

HOW TO START A “PET THERAPY” PROGRAM

A Guidebook for Health Care Professionals



by Phil Arkow



Over the past few years, there has grown a tremendous interest in the therapeutic applications of companion animals for patients with a variety of physical, emotional, and mental limitations. Starting from a small corps of enthusiastic animal and human health specialists who intuitively felt something positive occurred when pets and people came together, the field has now developed its own interdisciplinary research and programmatic applications. Pet-facilitated therapy (PFT) has emerged as a specialized intervention technique as innovative health care professionals seek effective and cost-efficient approaches to resident care.

Holistic health care professionals recognize that patients' affective (emotional) needs must be attended to as well as their physiological needs. Consequently, nursing homes, hospitals, retirement communities, and many other institutions are exploring the use of companion animals in a diverse array of therapeutic applications. Juvenile delinquents are taking care of farm animals, children with cerebral palsy are learning to ride horses, autistic children are attempting to communicate with dolphins, and prison inmates are breaking wild horses or gaining vocational skills training undisciplined dogs. More common are what are called pet visitation programs, where residents have the opportunity to see their own pets, or those belonging to trained volunteers or visitors, to take their minds off their aches and pains for a little while. Animal shelters, breed clubs, hospital docents and family members often discover serendipitously that animals can reach through to a resident where human contact often cannot. In many facilities, residential pets – dogs, cats, birds, fish, rabbits – live happily with the residents providing certain levels of care and responsibility. Surprisingly, the staff, administration, and population of a health care facility often find that the animals help enhance the treatment milieu without increasing work loads or creating inter-resident conflicts. Pets can help make a nursing home a home.

PFT has been shown to provide many benefits to residents. Animals can help socialize a health care facility by stimulating group interaction. Since for so many persons pets are a common experience, often recalling pleasant memories of childhood, animals can help break down barriers that may exist between different groups; thus, they may serve as catalysts to communication among residents, staff and visitors. By being non-judgmental, non-threatening, and emotionally safe, their unconditional affection can help stimulate withdrawn residents and

bring them out of their isolation. They may provide opportunities for physical rehabilitation or recreational/occupational therapy. Constructing a bed, kennel or cage might provide purposeful activities, while grooming a pet can be a daily exercise for arthritic hands. Some ambulatory residents might find that walking a dog is preferable to wandering aimlessly through the neighborhood.

With proper training and supervision, a pet can be reinforcement to help modify the behaviors of certain residents. Studies have demonstrated that persons' blood pressure levels are reduced by contemplating a fish tank or petting a dog. Elderly or infirm residents may have lost their eyesight or hearing, but almost all can still respond positively to tactile stimulation. Touch is a powerful sense, and the nuzzling provided by a puppy or kitten can be very beneficial. Some residents may be precluded from traditional nursing home activities due to language barriers or because they are unpopular or physically unattractive; but pets make no such distinctions and wag their tails and cuddle on laps indiscriminately, regardless of a person's language, impairment or attitude. And research into the emotional, physical and social benefits of animals has only just begun.

While the theoretic basis for PFT is not yet established, and the precise reasons for pets' therapeutic effects remain unclear, many noteworthy programs have been introduced and others are planned. Though PFT has applications in many treatment regimens, the professional is advised that each specialization, plus the group dynamics of each institution, will affect implementation, success or failure. In addition, state laws and local ordinances must be consulted and may have to be amended. In many cases, a full, written policy or protocol will be needed and a successful PFT program may have to be included in a facility's long-term planning process. In other cases, a more informal program may be implemented, though good supervision and controls are still required.

Written resource materials and continuing educational opportunities are available, and a list of resources is included at the end of this Guidebook. Good luck, and here's to many happy interactions between the people and animals in your programs.

WHY DOES PET-FACILITATED THERAPY WORK?

Numerous theories have been advanced, though to date conclusive evidence is mixed. Though not a substitute for human relations, pets can serve many important functions to benefit the emotional and physical health of diverse populations including the elderly. It has been suggested that people are freer with their animals, sharing a degree of intimacy rarely, if ever, shared with parents, spouses, children or siblings. Pets may often be the "significant other" in persons' lives; confidants perceived as sensitive to a person's moods and feelings. They provide continual access to uncomplicated affection-on-demand, and are ice-breaking catalysts to group communications and laughter. Since speech is not necessary to interact with animals, PFT may be particularly beneficial for residents who are aphasic, or uncommunicative. Animals can trigger reminiscences, and cause withdrawn residents to talk about experiences for weeks after an intervention. Talking to and stroking a pet promotes relaxation and lowers blood pressure. The responsibility of caring for an animal may prompt some owners to take better care of themselves. Pets may often be the catalysts for the elderly's improving their diets or self-esteem because they

feel the animal needs them. Pets can provide their caretakers with a daily regimen of healthy regular exercise and a sense of purpose.

Some researchers, using a psychoanalytic perspective, suggest that humans have an innate need to associate with dependent creatures such as pets; under this theory, pets can serve as objects of contact comfort and provide passive targets for the projection of feelings. Other scientists, citing behavior modification, say that pets are pleasant diversions from anxiety-provoking situations. By concentrating on a non-threatening stimulus, the resident's defense mechanisms are relaxed and he or she can tolerate a more threatening stimulus such as counseling. PFT pioneer Boris Levinson proposed that since people perceive pets as non-judgmental and dependent upon the adult therapist, an animal would help a resident feel more secure, more in control, and would strengthen the resident's self-concept. Others have seen PFT as a type of reality therapy. By empathizing with the animal's natural inclinations, the resident can see his or her own life more objectively.

HOW CAN PET-FACILITATED THERAPY HELP MY FACILITY?

In addition to PFT's therapeutic advantages to individuals, a well-run program can also enhance participating organizations. Awareness of these benefits may be an integral component in overcoming institutional reluctance to change. Some of these benefits include:

- **Enhancement of the treatment milieu:** Pets can help deinstitutionalize a facility and provide a more natural, home-like environment. This can improve not only residents' recoveries, but also staff morale and families' perceptions.
- **Security:** A residential dog, intended as a therapeutic mascot, may fulfill another role as a watchdog, deterring intruders. This may be of concern in facilities where narcotics are stored or break-ins are potential.
- **Public awareness:** Publicity about a unique program can lead to greater public sensitization to exceptional persons, and creative solutions to community needs. However, although an organization may discover improved public relations, at no time should PFT be considered solely a PR or fund-raising gimmick.
- **Cost-effectiveness:** PFT programs require minimal funding. Some offsetting costs (cats may also serve as rodent control, baby offspring may be sold) and donations of supplies and equipment can reduce expenditures still further.
- **Interdisciplinary cooperation:** The interprofessional nature of PFT allows different specializations an opportunity to focus on a common goal. For example, activity directors, psychologists, M.D.s, nurses occupational therapists, veterinarians, recreation therapists, volunteers and a lay advisory committee may all be involved. This is an outstanding opportunity to sensitize each group to the perspectives of the others and for involvement by the Quality Assurance team.
- **Secondary Organizations:** Facilities may involve outside groups to assist. For example, Girl Scouts bringing food for a nursing home's pets may learn about the aging process. This becomes an educational experience as well as a community outreach program.
- **Humane benefits:** PFT provides health care facilities a positive opportunity to work cooperatively with other caregiving agencies. This field affords unique positive programs for volunteers. Humane societies, SPCAs and animal control agencies will find a particular benefit in PFT programs. It extends the range of animal shelter activities and enhances the traditional definition of humaneness as "caring for less fortunate living creatures." Some homeless animals may be adopted to the facilities or to employees.



IS PET-FACILITATED THERAPY FOR EVERYONE?

No, of course not, just as other interventions are not appropriate for all residents. In any

institution, there will be a small but notable group (perhaps 10-15% of the total population) for whom animals have been important in their lives, and for whom animals will have a special appeal. Just bringing in animals to make people smile is not pet therapy. The goal of PFT is to employ animals to change a resident's health or behavior positively, ultimately permanently. Though not everyone is a suitable candidate, in many cases animals work for residents who have not responded to other treatment modalities.

WHAT ARE SOME KEYS TO SUCCESS?

Any PFT program should be implemented only after considerable advance planning and procedures for evaluation are established. The following conditions are generally recognized as prerequisites for any PFT application:

- PFT is, at this stage in its development, an adjunct to existing, more traditional therapies (recreation, physical, occupational, group, individual, pharmacology, medical, etc.). It is not a panacea and will not correct defects in other areas, such as poor institutional organization, bad communications, low staff-to-resident ratio, or poor program design.
- The welfare of all involved – residents, those who do not like pets, the animals, volunteers, staff, administration, visitors and families – must be taken into consideration.
- The scientific community often opposes anyone, especially untrained, unschooled, and overly-enthusiastic field personnel, arbitrarily labeling any untested regimen as “therapy.”

To be successful, a PFT program cannot just leave animals with people and hope that things work out for the best. It is no longer sufficient to simply bring animals into contact with a target population. On the other hand, programs can become so bogged down in regulations that they flounder. Somewhere between the scientists' demand for accountability and the daily program needs of the field, lies success for PFT.

At this stage, there is little standardization for the specialist or program manager to follow. Each institution, resident, animal, and program component is unique. State laws and local codes will vary. There are few certifying associations. Model programs are few, and accepted evaluative criteria do not yet exist. And the field is necessarily interdisciplinary, resulting in each profession adding its particular bias. Despite these obstacles, PFT often succeeds. Success or failure can usually be traced to **five key elements** :

1. **Supervision:** One person must be assigned overall responsibility for the program and especially for the animals. All other personnel must be made aware that the program is on-going and necessary. Special provisions must be made for weekend and holiday care, and for animals to have relief from the constant stress of human interaction. Animals must be kept under control so as to not become a nuisance. Historically, most long-term health care facilities have chosen to locate PFT programs within the Activities Department; however, Social Work Physical Rehab, Therapeutic Recreation or Community Services among others, may effectively supervise PFT.
1. **Key individuals :** Most programs have been started when a few innovative persons pioneered and saw a project through. Truly successful programs establish operational systems, policies and infrastructures to carry on after these founders are gone.
1. **Common sense and realistic expectations :** Until therapeutic regimens and standardizations are established, common sense and realistic expectations seem to provide as good a foundation for PFT interventions as any. Establish realistic goals: an unstructured rash of enthusiasm can result in early personnel burnout and program abandonment.
1. **Consider the welfare of all involved:** Animals, residents, the rights of those residents who do not appreciate animals, families, visitors, friends, staff and administrative personnel must all be considered empathetically.
1. **Planning :** Advance working through of logically-predictable problems can avoid conflicts later.

ARE THERE TIMES WHEN PFT IS NOT INDICATED?

There are **contraindications** for PFT which may affect the resident, the care-givers, the institution, and the animals. Psychiatrist Michael McCulloch reported on some of these negatives and warned, "Good intention is not an adequate substitute for common sense."

For the resident :

- Pets can be sources of rivalry and competition in group environments.
- Residents can become possessive and attempt to "adopt" a ward mascot for themselves.
- Injury may occur from inappropriate handling, pet selection, or lack of supervision.
- Residents with brain injury, mental retardation, senility or other problems may not be aware of how they are provoking an animal.
- Pets may appear to "reject" the resident, often from the resident's unrealistic expectations, thereby deepening feelings of low self-esteem.
- Allergies may occur.
- Zoonotic diseases may be transmitted, particularly if there is improper veterinary examination and inadequate sanitation facilities.
- Residents with open wounds or low resistance to disease must be carefully monitored and participation may be restricted.



For the care-givers :

- Undermining of the program can occur if they are not properly oriented or allowed to participate in the decision-making processes.
- Some see PFT as inappropriate.
- Some do not like animals.
- Allergies and injuries to caregivers are possible.

For the institution:

- Legal liability for resident or staff injury or accident is a concern.
- Legal obstacles may have to be overcome.
- Noise, sanitation, disease and other environmental concerns exist.
- Cost factors must be weighed.

For the animals :

- Injuries from rough resident handling or from other animals may occur.
- Breeding may be a problem.
- Security to prevent animals from escape or theft must be planned.
- Basic animal welfare, including veterinary care, must be assured.ⁱ

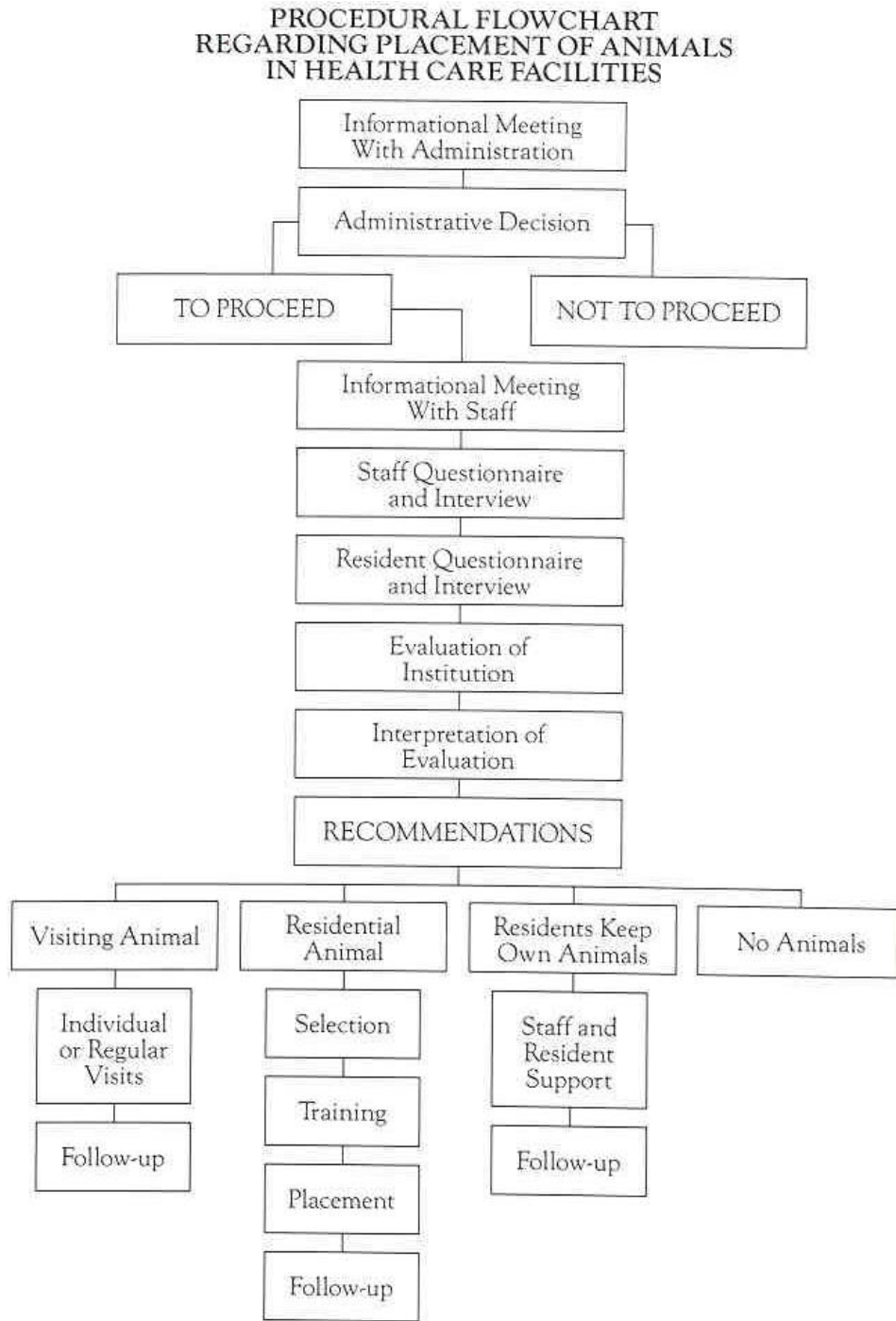
ⁱ McCulloch, Michael: "Pet Therapy – An Overview" In, Institute for Interdisciplinary Research on the Human-Pet Relationship, eds.: The Human-Pet Relationship: International Symposium on the 80th Birthday of Nobel Prize Winner Prof. DDr. Konrad Lorenz. (Vienna, Oct. 27-28, 1983, 25-31.)

I. Needs Assessment

- A. Does a need for a PFT program exist:
 - 1. In the agency to be served?
 - 2. On the individual level?
 - a. Conduct a functional and personality assessment to make sure this therapy fits this resident's needs.
- B. What types of programs are available?
- C. Assess community resources
 - 1. Surveys: identify your universe and design a survey instrument
 - 2. Census data
 - 3. Social support network
- D. Cost-benefit ratio
 - 1. On the program's own
 - 2. In comparison with alternative therapies/activities
- E. Get input
 - 1. From staff and administration
 - 2. From residents

PLANNING STRATEGY FOR BEGINNING A PFT PROGRAM

The facility considering a PFT interventionsn should organize it as any other therapeutic regimen. A flow chart may help put this process into perspective:



RESIDENT INVENTORY

There are a number of ways to assess your institution's need for a PFT program. You may have received inquiries or requests for services which are not presently being provided. You may have conducted an informal, haphazard program and are considering standardizing it. Perhaps the issue has come up at a conference of activity professionals, nursing home administrators, community mental health leaders or senior citizens referral services.

Gain input from your residents, staff, administration, board and membership. What types of programs, if any, are you best equipped to conduct? How much time, personnel, money and in-kind services are you prepared to commit?

Asking questions about pet ownership when a person enters a health care facility may provide valuable insight in setting up an appropriate intervention strategy. Such questions in a resident's history might include:



- do you have a pet now?
- what plans have been made for your pet?
- what kinds of animals did you own earlier in life?

PICTURE FOUR

WHERE CAN WE GET HELP LOCALLY?

As part of the planning procedure, community resources should be inventoried to determine available program support. These services might come from:

- veterinarians, either individually or as a project of the local veterinary society
- animal shelters, both humane/SPCA and animal control
- facility staff and volunteers, who may have particular expertise in animal-related areas
- community animal groups, such as breed clubs, riding stables, cat fanciers, human-animal bond societies, etc.
- other community experts with appropriate connections and skills in related areas, such as human medicine, law, insurance, fund-raising, construction, architecture, finance, volunteer management, etc. A Board of Directors or Advisory Committee may be established to assist in these efforts.

You may also write to the organizations listed in the Resource Guide for more information and ideas. They'll be pleased to help you.

II. Goal-Setting

- A. Establish realistic goals and objectives
- B. Develop reasonable measurement indicators
 1. Examples: changes in drug dependency, blood pressure, social interaction, speaking length or content, suicide rates, survival rates, recidivism
 2. Chart residents' participation in activities
- C. Include the Quality Assurance team in the process
- D. Write protocol
 1. Statement of goals and objectives
 2. Statement of level of commitment and procedure upon termination of program or individual(s)
 3. New organization may require by-laws, constitution, officers, and/or articles of incorporation
 4. Write pet policy

An institution need not create a formal Management By Objectives plan detailing its proposed activities, although this would certainly help, especially if you seek outside funding. But the facility should be able to define its purpose in conducting PFT programs for several reasons:

- to explain the program to the public, personnel and to other agencies involved
- to keep accountable and to measure progress

A certain flexibility must be allowed for, as conditions will change. But the facility should have some idea of what it hopes to achieve and where the PFT programs are going.

Input from the Quality Assurance team can expedite implementation and reduce the likelihood of future mishaps. The perspective of representatives from Risk Management, Nursing, Housekeeping, Activities, Infection Control, state and local health departments, and others affected by a PFT program is vital.

- III Develop a change of strategy to gain acceptance
 - A. Typical sources of resistance to PFT programs:
 - 1. Insurance or legal considerations
 - 2. Housekeeping or other staff support
 - 3. Families
 - 4. Local and/or state health codes (real or perceived)
 - 5. Stasis: human nature's reluctance to change
 - B. Reasons for this resistance
 - 1. Lack of accurate information or resources for help
 - 2. No forum for interaction or input
 - 3. Practical health concerns
 - 4. Unwillingness to pioneer
 - 5. Bureaucracy
 - 6. Failure to communicate
 - 7. Resistance to change
 - 8. Inadequate staff or resources
 - C. Criteria which can effect change
 - 1. A neutral forum environment
 - 2. A wide spectrum of perspectives involved
 - 3. Engage in problem-solving discussion
 - 4. Recognize interdependence of departments involved
 - 5. Initiate demonstration/pilot projects
 - 6. Identify and contact resources and services for referral and help
 - 7. Further research can encourage the hesitant

Most of the PFT programs which have succeeded have done so because one or two key individuals are the program through from its inception. Given human nature and the rigors of bureaucratic accountability, it is often difficult to change established procedures, and PFT, as a relatively new concept, has a difficult time defining its place in a facility. By sensitizing key administrators to its potential, and by investing key elements in the decision-making process, a new program can be introduced smoothly and with group cooperation.

HOW DO WE TELL OUR RESIDENTS?

Introducing pets to residents must be done carefully and with advance preparation. Many may be frightened of animals. Often, they do not understand why the animals are in the facility. They may not wish to handle them for fear of allergy, touching, disease, or because dinner is being served soon and they don't want to wash their hands again. Residents must be asked in advance if they wish to see the animals before an intervention is made.

Residents may be confused as to the nature of the program for several reasons. They may be disoriented, due to the nature of their ailment, medication, or living condition. They may feel animals are inappropriate in the facility, because they think them to be unclean. In a nursing home, residents frequently express feelings such as, "I can't keep an animal here," not realizing that these animals may be merely visiting temporarily.

Often, residents feel incapable of caring for animals, because they believe they are too ill or disabled to assume such duties or because their previous animal-care responsibilities were minimal. Having been relieved of significant decisions concerning their own welfare, they may wonder how can they care for a pet when they can no longer care for themselves.

Continual supervision of the resident-pet interaction may be indicated, to prevent animal abuse or resident trauma, particularly if the resident suffers from memory loss or motor coordination deficits, or has a history of cruelty to animals or sociopathic behavior.

IV Programmatic considerations

- A. The facility to be served
 - 1. Identify the population to be served
 - a. Are there any limiting physical/psychological factors?
 - b. Who would/would not benefit?
 - c. Who would/would not want animals?
 - d. Define appropriate animals for the program, considering breed, species, and individual behavior characteristics.
 - 2. Define the nature of the treatment or residency
 - a. Establish appropriate time schedules
 - b. Establish appropriate site locations
 - c. Determine whether visitation or residency is more appropriate
 - 3. Determine available resources
 - a. Financial (monetary and in-kind contributions)
 - b. Human resources (staff and volunteers)
 - c. Professional expertise and referral within the organization and in the community
 - d. Physical facilities and equipment
 - 4. Define organizational infrastructure and assign appropriate personnel to coordinate and supervise
 - 5. Establish degree of commitment
- B. Legal considerations
 - 1. Applicable state and local ordinances
 - 2. Applicable health codes
 - 3. Insurance exposure and liability
 - a. Normal coverage/workmen's comp
 - b. Supplementary/volunteer coverage
 - c. Option of hold-harmless agreements

WHAT LAWS AFFECT PFT?

It is often mistakenly assumed that laws prohibit residential or visiting animals in a health care facility. The reality is that most states allow animals in long-term health care and other institutions, within limitations; while a few states have defined guidelines, most do not have any specific provisions regarding pets. Therapists may therefore wish to consider animals to be allowed by omission. A complete list of state laws regarding animals in health care facilities, compiled by the CENSHARE staff at the University of Minnesota, appears in *The Loving Bond*:

*Companion Animals in the Helping Professions.*ⁱⁱ The New Jersey Health Department recently enacted statewide guidelines which others may wish to model.

Animals are usually not allowed in sterile, food-preparation and serving areas. Generally, animals must be free of communicable diseases and external parasites, and must receive regular vaccinations and licenses. A health certificate may be indicated. In addition, turtles, which can transmit salmonellosis, and exotic birds, which can carry psitticosis, may fall under special health department regulations and are usually not recommended. Other animals are also sometimes prohibited.

Specialists should check with state and local officials. Be advised that many officials, even within the state licensing offices, are not aware of all aspects of the health codes, as PFT is relatively new. Just because someone tells you there is a prohibition against pets does not mean this is the case.

The facility's individual or corporate policy is often a greater determinant. If an institution wishes to initiate PFT, it will find a way to do so. State examiners are tending to look favorably upon well-run PFT interventions, providing there are no major complaints or incidents and that reasonable precautions are taken to protect the health and safety of all involved.

WHAT ABOUT INSURANCE LIABILITY?

The recent crisis in the insurance industry, causing many carriers to either increase their premiums astronomically or, in some cases, to drop coverage altogether, has forced many agencies in health and human care to re-evaluate their activities. Often, PFT programs are caught in the insurance crunch, as many agencies think PFT requires additional coverage.

As a general rule, institutions which carry normal insurance coverage and which include PFT as just one of many operational programs should be able to include these animal-related activities under existing protection without additional riders, unless such programs carry extraordinary likelihood for injury or liability. (Keeping a mountain lion in a cage might be considered a greater risk than having puppies visit, for example.) Similarly, individuals or agencies providing service to those institutions (volunteers from a humane society or service club) should normally be able to include PFT work under their existing individual or agency personal and motor vehicle policies or should be included under the facility's coverage as any other welcomed visitor.

Supplementary insurance specifically for volunteers of an organization is available from the volunteers Insurance Service Association (VISA), offered by the Insurance company of North America. VISA is administered by Corporate Insurance Management, 4200 Wisconsin Ave., N.W., Washington, D.C. 20016. The program provides secondary coverage above and beyond an organization's and a volunteer's existing coverage.

ⁱⁱ Anderson, R.K., et al.: *"Is It Legal?"* In, Arkow, Phil, ed: *The Loving Bond: Companion Animals in the Helping Professions.* (Saratoga, Calif.: R & E Publishers, 1987, 123-143.)

In all cases, the therapist, agency, institution or volunteer should check locally with a cooperative insurance agent.

- C. Human Resources
 - 1. Discuss program and assign responsibilities
 - 2. Volunteers
 - a. Establish program and identify components prior to recruiting volunteers
 - b. Recruitment, screening and selection for compassion-with-detachment
 - c. Training and orientation
 - d. Motivating and sustaining
 - e. Supervision
 - f. Record keeping
 - g. Recognition
 - 3. Publish job descriptions and guidelines
 - 4. Train personnel to deal with:
 - a. Needs of target population (limited sight or hearing, physical limitations, etc.)
 - b. Institutional concerns (rights of privacy, individual and group reactions to institution, photographic rights)
 - c. Emotional responses (aging, loss of freedom, feelings of rejection, potential for abuse, anger/denial redirected at animal or program, self-pity, etc.)
 - d. Emotional attachments (resident to pet, pet to resident, program provider to resident, death of resident, death of pet)

HOW DO OUTSIDERS FIT IN?

It is advisable to sensitize volunteers and visitors in an institution to the nature of the target population prior to beginning PFT intervention. Visitors need to know in advance about elderly residents' visual and hearing limitations, of the nature of Alzheimer's disease, of developmentally-disabled residents' motor skills dysfunction, etc. Persons suddenly exposed to this new environment may not be prepared for the sights, sounds, and smells they may encounter. Screening, training, and gradual introduction may be indicated.

It is extremely important to treat all residents with dignity and respect, and to recognize them as full human beings despite physical or psychological limitations. Introduction of persona by name explanations of why outsiders are present, and understanding of persons' histories without violating confidentiality can enhance PFT.

As one of the goals of PFT is to catalyze social interaction, other staffs within an institution should participate wherever feasible. This participation will also help mitigate invalid criticism from personnel who may feel the program is inappropriate.

WHAT IF A RESIDENT DOESN'T WANT TO LET GO OF A PET?

Volunteers and visitors will contend with a diverse range of emotional situations in presenting pets to residents. Residents will be exhibiting their own individual personalities and emotions, plus the attitudes normally associated with aging and institutionalization. Consequently, outsiders involved in PFT interventions should be sensitized to the emotional attachments and detachments amount the population they serve.

As an example, provisions must be made for the possible separation of the pet and the resident. He or she may leave the facility, in which case it must be explained that the animal belongs to the facility, or permit the resident to take the animal along. The Corsons found no reported situations where a patient became so attached to an animal that leaving the hospital became unbearable. They suggested this proved that “the pets did not monopolize the patient’s affection, but rather strengthened his self-reliance and psychological well-being.”ⁱⁱⁱ

Separation may occur because the pet or the resident dies, or because residents abuse the animal, or stress forces the staff to remove the animal for its welfare. The animal may reject the resident, which could reinforce feelings of loneliness, separation, anxiety or inferiority, or residents could reject the pet. Extremely complex reactions could occur and the specialist must provide appropriate counseling.

- D. Animal selection
 - 1. Include veterinarians on quality Assurance team as caregivers of animal health and protectors of human health; important liaison with infectious disease control
 - 2. Choose appropriate animal
 - a. Be creative but realistic
 - b. Exclude dangerous animals
 - c. Chart medical health: examine and evaluate animal prior to program
 - 3. Considerations in animal selection:
 - a. Species
 - b. Breed
 - c. Size
 - d. Handiness
 - e. Age/lifespan
 - f. Sex and reproduction
 - g. Individual behavior, temperament and personality
 - h. Housebreaking capabilities
 - i. Potential for injury to recipient

ⁱⁱⁱ Corson, Samuel and Corson, Elizabeth: “Pet-Facilitated Psychotherapy in a Hospital Setting.” In, Masserman, Jules, ed.: *Current Psychiatric Therapies*: (New York; Grune & Stratton, 1974, 277-286.)

4. Develop a health care plan
 - a. Regular inoculations and disease prevention
 - b. Oral hygiene, ecto- and endo-parasites
5. Training and behavior modification if needed
6. Regular grooming for reduction of disease and allergies
7. Incorporate animal welfare
 - a. Basic needs of animal(s) - food, water, shelter, rest, solitude, veterinary care (routine and emergency)
 - b. Potential for abuse, trauma, stress and fatigue
 - c. Common problems
 - (1) obesity
 - (2) weekend care
 - (3) behavioral stress; no defined leader, no escape from humans

WHICH ANIMALS WORK BEST?

In choosing the appropriate animal(s), the therapist is advised to ask: what are the goals of the program for the resident(s) and for the organization, and which animal(s) will best achieve those goals?

It is extremely important that the animals chosen for PFT programs are suited to the resident's needs, and vice versa. Animals must be emotionally stable. They must be in good health and physically hardy to endure what may be stressful environments for them. They must appeal to the resident on an individual level. They must be suitable for the psychodynamics and social environment of the institution.

Health care therapists are advised to include questions about animal ownership when taking histories. It is important to know, for example, in choosing the appropriate pet, whether the person had pets prior to institutionalization, or presently, and who is caring for them, and also their significance in his or her life. Were pets "indoor" or "outdoor" animals? Were they companions or commercial products? Without these data, we do not know whether pet attachment is a life-long pattern or only an incidental relationship that becomes more important when the loss of human relationships occur. How an individual responds to and thus potentially benefits from a pet depends upon how the person perceives or values that animal.

The animals may come from a number of sources: they may be the resident's own, or belong to the facility, or visitors brought in by staff or trained outsiders. They may be wild animals that wander in and are cared for. Here are some guidelines:

A. Species

There are no standardized guidelines yet for the “ideal” animal. One dog which appeals to one resident may not be equally appreciated by a roommate. There is some recent research attempting to define personality profiles of people who prefer specific species of animals but the field is a long way from positively prescribing a particular species for each case. Common sense is still the best guideline, and frequently serendipity leads to an appropriate selection.

Many suitable species have been identified. Hippotherapy programs for the physically handicapped use horses; farm-based programs may include horses, cows, goats, pigs, sheep, chickens, ducks, and other livestock and poultry. Institutions may have caged animals (hamsters, gerbils, guinea pigs, or non-psitticine birds) or fish tanks. Common sense can help determine appropriateness: birds may sing and bring cheer to the elderly, or may be too loud for someone who wants peace and quiet. Fish can provide visual stimulation, a calming atmosphere, and minimal- maintenance chores for residents, but do not offer tactile stimulation.

Much of the interest in PFT has focused on common domestic animals, particularly dogs and cats. Cats are generally smaller than dogs and may be housetrained to use a litter box (as may rabbits), thereby reducing the need for outdoor exercise which residential dogs require. This may make them more suitable for an indoor environment in an institution where confinement is required. Cats are also generally asocial, and may be more suitable for situations where they may be left alone all day. Dogs are sociable pack animals, craving the affection of humans and adapting may make them more appropriate for a withdrawn resident needing more extensive social interactions. They may need an intense attachment to one leader, rather than to a group.

Although a new animal may offer a novel learning experience, it is logical to assume that a resident will bond more closely with a type of animal with which he or she has had pleasurable experiences in the past. In choosing the species, the resident’s background should be studied. Thus, a ferret may be appropriate for a prison inmate raised in an urban environment, but may be considered a barnyard pest for an elderly woman from a rural background; an adorable puppy may appeal to one person but inspire anxiety in another who was bitten traumatically as a child. A boa constrictor may be appropriate for juvenile delinquents but inappropriate in a nursing home. An elderly person with frail skin may be more at risk of scratches from a kitten than from a puppy.

Recent research indicates men and women perceive their relationships with animals differently, an important consideration in choosing an appropriate animal. Women describe pets as members of the family, while men view them as companions and partners.^{iv} ^v Women, not men, in a household assume the burden of caring for pets and obtaining veterinary care. A dog entering a household becomes one more child to be cared for, the woman becomes the “owner.”^{vi} But men

^{iv} Robb, Susanne and Miller, Ruth: “Pilot Study of Pet-Dog Therapy for Elderly People in Long-Term Care.” (Pittsburgh: VA Medical Center, 1982)

^v Wille, Roseanne: “Rutgers Report on Pet Ownership and Health Stresses Value of H/CAB for Healthy Populations.” *The Latham Letter*, Summer 1982, 10-11.

make the decision when horses or livestock need veterinary attention.^{vii}

Pets' roles in person's lives change over time^{viii}; a dog may fulfill different needs for children than for elderly widows living alone. Thus, it is necessary to consider the client population in determining appropriate animals.

Wild animals are generally not recommended, but there may be exceptions. For example, a zoo may be highly qualified to bring specially-selected animals under carefully controlled conditions where physical danger is minimized. Wildlife enrichment programs for criminals or the educationally handicapped have been reported. But any dangerous species is to be avoided: venomous reptiles, exotic animals or animals which pose a direct threat to public health and safety. Most state or local ordinances prohibit keeping wildlife or certain species: skunks, monkeys, and turtles are often included here. A permit system may be in force and the specialist should check with local health and animal control departments or the state division of natural resources.

B. Breed

Once the decision has been made regarding an appropriate species, the question arises as to which breed is ideal. Again, there are no concrete rules, though researchers have attempted to compile a data-based breed-specific behavioral profile of dogs and cats to identify appropriate animals for specific programs. An animal's behavioral traits contribute to the richness of the human-animal relationship. There are certain behaviors which are genetically induced: dogs, for example, are crepuscular pack animals with territorial protectiveness. Breeds have pervasive behavioral traits: terriers dig, huskies howl, herding breeds may be protective toward children, but may also chase moving objects – including running children. Common sense, plus an appreciation of the resident's history and each breed's generalized behavioral profile and physical capabilities and liabilities, are the best guidelines. Considerations include each breed's trainability, aggression (territorial defense, watchdog barking, aggression to dogs and dominance over owner), and "reactivity" (demand for affection, excitability, excessive barking, snapping at children, and general activity).^{ix}

Often, residents bond more easily with particular breeds with which they had had pleasurable

^{vi} Salmon, Peter: "The Psychology of Animal Ownership in an Australian Environment. *The Inaugural Seminar of the Joint Advisory Committee On Pets in Society*. (Melbourne: Sept. 3, 1980, 22-29.)

^{vii} Charles, Charles & Associates: "The Veterinary Services Market: Study Summary & Report on Promoting Veterinary Services." (Overland Park, Kans.: July 1983, xx)

^{viii} Morris, Desmond: *The Naked Ape* (new York: Dell Publishing Co., 1969)

^{ix} Hart, Benjamin and Hart, Lynette: "Selecting the Best Companion Animal: Breed and Gender-Specific Behavioral Profiles." In, Anderson, R.K., et al, eds: *The Pet Connection: Its Influence on our Health and quality of Life*. Minneapolis: University of Minnesota. CENSHARE, 1984, 180-193.

experiences previously, or which remind them of familiar animals. Some breeds, stereotypically, just seem more suitable. An elderly woman may be happier with a cockapoo while her husband, who used to hunt, may prefer a golden retriever. Some people may react more positively to certain breeds for which there is a cultural social status or peer regard: a “macho” Doberman pinscher may be more appropriate in a prison population, for example, than a dainty Shih Tzu.

Among dogs, the physical nature of each breed is a consideration for PFT applications. Larger breeds need more space and exercise in an institutional environment. Smaller dogs may be lap pets and provide more tactile stimulation. Any dog may cause injury by having an elderly resident trip or fall over it, although this has not been reported to be a significant occurrence. If the dog is to stay primarily outdoors, climate must be considered: will a dog with shorter hair withstand brutal winters? Will a long-haired dog endure torrid summers? Adequate shelter must be provided in any case, but each breed’s susceptibility to local climate conditions is an important factor.

Of major importance is the breed’s hair length. Virtually all dogs except poodles, and most cats, shed, and the hair may aggravate allergies or the housekeeping department. Long-haired breeds require more grooming, and while brushing and combing a dog may provide physical and tactile stimulation, these activities may be painful for someone who is severely arthritic. Longer-haired breeds may need more frequent bathing, which may be an added expense (if the dog is taken to a local grooming parlor) or require on-premise bathing facilities. If ectoparasites are prevalent in a locale, they are more difficult to spot in a longer-haired dog.

There have been several reports of specific breeds working well in particular cases, but the specialist is cautioned against overgeneralizing. In all of these findings, it cannot be determined whether the breed in general had a predisposition which resulted in the reported success, or whether it was the individual dynamics of the particular dog’s personality and the therapist/resident/dog relationship which caused the noted results. And, it must be emphasized, many animals in PFT programs are mixed-breeds, in which many breed traits and behavioral components are mediated out.



C. **Personality and temperament**

Of even more significance than species or breed are the personality and temperament of the individual animal and whether it is suitable for the resident's emotional needs. Pets are individuals, and two dogs of the same breed, even from the same litter, can have opposite personalities. The selection of an appropriate animal may be critical: a reticent dog might only strengthen the negative feelings of a paranoid who might feel even animals don't like him. The wrong pet might make a nervous person more nervous.

It is important to remember that the animals selected for intervention are not miniature humans in furry suits, but rather, other living creatures with canine or feline or equine or other behaviors. They usually behave perfectly normal for animals of their type. Behavior "problems" are often correct behavior at an inappropriate time or location, and behavior modification (i.e., training) may be required.

Animals selected should generally be alert, bright, happy and healthy, playful without being too rowdy. They may be frisky without being overbearing. Dogs which appear withdrawn, or submissive (such as urinating when picked up), or fear-biting, or which snap, should be avoided. They should be even-tempered, good-natured, willing to withstand whatever travel and environmental stress may be required in the program. They must not bite, snap, or snarl. They should have a distinct personality. Dogs must be easily controllable in a new environment and should be able to walk on a leash if called for. Cats must likewise be tame, manageable, cuddly and affectionate, and generally not aloof or independent. It may be necessary to declaw cats. They should be able to withstand much petting from strangers, and endure a variety of distractions (which may include dogs). They should not be roamers.

D. **Sex**

Should the animal selected be a male or a female? Again, there is no conclusive evidence. Some research has defined certain characteristics of male and female dogs which might aid in a decision:

Behavioral traits in which male and female dogs differ

Male Dogs Higher	Female Dogs Higher
Dominance over owner	Trainability
Aggression to dogs	Housebreaking ease
General activity	

Often discussed is neutering male dogs to reduce aggression. Frequently, people feel that castrating a male dog will make it calmer, less destructive, less aggressive or better with children. The only traits which have been found to be reduced by castration are roaming, mounting of other dogs or people, urine marking in the house, and aggression directed towards other male dogs. The most objectionable cat behavior problems are territorial marking (urine spraying) and fighting. Therapists should acquire a female cat rather than a male if spraying is a problem; if a second cat is added to a facility where a cat is already in residence, much spraying

can be eliminated by acquiring a cat of the same sex.^x

From a humane standpoint, it is recommended that dogs and cats in a residential PFT environment be spayed or neutered to prevent unwanted offspring. The consulting veterinarian can provide more specifics on age and other requirements for this.

There has been no conclusive research as to whether the animal's sex affects the strength of the resident's bond. It would appear that the animal's and the resident's individual personalities, combined with past experiences, determine the depth of the bonding process.

E. **Age**

Although puppies and kittens are cuddly and universally evoke nurturing responses, they mature quickly. In some cases this may be an asset, watching offspring mature and seeing the life process in fast-motion. In most residential instances, young animals are not recommended, as they may be too fragile, or may require time-consuming housebreaking which can put additional strain on staffs. They are, however, exceptionally suitable for visitation programs.

The Humane Society of the Pikes Peak Region has successfully adopted 10 residential dogs and cats to hospitals and nursing homes. It has been the society's policy to not adopt puppies, but rather fully-grown, housebroken animals which are more durable and whose personalities are more defined. It is possible to teach old dogs new tricks. Generally there are greater rewards in selecting an animal already fully matured and emotionally stabilized.

Another consideration is the projected lifespan of an animal. Dogs and cats can live about 15 years, smaller rodents 3 to 5 year, while parrots can outlive their human keepers. Placing an animal in a facility is a lifetime commitment and provisions must be made for the animal's eventual death, or premature removal due to unforeseen future conflicts.

WILL THE ANIMALS BE ABUSED?

To protect the animals from unnecessary stress, to give them a home-like and humane environment, and to reduce criticism, the following guidelines should be written into protocols and policies:

1. The animal must have ample opportunity and private space for **solitude**. The rigors of being "on duty" 24 hours a day, seven days a week, in a large facility with no defined "pack" leader and masses of groping residents who may lack hand-motor coordination, exact a toll on even the hardiest pets. Therapeutic pets undergo stress and "burnout," evidenced by diarrhea or personality changes, often 12 to 18 months into a residential program. **Stress** may be relieved by taking the animal home with a staff member on weekends or evenings, or retiring the animal from the program by permanently placing it elsewhere. The animal must also have ample **exercise**; walking the animal during a long session can help relieve stress.

^x Ibid

2. Adequate **nutrition** and fresh **water** must be available. Normally commercial high-quality pet food will suffice, but the consulting veterinarian may prescribe special diets where indicated. Frequently, a residential animal does not experience a lack of food, but rather an overabundance of it. **Obesity** is common if everyone feeds it scraps. A regular diet must be established and adhered to.
3. No **abuse**, trauma, or mistreatment of the animal will be tolerated, and potential areas of injury must be remedied.
4. The animal must have adequate **shelter** consistent with the species' and breed's requirements. The **temperature** of the institution must be within its normal comfort range. If kept outdoors, adequate shade and protection from the elements must be provided.
5. The animal must not become a neighborhood **nuisance**, and must be kept on the premises, under control at all times, in compliance with local animal control ordinances.
6. One person must be assigned ultimate **responsibility** for the animal's welfare, and must delegate this responsibility to appropriate staff on evenings, weekends, holidays and vacations. This responsibility should be written into that person's job description.

Therapists should also be aware of other issues affecting the animal's welfare:

- Is the animal in a "**socialization**" period (puppies: between 5-12 weeks of age) when it is learning its behavior patterns? Trauma or poor experiences during this period could adversely affect the animal's interrelations with humans for the rest of its life.
- Is the animal in an inappropriate "**pecking order**" within the institution? Are residents taking out anger on an animal perceived as vulnerable?
- Is there a **security** danger of the animal escaping or being stolen? Is there a threat of natural predators (coyotes, for example, attacking lambs)?

E. Zoonotic considerations

1. Consider residents' vulnerability to physical injuries (bites, scratches, falls)
 - a. Special precautions for immuno-suppressed residents or those on isolation techniques.
2. Determine environmental health aspects
 - a. Access to sterile or sanitary areas
 - b. Establish procedures for noise, odor, hair, and excreta
 - c. Establish clean-up procedures
 - d. Comply with local animal control ordinances

ARE PETS HAZARDOUS TO OUR HEALTH?

Objections to PFT frequently concern environmental health or infectious disease. There are some 65 zoonotic diseases which may be transmitted from animals to humans. Elderly residents may have suppressed immune-response systems or suffer respiratory complications which may make animals a threat to wellness.

While these are justifiable concerns, the reality is that anticipated incidents have not

materialized. In one study, hospital patients exposed to 67,600 hours of dog contact had no accidents or zoonoses attributable to the animals. "Each dog seemed to know, when he/she arrived on the clinical floor, that residents were somewhat frail. The dogs did not bark and they moved more slowly, except when they needed to avoid danger from moving carts or rare kicks from residents," reported Susanne Robb and Ruth Miller.^{xi} Neither have there been reported significant incidents of residents tripping over animals. Hazards of bites and scratches can be reduced by careful selection and training of animals, residents, and support personnel. Selecting animals which are not withdrawn or not aggressive, and which can withstand mild provocation and surprises, can help prevent incidents. Obedience-training a dog to stop and respond to basic commands can reduce the likelihood of resident tripping.

These findings were corroborated in a survey of animal-related incidents in Minnesota nursing homes. Over a 12-month period (1984-85) in 18 homes with animals, there were no reported animal-related infections or allergies and 19 injuries. Of these, only two injuries were serious, each caused by a resident walking a dog too rapidly and without staff assistance contrary to policies. The 17 minor injuries included an unprovoked chicken peck, a scratch on a hand from a dog wanting more petting, a bruise on a hand from a nibbling horse, a leg abrasion from a puppy's chain, a scratch from a puppy's toenail, and a rabbit bite while a cage was being cleaned. The survey also logged injuries from more than 2,000 visits involving 1,874 animals at 240 nursing homes; the incident rate was that out of every 1,000 incidents, 4.5 would be animal-related, and in every 1,000,000 hours of resident exposure, there would be 506 non-pet incidents and one pet-related incident.^{xii}

The evidence appears to be that carefully controlled PFT programs can be conducted with a minimal risk of disease or trauma.

One recent public health question has been whether therapeutic animals pose any threat among victims of Acquired Immune Deficiency Syndrome, either as vectors in transmitting the AIDS HTLV virus to the healthy population or in impacting the already suppressed immune systems of AIDS victims. A New York State Veterinary Medical Association panel found no proof that AIDS can be transmitted between people and pets and that AIDS patients can continue living with their pets if they take certain precautions and avoid certain companion animals. They recommended AIDS patients have their animals given a complete physical examination by a veterinarian at 4-to-6-month intervals, with fecal exams every three months. Cats should have toxoplasmosis titers twice yearly and feline leukemia tests annually. Animals should be checked specially for parasites, fungal, or bacterial infections, as AIDS patients are most susceptible to these. AIDS pet owners should avoid contact with the animal's feces or urine. Physicians are recognizing that animals may be important psychological boosters to AIDS patients.^{xiii}

^{xi} Robb, Susanne and Miller, Ruth, op.cit.

^{xii} Stryker-Gordon, Ruth: "Facts & Fiction: Health Risks Associated with Pets in Nursing Homes." *Journal of the Delta Society*, Winter 1985, 73.

^{xiii} Delta Society: "Findings Reported on People, Pets & AIDS." *Interactions of People, Animals and the Environment*, vol. 1, No.1, 1986.

As a general rule, special precautions should be observed when introducing animals to residents unusually vulnerable to infections. Pets should be kept away from tubes, post-operative incisions, IV sites, or other areas of potential infection. Patients undergoing chemotherapy, or under isolation, may not be appropriate for PFT intervention. Overstimulation may be a risk among certain head injury patients.

A genuine concern is that some residents or caregivers may be uncontrollably allergic to dogs, cats, or other species. Allergic reaction appears to be the problem least likely to be obviated by other solutions, and consequently this potential should be assessed by questionnaire or interview prior to initiating a program. If these conditions exist, it is recommended that the animal be kept away from the affected individual, or that the program be discontinued or suspended temporarily.

Another valid concern is how to respect the rights of residents who do not want animals nearby. This can be remedied by separating the individuals and animals involved, often by training the animal to avoid particular areas.

Provisions must be made to contain or correct objectionable odors, waste, hair, excreta, etc. Cat litter boxes, dog elimination areas, and cage trays for rodents or birds must be cleaned regularly. Strident objections to proposed PFT programs often come from housekeeping and custodial staffs, and the cooperation and enthusiasm of these departments must be secured in advance. (Clark Brickel's study at the Sepulveda, Calif., VA Hospital found that, contrary to expectations, pets actually made less work for the housekeeping staff, as the animals took care of the residents' affective needs, freeing their time for traditional responsibilities.)^{xiv}

The potential for zoonotic transmissions can be reduced. Animals must be free of infectious disease, vaccinated regularly according to local ordinance and veterinary guidelines, and free of internal and external parasites. Flea collars may be appropriate. Scratches can be mitigated by trimming animals' claws. Regular care by a veterinarian will help assure the health of the animal and the residents.

WHAT HAPPENS IF A PET HAS AN "ACCIDENT"?

Puppies and kittens, as well as fully-grown animals, may experience loss of bowel or bladder control. It is not unusual to expect some minor urination or defecation in an institution. Of course, many facilities are fully prepared to contend with incontinent residents, so this usually is not much of a problem.

"Accidents" can be reduced or avoided by not feeding animals immediately prior to interventions, by exercising visiting animals outdoors prior to entering the facility, and by working in rooms which are not carpeted. Residential pets must be housebroken and ample

^{xiv} Brickel, Clark: "The Therapeutic Roles of Cat Mascots with a Hospital-Based Geriatric Population – A Staff Survey." *Gerontologist* (19), 1979, 368-372.

opportunity for them to relieve themselves must be provided. Responsibility for cleaning up animal waste promptly must be assigned to appropriate staff or volunteers.

- F. Financial considerations
 - 1. Budget anticipated costs
 - a. Animal
 - (1) acquisition
 - (2) maintenance (food, shelter, veterinary, accessories and supplies)
 - (3) housing
 - b. Personnel (additional, overtime, training)
 - c. Operational expenses (vehicles, uniforms, etc.)
 - d. Administrative (insurance)
 - 2. Budget revenue and sources of income
 - a. Fees for services may be charged
 - b. Products produced by program
 - c. Research and program grants
 - d. Solicit contributions and donations
 - e. Solicit in-kind contributions
 - f. PFT can be a marketing tool for the agency
- G. Consider public relations
 - 1. To defuse opposition or damage control
 - 2. To promote positive nature of program

V Implement program

- A Secure and train appropriate personnel
- B Assign responsibilities
- C Initiate awareness program for targeted populations and others involved
- D Obtain and train animal(s)
- E Establish schedules and routines, especially for off-times

WHERE'S THE BEST PLACE TO HAVE A PROGRAM?

Depending on the configuration of the institution, programs may be conducted in day rooms, central hallways, individual rooms, external courtyards, or other appropriate sites. Dining and food service areas are generally to be avoided. Activities must not conflict with other programs. Waste removal, traffic flow, weather, and residents' degree of ambulation must all be considered in site selection.

VI Documentation and evaluation - data-based and anecdotal

- A Performance indicators
- B Charting
 - 1. Veterinary health
 - 2. Human health/psychologic-psychiatric
 - 3. Nutritional
 - 4. Activities/social participation/exercise
- C Written policies and procedures - amend as needed
- D Periodic evaluations
- E Budgets
- F Personnel records
- G Thank-yous where appropriate

HOW DO WE EVALUATE A PFT PROGRAM?

One of the most challenging aspects of PFT is attempting to document its effectiveness. Most data about PFT interventions are still anecdotal, although there is a notable increase in efforts to measure physiological, sociological, and psychological improvements in human functioning or development. A number of studies have demonstrated no long-term impacts upon residents but have found positive benefits for staffs or institutions. Susanne Robb and Ruth Miller, in their studies at the VA Medical Center in Pittsburgh, found:

- Confused and disoriented residents respond immediately and visibly to visiting dogs, but:
- The responses probably do not translate into lasting behavior changes;
- Dogs are an inexpensive way to ensure that the less physically-appealing, less popular residents receive social stimulation;
- Disoriented and confused residents do not seem to care who owns the dogs, where they come from, or where they go.

These formal findings confirm this author's experiential observations over many years of nursing home visitations. More research is clearly needed.

Professionals conducting PFT programs should attempt to measure their successes and failures by designing and implementing appropriate indicators, such as resident charting, case studies, questionnaires, videotapes, incident rates or formal research.

ABOUT THE AUTHOR

Phil Arkow is Education and Publicity Director of The Humane Society of the Pikes Peak Region in Colorado Springs, Colo., where he initiated the nationally-acclaimed ‘Petmobile’ program for pet-facilitated therapy in 1973. He has conducted more than 1,000 visits to nursing homes, hospitals, and facilities for persons with special needs who appreciate the visits of homeless shelter animals and those belonging to trained volunteers. He is the author of several books and monographs on PFT and the Human-Companion Animal Bond and speak frequently at national conferences on animal care and control. He has served as an officer and consultant to numerous national organizations including the Delta Society, the Latham Foundation, the American Human Association, the National Animal Control Association, and the American Veterinary Medical Association.

RESOURCE GUIDE

RECOMMENDED READING

Anderson, R.K., Hart, Benjamin, and Hart, Lynette, eds.: *The Pet Connection: Its Influence on Our Health and Quality of Life*. (Minneapolis: University of Minnesota/CENSHARE, 1984)

Arkow, Phil, ed.: *Dynamic Relationships in Practice: Animals in the Helping Professions*. (Alameda, Calif.: The Latham Foundation, 1984)

Arkow, Phil: "*Pet Therapy*" *A Study and Resource Guide for the Use of Companion Animals in Selected Therapies*. (Colorado Springs, Colo.: Humane Society of the Pikes Peak Region, 1987)

Arkow, Phil, ed.: *The Loving Bond: Companion Animals in the Helping Professions* (Saratoga, Calif.: R & E Publishers, 1987)

Beck, Alan and Katcher, Aaron: *Between Pets and People* (New York: G.P.Putnam's Sons, 1983)

Bustad, Leo: *Animals, Aging and the Aged*. (Minneapolis: University of Minnesota Press, 1980)

Cusack, Odean and Smith, Elaine: *Pets and the Elderly*. (New York: Haworth Press, 1984)

Fogle, Bruce, ed.: *Interrelations Between People and Animals*. (Springfield, Ill.: Charles C. Thomas, 1981)

Hall, Judy: *Animal-Assisted Therapy Volunteer Training Manual*. (Houston: Special Pals, 1987)

Katcher, Aaron and Beck, Alan: *New Perspectives on Our Lives With Companion Animals* (Philadelphia: University of Pennsylvania Press, 1984)

Lago, Daniel, et al.: *The PACT Manual: Promoting Bonded Relationships Between People and Animals*. (University Park, Penn.: Pennsylvania State University, 1985)

Lee, Ronnal, et al: *Guidelines: Animals in the Nursing Home* (renton, Wash.: The Delta Society, 1986)

Levinson, Boris: *Pet-Oriented Child Psychotherapy*. (Springfield, Ill.: Charles C. Thomas, 1969)

Levinson, Boris: *Pets and Human Development*. (Springfield, Ill.: Charles C. Thomas, 1972)

SOURCES FOR FURTHER INFORMATION

- The Latham Foundation for the Promotion of Humane Education
1826 Clement Ave., Alameda, CA 94501 (510) 521-0920
WWW.Latham.ORG
- San Francisco SPCA
2500 16th St., San Francisco, CA 94103 (415) 621-1700
- Humane Society of the Pikes Peak Region
P. O. Box 187, Colorado Springs, CO 80901 (303) 473-1741
- American Humane Association
9725 E. Hampden Ave., Denver, Co 80231 (303) 695-0811
- American Veterinary Medical Association
930 N. Meacham Rd., Schaumburg, IL 60196 (312) 885-8070
- Delta Society
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