a positive effect on health and well being. (McCabe, 2001)
- Many older people suffer from loneliness, depression and anxiety, particularly if they have lost a lifetime companion (Kogan, 2000). Animals lavish unconditional love and affection in a nurturing, non-competitive way thereby enhancing feelings of self acceptance
- Just petting a dog one has bonded with can induce relaxation and have a positive effect on blood pressure (Steed & Smith, 2002)
- In cancer patients, contact with animals has been shown to reduce fear and loneliness (Ebenstein & Wortham, 2001)
- Pets can provide non-verbal sensory stimulation through stroking, hugging and holding (Ibid.)
- Patients may take better care of themselves (Brickel, 1986)

Strengths of Pet Therapy (cont.)

- People talk to and confide in pets- a pet can be a person's most important social contact, giving meaning to their life (Ibid.)
- Communication, social, behavioural and psychological skills may improve (Brickel, 1986)
- Greater smiling and alertness (Ibid.)
- When patients reminisce about their past experiences with their own pets, it may promote life review
- For physically active elders, working with pets may help to release excess energy, maintain muscle strength and joint mobility and provide exercise.
- Performing tasks like walking, brushing and feeding can give an older person increased self respect and control over his environment
- Animals can teach people how to play and have fun again, even those who are cognitively impaired. (Kogan, 2000; Boldt & Jenkins, 1992)



Issues & Strengths of elderly pet ownership

An older person may be isolated, live alone, and have lost the ability to communicate (Steed & Smith, 2002)

As people age they may become more dependent on others



- Studies have shown that pet owners have lower blood pressure, live longer after suffering heart attacks, and pay fewer visits to the doctor than non pet-owners (McCabe, 2001)
- Caring for an animal is something an older person might still be able to do alone, fostering a sense of purpose (Donker & Heidenreich, 1999)
- Caring for a pet can create feelings of usefulness and responsibility and provide structure to a day (Ebenstein & Wortham, 2001)
- BUT: Must consider physical, health, other issues

Empirical evidence

Banks and Banks (2002)

Loneliness

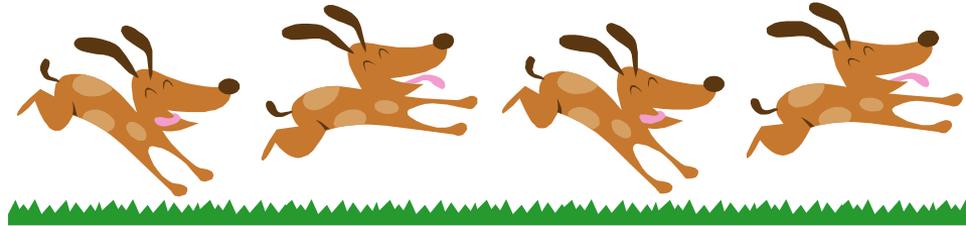


- 45 residents in 3 long term care facilities: 80% women, 95% previous pet owner, all cognitively intact
- AAT used- 6 weeks- 3 groups of 15- no AAT, 30 minutes 1 x week, 3 x week- same animal/patient matched
- Mini Mental; Demographic & Pet History ; Questionnaire; UCLA Loneliness Questionnaire; Pre-test/Post-test
- Dog interacted with patients (pet attendant did not): holding, stroking, grooming, walking, talking, playing-dog always leashed
- **RESULTS:** Loneliness reduced- statistically significant- no statistical difference b/w 1x & 3x per week
- **Unexpected result:** spontaneous recollection of past pets
- **2008 Follow up study** comparing live and robotic animals to look at levels of attachment-

Empirical evidence

Moretti et al.2010

Cognitive function, mood & perceived quality of life with mentally ill



- 21 patients, institutionalized at least 2 months, >65, mental illness; 10=AAT, 11+Control (but could watch)
- Mini Mental, Geriatric Depression scale, self perceived quality of life (Pre/Post)
- AAT: 3 dogs, 1 x, 90 minutes a week: hold, stroke, talk, walk, play- handler involved
- **Results:** All said enjoyable & interesting; GDS decreased by 50%; 9/10 reported calming effect; 1 memory recall; 5 improved quality of life. Cognitive improvement but not statistically significant. 80% wanted to continue

Empirical evidence

Mosello et al. (2011)

Alzheimers



- 10 elderly patients with AD
- Pre/post test: Cognitive, behavioural & psychological assessment
- 3 weeks control activity- plush dog (CA), 3 weeks AAA- 2 live dogs: 100 min. 3x week-each guided by experienced operator
- Established sequence of actions: talking, stroking, playing, feeding, brushing, walking
- **Results:** significant decrease in general anxiety; increase in pleasure & general alertness; significant decrease in sadness w/ AAA; Anger & anxiety/fear unchanged; increase in social behaviour- smiles, gazes, touch, verbalization; increase in attraction to the environment & potential mobility

Empirical evidence

Kawamura et al. (2007)

Psychological & behavioural effects of AAT on elderly nursing home residents



- 10 residents, 90% female, 75-95, all with dementia & behavioural problems, some with physical problems
- Information mental/physical function collected 4x over 12 mo.
- Patients set goals with staff
- Patients visited by 3-4 small dogs, 2x mo -2 hr. sessions, interaction 30 min.
- Feed, hold, stroke, play, talk, watch- each dog placed on separate table
- Guided by volunteers & staff- some patients allowed to interact alone

- **Results:** Continuous improvement of emotional well being over 12 months; intellectual, cognitive, motivational function, spontaneous activity, dementia symptoms improved 1st 6 mo. , then declined 2nd 6 mo.; no improvement motor function

Kawamura et al. (2007)

Case Studies

76 yr. old woman w/ dementia & sleep disturbance-abusive to other residents/staff: Calmed down, eat w/o stealing food, watched other patients peacefully, could sleep in own bed



75 yr. old man w/ dementia, depression, apathy, sleep disturbance: began to laugh, move his good arm, show interest in things, express emotions, was awake more, and more able to concentrate. Improved depressive symptoms

Empirical evidence

Hospital

(Coakley & Mahoney 2009)



- Goal: To determine if pet therapy can help improve stress related outcomes (psychological, behavioural & mood) in hospitalized patients
- 59 patients >18 (mean age=59.6); various diagnoses
- Volunteer handlers + own dogs; Therapy 2x per week for average 10 minutes from 9/04-7/07; Individualized therapy= talking/interacting w/ or w/o handler
- Pre-post experimental design (each visit): Level of pain/energy=Visual Analog Scale; Psychological=BP, pulse, respiration; Mood= Profile of Mood Survey; + 3 open ended questions about the dog experience
- **Results:** Small but significant decrease in respiratory rate, pain. Increased energy; No change BP or pulse. Statistically significant improvement in tension/anxiety, fatigue/inertia, total mood disturbance. No change in vigor/activity or confusion/bewilderment. Patient comments: calming, comforting, decreased depression, rewarding, happy, pleasurable, forgot about everything else. No negative comments

Empirical Evidence

Colombo et al. (2006)
Canaries and plants
Large sample



- 144 cognitively intact elderly residents of 7 rest homes (97=f 47=m) divided into 3 groups: given a plant, canary, or nothing
- Canaries: told how to look after, feed, keep clean; Plant: how to look after
- 3 month observation period
- Pre/post test: Mini mental, Brief symptom inventory, Self care scale, Cognitive functioning scale, Social functioning scale
- **Results:** Significant improvement in canary group in almost all areas = better quality of life; No improvement in plant group except self perceived social function; no improvement in control group

CONCLUSIONS



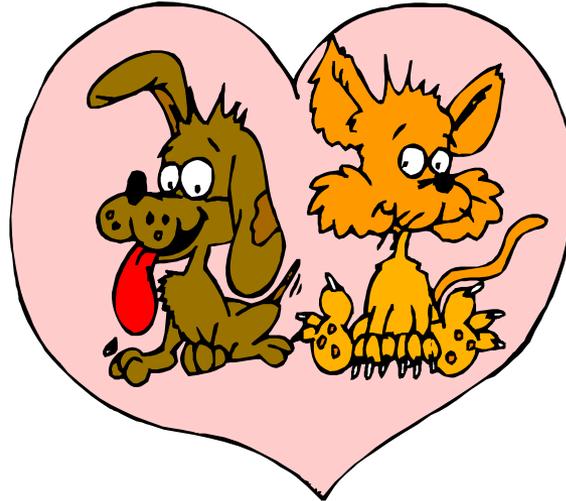
- Probably does not improve cognitive function or mobility over the long run
- Does improve happy mood, quality of life, reduce anxiety, give purpose and meaning, something to look forward to
- Can improve family relations
- Can help elderly accept nursing home better

Limitations to Studies

- Small sample size
- Not controlled for other therapies patients might receive
- Not controlled for age and physical/cognitive impairment
- Sometimes may not be able to tell if results due to handler or animal
- Short duration



WHY SHOULD WE DO IT?



- Low cost, low tech, easy way to improve quality of life of elders
- Easy to incorporate into a Gerontology program- good for students to get them involved in the community
- Creates new business opportunities for young people, retired: trainers, pet therapists

My personal experience



Thank you!

Bibliographies available upon request

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