

# Animal-assisted therapy: the bond that heals



**Julie Miller, RN, BSN, CCRN** Staff Development Educator, Critical Care Residency, Trinity Mother Frances Health System, Tyler, Texas, USA; President/Founder, Paws To Learn: Empowering Nurses with Education. Whitehouse, Texas, USA

**E-mail:** julie.miller@pawstolearn.com

**Key words:** Animal-assisted therapy (AAT) ❖ animal visitation ❖ intensive care ❖ pet assisted therapy ❖ pet therapy ❖ Therapet ❖ therapy animals

## SUMMARY

- ❖ The human-animal bond is a strong one that often defies explanation
- ❖ In acute and critical care settings the use of animal-assisted therapy and visitation can help to motivate patients and improve health
- ❖ There are many anecdotal reports of positive interactions between therapy animals and patients
- ❖ The implementation of an animal-assisted therapy/visitation programme in acute care is described
- ❖ Infection control and safety issues are discussed

## INTRODUCTION

There is a bond between humans and animals that defies explanation. People who have not experienced this bond are unable to comprehend the level of connection that develops. Yet every day this connection serves to heal. Stroke patients are willing to overcome what seems insurmountable just to see the gaze of an animal. Patients needing rehabilitation to learn to walk or stand after joint replacement are willing to work harder just to take a dog for a walk. Clients needing hand and arm exercises rarely complain when asked to stroke a beautiful dog or cat. Animal-assisted therapy (AAT) programmes, once rare, are popping up across the world to assist those in need, uniquely functioning to motivate and give back to the recipient. This article will review my experience with Therapet Animal-Assisted Therapy Foundation (Therapet), AAT visitation programmes, and will focus on the use and implementation of AAT in the acute/critical care setting.

## BACKGROUND

Animals have been used throughout the centuries to facilitate therapeutic interventions in a variety of settings. Originally they were found almost exclusively in psychiatric settings, but the use of animals in all healthcare settings is becoming widely accepted. Some nursing homes have resident animals or certified therapy animals for regular visits to motivate, alleviate depression and encourage mental fitness. Rehabilitation facilities schedule certified animals to serve as a piece of equipment that the therapist incorporates into the client's exercise regimen. Acute care facilities arrange

for certified therapy animals to make scheduled visits to alleviate pain and suffering and motivate patients, visitors and staff. Therapy and visitation programmes can accomplish a number of goals and these goals are not unique to one programme.

Animal-assisted therapy is a goal-directed approach to promote physical strength and condition, usually in a one-to-one setting. Nurses in collaboration with physical, occupational and speech therapists design interventions with the animals to accomplish specific measurable goals for each patient, and can be carried out at the patient's bedside.

Animal visitation is an intervention designed to improve emotional well-being and enhance social interaction. Visitation programmes usually employ a group of animals to visit patients in their rooms for a few minutes and then move to the next room. The bond that is present among humans and animals serves to enhance all AAT interactions to improve emotional comfort.

## ANIMAL-ASSISTED THERAPY GOALS

It is essential to review the different goals that can be accomplished using therapy animals. Therapy can be in a rehabilitation setting or at the bedside of a patient. Patients who are weak can work on strengthening and co-ordination exercises by brushing, petting and scratching the animal, as well as 'playing' a controlled game of retrieving. Patients in a coma often require stimulation to promote awakening from the coma state. Nurses and therapists can use the animal to guide the comatose patient to stroke the animal. The movement and tactility assist in stimulating the brain. Therapy animals act as a form of reality orientation for confused patients. They provide a link with the environment outside the hospital and may encourage conversations about present or past relationships the patient may have with their own pets. Occasionally, a patient may need to be reassured that they are not hallucinating and that they do see an animal in the hospital.

Another goal inherent in using therapy animals is the motivation the animal provides. Patients are willing to do more for an animal because the animal responds to their touch and provides immediate feedback. Therapy animals also provide positive reinforcement for healing as they remind patients of their need to return home to care for their own animals.

An unforeseen by-product of a therapy animal programme is the relaxation benefit provided to the staff of the facility. Petting an animal has been shown to reduce heart rate and blood pressure (Anderson et al. 1992; Allen 2002), elevations that may signify increased levels of stress. Staff can have their own moment of therapy and reduce their stress in the hectic work environment.

### ANIMAL-ASSISTED THERAPY IN PRACTICE

As the co-ordinator of an acute care therapy animal visitation programme for ten years, I have witnessed numerous interactions between therapy animals and patients. The connection and bond an animal brings to a hospital almost defies words, but I will try to detail some of the scenes I have witnessed. Several years ago, I knocked on the door of a young woman who had been hospitalised for several days. Her grimace was the tell-tale sign of the pain she was suffering, yet she opted to have the therapy dogs visit her. I spent a few minutes with her while her fingers glided through my dog's glossy auburn coat. She thanked me for visiting and I noticed the grimace had been replaced by a smile. Last month, I was teaching a critical care orientation class for graduate nurses and a participant in my class identified herself as the patient my dog had visited several years ago. She related that our visit had been the only bright spot during that hospitalisation and she still keeps the picture of my dog on her refrigerator. The literature has reported anecdotal stories of reduced pain when a therapy animal visits a patient (Carmack & Fila 1989).

It has been a blessing to watch numerous children, frightened and crying, calmed by the appearance of a therapy dog at their bedside. Nurses have shared their elation when an intravenous stick on a child went easier because petting a therapy dog distracted the child. Recently, I entered a room where the phlebotomist was attempting to fill blood tubes from a capillary stick on an infant. The baby was howling, the parents were clearly anxious, and I opted to leave and return when the blood-draw was done. As I was about to step out of the door, the mother requested I approach the baby with my therapy dog. 'Spotch' laid his head in the mother's lap and the baby was soon twisting his hair with her free hand and giggling, all the while the phlebotomist continued to fill her tubes with blood.

I have witnessed anxiety attacks shortened by the simple presence of a therapy animal. Cancer patients have spent some of their last moments saying goodbye to my animal as a way of bringing closure to their life. I have been filled with joy when a patient relates that the only reason they believe they made it through major surgery was because my therapy animal visited them beforehand and reminded them that they needed to heal to go home and care for their own animals. I have witnessed the miracle of comatose patients making their first purposeful movement by scratching my dog's fur. In the critical care unit, an anxious family, desperate for some sort of hopeful sign, surrounded a young woman with head injuries. I led the therapy animal to the bed and placed him next to the patient. I gently guided her hand to the dog's coat and explained that this dog was waiting for her to scratch him. Ever so slowly, the tips of her fingers began stroking the dog's fur, and after a few minutes she was moving her whole hand across the dog's back (see pictures 1 and 2). The nurses later reported that the patient regained wakeful consciousness the next day. These are just a few anecdotal stories of the thousands of AAT interactions that

occur every year, showing that it works.

As a reason to discount the use of animals in the hospital, sceptics of AAT programmes often point to the lack of outcome-based research. I fully support research into AAT and have been involved in several small studies. Despite the lack of evidence-based research, I believe this intervention has a place as a complementary therapy in modern healthcare. The literature is full of amazing and miraculous anecdotal stories detailing the effect that therapy



Pictures 1 & 2: Animal-assisted therapy

animals have for patients. We cannot always prove what is intangible, but this does not mean the intervention does not work!

### SETTING UP AN ANIMAL-ASSISTED THERAPY PROGRAMME

Setting up a programme may seem like a daunting task. There are various steps involved and many of these must be done concurrently. Essential to the successful start of any AAT programme is the support of administration. However, prior to scheduling a meeting to discuss the possibilities in your facility, you should investigate all uses of the animals and have your policies and procedures written. The next step is to contact a therapy animal group that will provide animals. See Table 1 for therapy animal resources in the USA. If there are no therapy animal groups locally, contact one of the organisations for assistance in developing a group in your area. These resources will assist you with policy and procedure development specific to your facility.

Delta Society  
580 Naches Ave SW, Suite 101  
Renton WA 98055-2297 USA  
Tel: 425-226-7357  
info@deltasociety.org  
www.deltasociety.org

Therapet Animal-assisted Therapy Foundation  
PO Box 698  
Troup TX 75789 USA  
Tel: 903-842-4680  
Therapet@juno.com  
www.therapet.org

Table 1: Animal-assisted therapy resources

Based on my experience, there are a number of aspects of policy and procedure that should be considered. Although some of the

information below is specific to the USA, the principles may be applied within any country.

### **1. The therapy animal group**

This group will certify the animals, and provide volunteers and liability insurance. They will conduct a temperament evaluation to assess the animal's reaction to stress. Any animal that demonstrates behaviour that is aggressive or that could be misconstrued as aggression should not be certified as a therapy animal. Temperament evaluations vary among certifying organisations. Investigate the chosen organisation and ensure the highest standards for testing are used. The American Kennel Club's Canine Good Citizen test is for ensuring polite companion animals. It is inadequate for assessing temperament.

### **2. Identification of the person or department responsible for record keeping**

Records that need to be maintained include health and vaccination records, logs for annual training, and records of volunteer time. For example, the acute care facility may keep track of the human volunteer records while the therapy animal organisation may maintain the records for the animals.

### **3. Types of animals to be allowed in the facility**

Dogs, cats and rabbits are domestic animals whose behaviour and susceptibility to disease have been studied and found to be predictable. The certifying organisation will be able to assist with identifying appropriate animals for AAT.

### **4. Veterinary screening for the animals**

Investigate with the local veterinary association and health department as to which vaccinations are required for the animals to be used in the programme. Include these requirements as well as recommendations for annual laboratory evaluations for the animals.

### **5. Health screening and vaccinations for human volunteers**

Each facility usually has a list of vaccinations and annual health screening for volunteers. As a minimum, annual tuberculosis testing and documentation of childhood vaccinations should be kept on file.

### **6. Training and orientation required for volunteering**

An orientation programme to familiarise the volunteer with the hospital environment and equipment, and to orientate them and their animal to the hospital, should be conducted prior to volunteering. Volunteers should attend a visitation or therapy session without their animal to develop a sense of what is required from them when volunteering with their animal. Annually, volunteers are required to attend a training session with their animal, and an advanced orientation to reacquaint them with the hospital requirements regarding safety, environment and privacy.

### **7. Identification of where the animals will be used in the facility**

For instance, AAT may be implemented as rehabilitation and/or visitation programme. Areas where animals may be used could include: medical-surgical units, paediatrics, oncology, hospice, rehabilitation, intensive care, telemetry, psychiatric units, and long term acute care units. Essentially, imagination and the number of volunteers available to meet the demand, limit the use of AAT in the acute care setting. A word of caution: start small to prevent overwhelming and stretching yourself too thin.

### **8. Areas where animals are not allowed in the facility**

Animals should not be allowed in sterile areas, in any isolation rooms and/or kitchen or food preparation areas.

### **9. Identify patients that are restricted from animal-assisted therapy**

Those patients who should not receive AAT include:

- ❖ Those with open wounds or burns that are not covered;
- ❖ Patients who are immunocompromised with an absolute neutrophil count less than 1,500, who are in reverse or protective isolation, or who are in the immediate stages of immune suppression for organ transplantation;
- ❖ Patients who have an allergy or fear of animal;
- ❖ Any patient in isolation of any kind;
- ❖ Patients with a diagnosis of Respiratory Syncytial Virus (RSV);
- ❖ Patients who are agitated or combative are inappropriate, to preserve the safety of the animal and volunteer.

Some facilities require a physician order for therapy or visitation. This requirement may inhibit the availability of the programme and, if agreed by the facility, can be eliminated by requiring a physician order only when the physician specifically prohibits the visit.

Written consent is not required for visitation. However, verbal consent should be obtained from the patient or, in the case of a minor child, from the parent or guardian. Written consent may be required for AAT for a minor child. Patients in a coma must have verbal consent from a family member for visitation or therapy.

### **10. Identify where animals can go to the toilet outside the facility**

Whether or not the volunteer is responsible for cleaning up after their animal should also be specified. Each programme decides its level of tolerance for an animal that accidentally goes to the toilet in the facility and whether or not the animal will be allowed to continue to volunteer. Usually, an isolated episode should be investigated to find the cause. If it occurs again, the animal probably should not be used again for therapy or visitation.

### **11. Contact information for the programme and how referrals are to be made**

#### **STAFF EDUCATION**

Information about staff education should be made available in orientation programmes, newsletters and through intermittent inservicing. Presenting a professional appearance is important to the overall success of an AAT programme. Volunteers should have a dress code to which they must adhere, and the therapy animals must:

- ❖ Be in good physical health;
- ❖ Have been bathed within the last 24 hours;
- ❖ Be free of parasites;
- ❖ Be current on all vaccinations;
- ❖ Have their nails trimmed and filed blunt;
- ❖ Have their teeth and ears cleaned regularly;
- ❖ Present a well-groomed appearance when 'working' in the hospital.

The volunteer must be alert for potential safety and cleanliness issues regarding their animal. For example, some plant oils (poison ivy, oak and sumac) can be carried on the animals fur and then be transmitted to the skin of a patient, causing a rash. The volunteer must ensure that the animal does not come in contact with these plants after being groomed and prior to visiting in the hospital.

## SAFETY ISSUES

Safety in healthcare is of utmost importance and is a high priority for therapy animal programmes. Volunteers must be taught to wash their hands or use alcohol wash before and after every patient encounter. Therapy animals are only allowed on a patient's bed if the patient desires, if there are no contraindications, and if a barrier is placed between the animal's fur and the patient's bed linen. Barriers such as an extra towel or sheet are acceptable and are single patient use only. Common sense should guide the placement of an animal, and should not be done if the patient has fixation devices or could be harmed by the animal lying next to them.

Animals should approach a patient on the side with the least equipment to avoid entanglement. For example, in the intensive care units a patient may have multiple intravenous lines, haemodynamic monitoring, and a ventilator. If a patient has an external fixation device, the animal should approach the side of the bed without the device. Patients with tracheostomies may be seen if the tracheostomy tube is covered with an oxygen source, cap or gauze.

Equipment used in the hospital can emit noise at frequencies that may only be heard by the animal. Volunteer handlers need to be watchful for signs of distress in their animals due to such noise, for example, excessive hair shedding, panting and pacing.

Frequently, I am contacted by nurses who have been prevented from setting up an AAT programme because of infection control concerns. Throughout this article I have discussed processes to ensure patient safety in all environments. Our programme has been in existence for ten years and has not had an issue regarding infection control. We adhere to our guidelines and do not make any exceptions. The literature continues to support the lack of documented cases of disease transmission from therapy animal programmes (Emmet 1997; Stanley-Hermanns & Miller 2002; Walter-Toews & Ellis 1994). Zoonosis, the transmission of disease between humans and animals, can occur. However, following strict guidelines and using certified healthy animals free from parasites should almost eliminate this risk.

## CONCLUSION

Implementing an AAT or visitation programme is a worthy goal. The personal rewards and the ability to have an impact on people overshadow the work involved in setting up the programme to meet the highest standards. I often wonder how many people I have touched by volunteering with my animals. I will probably never know, but I have the satisfaction of knowing I have made a difference to many lives.

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