

Part I

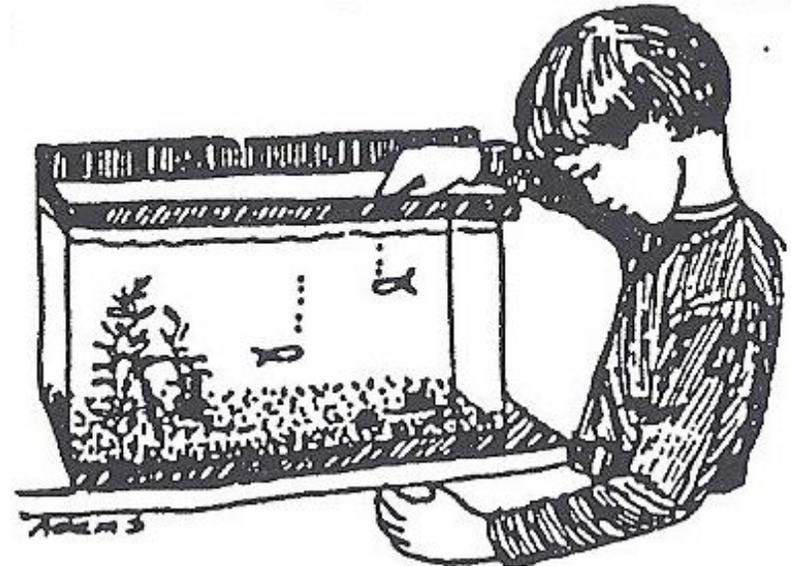
Animal-Assisted Activities
and Therapy

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Richard, a nine-year-old, was very fearful of others hurting him. He was "reached" through my fish. As he sat in my waiting room, he alternately opened and closed his mouth in imitation of the fish. I took some fish food and urged Richard to help me feed them. He reluctantly did so and seemed concerned and perplexed about the competition among the fish for food. I casually remarked that the big fish didn't hurt the little ones, but that they all lived together in the aquarium in a friendly competition. The next few therapy sessions were devoted to observing fish and discussing them. Richard's fear was somewhat assuaged by what he learned about the fish, and he later wanted me to show him how to start an aquarium of his own. My treatment of Richard was greatly facilitated by his interest in the aquarium and the lessons it taught him.



*This story came from Boris Levinson's (child psychologist) book, Pets and Child Development.

The History of Animal-Assisted Activities and Therapy

We had stopped to visit Mary many times, but she never seemed to know we were there. She just stared ahead and never said anything. Then the Social Worker said she wanted us to spend more time with her to work harder.

The next visit I had a big, homely puppy. It weighed almost 15 pounds, was gray with all different colored spots and had huge ears that seemed to belong to another dog. We stayed almost 10 minutes with Mary. For 9 $\frac{1}{2}$ minutes, a very friendly puppy tried very hard to get Mary's attention, and my arms were about to break! Then all of a sudden Mary looked at the puppy, long and hard. She put her arms around it and hugged it and said, "Grandma, I'm so glad you could come!" That was all.

After the visit, "Grandma" (that's what I named the puppy) and I told the Social Worker about Mary. "My gosh," she exclaimed, "that is the first time she has even said something that made sense. Oh, please keep working with her!"

On our next visit, another really cute puppy and I went into Mary's room. A nurse was there feeding her. "Oh, excuse me!" I said. "We will come back in a few minutes after you are done eating!" It seemed like Mary glanced at me.

The puppy and I went back to Mary's room 10 minutes later. As we entered the room, Mary slowly looked up. She held out her arm and opened her hand. "Here, for the puppy!" she said. She held a handful of squished vegetables! The puppy gobbled them up. Mary smiled.

*This is a true story. The names of those involved have been changed to protect the confidentiality of those involved.

Early relationships between humans and animals may have been between the hunter and the hunted. Or maybe it was the savvy animal that figured out discarded food followed the humans. Although surely a fine line marks the change, the first historical records of the domestication of animals are dated from at least 12,000 years ago. With domestication, a variety of human-animal relationships developed: animals as servants, animals as gods, animals as tools, animals as crops, animals as healers, and animals as companions.

Boris Levinson said it this way, "There seems to have been a universal need and affection for pets which took different forms in different cultures and ages. Nevertheless, man in every generation found reaffirmation of his unity with nature and with the elemental forces of nature" (Levinson, 1969, pg.).

Could it be that the animals actually domesticated the human being? As we modified our environment, we brought "nature" home with us via the domestic animal. New lifestyles became possible. We were then able to grow our own food rather than hunt. Animals helped in the field with planting and harvesting. Animals provided us with protection.

Professional recognition of the importance and value to the human-animal bond has occurred within the last half century. Previous to that time, such musings belonged to poets and philosophers.

As early as the middle of the 18th century, "The York Retreat" in England included caring for pets as part of the treatment. The York Retreat was noted for its revolutionary approaches to treatment of the mentally ill.

In 1867, Bethel, a care center in Bielefeld, West Germany, included animals as part of treatment. Bethel was originally founded to care for epileptics, but its treatment base expanded and today includes over 5,000 patients. Animals are still included as an important part of the living environment at Bethel.

At the Pauling Army Air Force Convalescent Hospital in Pawling, New York, animals were included as a therapeutic aid as early as 1942.

World War II contributed to the field of animal-assisted therapy in another way. By the end of the war, many wonderfully trained military dogs had no further war-time function. The future of these animals was solved when many of the animals were retrained as guide dogs to serve blind individuals. Since that time, the "service dog" has expanded to include many animals that aid people with a variety of disabilities.

In the 1960's, Boris Levinson, a child psychologist, began writing professionally about his work with his canine "co-therapist," Jingles. At first, his peers responded with amusement, but through a survey of other professionals conducted by Levinson, he discovered many professionals included animals therapeutically in their work. After writing two exceptional books, Levinson was not only taken quite

seriously but was heralded as a pioneer in the field of what would become animal-assisted therapy (AAT).

Sam and Elizabeth O'Leary Corson were also early pioneers in animal-assisted activities/therapy. In the early 1970's, while the Corsons were doing research at Ohio State University, some of the adolescents housed nearby at the State Hospital asked if they might play with the Corsons' research dogs. Observation of these human-animal interactions led to formal research which confirmed the therapeutic value of animal interactions.

Late in the 1970's, the late Michael McCollough, a practicing psychiatrist, along with a group of like-minded people, met to investigate the phenomena of pet ownership. First organized as the Delta Group through the California based Latham Foundation, Delta became an independent non-profit corporation in 1977. Early research sponsored by Delta proved that animals were important to people's health and well being. Delta, now based in Bellevue, Washington, provided an international professional organization for individuals working with the human-animal bond. The Mission Statement of the Delta Society states that "The mission of Delta Society is to help lead the world in advancing human health and well-being through positive interactions with animals. We help people throughout the world become healthier and happier by incorporating therapy, service and companion animals into their lives". The original goals of Delta were to provide quality services programs, to advocate the benefits of responsible contact with animals and nature, and to generate and transfer new

knowledge about interactions with animals and nature. Delta recognized the three facets of human relationship to nature: animals, people, and the natural world. Delta's main focus, though, is the human-animal bond and animal-assisted activities/therapy. Delta has promoted services by promoting research, encouraging education, providing service, holding conferences, publishing a journal, publishing a magazine, and providing a database of research materials in the human-nature bond field.

The Delta Society administers the Pet Partners Program, a service program to help people who are ill, disabled, and well. Pet owner volunteers and human service professionals are trained, and their animals are screened and trained to work in hospitals, rehabilitation centers, nursing homes, and other facilities. Pet Partners provides a newsletter for its volunteers.

In addition, Delta's Service Dog Center links people with disabilities with specially trained dogs to help them. Delta's educational outreach efforts have educated thousands of people each year about how contact with animals improves human health. The address and phone number for the Delta Society is included in the reference list at the end of this chapter.

Founded in 1978 by Elaine C. Smith, Therapy Dog International provides certification for therapy dogs, insurance coverage for volunteers, and a newsletter for volunteers. Therapy Dog International is based in Meaden, New Jersey. There are other organizations,

international as well as many locally based or smaller organizations focusing on animal-assisted activities and therapy and therapy animals. Searching the internet will provide information about other existing organizations.

Frequent media coverage during recent years has attested to the rapid growth and increased acceptance of animal-assisted activities/therapy programs. Television specials, books, and many articles have appeared frequently since 1980.

The recognition of the importance of the human-animal bond has also been reflected in the United States and other countries through federal housing laws. These laws allow people who are living in housing that is federally subsidized to keep pets and by legislation are designed to protect the welfare of animals.



Research Reflects the Growth of Animal-Assisted Activities and Therapy

Research in the area of the Human-Companion Animal Bond is very recent. The founding of the Delta Society also marked the beginning of serious research in human-animal relationships. was correlated with a

positive attitude toward self and others and an enhanced social life (Cusack & Smith, 1984).

Heart disease patients who owned pets were discovered to live longer than those who did not (Friedmann, Katcher, Lynch, & Thomas 1980). In a classic study, the physiological effects of pets were noted as a person's measured blood pressure significantly decreased when the person interacted with a pet (Friedmann, Katcher, Thomas, Lynch, & Messent, 1983).

As the importance of pets in the lives of the elderly has come to light, the relationship between children and animals has also drawn attention from both practitioners and researchers. Levin and Bohn observed that a pet helped to teach children important skills, including patience and anger management

A poll of Fortune 500 chief executive officers determined that 94% of the respondents had a dog or a cat as a child. About 75% of those respondents still had a pet. This figure compared with 53% of U.S. households that owned a pet. These executives reportedly felt their pet was significant to them during their development. The executives said they learned responsibility, empathy, sharing, and companionship from their pets. Many noted that the pet was someone with whom to talk (Business Bulliton, 1984).

Following is a review of some of the relevant research regarding the relationship of humans and animals:

Interaction with animals may enhance an individual's self-esteem or self worth (Tomaszewski, Jenkins, Rae, & Keller, 2001; Walsh & Mertin, 1994).

- Presence of animals can impact mood positively (Kaminski, 2002; Lutwack-Bloom, Wijewickrama, & Smith, 2005).

- Individuals who stutter find relief when talking to a dog (Davis, 1985).

- Animals can enable children develop the ability to empathize (Bryant, 1986, Malcarne, 1986).

- Animals can be effective in alleviating depression (Folse, Minder, Aaycock, & Santana, 1994).

- Animals can have a positive effect on human health and behavior ((Friedmann, E., Katcher, A., , Thomas, S., Lynch, J., & Messent, P., 1980; Friedman, E., Katcher, A., Thomas, S., Lynch, J., & Messent, P., 1983; Serpell, 1991)).

- Pets can alleviate loneliness (Banks, 2002).

- The presence of a dog improves the learning environment for children (Ozawa, Ohtani, & Ohta, 2010.)

- The effects of AAT can lessen anxiety (Barker & Dawson, 1998).

- The presence of animals stimulates attendance and participation (Beck, Seraydarian, & Hunter, 1986).

- The presence of animals increases social interaction (Bernstein, Friedmann, & Malaspina, 2000; Fiek, 1993).

In interviews with adolescent juvenile offenders entering a resident facility, the interviewer included her dog in 10 of the 20 interviews. In every case with the dog present, the interviewer found the young men responded with increased openness and less hostility than in the interviews without the dog present. Interviews with the dog present logged 280 interviewee responses as compared to 40 interviewee responses in the interviews without the animals present (Gonski, Peacock, & Ruckert, 1986).

Institutionalized adolescents given a rabbit to care for over a six-week period demonstrated less aggressive behavior than adolescents in another activity program or the control group (Davis, 1986).

Aaron Katcher says that there are several ways the therapeutic environment is created by the presence of an animal. The animal draws attention outward; turns off anxiety, anger, and depression; creates safety; creates intimacy; increases positive expectations of others; and increases positive expectations of self. Katcher says that everyone in the therapeutic environment experiences these changes (Personal communication with Aaron Kacher, 1992).

Katcher also believes that intimate interaction with an animal is beneficial. He says that when we create a touch talk dialogue with an animal, we respond as if we were an abandoned infant encountering returning parents. When this happens, we nurture ourselves as we nurture the animal. In addition, such interaction with an animal offers the opportunity to teach nurturing skills. Humans learn nurturing skills. A child in a nurturing deficit environment may not have the opportunity to learn these skills. Teaching a child to nurture an animal provides an opportunity for the child to learn nurturing skills (Personal communication with Aaron Katcher, 1992). Katcher calls this kind of learning, nurturing learning, and has been successful working with children with a history of problems at school, peer rejection, and low self esteem

Researchers have discovered a link between childhood animal abuse and human violence (Sussman, 1995). A study entitled *Childhood Cruelty Toward Animals Among Criminals and Noncriminals* (Kellert & Felthous, 1985) reports that childhood animal cruelty occurred to a significantly greater degree in the population of aggressive criminals. It is hypothesized that as children, these persons learned from "models" in their environment to be abusive to animals. As they grew, the abuse transferred to others.

Davis observed that emotionally disturbed children became involved more readily with animals than with people or tasks (Davis, 1985). Boris Levinson (1969) stated that when a child (client) relationship begins to

transfer from the animal to the therapist, the child is "getting well."

Davis (1985) also indicated that children who stutter were more effectively motivated toward spontaneous speech when in therapy with a dog. Speech students in therapy with a dog showed significant improvement in areas of self-concept, advanced language structure, and more appropriate and efficient use of speech.

The positive effects of an animal's presence with adults depends upon the adults' early experiences and feelings for animals, but animals appear almost universally to provide a beneficial and positive influence upon children (Beck & Katcher, 1983).

The "Magic"

There is little doubt about the seemingly, "magical" quality that exists between animals and people. The "why," however, is only theoretical at best.

Boris Levinson, Ph.D., a child psychologist, believes that pets help to prevent or overcome a sense of alienation from nature, which is frequently experienced by many individuals. He believes that the connection with our "natural" environment is necessary for positive mental health and for normal mental development. Pets in many cases can provide this connection.

Alan Beck and Aaron Katcher, M.C., write that animals are a tie with our beginnings and that personal peace and tranquility are inspired by cues from our

environmental surroundings. Pets are an extension of our natural environment and can act as the stimulus to promote feelings of peace and tranquility.

Animals, in truth, are only a small sliver of the living pie that makes up our earth. Perhaps the two cannot be separated. The following research focused on the natural environment may also relate to our affinity with animals.

- When in the hospital, individuals in a room with a view on a court yard instead of a garbage dump or wall will experience shorter hospital stays, take less pain medications, and need less nursing care (Ulrich, 1984).

- Exercising in a rural area will be more beneficial (lower heart rate, blood pressure, stress reduction) than exercise in an urban area or gym (Hartig, Mang, & Evans, 1991)

- There is a dramatic reduction in myopia or nearsightedness in children who spend time outdoors. (Rose, et al., 2008).

- Recently new research strongly supports not just the benefits of the animal/nature/human connection, but emphasizes that this connection is essential for mental and physical health.

Circadian rhythms refers to the internal "clock" of every living being which is turned to the natural clock of the universe (day and night, seasons, tides, and year among

others). This universal clock impacts the function and processes of every system in our bodies. (Ackerman, 2007).

Hygiene Hypothesis refers to a lack of early childhood exposure to infectious agents (microorganisms and parasites) found in the natural environment and in animals (Chen, et. al., 2008). When exposed, an individual's immune system begins to produce antibodies that are then present to protect the individual throughout their life. Respiratory problems are linked to this phenomenon. In other words, playing in the dirt is an important developmental task of childhood. Children who have multiple family pets and children who play outdoors have fewer allergies and respiratory diseases than children who don't (Rook & Lowry, 2008). Children who play outside when young have less near sightedness as adults ().

Bacteria in the soil stimulate the neurotransmitter, serotonin, which impacts our neurological system and is believed to have antidepressant qualities. Serotonin is also believed to be important in controlling obesity and anxiety (Lowrey, C. 2007). Exposure to specific bacteria in the environment also has been found to increase learning behavior (American Society for Microbiology, 2010).

Vitamin D from the sun does not just build strong bones. Three out of four Americans have a deficient level of Vitamin D! Vitamin D contributes to regulation of blood pressure and heart rate, strong muscles, and the processes of many other organs. (Neighmond, 2009)

The mammalian hormone **oxytocin** is produced when a female mammal has a baby. Feeding, holding close, nurturing, speaking "motherese" stimulates this hormone in parents and infants leading to bonding. The hormone in turn influences other body chemicals causing lower blood pressure, lower heart rate (relaxation response), feeling of compassion and connection. In fact the whole immune system is enhanced. Oxytocin is also produced during other life experiences like falling in love or when we pet a dog, nurture an animal (Miller, Kennedy, DeVoe, Hickey, Nelson, Kogan, 2009), and we believe could also occur when we dig in our gardens and nurture our yards (Olmert, 2009).

Oxytocin may be at the root of the human development of **compassion**, but compassion can be developed. It appears the more that compassion is practiced (meditation and practice) the more prevalent it becomes part of an individual's behaviors. Compassionate feelings and acts also impact human physical and mental health in many positive ways (Goleman, 2003).

AAT Gains Mainstream Acceptance

A recent article in the New York Times (Baranaukas, C., 2009) recognized an initiative the Eunice Kennedy Shriver National Institute of Child Health and Human Development, part of the National Institutes of Health, is embarking on to study whether these animals can have a tangible effect on children's well-being. In addition, the Waltham Center in England (part of the Mars

candy and pet food company) is seeking to fund proposals that "focus" on the "interactions between humans and animals." The National Institutes of Health (N.I.H.) has established protocols for public-private research partnerships.

Less Animal and Nature Time

Despite the noted benefits and research findings of the benefits of interacting with nature, people are going outdoors less and less. Richard Louv in his book Last Child in the Woods explores how this phenomenon affects our children. He points out we have become a much more sedentary society. The average child from 6 to 11 years spends about 30 hours a week in front of a TV or computer monitor. Most of the outdoor and physical experience he or she has are through media, a one dimensional experience happening through only his or her eyes. An indirect affect of this behavior is a decline in human touch/contact. The amount of space children in play travel outside the home has diminished by over 90% since 1970. Senses, as well as knowledge, are becoming dull. Louv refers to it as the "rise of cultural Autism". Louv attributes this dramatic change to reduced leisure time, more demands on children from structured activities, and an increased emphasis on study and homework. School curriculums have excluded recess and added extra classes after school. Games have replaced play, with an emphasis on organized sports. Children are restricted from the few natural environment play areas by building codes, government protection of fragile environments, rules keeping travelers on trails, lack of

investment in natural play environments because of lack of economic gain, and fear they might get hurt! An irrational fear, Louv says, since as many dangers lurk inside.

And what about adults? The news is the same. An article from WebMD (internet) says typical American spends up to 25% less time in nature than in 1987, and time spent in nature continues to drop by about 1% annually. The same reasons are cited.

What Happens?

Katz suggested that dogs and cats (personal pets) living in over 50% of American (Katz, 2003) homes are one way to compensate, to bring nature, the natural world, inside (DuBos, 1972),

Swan (1977) hypothesized that an important exchange of energy among all living things may be what is necessary for quality life. Since humans have created an artificial world around them which has excluded the natural environment, pets provide one means of this necessary energy exchange and the connection with nature.

Dr. James Serpell from Cambridge University believed it is none of the above. He believes basic psychological needs are met by pets: the need to feel secure, relieve anxiety, feel loved and accepted, feel free, be entertained, etc.

What we do know and can observe is the simplicity of the human-animal relationship. It is an

easy and safe relationship. It is low risk. An animal is accepting, openly affectionate, honest, loyal, and consistent. All these wonderful qualities fulfill the human's basic needs to feel loved and worthwhile! When we visit with our pets we give those we visit the gift of love, laughter, and joy.

Therapy

Webster's New Collegiate Dictionary (1989) defined therapy as the "treatment of disease." The term originated from the Greek root, "to attend," "to care for," or "to serve," but it has since been associated with illness, mental or physical disabilities, or mental illness. "Psycho" therapy refers to treating diseases of the mind, that is, the "treatment of mental illness, especially of nervous disease and maladjustments, as by suggestion, psychoanalysis, or reeducation."

In the introduction to Theories of Counseling and Psychotherapy, Cecil Patterson (1980, pp. 2-3) defined psychotherapy and counseling as having these definitions in common:

A process involving a special kind of relationship between a person who asks for help with a psychological problem and a person trained to provide that help. To help individuals thwart overcoming obstacles to their personal growth, wherever these may be encountered, and toward achieving optimum development of their personal resources (Patterson, 1980). (By the Committee on

Definition, Division of Counseling Psychology of the American Psychological Association).

Therapy is often thought of something very simple. Something is referred to as therapeutic if it makes ones feel good. It may be a brief walk alone, reading a good book, seeing a movie, playing a game of golf or solitaire, laughing out loud, or playing with a pet. Those activities help people relax. They relieve stress, feel good, and allow one to refocus his or her energies.

On the other hand, therapy is a much more complex process. Individuals are guided by a professional to discover or understand parts of him or her self. It can be a process in which persons delve into their minds to search for meaning, to probe for understanding, and to seek control. Special guidance from a psychologist, psychotherapist, or a counselor is traditional for this process. Mental health therapy targets our psyche, physical therapy helps our bodies work better, respond better, and feel better!

These definitions also encompass the varied aspects of animal-assisted activities and therapy presented in this manual. Animal-assisted activities possess a therapeutic or healing effect. Contact with animals (and nature) is necessary for strong mental and physical health. Animal-assisted activities and therapy, also refers to a collection of experiences or tools used by a person (or professional) in a helping relationship with another person (client), as the client seeks personal identity and "optimum development of their personal resources," or in the "treatment of mental

illness" or "maladjustment." Thus, whether the patient or client experiences treatment with an animal or whether the animal is brought to the patient or client, both are avenues of "animal-assisted activities and therapy."

Those delivering animal-assisted activities and therapy have expressed two different philosophies. Some believe the most important element is the therapist. Whatever animal the therapist works with is an aid or tool to conduct the therapy. Other animal-assisted therapists believe the animal itself is the therapy and is directly responsible for healing. The individual conducting the therapy is an overseer, a guide, or facilitator.

Psychologist Boris Levinson, considered the founder of animal-assisted therapy, worked with his dog Jingles in his practice with children. Levinson (1969) once warned therapists planning to work with animals that they could not have big egos and had to be willing to take a second seat to their animals. He believed that the animal truly became the therapist. When his clients began to get well, Levinson said the relationship would be transferred from the animal to the professional therapist.

The role of the therapist can be dictated by circumstances or needs of the client. Certain clients respond to the animal, while other clients respond to the human therapist. The therapist, time, place, clients history, or animal are some of the factors which determine the "therapeutic" approach. Both animal-directed and therapist-directed therapy can exist, in

fact, even at the same time. In each case, the animal becomes the key to making the interpersonal relationship and the therapeutic work possible.

Definition of Animal-Assisted Activities and Therapy

Animal-assisted activities or therapy offers contact with an animal to provide an opportunity for therapeutic benefits. Many animal-assisted activities and therapy methods exist. Aquariums in waiting rooms can be calming. Dogs or cats offer opportunities for touch, care, movement, and relationships.

The Delta Society has published a handbook of standards to guide individuals and groups working with animal-assisted therapy and animal-assisted activities (Delta Society, 1992). Delta has defined animal-assisted activities as activities that any knowledgeable and trained person can deliver. Animal-assisted therapy can be delivered only by professional therapists or health care professionals. Animal-assisted therapy is prescribed and documented.

Animal-Assisted Activities (AAA)

Animal-Assisted Activities (AAA) provide opportunities for motivational, educational, and/or recreational benefits to enhance quality of life. AAA are delivered in a variety of environments by a specially

trained professional, paraprofessional, and/or volunteer in association with animals that meet specific criteria.

A person who provides AAA possesses specialized knowledge of animals and the populations with which they interact in delivering motivational, educational, and/or recreational animal-oriented activities. The individual may work independently when he/she has specialized training. Trained volunteers are often involved in AAA.

This may include, but is not limited to, such individuals as

Activity directors	Nursing assistants/aids
Animal health technicians	Occupational therapy assistants
Animal shelter workers	Physical therapy aids
Camp counselors	4-H leaders
Dog trainers	Riding instructors
Educators	Student nurses
Licensed practical nurses	Trained volunteers
Licensed vocational nurses	Visiting pet specialists
Nature counselors	

Animal-Assisted Therapy (AAT)

Animal-Assisted Therapy (AAT) is a goal- directed intervention in which an animal, meeting specific criteria, is an integral part of the treatment process. AAT is delivered and/or directed by a health/human service provider working within the scope of her/his profession. AAT is provided in a variety of settings and may be group or individual in nature. The process is documented and evaluated.

The professional who delivers and/or directs Animal-Assisted Therapy (AAT) is a health/human services provider with expertise in incorporating animals as a treatment modality and is knowledgeable about animals. The AAT Specialist is licensed and/or recognized by a separate professional discipline. This individual complies with the legal and ethical requirements of his/her profession as well as local, state, and federal laws relating to this work

This may include, but is not limited to, such individuals as

Certified alcoholism counselors	Speech pathologists
Licensed counselors	Speech therapists
Marriage, family & child Counselors	Social workers
Occupational therapists	Pastoral counselors
Registered nurses	Physical therapists
School counselors	Physicians
Special education counselors	Psychologists
Vocational rehabilitation counselors	Psychotherapists

Human-Animal Support Services (HASS)

Human-Animal Support Services (HASS) enhance and encourage the responsible and humane interrelationship of people, animals, and nature.

A person who provides HASS may be a professional, paraprofessional, or trained volunteer working within the legal and ethical scope of his/her job

description or practice. These services target support to the pet/animal owner.

This may include, but is not limited to such individuals as

Animal behaviorists	Pet fostering
Animal trainers	Pet loss counselors
Grief counselors	Self-help coordinators
K-9 Units: army/police	Trained volunteers
Rescue animals	Veterinarians

Implementation of Activities and Therapy

The following table defines therapeutic approaches of animal assisted-activities and therapy. It is an adaption and extension of a table originally represented by Dr. James Serpell (1983). Though each category is listed separately, they generally overlap. For example, a service dog (a dog assisting a person with disabilities such as a guide dog assisting a person who is blind) provides instrumental therapy for a person with disabilities. The dog also shares an important personal relationship and provides entertainment and relaxation.

Instrumental Therapy

Instrumental therapy encourages people to move more and do things they would not normally do without the therapeutic media. Examples of instrumental therapy include a service dog for a person with disabilities, horseback riding for people with physical disabilities,

walking an animal for children with autism, or an ambulatory person petting an animal. Because of the increased mobility and control, people experience more freedom, improve their confidence, and increase their self-esteem.

Relationship Therapy

When people experience an interpersonal interaction with the therapeutic media, they are involved with relationship therapy. People may experience a sensation of being needed and loved. This provides a sense of worth and a sense of responsibility, thus improving self-confidence and self-esteem. A person's pet usually is the therapy mode, but therapy can exist with a squirrel or bird or another's pet. Sometimes people want so badly to have such relationships that they will perceive them with the smallest bit of encouragement. The memory of the relationship can last long after the animal has left or the experience is over. This happens easily with individuals or children who are institutionalized.

Passive or Entertainment Therapy

Passive or entertainment therapy is what the name suggests: watch and enjoy. Studies by Beck and Katcher (1983) showed that watching puppies play or observing an animal is stimulating, fun, and relaxing. Watching an aquarium full of fish has been documented to be as relaxing as meditation (Beck, 1983).

Cognitive Therapy

Cognitive therapy occurs in several ways. As people learn more about animals, they feel more in control and thus better about themselves. Children who have fears about a dog, for example, will be more confident when they learn how to approach, pet, and interact with the dog. Their fears come from a lack of information. When people feel more in control of their lives, there is higher self-esteem and self-respect.

Another form of cognitive therapy is to teach empathy by first asking for an individual to empathize with an animal. It seems to be easier for children and some adults to empathize with an animal than with a person. Empathy with animals seems to be transferable to empathy for human beings. This leads to greater understanding of oneself and others and to more altruistic attitudes toward others.

Biological Therapy

Being in the company of nature enhances mental and physical health and wellbeing and without this connection, the human existence is diminished both mentally and physically.

This is referred to as The Biophilia Connection and it occurs with simply being in a natural environment. It

promotes the relaxation response, triggers physical reactions, and enhances the immune system.

Insert chart

Spiritual Therapy

For some individuals, interaction with an animal can provide a life-renewing energy—a tie with the oneness of all of creation. The sight and feel of a puppy or the wag of a dog's tail can be therapeutic when such an experience touches an individual with the wonder and miracle of life.

Experiential Therapy

Combines modes of therapy to enhance competency, feelings of worth, meaning of life. Experiential Therapy is typically a process involving relationships and experiences over a time span.

Another Way to Define AAT

Within these broad categories of animal-assisted activities and therapy lie a wide range of potential experiences for individuals.

Acceptance: Animals are perceived to accept people without qualification. They do not care how people look or smell or what they say. Acceptance is unconditional, forgiving, and uncomplicated by psychological defenses and games.

Entertainment: If nothing else, even the most dedicated couch potato is entertained watching a cute puppy.

Socialization: Cusack and Smith's studies (1984) have shown that when dogs and cats came to visit a care facility, there were more smiles, laughter, and inter-resident communication than during other therapy or entertainment times. Staff also reported it was easier to talk to residents during and after pet visits. Family members often came during the pet visits. Many reported it was an especially comfortable and pleasant time for them to visit. Often those sharing these experiences feel a strong bond with one another.

Increased Mobility: Animal-assisted activities and therapy provides opportunities for increased mobility. Reaching to pet a dog or throwing a ball increases

mobility. In some cases, such as service dogs, the animal makes mobility possible.

In the areas of physical therapy and rehabilitation, animal-assisted activities and therapy can be instrumental in the following ways (adapted from Animal-assisted Activities/Therapy Program, 1993):

Range of Motion grooming tasks, throwing a ball over or underhand for an animal to retrieve (the retrieving gives immediate positive reward), touching body parts that the therapist names, petting the animal's underbelly, reaching to pet

Balance tasks while kneeling or standing independently or in other positions, throwing balls, taking an animal on a walk, reaching to get materials

Cross over Midline grooming tasks, petting from head through the tail with one or both hands, smoothing fur

Fine Motor Control buckle and unbuckle a collar, feed animal treats, snap a leash on and off, open containers

Mobility and Endurance taking a dog for a walk independently, or over stairs, between parallel bars, with assistive devices, etc; crawl or ambulate to reach an animal, place something on one's lap and wheel wheelchair to designated place

Speech and Breathing name animal's body parts, give the animal commands, use communication device to spell out responses to therapist's questions, blow kisses to

the animal, engage in conversation with or about the animal

Memory repeat story or information about the animal, shake/nod one's head in response to questions

Sequencing repeat instructions, place supplies in a basket in a sequence

Visual Focus track the animal's movement, track the patient's own hand as the patient pets the animal or points at an animal, stair-stepping bird on fingers

Distraction pet the animal during manipulation or stretching exercise, exercise the animal

Reward the patient can pet animal or get to see/be with the animal after completing assigned task/exercise

Mental Stimulation Mental stimulation occurs because of increased communication with other people, recalling memories, planning and setting goals, learning new ideas—all provided by the animal's stimulation.

Physical Contact Much has been written about the importance of touch for living things. People lacking this important physical contact can actually die from the lack of touch (Berne, 1964). Often for people, touch from another person is unacceptable, but the warm, furry touch of a dog or cat is fine! Touch is also expressive.

Physiological Benefits Many individuals experience decreased heart rate and decreased blood pressure when animals are present. Tests have shown that the decrease in heart rate and blood pressure can be dramatic (Beck & Katcher, 1983).

Fulfillment of Psychological Needs We all have common, basic needs: love, respect, usefulness, acceptance, trust and worth. All psychological theories agree that people have basic needs, and these needs must be met to experience well being. By experiencing and caring for living things in our environment, these needs can be met. An examination of Maslow's hierarchy of needs suggests a variety of ways an individual's needs can be met with therapeutic experience with an animal.

Physiological Needs (hunger, thirst, etc.) Animals provide food to sustain life. For food to be available when it is needed, humans need to care for and nurture the source. Because this need is primitive, it is sometimes lost in our world of fast food and grocery store meat, milk, and vegetables.

Safety Needs (security, safety) To be safe is to be unafraid. Fear is often founded on ignorance. Teaching about animals can empower people; through understanding they are enabled. Animals sometimes provide protection.

Belonging and Love Needs (affiliation, acceptance, belonging) Children perceive animals as peers. Some children (adults, too) perceive their pet as a very special or only friend or the only one who understands them. For elderly who live alone (or even with a spouse), a pet often fulfills this need, giving those people something to live for.

Esteem Needs (achievement, competency, approval, recognition) Because of the wide range of possibilities offered by animal activities, individuals can find their competence; it may be caring for and walking a dog or setting up an aquarium. Reverence for other living beings enhances one's reverence for one's own life and thus, positively influences self-esteem.

Cognitive Needs (knowledge, understanding, exploration) To know, understand, and explore the world around us is never ending and satisfying. Animals are a fascinating part of that world.

Aesthetic Needs (experience symmetry, order, and beauty) The wonder and the beauty, whether it be a wild animal or the wildness of a mountain stream, are unmatched by other art forms, although they inspire some of the greatest art!

Self-actualization (realization of one's potential, self-fulfillment) Maslow and others (Swan, 1977) noted that a great majority of "peak" experiences occur to individuals while in natural settings. Animals are a part of natural settings.

Empathy: Studies report that children who live in homes where there is a pet (which is considered a member of the family) are more empathetic than children in homes where there is not such a pet (Bryant, 1986; Malcarne, 1986). Children see animals as peers. Teaching them to be empathic with an animal is easier than with a human. Humans play games. "Feeling with" animals is easier than feeling with humans because of the animals' simplistic behavior. The belief is that empathy will transfer from experiences with

animals to experiences with humans as the child becomes older.

Cycle of Abuse Animal abuse is a symptom of conduct disorder (American Psychiatric Association, 1987). Members of abusive families frequently are abusive to animals also. Children raised in abusive families are often abusive to animals because it is modeled and because displaced anger is directed toward the animals. A high percentage of aggressive, incarcerated criminals are reported as being abusive to animals as children. (Ascione, 1992; Lembke, 1992).

Animal-assisted activities and therapy with strong human role models will give children choices and may aid in breaking the cycle of abuse.

Assessment What individuals tell about animals and pets in the family gives therapists/staff insight into their lives at home. Observing individuals (children especially) with animals is also a valuable assessment tool (Levinso, 1969).

Self understanding Animal activities increase self understanding because they increase understanding of the world each individual lives in. Fears can be eliminated, individuals can be empowered.

Animals Aid in Bringing Individuals out of Themselves Individuals who are mentally ill or have low self esteem focus on themselves. Animals draw these individuals out of themselves. Rather than thinking and talking about themselves and their problems, they watch and talk to and about the animals (Katcher, 1992). In classrooms with pets (not as an object, but part of the room) the students spend more time on task (Katcher, 1992).

Nurturing Fosters Nurturing Nurturing skills are learned. Many at risk children have not learned nurturing skills through the traditional channel, being nurtured by their parents. By being taught to nurture an animal, a child is learning nurturing skills. Psychologically, when one nurtures, one's need to be nurtured is also fulfilled (Katcher, 1992).

Rapport An animal can open a channel of emotionally safe, non-threatening communication between client and therapist. Animals help to present an air of emotional safety. The animal's presence may open a path through a client's initial resistance.

Something More Something more may be defined as spiritual fulfillment or a sense of oneness with life and nature. Some persons describe their relationship with an animal as part of their life-sustaining energy, part of their communication and relationship with a creator. Albert Schweitzer, George W. Carver, and J. Allen Bone all expressed this "something more" in their work and writing.



RESOURCE LIST

ANIMAL-ASSISTED ACTIVITIES AND THERAPY

Books and Publications about Animal-Assisted Activities and Therapy

Arkow, P, (1992) How to Start a "Pet Therapy" Program, Alameda, Calif.: The Latham Foundation. A guidebook for health care professionals.

Beck, A. and Katcher, A. (1996). Between Pets and People New York: G.P. Putnams Sons.

Bernard, S. (1995). A Guide for Health Care Professionals and Volunteers. Whitehouse, TX: Therapet LLC, Box 1696. Shari Bernard, the author, is an OTR. (This book would be good for hospitals wanting to start a program.)

Bustad, L.K. (1981) Animals, Aging and the Aged. Minnesota: University of Minnesota Press.

Corson, S. and O'Leary Corson, E. (1980). Ethology and Nonverbal Communication in Mental Health. New York: Pergamon Press. (The book where Corson's studies involving the human-animal bond are included.)

Cusack, O. (1988) Pets and Mental Health. Odean, New York: The Hayworth Press. (An overview of the research done in all areas of the human-animal bond.)

Fogle, B. (1985). Interrelations Between People and Pets. Springfield, IL: Charles C. Thomas.

Fogle, B. (1982). Pets and Their People. New York: Viking Press.

Heipertz, W. (1981). Therapeutic Riding. Ottawa, Canada: Greenbelt Riding Association for the Disabled, Inc.

Levinson, B. (1969). Pet-oriented Child Psychotherapy. Springfield, Illinois: Charles C. Thomas. (The first and still the best publication on the subject. Unfortunately Levinson's books are out of print, but can usually be found in university libraries or special ordered).

Levinson, B. (1972). Pets and Human Development. Springfield, Illinois: Charles C. Thomas. (Much like his first book, but a broader and more inclusive view).

Nebbe, L.L. (1995). Nature as a Guide: Nature in Counseling, Therapy and Education. Second Edition. Educational Media Corporation, Box 21311, Minneapolis, MN 55421-0311. A reference book for Animal-Assisted Activities and Therapy, Horticulture Therapy, and Environmental Therapies. It includes rational, historical perspective, research, current references, and information on application. It is available from the publisher for \$15.00 plus \$2.00 sh.

Nieberg GH. And Fischer, A. (1996). Pet Loss. New York: Harper and Row.

Ruckert, J. (1987). The Four-Footed therapist. Berkeley, CA: Ten Speed Press. (Some very helpful "how to's" based on how Dr. Ruckert includes pets in her practice. Great resource, also. At the end of the book is a listing of service animal organizations.)

Serpell, J. (1987). In the Company of Animals: a Study of Human-Animal Relationships. New York: Blackwell News. (For all people interested in people behavior. Excellent analysis of human-animal relationships.)

Sussman, M.B. editor. (1985). Pets and the Family. New York: The Haworth Press.

Waltner-Towns, D. & Ellis, A. (1994) Good for Your Animals, Good for You: How to Live and Work with Animals in Therapy and Activity Programs and Stay Healthy. Distributed by DELTA SOCIETY, P.O. Box 1080, Renton, WA 98057-1080.

Yates, E. (1973). Skeezzer, Dog with a Mission. New York: Harvey House. (A true story written originally for children. Gives excellent insight into the possibilities of a therapy dog. Enjoyable reading for anyone.)

Books and Publications About Animal Behavior and Handling

Campbell, W.E. Behavior Problems in Dogs. 1999. American Veterinary Publications, Inc.

Fox, M. (1992). Understanding Your Cat. Coward, McCann and Geoghegan, Inc.

Fox, M.W. (1972) Understanding Your Dog. Coward, McCann and Geoghegan, Inc.

Monks of New Skete. (1978). How to be Your Dog's Best Friend. Little Brown and Co.

Neil, D.H. and Rutherford, C. (2005). How to Raise a Puppy You Can Live With. Loveland, CO: Alpine Publications.

Volhard, J.J. and Fisher, G.T. (1983). Training Your Dog, The Step by Step Manual. Howell Book House, Inc.

Copies of conference abstracts may be available from the Delta Society. Also available from Delta Society and the Latham foundation are audiovisuals and other bibliographies. (Addresses follow)

National Organizations

The Delta Society

The Delta Society
875 124th Ave. N.E., #101
Bellevue, WA 98005
(425) 679-5500

<http://www.deltasociety.org/>

(Delta is a non-profit professional organization— objectives: research, publication, resource, and public service. Also Delta is responsible for the Pet Partners Program. As part of the Pet Partners Program Delta offers a training and registration for those wishing to be Pet Partners. There is also a home study course available on the web site.) For more information about Delta see page 9.

The Latham Foundation

The Latham Foundation
Latham Plaza Building
1826 Clemente Avenue
Alameda, CA 94501
(415) 521-0920

<http://www.latham.org/>

(The Latham Foundation is a 70-year-old organization dedicated to people, animals, and the environment. An excellent newsletter is published by the Latham Foundation.)

The Latham Foundation actively promotes the well being of people, animals, and the environment. Its purpose is to acquire and communicate information about these issues—especially to make people aware of the interdependence of all life, to document the bond at work, to report on current research, to stimulate further study, and to encourage the establishment of related programs.

“Respect for all life through education.” This was Edith Latham’s vision when she and her brother Milton founded the Latham Foundation for the Promotion of Humane Education in 1918. Over the years, Latham has carried out this goal in many ways, but the underlying message has remained the same—the interdependence

of all living things and justice, kindness, and compassion toward all life.

In the early years, Latham concentrated on bringing its message to children. It provided a humane education program to schools, sponsored poster and essay contests, broadcast a children’s radio program, and produced Brother Buzz, an award-winning weekly television series running for over 25 years.

Although the Foundation continues to speak to children through an outstanding educational film series, its audience and scope have broadened. Today, besides producing and distributing films, Latham sponsors conferences and seminars, publishes a newsletter, promotes research, facilitates people and pet projects, and is a resource and idea exchange center. Our focus is on people and animals--the environment they share, their interaction, and the mutual benefits that come from that relationship.

If you want more resources or information about AAT please contact Linda Nebbe, 2027 S. Union Road, Cedar Falls, Iowa. Phone: 319-277-1696, e-mail: Linda@nebbe.net



References

Ackerman, J. (2007). *Sex sleep eat drink: A day in the life of your body*. Boston, MA: Houghton Mifflin Co.

American Society for Microbiology (2010). Can bacteria make you smarter?. *Science Daily*. Retrieved July 28, 2010, from: <http://www.sciencedaily.com/releases/2010/05/100524143416.htm>

Animal-Assisted Activities/Therapy Program (1993). St. Peter Hospital, 413 N. Lilly Road, Olympia, WA 98506.

Arkow, P. (1992). *How To Start A "Pet Therapy" Program*. Alameda, CA: The Latham Foundation.

Arkow, P. (1982) *Pet Therapy: A Study of the Use of Companion Animals in Selected Therapies*. *The Humane Society of the Pikes Peak Region*, Colorado Springs, CO.

Ascione, F.R. Ph.D. (1992) Research Review. *Protecting Children*. *American Humane Association*. Vol. 9, No. 1.

Banks, M. R., & Banks, W. A. (2002). The effects of animal-assisted therapy on loneliness in an elderly population in long-term care facilities. *Journal of Gerontology*, 57A(7), M428-M432.

Barker, S. & Dawson, K. (1998) The effects of animal-assisted therapy on anxiety ratings of hospitalized psychiatric patients. *Psychiatric Services*, 49(6), 797-801.

Baranauckas, C. (2009).) Exploring the Health Benefits of Pets. *The New York Times*.)

Bernstein, P., Friedmann, E., & Malaspina, A. (2000) Animal-assisted therapy enhances resident social interaction and initiation in long-term care facilities. *Anthrozoos*, 13, 213-224

Beck, A. & Kathcher, A. (1983). *Between Pets and People*. New York: Putnam's Sons.

Beck, A., Seraydarian, L., & Hunter, G. (1986). Use of animals in the rehabilitation of psychiatric inpatients. *Psychological Reports*, 58, 63-66.

Berne, E. (1964). *Games People Play*. New York: Grove Press.

Berry, W. (1978). *The Unsettling of America*. New York: Avon.

Borezendowski, J., Ehrhardt, J. & Kaufmann, M. (1993). Protecting Children and Animals: Agenda for a Non-Violent Future. *American Humane Association*. 63 Inverness Drive East, Englewood, CO 80112.

Bryanat, B.K. (1986) *The relevance of family and neighborhood animals to social emotional development in middle childhood*. Davis, CA: University of California, Davis.

Business Bulletin (1984). *Wall Street Journal*. 7/19, 1:5.

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

Chen, C-M, Morgenstern, V., Bischof, W., Herbarth, O. Borte, M., Behrendt, H., Kramer, U., vonBert, A., Berdel, D., Bauer C.P., Koletzko, S., Wichmann, H.E., Heinrich, J.,(2008). Dog ownership and contact during childhood and later allergy development. *European Respiratory Journal*, 32(5), 963-973

Corson, S. & O'Leary Corson, E. (1980). *Ethology and Nonverbal Communication in Mental Health*. New York: Pergamon Press.

Cusak, O. (1987). *Pets and Mental Health*. New York: The Haworth Press.

Cusack, O. & Smith E. (1984). *Pets and the Elderly, The Therapeutic Bond*. New York: The Haworth Press.

Davis, J. H. (1985). Children and pets: A therapeutic connection. *Pediatric Nursing*, 11, 377-379.

Davis, J.H. (1986) Children and Pets: A Therapeutic Connection, *The Latham Letter*, Vol. VII, No. 4., Alameda, CA.

Delta Society (1992). *Handbook for Animal-Assisted Activities and Animal-Assisted Therapy*. Delta Society, 321 Burnett Avenue South, Renton, WA 98055 (206) 226-7357.

Fick, K. (1993). The influence of an animal on social interactions of nursing home residents in a group setting. *The American Journal of Occupational Therapy*. 3

Fogle, B. (1981). *Interrelations Between People and Pets*. Illinois: Charles C. Thomas.

Fogle, B. (1982). *Pets and Their People*. New York: Viking Press.

Folse, E.B., Minder, C.C., Aycock, M.J., & Santana, R.T. (1994). Animal-assisted therapy and depression in adult college students. *Anthrozoos*, 3, 188-1194.

Fox, M.W. (1980). *One Earth, One Mind*. New York: Conward, McCann 7 Geoghegan.

Fox M.W. (1982). Can Your Pet Make You Sick? *McCall's* May, pp. 44-46.

Friedmann, E., Katcher, A., Lynch, J., & Thomas, S. (1980). Animal companions and one-year survival of patients after discharge from a coronary unit. *Public Health Reports*, 95, 307-312.

Friedmann, E., Katcher, A. Thomas, S., Lynch, J., & Messent, P. (1983). Social interaction and blood pressure: Influence of companion animals. *Journal of Nervous and Mental Disease*, 171, 543- 551.

Gonski, Y.A. (1986). *The Therapeutic Utilization of Canines in a Child Welfare Setting*. 60-29 59th Road, Maspeth, NY 11378.

Gonski, Y.A., Peacock, C. A. & Ruckert, J. (1986). *The role of the therapists's pet in initial psychotherapy sessions with adolescents*. Paper presented at the meeting of the Delta Society, Boston, M.A.

Goleman, D. (2004). *Destructive Emotions: A Scientific Dialogue with the Dalai Lama*. NY: Bantam Books, Dell Publishing.

Harris, J. (1981) Dogs contribute to ego strength: Highlights from an MA thesis. *The Latham Letter*, Winter 1981-82.

Hartig, T., M. Mang, and G.W. Evans. 1991. "Restorative Effects of Natural Environment Experiences." *Environment and Behavior* 23:3-26

Heipertz, W. (1981). *Therapeutic Riding*. Greenbelt Riding Association for the Disabled, Inc. Ottawa, Canada.

Izawa, M. Ohtani, N., Ohta, M. (2010). *The presence of dogs improves the learning environment for children*. ISAZ Conference. Cross-cultural Perspectives on Human-Animal Interactions. Abstract retrieved from <http://www.isaz.net/conferences/ISAZ%202010%20Abstract%20book%20with%20covers.pdf>

Kaminski, M., T. Pellino, and J. Wish, 2002, *Children's Health Care*, v. 31, p. 321-335.

Katz, J. (2003). *The new world of dog's: Tending to life, love, and family*. New York: Villard.

Kellert, S.R. & Felthous, A.R.. 1985. Childhood Cruelty toward Animals among Criminals and Noncriminals. *Human Relations*. December 1985 vol. 38 no. 12 1113-1129

Kellert, S. R., & Wilson, E.O. (1995). *The biophilia hypothesis*. Washington D.C.: Island Press

Kathcher, A.H. M.D. (1992). *PET PARTNERS Instructor Training*, Delta Society, P.O. Box 1080, Renton, WA 98057-1080.

Kellert, S. R., & Wilson, E.O. (1995). *The biophilia hypothesis*. Washington D.C.: Island Press

Katcher, A.J., Erdman, R., Furman, M., O'Brian, D., Tazi, M., Wilkikns, G. (1994) Learning: Animal Assisted Therapeutic Education. A Workshop. Delta Society's 13th Annual Nurturing Conference: Pets, People, & The Natural World: Healthy Connections. New York City.

Kidd, A. & Kidd, R. M. (1987). *Celebrating New Partnerships, Abstracts of Presentations*. Delta Society 6th Annual Conference, Oct. 4-6, Vancouver, B.C., Canada. (Psychology Department, Mills College, Oakland, A 94613).

Lee, R.L., Zegien, M.E., Ryan, T. & Hines L.M. (1983). *Guidelines, Animals in Nursing Homes*. California Veterinary Medical Association, 1024 County Club Drive, Moraga, CA.

Lembke, L. (1994). *Bedwetting, Fire Setting, and Animal Cruelty*. *The Lathm Letter*, Vol. XV, Number 2. The Latham Foundation.. Alameda, CA.

Levinson, B. (1962). The Dog as "Co-Therapist." *Mental Hygiene*, 46, pp. 59-65.

Levison, B. (1964) *Pets: A Special Technique in Child Psychotherapy*. *Mental Hygiene*, 48, pp. 243-248.

Levinson, B. (1969). *Pet Oriented Child Psychotherapy*. Springfield, IL: Charles C. Thomas.

Levinson, B. (1972). *Pets and Human Developments*. Springfield, IL: Charles C. Thomas.

Lowry, C., Hollis, J. H., de Vries, A., Pan, B., Rosa Brunet, L., Hunt, J. R. F., ...Lightman, S.L. (2007). Identification of an immune-repressive mesolimbocortical serotonergic system: potential role in regulation of emotional behavior. *Neuroscience* 146:756-772

Lutwack-Bloom, P., Wijewickrama, R., & Smith, B. (2005). Effects of pets versus people visits with nursing home residents. *Journal of Gerontological social Work*, 44, 137-59.

Louv, R. (2005). *Last child in the Woods*. North Carolina: Algonquin Books of Chapel Hill.

Maier, H. (1965) *Three Stories of Child Development*. New York: Harper & Row Publishers.

Malcarne, V. (1986). Impact of Childhood Experience with Companion Animals on Concern for Humans and their Animals. (Summary) *Abstracts of presentations living together. People, animals, and the environment*. Delta Society International Conference, Boston, MA.

Malcarne, V.L. (1983). *NAAHE Special Report: Empathy and Human Education, The National Association for the Advancement of Humane Education*, A Division of the Humane Society of the United States, Box 362, East Haddam, CT 06423.

Malcarne, V. (1981). *The Effects of Roleplay and Maximization of Perceived Similarity on Children's Empathy with Other Children and Animals*. Unpublished senior thesis. Stanford University.

Miller, S.C., Kennedy, C., DeVoe, D., Hickey, M., Nelson, T., Kogan, L., (2009). An examination of changes in oxytocin levels in men and women before and after interaction with a bonded dog. *Anthrozoos*, 22(1), 31-42(12)

Montaner, H. (1986). *Animals and Children*. Universite de Franche-Comte, Faculte des sciences et des Techiques Laboratoire de Psychophysiologie, Route de Gray, 25030 besancon F.

Nebbe, L. (1991, May) The Human-Animal Bond and the Elementary School Counselor. *The School Counselor*. Volume 38 Number 5.

Nebbe, L.L. (1995) *Nature as a Guide: Nature as Counseling, Therapy, and Education*, Second Edition, Educational Media Corporation, Box 21311, Minneapolis, MN 55421-0311.

Neighmond, P (Reporter). (2009, March 24). Morning Edition. YOUR HEALTH. Report: Most Americans Don't Get Enough Vitamin D. [Radio broadcast]. Washington D.C. National Public Radio.

Olmert, M. D. 2009. *Made for each other: The biology of the human-animal bond*. A Meriloyd Lawrence Book.. Philadelphia, PA.: Lifelong Books. Da Capo Press

Patterson, C. (1980). *Theories of Counseling and Psychotherapy*. (3rd ed.). New York: Harper & Row Publishers.

Pearce, J.C. (1980). *Magical Child*. New York: Bantam Books.

People, Animals, and the Environment. (1983, Spring). Bulletin of the Delta Society, International Correspondent.

People, Animals and the Environment (1984 Spring). Bulletin of the Delta Society, International Correspondent.

People, Animals and the Environment (1987, Winter). Bulletin of the Delta Society, International Correspondent.

Poresky, R. 1988. Developmental Benefits of pets for young children, final report for the Delta Society. ED312085.

Rose, K.A., Morgan, I.G., LP, J., Kifley, A., Huynh, S., MMed, Smith, W., & Mitchell, P. (2008). Outdoor Activity Reduces the Prevalence of 115, No. 8, 1279-1285.

Rook, G.A.W., Lowry, C.A. 2008 , The hygiene hypothesis and psychiatric disorders. *Trends in Immunology*. Vol. 29 No. 4, 150-158 *Immunology*. Vol. 29 No. 4, 150-158, <http://www.trends.com/it/default.htm>

Rose, K.A., Morgan, I.G., LP, J., Kifley, A., Huynh, S., MMed, Smith, W., & Mitchell, P. (2008). Outdoor Activity Reduces the Prevalence of Myopia in Children. *Ophthalmology*. Vol. 115, No. 8, 1279-1285.

Ruckert, J. (1987). The Four-Footed Therapist. Berkeley, CA: Ten Speed Press.

Serpell, J. (1991). Beneficial effects of pet ownership on some aspects of human health and behavior. *Journal of the Royal Society of Medicine*, 84, 717-720.

Serpell, J. (1987). In the Company of Animals: A study of human-animal relationships. New York: Blackwell News.

Soares, C.J. (1986). Dogs in Families, The Latham Letter, Vol. VII, No. 4., Alameda, CA.

Sussman, M.B. (EDS). (1985). Pets and the Family. New York: The Haworth Press.

Swan, J. (1977 Summer). The psychological significance of the wilderness experience. *Journal of Environmental Education*. 8(4), 4-7.

Tomaszewski F., Jenkins, S., Rae, S., & Keller, J. (2001). An evaluation of therapeutic horseback riding programs for adults with physical impairments. *Therapeutic Recreation Journal* 35(3), 250-257.

Ulrich, R.S. 1984. View through a window may influence recovery from surgery. *Science* 224:420-421

Walsh, P., & Mertin, P. (1994). The training of pets as therapy dogs in a women's prison: A pilot study. *Anthrozoos*, 7, 124-128.

WebMD.<http://www.webmd.com/balance/news/20080204/mother-natures-for-the-birds>

Webster's New Collegiate Dictionary (1961). Springfield, MA: G & C Merriam Company.

Yates, E. (1973). *Skeezzer: Dog with a Mission*. New York: Harvey House.

NOTES

Part II

P.E.T. P.A.L.S.





When a woman who was elderly died in the geriatric ward of AshLudie Hospital near Dundee, Scotland, it appeared that she had left nothing of value. Then the nurses, going through her paltry possessions, found this poem:

What do you see, friend, what do you see?
Are you thinking when you are looking at me?
A crabby old woman, not very wise,
Who dribbles her food and makes no reply
When you say in a loud voice
"I do wish you'd try."
Who seems not to notice the things that you do,
And forever is losing a stocking or shoe.
Who unresisting or not, lets you do as you will
With bathing or feeding, the long day to fill.
Is that what you are thinking? Is that what you see?
Then open your eyes, nurse, you're not looking at me.
I'll tell you who I am as I sit here so still;
As I move at your bidding as I eat at your will.
I'm a small child of ten with a father and mother,
Brothers and sisters who love one another.
A young girl of sixteen with wings on her feet
Dreaming that soon now a lover she'll meet;
A bride soon at twenty-my heart gives a leap,
Remembering the vows that I promised to keep;
At twenty-five now I have young of my own,
Who need me to build a secure, happy home;
A woman of thirty, my young now grow fast,
Bound to each other with ties that will last;
At forty, my young sons have grown and are gone,
But my man's beside me to see I don't mourn.
At fifty, once more babies play round my knee.
Again we know children, my loved one and me.
Dark days are upon me, my husband is dead,
I look at the future, I shudder with dread,
For my young are all rearing young of their own,
And I think of the years and the love that I've known.
I'm an old woman now and nature is cruel--
Tis her jest to make old age look like a fool.
The body, it crumbles, grace and vigor depart.
There is now a stone where I once had a heart;
But inside this old carcass a young girl still dwells,
And now and again my battered heart swells.
I remember the joys, I remember the pain,
And I'm loving and living all over again.
I think of the years all too few--gone too fast,
And accept the stark fact that nothing can last.
So open your eyes, friend, open and see
Not a crabby old woman, look closer--see me!!

My first visit to the home I passed a room with the door open a crack. Inside sat a woman. She glanced at me and smiled slightly at the dog. We went in and met Edith and subsequently had a very nice visit.

I stopped again to see her on our next visit. She was looking for us and seemed quite pleased to see us. As we got ready to leave, she told us there was a couple down the hall that would really like to see the dog, and she took us to their room, introduced us, and stayed with us while we visited.

On my third visit I was heading for Edith's room when a staff person said, "You're not going in there, are you? She's an old grump, she'll throw you out!" We did go in, and once again Edith was glad to see us and we all enjoyed our visit.

We continued calling on Edith every visit. Sometimes she was waiting for us in the hall and several times near the entrance of the home.

I can't tell you how surprised I was when the activity director called me. She asked me if my dog and I had been visiting regularly with Edith on our pet visits. She went on to explain, "Our staff met today; we meet periodically to review our residents. When it came to Edith, everyone reported a complete turn around. You see, for seven years Edith seldom left her room. She never left it voluntarily. In addition, she was uncooperative. We had a very difficult time with her. It seems, however, about six months ago a change took place. Now Edith seems to be in good humor most of the time and is taking a normal part in our activities and social events. We wondered what had brought this change about, and the only thing we could think of was that the pet visits began about six months ago."

*This story is true, however, the names have been changed to respect the confidentiality of the people involved.



P.E.T. P.A.L.S.

The Black Hawk Pet-Facilitated Therapy Project officially began in June of 1983. It was developed through what was then the Black Hawk Humane Society and the special interests of its founders and first coordinators (Linda Nebbe, Bonnie Sines). Tom Colvin, the BHHS executive director, and Paul Sunday, a BHHS employ and animal behavior expert, were also indispensable and supportive help in the development of P.E.T. P.A.L.S. Shortly after a meeting of interested individuals, Bonnie and Linda began doing research on existing programs, attended the Minnesota Conference on the Human-Companion Animal Bond sponsored by the Delta Society, and wrote goals and objectives for a local program.

Initially, letters were sent to ten care facilities in the metro area describing the program and inviting someone from their facility to attend an informational meeting held at the Waterloo Public Library. All ten responded. Media coverage through local newspapers and radio was excellent, and through it and other sources, we were able to establish a core of volunteers. A three-hour training program was developed. It included philosophy and definition of Pet-Facilitated Therapy (eventually the politically correct name became Animal-Assisted Activities and Therapy), specific information about our project, information about research, information about implementation, and specific information on how to visit. An inservice for nursing home staff was also developed.

Over the years, the number of facilities has fluctuated, from a maximum of twenty-one to a minimum of five. This has been due to a number of factors. During the time of the John Deere Layoffs in the early 80's, many people moved from the metro area. During the late 80's there was a period when P.E.T. P.A.L.S. could no longer work with the shelter animals (this was because of shelter insurance problems). At that time over two-thirds of P.E.T. P.A.L.S. volunteers were without animals with which to visit. Since that time, the availability of shelter animals has been restored, but P.E.T. P.A.L.S. has encouraged volunteers to work with their own approved pets.

HOW ANIMALS ARE SELECTED FOR P.E.T. P.A.L.S.

Animals in the program include approved puppies and kittens from the Cedar Bend Humane Society and personal pets that have been screened with a temperament evaluation. All private pets are required to have an approved health statement from their veterinarian who states the pet is in good health and has had current shots.

Pet owners are required to carry a minimum of \$100,000 liability insurance coverage (normally through their homeowners or home renters insurance) and to make sure that the policy covers their pet. All volunteer members are encouraged to have liability insurance coverage, also, even if they are not visiting with their personal pet. (At times a volunteer may visit with an animal from the Humane Society.)

For animals that do not meet these qualifications, P.E.T. P.A.L.S. offers assistance in training and behavior modification, so the pet can work toward meeting these qualifications in the future.

PROGRAMS P.E.T. P.A.L.S. OFFERS

P.E.T. P.A.L.S. offers the following program choices to facilities and individuals:

- A special event or a one-time visit
- An assigned team of volunteers to visit a specific facility on a routine basis (two or four times a month)
- A resource to aid a facility in establishing a resident pet which includes assistance with the analysis of the situation,

recommendation of an animal, training and follow through assistance, and evaluation of the project

- An individual project, such as visiting an individual, working with children, etc.
- Educational presentations
- A resource to aid other organizations in setting up similar projects on a large scale or individual institutional basis

P.E.T. P.A.L.S. offers local, state, and regional resource center for Animal-Assisted Activities and Therapy. P.E.T. P.A.L.S. works with The Delta Society and networks with other programs and attempts to be aware of the current information and research in the field.

VOLUNTEERS

Anyone can volunteer. Qualifications include following P.E.T. P.A.L.S. guidelines and policies and having transportation to the sites of P.E.T. P.A.L.S. visits. Junior volunteers are welcome, but those under 12 years of age are required to be accompanied by a parent or adult who also goes through the P.E.T. P.A.L.S. training. The parents of older Junior Volunteers are also required to attend P.E.T. P.A.L.S. training so that they are aware of what their child is doing and willing to accept the liability responsibility.

If a person is interested in becoming a volunteer, he/she can call the Cedar Bend Humane Society, 232-6887, or any one on the P.E.T. P.A.L.S. Advisory Board.

P.E.T. P.A.L.S. will advise and work with all new volunteers. New volunteers are required to

- make a P.E.T. P.A.L.S. visit with a regular volunteer before starting the training program;
- attend a three-hour training session (without their pet) and read the P.E.T. P.A.L.S. manual;
- complete the necessary paper work;
- have their personal pet temperament evaluated. Those choosing to work with an animal from the Cedar Bend Humane Society, must attend a training at that facility to learn how to pick up and prepare the animals;
- choose a team to begin visiting with, or visit with several teams.

Volunteers are asked to make a serious commitment to P.E.T. P.A.L.S., to be present and on time for visits, to follow the guidelines and policies of P.E.T. P.A.L.S., and to read the newsletter.

Volunteers are asked to commit to visiting twice a month. Some volunteers visit several times a week. Volunteers are asked to choose a place from the list of facilities P.E.T. P.A.L.S. work with (see current newsletter). They are then asked to call the team leader and set up a visit. From that point, they will work with the team leader. If, for any reason, a volunteer would like to change facilities, he/she is asked to call the team leader at the new facility.

Other opportunities of involvement for volunteers, in addition to visiting, include writing for the newsletter, PR work, art work, photography, or becoming a member of the Advisory Board, etc. If you have any questions, please call anyone on the P.E.T. P.A.L.S. Advisory Board.

VISITING

Each volunteer is assigned to a facility. Each facility has a team of volunteers and a team leader. The team leader is the contact person for the volunteer. Teams usually visit together at an assigned time. A new volunteer is asked to visit with a team for the first few visits. After that, it is possible for a volunteer to visit independently if arrangements are made with the facility and the team leader.

NEWSLETTER

All volunteers and other friends of P.E.T. P.A.L.S. receive a newsletter several times a year. The newsletter contains a calendar with a visiting schedule, a list of all the facilities visited, and their team leaders. Other important events and dates are included also.

The newsletter is designed to present ongoing education for the volunteer. It may include "how to" visit tips, discussions and research in the field of Animal- Assisted Activities and Therapy, ideas for

visits, and information about special events within the organization.

Volunteers are encouraged to contribute to the newsletter.

MEMBERSHIP MEETINGS

Meetings are held sometimes to further P.E.T. P.A.L.S. volunteers' education in animal-assisted activities and therapy. An annual volunteer appreciation dinner is held to recognize volunteers for their service and to offer the volunteers an opportunity to network with each other.

FUNDING

P.E.T. P.A.L.S. is funded primarily by fund raising efforts and donations by individuals and groups. P.E.T. P.A.L.S. operating budget is minimal. Expenses include such things as newsletters, postage, pet pack supplies, pictures for promotion and education, manuals, membership meetings, etc. As a volunteer of P.E.T. P.A.L.S., remember that an organization worthy of your most valuable asset, your time, can also benefit from your financial donation! Don't forget P.E.T. P.A.L.S. when you make your charitable contributions!

SPEAKERS AND PROGRAMS

P.E.T. P.A.L.S. has speakers available for educational and informative programs. P.E.T. P.A.L.S. also available to work with existing educational programs as a project or resource. P.E.T. P.A.L.S. cooperates frequently with the University of Northern Iowa and Hawkeye Community College on projects, practicums, and research. We also work with local schools and civic organizations.

THE P.E.T. P.A.L.S. NAME AND LOGO

The P.E.T. P.A.L.S. logo was designed by Jill Adams, a P.E.T. P.A.L.S. volunteer. The style is similar to the Cedar Bend Humane Society logo. It is a triangle, and like the Delta Society logo, signifies people, animals, and the environment.

P.E.T. (Pets in Education and Therapy) and P.A.L.S. (People and Animals in Life, Sharing) was chosen during a contest seeking a name. P.A.L.S. was submitted by the Recreational\Therapy Staff at Schoitz Memorial Hospital. Margaret Ormord submitted P.E.T. Volunteers and Doctor and Mrs. John Baker suggested the combination of the two for P.E.T. P.A.L.S.

We have chosen the colors of royal blue and white, the same colors as the Cedar Bend Humane Society. We require our official visiting animals to wear collars and leashes that are royal blue in color and

our volunteers to wear t-shirts that are also royal blue to distinguish our program.

GOALS AND OBJECTIVES OF P.E.T. P.A.L.S.

Goals

1. To enable people to reach their full potential as a person by giving them an opportunity to relate to an animal and establish a relationship with an animal
2. To assist individuals or institutions in setting up an animal-assisted activities and therapy program

LONG TERM OBJECTIVES

1. To establish animal-assisted activities and therapy programs in area care facilities, P.E.T. P.A.L.S. will provide
 - one-time visits (These might include obedience demonstrations, informative presentations, visits, etc.)
 - routine visits (A team of individuals visit a facility on a routine basis. Goals are to establish relationships and promote therapy.)
2. To develop local and national contacts and Resources
3. To share P.E.T. P.A.L.S. with the public, and through P.E.T. P.A.L.S. public relations educate others about the importance and benefits of the human-animal bond

4. To advise and assist institutions or individuals interested in setting up programs and in choosing and training their animals
5. To work with counselors, therapists, and other professionals within their program when a human-animal issue is presented
6. To develop other related programs as the opportunity arises (Examples might include housing animals of elderly when they are hospitalized, helping elderly living alone keep pets, helping place pets after the death of an owner, counseling those having lost a pet, etc.)
7. To monitor and evaluate the P.E.T. P.A.L.S. P.E.T. P.A.L.S. program and use what is learned to improve the program
8. To establish a core of volunteers
9. To develop educational and training programs for volunteers. This will include the areas of visiting, responsibilities of P.E.T. P.A.L.S., record keeping, scheduling, evaluation, and public relations.

LEGAL INFORMATION

From the State Department of Health, the State Rules and Regulations pertaining to animals in nursing homes:

470-58.37(135C) Animals. No animals shall be allowed within the facility except with written approval of the department and under controlled conditions. (III)

470-58.24(7) There shall be no animals or birds in the food preparation areas. (III)

Before our organization visits a facility, the administration and Board of Directors of the facility must approve our visits. Also, the facility must contact the State Department of Health for approval. The activity director is generally the person responsible for carrying out this procedure.

Division of Health Facilities
Iowa State Department of Health
Lucas State Office Building
Des Moines, IA 50319

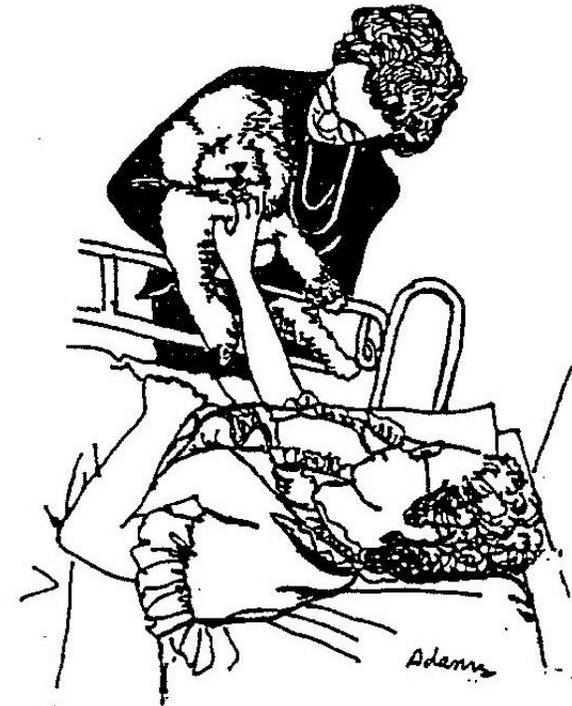
HOLD HARMLESS AGREEMENT

P.E.T. P.A.L.S. also had a lawyer on the Black Hawk Humane Society Board of Directors (now Cedar Bend Humane Society) draw up a Hold Harmless Agreement. This agreement is for those taking their personal pets into a facility. First, before anyone in our program takes a pet, that pet must have passed a temperament evaluation given by or approved by P.E.T. P.A.L.S. At that time, the volunteer is asked to sign a Hold Harmless Agreement which states that to their knowledge their pet is of sound temperament and health, that they will be personally responsible for the animal, and that they have at least \$100,000 liability insurance coverage on their pet. Furthermore, they will hold harmless the Cedar Bend Humane Society if any incident occurs while visiting

with their approved pet. A copy of the Hold Harmless Agreement is included in the Appendix.

The liability insurance spoken of above is generally part of a home owners or home renters policy. Individuals owning a pet are advised to have at least \$100,000 coverage. To find out what coverage a person has, they can call their insurance agent and ask them what the coverage on their pet is through their home owner's policy. If it is not \$100,000, it does not cost much to increase it. This insurance covers only volunteer visits.

If anyone takes an animal not belonging to them, it must be approved. Also, it is the animal's owner who is legally responsible for the animal, not the handler. Therefore, the owner of the animal must be informed and give approval in writing that he/she is informed and will assume responsibility. The owner of the animal and the primary handler (the person visiting with the animal) must both have insurance. The owner of the animal and the primary handler must both receive P.E.T. P.A.L.S. training. This is so the owner is also completely aware of the P.E.T. P.A.L.S. program and what their animal will be doing. The primary handler must be temperament evaluated with the animal.



DUTIES OF TEAM LEADER

The most common method of visiting a facility is through a team of volunteers who visit on a regular schedule. One team member is designated as team leader. The term leader is the liaison between our organization and the volunteers and the facility. Their chief task is **COMMUNICATION** between the organization and their team and facility.

1. Contact and meet with the activity director of your assigned facility
 - a. Set up a schedule of visits.
 - b. Discuss possible special one-time programs.

- c. Discuss specific resident's needs that might be met utilizing a one-to-one relationship with visiting team.
 - d. Suggest and alert activity director to problems, etc.
2. Contact your team to discuss the schedule, programs, and one-to-one resident/volunteer work along with team information.
 3. Establish the time/date each person on your team will visit.
 4. Attend any meetings that are called for team leaders.
 5. If a visit must be rescheduled, first check with the activity director and then notify the volunteers of the change.
 6. If a visit cannot be fulfilled by the team volunteers, either arrange to cancel or reschedule the visit.
 7. If a special program is scheduled, assign specific duties and responsibilities to other team members in order to ensure the success of the event.
 8. If asked, be responsible for distributing and returning any evaluations or questionnaires to the P.E.T. P.A.L.S. Advisory Board.
 9. If a volunteer consistently cancels out on a visit at the last minute without a valid excuse or forgets about scheduled visits entirely, notify the Advisory Board.

10. If problems or questions arise, contact the P.E.T. P.A.L.S. coordinator.
11. If any resident sustains a wound or skin break for any reason due to a P.E.T. P.A.L.S. visit or while we are there,
 - a. REPORT IT TO A STAFF PERSON and
 - b. REPORT IT TO THE P.E.T. P.A.L.S. COORDINATOR
12. Encourage your team members to write a paragraph or two about specific incidents (neat stories, problems, etc.) that occur during pet visits. Turn them in the P.E.T. P.A.L.S. Advisory Board.
13. COMMUNICATION between
Team Leaders & Volunteers
Team Leaders & Advisory Board
Team Leaders & Facility IS VERY IMPORTANT
14. Deliver messages about P.E.T. P.A.L.S. to your team.
15. Enforce the policies of P.E.T. P.A.L.S. with your team.
 - a. Work with only approved animals in the manner prescribed.
 - b. Ill or injured animals should not be taken to visit.
 - c. **Only one animal per handler is allowed.**
 - d. Make arrangements with activity directors.
 - e. Offer help and guidelines or refer them to us for guidelines to aid in determining whether an animal and person other

than those involved in our program should be allowed to visit. (Ask the P.E.T. P.A.L.S. Advisory Board about guidelines.)

- f. Persons interested in being a volunteer not yet having been through our training program will not be allowed to visit with an animal on their first visit. They may be invited to go along and visit with a member of your team. (See guidelines on "visitors on a visit".)
- g. Persons who are residents of nursing homes may become a "volunteer resident." (See guidelines for "resident volunteers".)

16. Remind team to

- a. Exercise the animal before going into the care facility for a visit.
- b. Clean up any messes outside and dispose of them properly.
- c. Remain aware of the animal needs. Make frequent trips outside to allow the animal to relieve itself, or if the temperature in the facility is hot, to cool down.
- d. If any animal has an accident inside the facility, clean it up properly with a minimum of fuss. (Check with staff to see what procedures they wish to have followed.)

17. The team leader is responsible for site "temperament assessment." If an approved animal appears to have a behavior change or in any way becomes inappropriate for visiting, the

P.E.T. P.A.L.S. coordinator needs to be notified.

18. If problems develop on a team visit, the team leader is responsible for handling the problem. The team leader is encouraged to contact the P.E.T. P.A.L.S. coordinator for information and support. If problems persist, inform the P.E.T.P.A.L.S. coordinator.



VOLUNTEER GUIDELINES

DO live up to the responsibility of your volunteer role. Volunteer work is not something that can be done in a few odd hours when there is nothing more exciting to do. Rather, it is a job - a responsibility that requires a definite allotment of time, energy, intelligence, and a real desire to prepare adequately for the job.

DO be responsible at all times for your animal. First consider the animal's needs and humane care. Always stay with the animal and in control of the situation.

DO be present and on time for every commitment you make. If you find yourself unable to meet an obligation, notify the team leader as far in advance as possible. REMEMBER: If you don't come, someone will be disappointed.

DO respect the confidential aspects of your assignment and the dignity and privacy of the people with whom you work.

DO become involved in a warm and natural manner with people. Don't become over-involved. When in doubt, discuss it with the team leader.

DO show empathy to people; don't show sympathy. Empathy is the ability to relate to another and understand his feeling without condescension and over-involvement.

DO be optimistic about life in general and the person's outlook in particular. But DON'T encourage unrealistic goals or attitudes.

DO be honest and genuine at all times. Be friendly, have fun. DO be flexible. Make allowances for a person's limited abilities at the present time.

DO be part of a team and a group. Be willing to accept supervision from the professional staff. DON'T show partiality to one over another.

DO dress appropriately for your volunteer assignment. Be comfortable, neat, washable, and well-groomed. Remember you are representing P.E.T. P.A.L.S. as well as yourself.

DO ask a staff member, team leader, or coordinator anything you do not understand. DON'T harbor any doubts or frustrations.

DO regard each person as a whole individual. DO respect any cultural, ethnic, and personality differences.

DO provide a supportive, encouraging emotional climate with your presence. DO respect a person's need at times for privacy and withdrawal. DON'T push yourself on people. DO be a good listener.

DO look into your heart and know that you really want to do what you are doing as a volunteer. DON'T offer your services unless you believe in the value of what you are doing.

DO KEEP ON LEARNING!

THE CEDAR BEND HUMANE SOCIETY

The Cedar Bend Humane Society is a nonprofit organization and the only full service animal shelter in Black Hawk County. Organized in 1901, the CBHS has served the local area from its present facility in Waterloo, Iowa, since 1968. The original shelter was built to hold only 3,500 animals per year. In 2010 a new adoption center was added to our facility. Our new state of the art shelter provides a warm and inviting environment for both our rescue animals that live here and also for our guests. In 2010 the CBHS handled and cared for nearly 12,000 animals.

Funding for the Cedar Bend Humane Society is obtained through personal donations, membership contributions, bequests, and shelter services.

Services Offered

We proudly serve the Cedar Valley area with the following services:

- A variety of pets for adoption, with counseling assistance to help you find your ideal pet
- A pet lost and found service
- Investigation and prosecution of complaints or animal mistreatment
- Education programs for school age children and adult organizations

- On-site cremation options
- Burial services along with a Memorial Pet Cemetery
- Partner with Black Hawk Wildlife Rehabilitation Project
- Partner with P.E.T. P.A.L.S. organization
- Animal control services for rural Black Hawk County, Waterloo, Cedar Falls, and surrounding areas

Volunteer Opportunities

Volunteers are the heart of the Cedar Bend Humane Society. They greatly appreciate any and all help from our community. Listed are some areas that they need volunteers for on a regular basis:

- In-shelter animal care
- Fundraising and shelter events
- Foster care program
- Office and gift shop assistant
- Humane educators and community awareness
- Youth volunteer program

To become a CBHS volunteer, all you have to do is complete their volunteer application online or contact them at 319-232-6887, Volunteer Coordinator: cbhsvolunteer@mchsi.com.

Mission Statement

The Cedar Bend Humane Society commits itself to providing humane care for all animals under its protection, educating the community about responsible pet ownership, and advancing the cause of kindness to all animals.

Follow Us on Facebook and Twitter!
[Facebook.com/CedarBendHumaneSociety](https://www.facebook.com/CedarBendHumaneSociety)
[Twitter.com/CedarBendHS](https://twitter.com/CedarBendHS)

**ALL MEMBERSHIPS AND CONTRIBUTIONS
ARE TAX DEDUCTIBLE**

The Cedar Bend Humane Society is located at

1166 West Airline Highway
Waterloo, IA 50703
The phone number is 319-232-6887

Part III

How to Visit



*This story was quoted from Boris Levinson's book, Pets and Human Development. Boris Levinson was a child psychologist.

Annie was a pretty seven-year-old girl who was fearful, angry, and withdrawn. It took many weeks before she could be induced to leave her mother and come into the playroom. When she started to express her feelings, they reflected anger and rage – no other affective experiences seemed available to her. In her sessions, paints were flung around the room or poured on the floor; clay was hurled at the ceiling; language, when used, consisted of obscene words. Annie's well of anger seemed inexhaustible. One day I mentioned that my cat had a new little of kittens. Annie seemed quiet but interested, so I reported more and noticed that she had moved closer to me. When the kittens were old enough to run about, I brought two of them and the mother cat into the playroom. Annie ran toward the kittens, but they scampered under the furniture to safety. I suggested perhaps they were afraid of her, that the kittens didn't know she was friendly. She would have to win them over – show them they could trust her. Sometimes kittens, like children, are afraid of people they don't know.

However, Midnight, the jet-black mother cat with golden eyes, was more trusting and jumped into Annie's lap. Annie was overwhelmed when the cat curled up and purring, dozed off in her lap. Annie's face quivered with the onrush of new and unfamiliar emotions. She looked up at me as if for reassurance that this was really happening. Gradually, she stroked the cat and started to speak haltingly, but with unmistakable tenderness. When the kittens tired of their romping, they discovered mama on Annie's lap and crawled up to join her. This was the ultimate joy. For many weeks thereafter, Annie played with the cat and kittens, at first repeating over and over again play situations in which she acted out her new-found feelings of tenderness, trust, and love. Gradually, as the kittens grew larger and friskier, she allowed herself to express anger too, by taking the role of the scolding mother. We were able to move gradually towards more direct relatedness to me with verbalized communication becoming more and more possible.



The ward was quiet, or almost so; the children had gone to bed, lights had been dimmed. Clicking on the terrazzo floor was the sound of Skeezer's nails as she made her rounds. Into one room and up to a bed, snuffling at the figures hunched down under blankets, drawing her tongue across a hand hanging over the edge of the bed, not staying long in any room, but going on to the next. At one door, she paused. Muffled sounds were coming from under the pillow that had been pulled over a small head. "I want to go home - Mummie, Daddy, come get me."

Skeezer's nose worked as she sniffed the smell still new from the many that were familiar. Slowly, she crossed the room to the bed. Resting her head near the pillow, she nuzzled under it inquisitively. Wet cheeks were not unusual to her nor was the taste of salt. She licked until there was a response, a turning of the head, a breath indrawn quickly. Skeezer lifted a large front paw and laid it on the bed, then she took an edge of the pillow between her teeth and tugged at it. A tousled head emerged, a hand crept up to cover the paw.

"Oh Mickey, I'm so glad you're here."

It never mattered to Skeezer by what name she was called. All she cared about was the sound of a voice.

Rosey Ann moved over to make room. With ease of custom, Skeezer was up on the bed and stretching herself out alongside its occupant. There was a choked sigh, then another kind of sigh with a rumble in it as the two snuggled close together.

*from Skeezer, Dog with a Mission by Elizabeth Yates. Skeezer was a dog in a children's psychiatric ward in a Detroit hospital.

The Populations of People With Whom You May Be Working *

Following is a list of the characteristics of various medical conditions. The people you are working with may be associated with one or more of these conditions. It is important that you are familiar with and understand the people you work with. If you wish more information, please talk with your team leader, the activity director, or social worker at the facility you are visiting, or refer to the Delta Society's PET PARTNERS Home Study Course.**

People with Confusion***

Many diseases include confusion among their symptoms. These include various dementias:

- Alzheimer's Disease
- Multiple Sclerosis
- Manic Depression (Bipolar Disorder)
- Abuse Survivors
- Schizophrenia

People with dementia have a greatly distorted perception. They may lose orientation to time, place, and persons. Their judgment is affected, and it is difficult to put steps together. Concentration is difficult. Intellectual functioning is impaired. Naming things and people may be difficult. What they see and hear may be

very different from what we see and hear. It is important to remember that their perception is what is real to them.

Often vision is affected in people with dementia. There may be no peripheral vision and no color perception. Sound, too, may be distorted or lost. Many people with dementia also have experienced a stroke or have other complicating problems. Often, the only sense these persons are able to perceive accurately is the sense of touch. This is why AAA/T is so important. We have the opportunity to offer a touch experience.

Guidelines for visiting people who are confused:

- Always approach from the front. This is very important for people with restricted vision.

*The Delta Society's Introductory Animal Handler Skills Course was used as a reference for this section.

**Information on the Delta Society and the PET PARTNERS Volunteer Training Course is on page 1-31.

***The appropriate terms when you refer to a person with a special condition is to put the emphasis on the person; he/she is a person with a condition (Examples: person with a disability, person with developmental disabilities, person in a wheel chair). Also, unless you are working with people who are sick and in the hospital, the person you are working with is a client, not a patient.

- Stand near the person rather than over the person.
- Make eye contact.
- Keep the environment safe. Always keep your hand on your pet's collar. You may need to respond immediately to changes in the client's behavior.
- Move calmly and slowly. Keep stimulation at a minimum. Only one volunteer and animal visitor team - many people may further confuse the individual, and he/she may shut down or become frightened.
- Be accepting and maintain a sense of humor. You may see or hear just about anything. Don't take anything personally or at face value.
- Be sensitive to time. For some, a minute or two is a long visit. For others, 10 or 15 minutes is not enough.
- Keep things simple with concrete directions and simple choices.
- Quiet time is just as important as speaking. When you do talk, maintain a calm and soothing tone of voice.
- Don't talk loudly, use baby talk, or talk down to the client.
- Give precise directions in simple, short statements.
- Repeat information as necessary.
- Be calm. These individuals may be especially sensitive to emotion. If they perceive any

impatience or frustration in your voice or expression, they may overreact.

- Talk in simple, direct sentences.
- Limit choices. Limiting choices reduces confusion.
- Use repetition. People who are memory-impaired need frequent and patient reminders. Their brain can no longer retain information. Sometimes instructions need to be repeated several times in succession. **DON'T BE AFRAID TO REPEAT.** Keep your statements brief and simple.
- Don't use phrases like "Don't you remember?" or "Who am I?" or "I already told you."
- Encourage reminiscence. Encourage reminiscence about the past. This can build self-esteem since the past was generally a time when the person felt independent, productive, and contributing to the lives of others. Ask "Did you have a dog?" "What was its name?" "Tell me about it!" If the conversation leads on to other subjects, that's OK.
- Reassure and praise. Leave the person with the feeling of success. Praise for tasks (The dog likes that... I think she feels comfortable with you... He can tell you like him... You are an experienced petter!...) or give other compliments about clothing, room decoration, hair, lap cover, etc. If the person acts uncomfortable when you

leave or acts like he doesn't want you to go, reassure him/her that you will come back.

- Moods and days change. Be respectful and accepting of ups and downs. Don't be discouraged by a frustrating visit. Try again; next time will be better!
- REMEMBER: Touch is important. Encourage as much touch and contact as possible.
- BE PLEASANT, POSITIVE, AND REAL!
- Always treat the person with respect and dignity.
- Respect the confidentiality of your position.

People with Developmental Disorders

People with developmental disorders have impaired reasoning and intellectual abilities and/or physical disabilities. These may be caused congenitally, by disease, or accident. Some of the conditions which include developmental disorders are

- Developmental Disability (formerly called Mental Retardation)
- Down's Syndrome (formerly called Mongolism)
- Fetal Alcohol Syndrome
- Cerebral Palsy
- Autism
- Attention Deficit Hyperactivity Disorder
- Learning Disorders

Guidelines for working with people with developmental disorders:

- Working with this population may be like working with children in adult bodies. They may have abilities, thoughts, and actions like children. Their actions may be extreme or spontaneous.
- Maintain a friendly, calm attitude.
- Make eye contact.
- Never assume the person knows how to appropriately touch or interact with your animal.
- Approach carefully. Many may show behaviors that indicate fearfulness.
- Use simple language and specific instructions.
- Reinforce positive behavior with compliments.
- BE A ROLE MODEL. They will copy you.
- Structure your activities and give instructions in short, simple steps. Model for them if they do not understand.
- Have children with attention deficit disorder repeat the steps to a task or rules.
- Be sensitive with the time. Short visits may be appropriate.
- Keep things positive. A short, good visit is best.
- BE PLEASANT, POSITIVE, AND REAL!
- Always treat the person with respect and dignity.
- Respect the confidentiality of your position.

People with Physical Disabilities*

Physical disabilities may be relatively minor, such as difficulty walking, or major, such as paralysis. People who are living with a physical disability must deal not only with their physical problems and limitations, but also with their feelings. They must do things differently from the majority of people. Some of the conditions which include physical disabilities are

- Head, Brain, and Spinal Cord Injury
- Parkinson's Disease
- Muscular Dystrophy
- Cerebral Palsy
- Stroke
- Multiple Sclerosis
- Spina Bifida
- Chemical Dependency

*When you work with a person in a wheelchair, remember that the wheelchair is a part of their body image. Don't lean on the wheelchair. Don't talk down to or over a person in a wheelchair. Sit in a chair or squat down so that you are at eye level. Be sure the wheelchair is locked for safety reasons. NEVER INTERFERE WITH ANY EQUIPMENT BELONGING TO A PERSON WITH PHYSICAL DISABILITIES WITHOUT PERMISSION.

Guidelines for working with people with physical disabilities:

- Ask a staff person for guidance if it is difficult for the person to approach your animal or you are concerned about the nature of the physical disability.
- There may be times when you need to aid your client. Do not move an affected limb or a client without aid or instruction.
- Make eye contact.
- Make sure you are in control of your animal. It is possible that the client will have unusual movements that may injure or frighten the animal.
- Some people with disabilities may not have good control over their muscles, and they may be touching your animal too roughly. Tell and show them what they need to do.
- Introduce your animal slowly to new people, so the animal may become accustomed to the movements of the person.
- Some people may have restricted facial expressions and appear to not demonstrate emotions. Don't become offended or assume the person does not have emotions.
- Some people may be highly emotional and may even cry. Allow them to cry and do not say, "Everything is all right." or "Don't cry." or "What is wrong?"

- Be sensitive to your animal and the abilities of the person. For example, a person with physical tremors may not be an appropriate person for a hamster to visit, but great for a lab.
- Be aware of other limitations of your clients. For example, persons with physical disabilities because of a stroke may also be confused.
- Be creative. The person may not be able to do some things. Position your animal or alter the situation to meet their needs.
- If you visit with a person who appears to be in a coma, always assume they can hear and are aware of what is going on around them. Inform them step by step of what you are doing.
- If a client becomes agitated, end the visit or contact a staff person for direction.
- If the animal becomes fascinated with odors, you must redirect the animal.
- **BE PLEASANT, POSITIVE, AND REAL!**
- Always treat the person with respect and dignity.
- Respect the confidentiality of your position.

People with Difficulty Speaking

There are many different kinds of difficulties with speaking. People may have trouble forming words, have slurred or indistinct speech, refuse to speak, or cannot speak individual words or make understandable sentences. Some people who cannot speak can understand everything said to them; others may have difficulty.

Some of the conditions which include speech difficulties are

- Multiple Sclerosis
- Autism
- Hearing Disorders
- Head or Brain Injury
- Stroke
- Schizophrenia

Guidelines for working with people with difficulty speaking:

- Just because a person cannot speak does not mean that he/she has an intellectual impairment or has difficulty hearing. Speaking loudly or very slowly does not help.
- Make eye contact.
- If talking is difficult, limit your conversation to questions which can be answered with a yes/no or a shake or nod of the head.
- Until you know the person, speak simply and clearly.
- If you don't understand what the person is saying, DON'T PRETEND THAT YOU DO. Ask them to repeat what they have said or show you in a different way. Say something like "It is frustrating, isn't it? I wish I understood better."

- Sometimes persons with certain speech problems may say words they do not mean. Don't become shocked or offended or take their statements literally. Respond, instead, to what you think was their intent.
- BE PLEASANT, POSITIVE, AND REAL!
- Always treat the person with respect and dignity.
- Respect the confidentiality of your position.

People with Difficulty Hearing

People have difficulty hearing for many reasons: age, accident, or illness. Hearing may vary from day to day or situation to situation. Some people wear hearing aids; others do not. Some people with psychiatric conditions choose not to respond to sound.

Some of the conditions which include apparent hearing loss are

- Deafness
- Depression
- Autism
- Schizophrenia
- Abuse Survivors

Guidelines for working with people with difficulty hearing:

- You may need to attract the person's attention by touching his/her hand or shoulder.

- Place yourself on eye level with eye contact. Make sure you are in the light, so he/she can see you easily. The person may want to read your lips.
- Remove distractions (TV, radio). Ask, "This music is too loud for my dog. May I turn it down while we are here?"
- You may want to carry a pad of paper or an eraser board with you.
- Never pretend to understand if you do not.
- If an interpreter is present, speak to the client, not to the interpreter. Maintain eye contact with the client.
- Speak clearly, NOT TOO SLOWLY... NOT TOO LOUDLY.
- You may have to speak a little louder or deepen your voice.
- BE PLEASANT, POSITIVE, AND REAL!
- Always treat the person with respect and dignity.
- Respect the confidentiality of your position.

People with Difficulty Seeing

People with a vision impairment may have partial to total vision loss. People considered "legally blind" may still have some ability to see. Some people may have "tunnel vision" or other limited vision. A vision loss is not always obvious. In some psychiatric conditions, a person may have the ability to see but has chosen not to.

Some of the conditions which include vision loss are

- Blindness
- Autism
- Abuse Survivors
- Schizophrenia

Guidelines for working with people with vision loss:

- Always approach the person in a way so that they will know you are there. Say something to announce your presence and explain what is going on. Tell them your name and tell them about the animal and what you are doing with the animal.
- Identify yourself at each encounter.
- Speak in a normal tone.
- Help the person you are visiting share in everything that is going on. For example, if your dog is wagging his tail, describe that to the person.
- The person cannot see your facial expression, so use words and touch you are both comfortable with.
- Be open and honest. Ask the person if you have a question about what to do or if you can help.
- BE PLEASANT, POSITIVE, AND REAL!
- Always treat the person with respect and dignity.
- Respect the confidentiality of your position.

People with Psychiatric Conditions

If you visit with individuals with psychiatric conditions, you will need additional training at that facility. At that time, you will learn about medication, possibilities of increased speech, difficulty with attention, compulsive behavior, inappropriate emotional expression, increased agitation, difficulties with social interactions, low self-esteem, etc.

Some psychiatric conditions include

- Depression
- Schizophrenia
- Substance Abuse
- Eating Disorders
- Personality Disorders

Guidelines for working with people with psychiatric conditions:

- Focus your visit and conversation on the animal.
Avoid personal issues.
- Work at the client's own pace.
- Follow the guidelines given you by the staff or the training you will have at that facility.
- **BE PLEASANT, POSITIVE, AND REAL!**
- Always treat the person with respect and dignity.
- Respect the confidentiality of your position.

People who are Elderly

Senior citizens have normal problems associated with aging such as vision and hearing problems, decreased strength and speed, memory loss, and forgetfulness. In addition, they may be frail due to the aging process.

Guidelines for working with people who are elderly:

- Make sure they are aware of you as you approach.
Use both sight and sound cues.
- Make eye contact.
- Give compliments.
- Be aware of fragile bodies and skin.
- **BE PLEASANT, POSITIVE, AND REAL!**
- Always treat the person with respect and dignity.
- Respect the confidentiality of your position.

People Who are Terminally Ill

These are clients who have an illness that will result in death within the year.

Guidelines for working with the terminally ill:

- Take your lead from the client.
- You may want to increase visits as the person becomes more ill.

- Families will differ in their response to you and their desire to be involved with the animal visits. Take your cue from the family and include them if that is their desire.
- BE SENSITIVE TO FATIGUE.
- Special considerations for people with Suppressed Immune Systems:
 - Follow the procedures for the facility.
 - Follow all rules on washing hands and sanitation control.

Working with Youth

You may encounter children in many situations. Adapt the guidelines for specific conditions with the following guidelines for working with youth.

Guidelines for working with youth:

- Inform children about who you are and where you are from. You do not need to explain why. (Simply...your social worker or teacher asked me to come.)
- Inform the child(ren) about the animals and their history (brief). Use common and precise words the children will understand.
- An animal is not appropriate for all children. Sensitivity to allergies, fears, and personal experiences does not mean abandoning the visit, but adapting within the situation.
- Always be in control of your animal.
- Carry out your visit with "supervised interaction". Some youth prefer to interact only with the animal. Intervene only if the animal is being misused or mistreated. Do so in an educative way, so the youth does not feel put down or rejected and understands what is happening. Talk about the animal's feelings and well being.
- Humane treatment and respect for the animal is essential. DON'T FORGET, YOU ARE TEACHING BY YOUR ACTIONS AND WORDS.

- What happens to the animal after the visit is a great concern to a child. Where the animal came from, why you have it, where it is going and why, are all needs to be shared honestly and simply.
- A child "hungry" for a relationship and love will perceive responses and relationships beyond what actually develop. This is OK, but be sure that the future is not unrealistically perceived.
- Never assume a child knows how to interact with an animal. Affinity between animal and child is natural, but often the child needs direct and specific information about what to do and why he/she needs to do it. We don't know who else has "modeled" human-animal behavior for the child.
- Telling a child how to treat an animal is very important. Talk about how the animal will feel and what it will learn. ("If you hurt the dog, it may learn to be afraid of people." "If we are gentle and kind, the dog will feel good and want to come back.")
- Never speak harshly to an animal or discipline the animal harshly. Many people will be impressed by your actions. Animal behavior problems should not go unchecked, but this should be done in a kind manner. If much discipline is required, the animal is not suitable for this situation. Explain to the child what you are doing.
- Encourage the child to "give" to the animal..."Why don't you get him a drink?" "Let's teach him

something!" "You can brush the dog, he likes that!" "Here, play ball with her."

- Talk about feelings, the animal's feelings and the child's feelings. Correlate the animal's feelings with human feelings. "The dog feels scared when it hears that loud noise." "Do you ever feel scared?" or "What can we do so it isn't scared?"
- Encourage as much touch as possible, brushing, petting, etc.
- Encourage care giving. (Water, goodies, bedding, put it away after the visit, clean up after it!)
- Encourage walking and playing; give the child perceived control.
- If you are working with an animal that is not housebroken, talk about the possibility of the animal going to the bathroom. Tell the child how you expect him/her to act (and NOT react) and how you will take care of it.
- Encourage children to talk about their pets. If you hear something that bothers you, don't correct or preach. Approach it indirectly later and then explore alternatives.
- Discourage play fighting or hands-in-mouth play with the animal.
- Set definite guidelines. Tell the children what you want and don't want. If they do something unacceptable, tell them...and tell them what to do that is acceptable. (Example: "I don't want you to hit the dog. Here, let's pet him this way.")

- If there is a behavior problem, or things get out of control, end the visit. Do not make the child feel bad or guilty. Say something like, "I'm sorry, that is unacceptable behavior. I will have to leave today. I will come back again, and we can try again another time."

Preparing for a Visit

Preparing the animal for a visit

Physical preparation

- Clean/groomed

It may be too much to bathe your animal before each visit (in some cases, this may not be practical or good for the animal), but the animal needs to be clean and groomed (knots and snags and debris combed out of the coat).

- Nails

Reasonably clipped so they are not dangerous or interfere with walking on various floors (tile, long fiber carpet) or catch in clothing. If a cat is not declawed, the tips of the nails can be clipped so they are not so sharp or hooked.

- Eyes/ears

Drainage from the eyes must be cleaned.

- Paws

Do not take your animal on a visit if any of the following situations are present:

- After the animal has visited the veterinarian or had shots or new medication.
- If the animal is in heat, very pregnant, or has young she is currently caring for.

- If the animal is ill or injured. (If the animal is a dog with a hot-spot that can be covered, this may be OK.)
- If the animal has been emotionally stressed or appears to be behaving unusually.

Do not go on a visit if the following situations are present:

- If you are ill.
- If you are not emotionally competent to visit. (This would be an extreme situation, perhaps after a traumatic experience.)

ALWAYS BE PREPARED TO END A VISIT EARLY IF YOU OR THE ANIMAL IS HAVING PROBLEMS WHILE VISITING.

What you need to take on a visit

Pet Pack:

You need to carry with you a back pack or shoulder bag that can be available all the time and does not restrict the work you and your animal are doing. The following items can be included in that pet pack:

- Plastic bags for fecal pickup (a heavy duty one in case a place to dispose of the refuse is not available)
- Towel (paper)

- Towels (bath) can be used to lay under the animal on a bed or lap, if necessary.
- Water dish
- Brush or grooming tools (Take care to include a soft brush if clients are going to groom your animal. An angry or very strong client may hurt or injure your animal with a wire bristle brush.)
- Toys for the animal/client to play with
- Treats for the animal. You need to decide ahead what your "goodie" policy will be. Sometimes clients will want to feed your animal food they have or have saved. If you do not want this to happen, be ready with your "policy" and tell the client. Food sharing can be a special experience. If you wish, take appropriate treats with you. Give them to the client and explain how they are to be shared. Be sure the client understands they are for the animal!
- Disinfectant cleaner. Be sure to find out the policy of the facility you are visiting. Some places will prefer you use their disinfectant. Do not use Lysol; it is toxic for cats.

Other possible items:

- Deodorizer
- Rubber gloves
- Newspapers
- Baby wipes
- Nail clipper

Appropriate dress for a visit

For you:

You need to be neat and clean, but functional and washable! Wear your P.E.T. P.A.L.S. t-shirt if possible. These look uniform, are recognizable, and have a "professional" appearance.

For your animal:

- The royal blue collar and leash that are the colors of P.E.T. P.A.L.S. are encouraged. These match the t-shirts and designate our animals as special.
- Assemble and carry your own pet pack.
- Hospitals or specific environments may require that the majority of the animal's body be covered to prevent dispersal of dander from the coat. T-shirt uniforms for the animals can be fashioned. A hospital gown that matches the gowns worn by patients or children in a hospital or facility may be made.
- We discourage "dressing up" animals.

When you can't go on a visit

You have made a commitment.

**Remember, people are counting on you ...
the client, the facility, and your program**

If you cannot go on a visit, be sure to notify the appropriate parties as soon as possible. This may include your team leader, the activity director, or a particular client you know will be waiting and watching for you.

The Visit

Parts of a visit

There are three parts of a visit:

- The Approach
- The Process
- Closure

The Approach

- Always approach a client from the front.
- Always make visual and verbal contact with the client. (Never get the animal too close before the client is aware that the animal is there. The unexpected awareness of the animal could be very frightening.)
- Ask if the client wants to meet the animal.
- Encourage as much contact as possible. Move slowly. If the client does not reach out to touch the animal, ask if the client wants to pet the animal and if they need assistance in petting the animal. If the animal is small, ask if the client would like to have the animal on his/her lap and proceed with putting the animal on the client's lap.
- If the client resists in any way, stop. If the client refuses, respect that.
-If assistance is needed in petting the animal, first check with facility's staff for help. Then

take the client's hand and place it on the animal's head or back.

-Put the legs of the animal on the side of a chair or bed or place the animal on the bed.

-Help the client stroke the animal.

-Talk calmly and reassuringly to the patient: "That's fine." "You're doing well." "The dog likes that." "The cat likes you." "Does he feel soft and warm?" Your voice will also calm the animal.

- If there is no acceptance, but no resistance, continue to move toward as much contact as possible.
- If there is open and active acceptance, you may need to instruct or direct appropriate actions. (Example: "She likes to be scratched here." Or "Let's let her sit like this.")
- Listen to the client's actions and words! Actions and words may not always agree, don't push actions if there is resistance.

The Process

The process is what happens while you are visiting. Talking with the client will be covered in the next section. Following is a list of activities that may be part of your visit.

Process Activities

- The client may sit quietly and stroke or hold the animal. You do not always need action or words.
- The client may groom the animal.

- The client may walk the animal. (This can be a special treat for someone in a wheel chair.)
- The client may feed the animal. (If you have sensitivities about this, bring your own goodies.)
- The client may play with the animal and with toys you have brought.
- The client may observe the animal doing tricks or playing.
- The animal might lie down at the client's feet and sleep while you visit.
- Watch the client for signs of fatigue or lost interest.
- Use cues from the client for discussion.

Closure

Closure for your visit is very important. Closure involves saying good bye and often telling the client what will happen next. Example: "We have to go now. Say goodbye to Kari (cat). We will be back to visit you again next week."

It is very easy in situations where there are a lot of clients or the clients appear to be unresponsive to simply get up and leave or move from one client to another. Remember how you feel when someone is talking to you and suddenly walks away without warning ... even if the client appears to be unaware, treat that client at all times with the respect you would give any person or that you would hope to receive from another.

How to talk to a client

Conversation Starters

- "Hi, would you like to see Peter, my dog?"
- "Hi, look who I brought to visit you today."
- Allow the animal to lead. If eye contact is made, the client may call the animal ... you follow from there.
- Talk for the animal. Example: "Kari wants to visit with you today. She wants to know if you will pet her."
- Interpret the animal's actions. "He likes you." "Look, he wants you to do that again."

Listening Skills

Characteristics of good listening:

- Proximity (It is important to be close to the person you are communicating with, 3 to 5 feet.)
- Eye contact, look them in the eye. Position yourself so they can comfortably look at you. Don't stare, though. This can make an individual uncomfortable.
- Body language. Leaning forward, reaching out, a soft, relaxed stance shows you are interested. Tenseness, nervous fidgeting, looking around, and crossed arms show you are uptight or preoccupied.

- Facial expression that responds to what you are hearing aids in good communication.
- Responses need to be straight forward and appropriate.

Some things to do:

- Observe several people talking in different situations, at the mall, in your home, at a club. Assess the five characteristics of good listening.
- Monitor yourself while you are listening to another person talk. Are you using good listening skills?
- When someone is talking to you, purposely use poor listening skills. What happens?
- Use good listening skills. What happens?

Active Listening

Though our main focus of visiting is the animal, there will be times when a patient or resident wants to talk to you. They may want to tell you things that are really important to them. What is the best way to handle this?

One technique of "listening" used by counseling and social work professionals is called "active listening". Active listening eliminates giving any judgments, advice, or opinions. It works like this:

Resident: Probably.

Volunteer: Tell me more about him. What kind of dog is he? (Perhaps here is an opportunity for support instead, "Oh, animals don't forget so easily!")

Resident: Black and white, like that puppy.

Volunteer: This puppy reminds you of your dog?

Resident: Yes, except he was bigger. He would lick me like that.

Volunteer: You really like it when the puppy licks you.

Resident: I miss my dog.

Volunteer: You would like to see him again.

Using these listening skills assures the person you are talking to that you are really listening and caring. Yet, you do not make judgment, false promises, give advice, or in any way block the communication. It is very satisfying and therapeutic for someone to really listen.

If you hear things you are bothered by or concerned about, do not make clients or residents promises, but do report your concerns to the activity director or staff person.

Other responses

There are many other kinds of responses. Some responses end or block "true communication," but even they, at times, may be appropriate for you to use.

For example:

Resident: I really miss my dog.

Volunteer: Well, I'm sure he is all right.

(Although the volunteer is reassuring, the communication is missed, and there is no place to go.)

Instead:

Resident: I really miss my dog.

Volunteer: He was very special to you.

Resident: Oh yes, why he would ...

Ineffective responses*

These responses are taken from Thomas Gordon (Parent Effectiveness Training, 1970, pp. 41-47, 108-117, and 321-27). He devised a comprehensive list that he calls the "dirty dozen" of communication spoilers. Gordon says, "A primary reason for lack of effective communication is that, without realizing it, people typically inject communication barriers into their conversation. Communication barriers are high-risk responses - that is, responses whose impact on communications is frequently negative. These roadblocks are especially likely to be destructive when one or more of the persons are

interacting under stress. These undesirable responses include:

I. JUDGING THE OTHER PERSON

1. Criticizing: Making a negative evaluation of the other person, his/her actions, or attitudes. "You brought it on yourself-you've got nobody else to blame for the mess you are in."

2. Name-calling: "Putting down" or stereotyping the other person. "What a dope?" "Just like a woman." "Egghead." "You hardhats are all alike." "You are just another insensitive male."

3. Diagnosing: Analyzing why a person is behaving as he/she is; playing amateur psychiatrist. "I can read you like a book-you are doing that to irritate me." "Just because you went to college, you think you are better than I."

4. Praising Evaluatively: Making a positive judgment of the other person, his/her actions, or attitudes "You are always such a good boy. I know you will help me with the lawn tonight." Teacher to teenage student: "You are a great poet." (Many people find it difficult to believe that some of the barriers like praise are high-risk responses.)

II. SENDING SOLUTIONS - often compounds a problem or creates new ones without resolving the original dilemma.

1. Ordering: Commanding the other person to do what you want to have done. "Do your homework right now." "Why?!" "Because I said so. . ."

2. Threatening: Trying to control the other's actions by warning of negative consequences that you will instigate. "You'll do it or else . . ." "Stop that noise right now or I will keep the whole class after school."

3. Moralizing: telling another person what he/she should do. "Preaching" at the other: "You shouldn't get a divorce; think of what will happen to the children." "You ought to tell him you are sorry."

4. Excessive/Inappropriate Questioning: Closed-ended questions are often barriers in a relationship; these are those that can usually be answered in a few words-often with simple yes or no. "When did it happen?" "Are you sorry that you did it?"

5. Advising: Giving the other person a solution to her problems. "If I were you, I'd sure tell her off." "That's an easy one to solve. First..."

III. AVOIDING THE OTHER'S CONCERNS - getting conversation off the track.

1. Diverting: Pushing the other's problems aside through distraction. "Don't dwell on it, Sarah. Let's talk about something more pleasant." "Or "Think you've got it bad?! Let me tell you what happened to me."

2. Logical Argument: Attempting to convince the other with an appeal to facts or logic, without consideration of the emotional factors involved. "Look at the facts: if you hadn't bought that new car, we could have made the down payment on the house."

3. Reassuring: Trying to stop the other person from feeling the negative emotions she is experiencing, "Don't worry, it is always darkest before dawn. It will all work out OK in the end."

IV. ADDITIONAL ROADBLOCKS

1. Telling other people they are sending roadblocks: When people are introduced to the roadblocks, a fairly typical reaction is, "That's just what my husband (boyfriend,

girlfriend, mother, etc.) has been doing all these years. Wait till I tell him (her) about all the roadblocks he/she sends." Or, "Gosh, my boss uses just about all these barriers. The next time he/she does it, I'm going to point out how he/she is roadblocking me." This type of roadblock actually belongs in the judgment category.

If you want to improve your communication, pointing the finger of judgment at others is a poor place to begin.

V. SUMMARY

Certain ways of verbalizing carry a high risk of putting a damper on the conversation, being harmful to the relationship, triggering feelings of inadequacy, anger, dependency in the other person. These barriers to conversation tend to diminish the other person's self esteem and to undermine motivation. They decrease the likelihood that he will be self-determining and increase the likelihood that he will put the focus of evaluation outside himself. However, these conversational bad habits can be corrected. As you learn to listen, assert, resolve conflict, and solve interpersonal problems more effectively, your use of the roadblocks will inevitably diminish."

Examples of Blockers and Active Listening

Following is a conversation between Mrs. Smith, an elderly woman, and the volunteer who has brought a white domestic duck to visit Mrs. Smith.

The first examples are Blockers, responses that may be OK, but block real communication.

Example of Blockers

Volunteer: She approaches Mrs. Smith with the duck.

"Mrs. Smith, would you like to see this duck today?"

Mrs. Smith: Begins to cry.

Volunteer: "Do you want to see him do tricks?"
(Distracting)

Volunteer: She approaches Mrs. Smith with the duck.

"Mrs. Smith, would you like to see this duck today?"

Mrs. Smith: Begins to cry.

Volunteer: "Come on now, don't cry." (Consoling)

Volunteer: She approaches Mrs. Smith with the duck.

"Mrs. Smith, would you like to see this duck today?"

Mrs. Smith: Begins to cry.

Volunteer: "Mrs. Smith, ducks won't hurt you!"
(Advising)

Volunteer: She approaches Mrs. Smith with the duck.

"Mrs. Smith, would you like to see this duck today?"

Mrs. Smith: Begins to cry.

Volunteer: "Mrs. Smith, now pull yourself together and enjoy this little duck!" (Advising)

Volunteer: She approaches Mrs. Smith with the duck.

"Mrs. Smith, would you like to see this duck today?"

Mrs. Smith: Begins to cry.

Volunteer: "That's OK. You know, Mrs. Smith, sometimes when we visit, the animal brings back memories. They elicit responses from the past." Generally, this is cathartic for the client ... (Analyzing)

Example of Active Listening

Volunteer: She approaches Mrs. Smith with the duck.

"Mrs. Smith, would you like to see this duck today?"

Mrs. Smith: Begins to cry.

Volunteer: "Mrs. Smith, you feel sad when you see this duck!"

Mrs. Smith: "Yes, my daughter had a white duck once."

Volunteer: "You are remembering your daughter and her

Duck".

Mrs. Smith: " My, that duck loved my daughter. It followed her everywhere."

Volunteer: Sounds like they had a very special relationship.

Mrs. Smith: "Oh yes, I remember how sad she was when he died."

Volunteer: "You feel it's hard to say goodbye."

Mrs. Smith: "Oh, yes. (Cries a little harder) The little duck lived a long time."

Volunteer: "The little duck had a good life."

Mrs. Smith: Nods, yes.

Volunteer: "You feel you've had a good life, too."

Mrs. Smith: Looks at volunteer, hands touch, she nods
Yes.

Volunteer: "Thanks for sharing, Mrs. Smith."

Techniques to Use

Working with a Person and an Animal

Touch

Encourage as much touch as possible. There are many ways to encourage touch so it is comfortable and acceptable to both the person and the animal. Guide or instruct the person to do some of the following:

Touch can be feeling.

- "Feel the warm fur, feel the soft dog, can you feel the wet nose?"

Touch can be petting.

- "Here, let me help you pet him, he likes you to scratch him."

Touch can be loving.

- "Tell him how you feel, pet him right here."

Touch can be pleasing.

- "Let's find out what he likes, there, scratch him there, he loves it."

Touch can be brushing.

- Carry a small brush or comb and let the person groom the animal. Make sure the brush is soft to prevent overzealous brushing! (Sometimes brushing can be an expression of feeling. It may be a good idea to carry a soft brush and a harder brush. For gentle love and affection, a soft brush may not be felt by the animal! For others with a harder stroke, a harder brush may be painful!)

Giving

Giving is a special therapy. Mentally healthy persons give easily; those with low self esteem have trouble giving to others. It is easier to give to an animal than to a person. Just the act of giving can often make a person feel better, more worthwhile. Some ways to encourage giving with your animal are as follows:

- Taking care of the animal may involve getting it something to drink, giving it something to eat, taking it outside to relieve itself, and making it more comfortable.
- Teaching is also a form of giving. Ask the person you are visiting to help you teach the animal a trick (whether the animal knows it already or not ... the animal will learn it again!).

- In the act of giving, don't forget what is important is that the giver perceives he/she has given, not the actual importance of the gift.
- The animal can be a part of giving to others. Have a child draw a picture of the animal for a special friend or send a card. Take the animal to "show" to someone else, (e.g. parent, teacher).
- Giving food (or sharing food) is a special kind of giving, a more personal kind of giving.

Control

Control seems absent in the lives of some people. Control of the animal can be arranged in many ways, or at least arranged so the person perceives that he/she is in control.

- Have the person walk the animal on a leash.
- Have the person throw a ball for the animal to retrieve.
- Have the person ask the animal to do tricks.
- Even if the person is in a wheelchair, have him/her hold the leash while you push the chair to walk the animal.
- Allow the animal to sleep on the floor or in the person's lap.

Feelings

Discussion of feelings can be focused on the animal or the person. Talking about feelings can be therapeutic. It is more so when the person identifies with the feelings

of the animal, transfers his feelings to the animal, or talks about his own feelings.

- Ask the person how the animal is feeling. ("How do you suppose Laddie feels visiting a new place with all these strange people?")
- Ask how the animal would feel if something happened or if it was in a certain situation. ("If I took Laddie into a strange big building with lots of strange people, how do you think he would feel?")
- Talk about how the person feels about the animal.
- Compare the animal's and person's feelings. ("Have you ever felt like that?" or "You feel the same way about that!")
- Sometimes the person will tell you how they feel by telling you how the animal is feeling. ("He wants to get out of here!" or "He is so tired.")
- Sometimes the person will identify with the animal.

Here is an example of such identification.

A boy raised his hand to ask a question when the counselor was in his class with the dog.

Boy: "Is Peter afraid of anything?"

Counselor: "Yes, he is afraid if I leave him alone in my office."

Later that day, the boy came to the counselor's office.

Counselor: "Hi. Did you want to see me?"

Boy: "Yeah."

Counselor: "Was there something special?"

Boy: "Yeah. I wanted to talk to you about your dog."

Counselor: "About Peter? OK. What did you want to talk about?"

Boy: "Well, you know that thing he's got? I have the same thing."

Counselor: "Let me see. What thing is that?"

Boy: "You know, what you said about being alone."

Counselor: "You mean feeling scared when he is alone?"

Boy: "Yeah."

Instruction

When lack of knowledge leaves a person feeling afraid or insecure, instruction is "therapy." For example, teaching a child how to "read" or understand a dog's language, how to approach a dog, how to pet a dog, how to know if a dog is going to bite or not, all these things give a child self-confidence and more control over his/her world. With more control and understanding, the child has more confidence, more self worth.

I watched a child being taught to work with a dog, to make it heel, and to teach it to sit and come. At the beginning of the session, there was disorganization and confusion on the part of the child. After the skill was mastered (well, almost), the child was proud and didn't

want to stop. His first comment, "Do I get to come back?" Previous to this session, the child had pulled back from even the friendliest dogs. After the session, the child approached confidently with hand out.

Even simple instructions like, "Here, pet him here, he likes that" gives a person confidence within the situation.

Presence

In some cases, just the animal's presence is enough to help the other person relax. They just enjoy the animal being there. One study tells of a psychologist who worked in a juvenile detention home for teenage men. She did entry interviews. In ten interviews, she had her dog present in the room. For the other ten, she did not. The ten interviews with the dog lasted longer, and there was less hostility shown by the young men. In the interviews without the dog, there was an average of 40 responses from the juvenile. In the interviews with the dog, the average number of responses was 280.

Observation

Observing the animal, just watching it play or sleep or interact with another animal, can at least be entertaining, if not a catalyst for many other interactions.

A boy who came to counseling for his aggressive behavior with other children, watched the fish in the

aquarium. One of the fish was always "sucking" on another fish.

Boy: "What's he doing? Do they like him?"

Counselor: "Watch, what do you think?"

Boy: "NO!"

On the third visit, the fish was in a small bowl beside the aquarium.

Boy: "Where is he?"

Counselor: "I took him out. He's over there."

Boy: "Does he ever get to go back?"

Counselor: "Well, I thought I would keep him out for a while, then try him again."

Boy: "What if he still does it?"

Counselor: "Then he will just have to be alone, I guess."

The fish came back and still picked on the others, so the counselor took it home. The boy's teacher reported a marked decrease in his aggressive play with other children.

Memories - Life Experiences

Everyone likes to talk about his or her favorite things, especially when someone is really listening! Almost everyone has an animal or pet tale to tell, a fantasy to share, or even a truth or confession to make. Such sharing is to be encouraged, as is intent and caring listening! (If the discussions become too intense, be sure to report this to the professional therapist in charge.)

The woman in the nursing home always said she hated cats. One day the volunteer brought a white cat. The woman asked to see the cat and put it on her lap. Then the woman began crying and told how cruel she had been to her daughter's white cat and how it hated her.

A young boy confessed to the volunteer he had treated some baby birds very cruelly.

Some Goals of Animal-Assisted Activities and Therapy

According to a variety of authors, animals can be included within the therapeutic process in many ways. The following list of goals is included here to give you some ideas of the kind of things that can happen within an AAA/T program (Nebbe, 1995):

- A pet can provide fulfillment of the client's emotional needs.
- The therapist may employ an animal as an ice breaker.
- An animal may greatly aid problem assessment.
- An animal offers an opportunity for multidimensional communication. With an animal, the need for language is low. Patients often can communicate, or believe they are communicating, with an animal and do not feel threatened .

- An animal can provide a non-threatening relationship and can easily establish trust (especially with those who have not learned to trust). This trust is projected onto the human therapist.
- An animal can offer a safe and easy way for the client to give.
- An animal provides a stimulus for other types of rehabilitation activities, e.g., walking the animal, playing with the animal, caring for the animal.
- An animal can help interpret a client's thoughts and feelings, especially children. Observations of the animal's behavior can often be transferred into a setting the client is striving to understand, i.e., some children become interested in the dog's phallus. Why does the dog perpetually lick itself. Is the dog dirty? Does the dog like it? Are people that way, too? A natural jumping off point is then provided for a realistic discussion of dog and human sex activities. Another example: Why does the dog fight with other dogs? This might help the child patient think in terms of sibling rivalry and jealousy.
- A pet can help differentiate reality vs. fantasy. Though a child can play fantasy games with a pet, the pet is real, it has needs, and the child must recognize them .
- A pet can provide motivation for learning and living.
- A pet provides an excellent tool for sex education.

- A pet provides a way to set 'natural limits' for the client (Levinson, 1969).
- A pet can be a guide or role model.
- A pet provides a stimulus for social interaction.
- A pet may teach life function, roles, and responsibilities.
- A pet may provide preparation for coping with death.
- A pet may become a pseudo-sibling for a child.
- A pet may provide hours of companionship, particularly for those who are lonely or restless.
- A pet may offer an indication of progressive healing. Changes in the client's relationship to the pet generally coincide with the client's increasing ability to handle other problems.
- A pet can provide someone to talk to who will listen.
- Pets can provide acceptance.
- Pets provide nurturing touch experiences.
- Pets, and common interests in pets, help individuals develop an interest in people.
- Nurturing pets can provide nurturance for an individual.
- Nurturing pets can teach an individual nurturing skills.

However vital a pet may be in a therapy role, pets are not for everyone. A professional working with animal-assisted therapy must be sensitive to the client. In some situations, the client may not like the animal,

but the pet may still play an important role in therapy. For example, persons living in an institution have very little control over what happens in their lives. The opportunity to say, "I hate dogs. Get that dog out of here," may give those people something they can control. When the professional respects that wish, it helps build trust with the client. Another example is the child with fears, especially if the child denies those fears. When they are acted out in the presence of the animal, the fears can no longer be denied.

Boris Levinson believed that through associations formed around common interests in pets, humans develop an interest in people. In his own practice, he often saw the relationship between the pet, himself, and the patient change as healing occurred. Although initially interacting intensely with the pet, with improvement, the patient gradually interacted with the pet less and the therapist more. Finally, the pet-client relationship transferred to a relationship between the human therapist and the client.

The Animals

Although the next section of this manual will go further into the animal part of the program, it can be noted here that various animals can be animal-assisted activities/therapy animals. Dogs are probably the favorite; cats, second. These choices, though, are not always the most feasible. The individual situation of the

client, therapist, and setting dictate what animals are practical. Perhaps a birdfeeder or an aquarium may serve the situation best. Levinson tells of one instance where an emotionally disturbed patient at one institution became angry and destroyed everything within a particular room except the tank of fish! Horseback riding therapy, called hippotherapy, is popular throughout the world (*People, Animals, and the Environment*, Winter 1987). Wild animals are not suitable, nor in many situations legal, for animal-assisted activities/therapy animals. It is essential that all animals working in an environment with people be appropriately screened with respect to health and temperament. For information on screening, contact the P.E.T. P.A.L.S. coordinator.

In situations where animals cannot be present, substitutes in the form of stuffed animals and puppets, posters, or pictures will create an "animal" atmosphere. Kidd and Kidd (1987) supported the hypothesis that young children showed similar initial responses to live animals and stuffed animals. As the age of the child increased though, the responses to live pets became more intense and lasted longer compared to the short term initial response to the toy. Animal posters and animal toys and puppets also provide a catalyst for discussion, play, and expression.

A child's own pet may sometimes be the chosen animal for animal-assisted activities/therapy. This may be beneficial in many ways. Talking about the animal helps the child learn about the animal and can be

insightful for the therapist. The child can be taught and helped to train the animal while also working toward achievement of other objectives such as setting specific daily goals, developing empathy, enhancing self esteem, and establishing control.



Problems

Compared to the benefits, the problems of animal-assisted activities/therapy are insignificant, but they do exist. Therapists need to be aware of them and ready to deal with them if or when they occur.

Allergies are a common concern. Many persons claim to have an allergy to animals. Often this is manifested only if they live with the animal or spend time in close proximity with the animal. Severe allergies are usually documented on health histories. Those persons often know how to take care of themselves. If possible, be aware in advance of people with allergies, and work with them to find a safe way to deal with the situation.

Many persons express fears concerning animals. Before they enter your office, or you enter their room, tell the client an animal is present. If you are in a group with the animal, ask how many persons feel afraid of the animal. With forewarning and fear recognition, the fearful person will have the opportunity to deal with the fear in a comfortable manner. It is important for the volunteer to remind children and adults that it is "OK" to feel afraid. The experience can be positive, and often such a person will watch and eventually find that at least "this dog" or "this cat" is "OK". Being able to control the situation may be a personal victory for that particular client.

Zoonotic diseases are diseases that can be transferred from humans to animals and vice versa.

Rabies is an example. Internal parasites, bacterial infections, and some dermatological conditions are also common zoonoses. More zoonoses seem to be transferred from people to animals. Be aware of the client's health and protect your animal if necessary. (More on zoonotic disease in the next section.)

Sanitation is another concern many people express. A clean and healthy animal will not present any more of a risk than a clean and healthy person.

Bites and scratches can be a problem, especially when animals are not properly screened. This is why an active dog and a playful child may be an inappropriate choice. Preventative measures prove most effective. If a bite or scratch occurs, treat it immediately and notify the appropriate persons: parents, school officials, or care facility staff. Depending on the situation and the state laws, other appropriate measures may need to be taken, such as notifying the Department of Public Health and quarantine for the animal.

The death of an animal can present a problem where repeat visits occur and the client experiences a real or perceived relationship with the animal. An animal's death should be approached just as the death of a person. Be honest and allow for grieving. This situation can also be a valuable opportunity for children to learn about loss and life and death.

Possessiveness or unwillingness to share can be a problem if the animal is with a group. Establish rules for sharing. An opportunity exists here to ask the group

members to empathize with the animal's point of view. This can be turned into a positive situation.

If inhumane treatment of the animal occurs, it may be necessary to remove the animal immediately, in a firm but kind way. Most of the time, such treatment occurs because a child or adult is ignorant of appropriate treatment. Giving suggestions on handling or showing the client an appropriate example usually corrects the situation. This kind of situation can present an excellent opportunity to discuss feelings.

Inappropriate elimination tends to concern many people, but with a well-trained animal suitable for animal-assisted activities/therapy, this should not be a concern. A more likely problem would be an animal vomiting. This could be caused by a well-meaning person sharing an unsanctioned goodie, like candy, with the animal, or the animal becoming ill from a long car ride.

Some animals, such as birds or rabbits, are not as predictable as dogs or cats with their toilet habits. Inform the client about what might happen and how you expect them to behave if it does happen. Be prepared - always carry an emergency kit with plastic bags, paper towels, and disinfectant spray. Remain calm and clean up the excrement. Your response will influence the entire situation. Better yet, be preventive if you can. Give the animal an opportunity to be relieved outside before the visit and at intervals during the visit. (Be sure you clean up after the animal outside!) Carry animals like guinea pigs and rabbits in baskets with

absorbent bedding lining the basket. Set the entire basket on the individual's lap or on a table top.

If more than one animal is present, relationships among the animals may present a problem. Let the animals become acquainted before the visit. If animals are not compatible, remove one of them. Be sure you are in control. If a "fight" occurs, do not get excited. Separate the animals and leave the area as soon as possible. Do first aid if necessary. Let anyone who witnessed the conflict know that all is well as soon as you can.

Occasionally, animals are "picky" about their "friends". However, with a good therapy animal, this will not be obvious, or can be controlled by the handler.

Smells intrigue animals! Most of the time this will appear to be a positive interest. But sometimes it can be too personal or embarrassing. Guide the animal away. If someone is offended, apologize. A dog who continually needs to check people out in this way is not appropriate for an activities/therapy animal.

Leaving the animal alone while you tend to other business may also be a situation that will occur. Plan for the animal to be crated or provide a safe and comfortable place to leave it while you are busy.

Laws, state and local, may influence the inclusion of a pet in therapy. As awareness of animal-assisted activities/therapy is growing, so is the tolerance for pet presence in institutions, hospitals, places of business, and so forth. Become aware of state laws. Seek permission before entering a facility with an animal. If you are

informed, you can inform. Most state laws prohibit the presence of an animal in a food preparation or eating area. Exceptions are made for service dogs. In some situations, animal-assisted activities/therapy dogs may be considered service dogs.

Know your own liability insurance coverage and the coverage of the institution with which you work. Be able to speak knowledgeably if the need arises. Be informed of laws involving other animals, bites, strays, and abuse.

Do not work with wild animals. In most states it is illegal to possess a wild animal, to take a wild animal into a public facility, or to do education with a wild animal unless a person has a special license or permit. Work with wild animals needs to be limited to observing, such as watching birds at a feeder or squirrels playing, looking at pictures, or reading stories. If you want involvement with wild animals, find a wildlife rehabilitator, naturalist, or wildlife educator and discuss the possibilities with them. Opportunities do exist. For more information on persons to contact in your area, write to the National Wildlife Rehabilitators Association or the International Wildlife Rehabilitation Council. (Contact the P.E.T. P.A.L.S. Education and Resource Advisor for more information.)

Be knowledgeable about animal behavior. At the end of Part I, a resource list includes books on animal behavior.



Guidelines for Junior Volunteers

Your own children or other children may be interested in being part of P.E.T. P.A.L.S. Encourage this involvement if 1) the child really wants to do this, and 2) the child is mature enough to follow directions and take some responsibility. If you know a child who is interested, then follow these guidelines:

- Contact the volunteer trainer to inform her/him that you will be working with a child and find out about "training" for the child.
 - Contact the team leader and visit with her/him about adding a child to the team.
1. First talk with the child about P.E.T. P.A.L.S. Emphasize the following:
 - Be very open about the facility the child will be visiting, who is there, and what he/she will see.

Go on a pre-visit if the child has never been to a care facility (or take them with you as a visitor). Also, encourage the child to be honest about his/her feelings and reactions, assuring him/her that whatever they feel is all right. Answer questions honestly. If the child decides not to join P.E.T. P.A.L.S., that is all right, too.

- Explain the P.E.T. P.A.L.S. program, the number of visits, the commitment, and the importance of following directions and being responsible (the liability).
 - If a family plans to visit with puppies and/or kittens from the Humane Society, it is important that the child become familiar with it and the mission of the Humane Society. Arrange a trip to the shelter, speak with shelter personnel in advance about your purpose. Again, recognize the child's feelings and accept them.
2. If still interested, the child may begin training. (The level for the training will be determined by the P.E.T. P.A.L.S. trainer.)
 3. All junior volunteers must be sponsored by an adult and supervised on visits. We require a child's parents to attend the training, so they are aware of what their child will be doing in the program. If the parent is not going to be, or cannot be, involved, another adult may sponsor

the child. That adult is responsible for the child on visits.

4. For youth groups (such as a scout troop), one adult may sponsor several young people.
5. Don't forget about the dual "therapeutic" effect of our program and the benefits the volunteer receives from the program, in this case the child.
6. If there are any special situations, questions, or problems, please contact the P.E.T. P.A.L.S. coordinator.

DO NOT WORK WITH THIS PROJECT IF YOU FEEL UNCOMFORTABLE WITH IT. IT WILL DISTRACT FROM YOUR VISITS AND WHAT YOU CAN DO FOR THE RESIDENTS IF YOU DON'T FEEL CONFIDENT OR COMFORTABLE.

Guidelines for a Visitor

Accompanying a P.E.T. P.A.L.S. Visit

Whether a visitor from out of town, a friend who is curious, or someone who is interested in being a volunteer, they are welcome to accompany you on a P.E.T. P.A.L.S. visit. The following guidelines are to help you on such an occasion.

DO NOT BECOME INVOLVED IN A SITUATION YOU DON'T FEEL COMFORTABLE WITH. If such a situation arises, it is best to simply say that the program does not allow visitors without specific permission which you are unable to obtain.

- First of all, remember that you are responsible and at all times must remain in control of the situation. It would be a good idea to explain to a visitor about our personal liability insurance.
- Contact your team leader. Make sure it won't conflict with anything on this particular visit. If you feel unsure about the situation, you may also want to contact the P.E.T. P.A.L.S. coordinator with your concerns.
- Since these individuals have not been to a training, do not let them handle an animal during the visit. Have them go with someone who is a trained volunteer with experience. The volunteer can handle the animal and explain to the visitor what is

happening. During the visit, after the visitor has watched the volunteer, the volunteer may offer the animal to the visitor to handle for a short time, but will remain with the visitor as a guide and thus remain in control of the situation.

- Be sure that as you visit, you explain things. For example, the training you have had, why you exercise the animal before the visit (and clean up after the animal), what the pet pack is for, and how the animal was selected to be a P.E.T. P.A.L.S. volunteer. It is important for visitors to understand the care and thought that goes into our program. We want to avoid wrong impressions and visitors who may return home and decide to visit a care facility with their own pet without preparation or knowledge of what is involved.
- If the visitor shows an interest in the program or wants to visit with you more often, please tell them that they will be required to take part in the P.E.T. P.A.L.S. training program. If a visitor from out of town is really interested and wants to do something like it at home, suggest that they talk to the P.E.T. P.A.L.S. coordinator. We can supply them with information on setting up such a program or individual visits.



Guidelines for a Resident Volunteer

A Resident Volunteer is a resident of a facility where you visit who is interested in our program, capable of being part of it (in some way), wants to be a part of it, and has permission from the administration of the facility to be a part of it. This person can take part in P.E.T. P.A.L.S. in a variety of ways depending on their interest and capabilities. Here are some examples:

- Become a regular volunteer through the training process.
 - Accompany P.E.T. P.A.L.S. volunteers on visits.
 - Help exercise the animals before visits.
 - If there is an aquarium or bird feeder at the facility, help with the care.
 - Write articles for the newsletter.
 - Help plan pet shows or other "events."
 - Take care of an animal for us for a short time while we do something else at the facility.
1. Talk with the activity director or the social worker at your facility and explain the Resident Volunteer Program. Decide together if and how you will proceed. (Will the activity director talk with the resident? Will you? What do you foresee as the extent of their participation?)
 2. Make a plan. Include:

- Information about P.E.T. P.A.L.S.: what we do, how often we visit, how long the visits are, how pets are chosen, etc.
 - Modified training as is necessary for their level of involvement.
 - When this will take place.
 - Who is responsible.
 - What the resident's responsibilities are.
 - How the resident will be notified of changes.
3. Work with the activity director at the facility, discussing the project frequently and making changes if necessary.
 4. If the project is eased into slowly, then changes will be easier to implement without hard feelings or misunderstandings. (For example, it may be wise to visit a possible resident volunteer several times before even mentioning the program to be sure that you are comfortable with that person and can work with him/her. Start with short visits and lengthen them if the resident wishes to do so. Begin with exercising the animals, adding being a volunteer later if it is appropriate.)

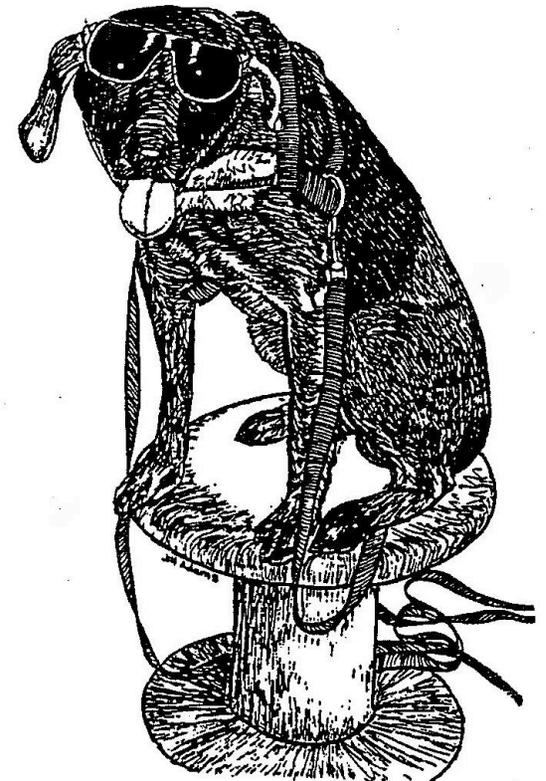
DO NOT UNDERTAKE ANY PROJECT WITH A RESIDENT UNLESS YOU FEEL COMFORTABLE DOING IT.

Some Very Important Things for Volunteers to Remember

P.E.T. P.A.L.S. volunteers have been trained to take animals to visit people. In our training, we cover a lot of material. This material is covered even more in depth in our manual. Here we have pulled the most important "things" each P.E.T. P.A.L.S. volunteer needs to remember on a pet visit:

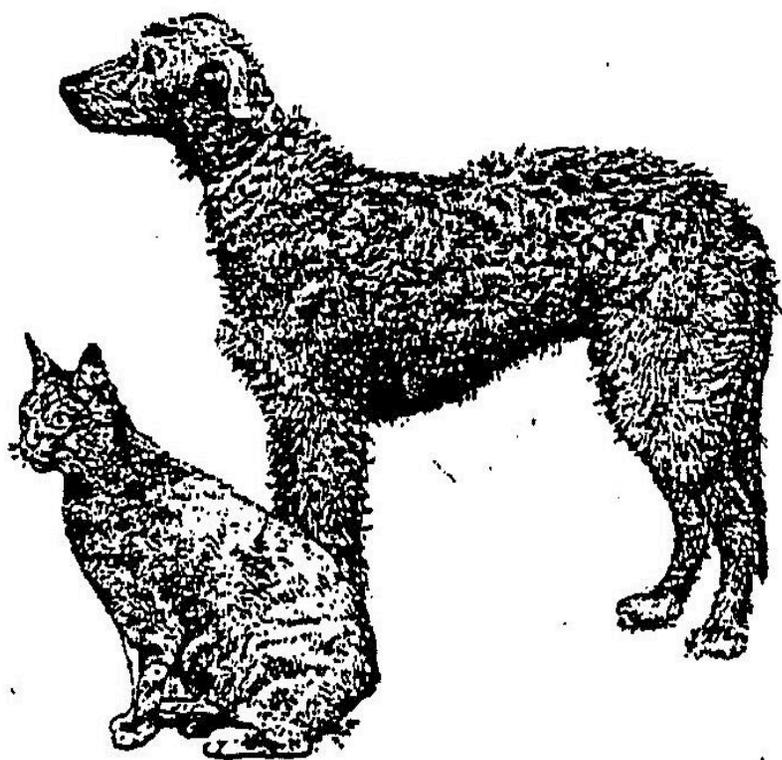
- The safety and health of our animals and the people we visit is our primary concern!
 - Do not work with an unhealthy or stressed animal.
 - Do not work with an aggressive or overly afraid animal.
 - Never put animals or people in risky situations.
 - Have your "pet pack" available with items important for on-the-spot care of your pet. (Example: water dish, plastic bags, brush, deodorizer, disinfectant cleaner, paper towels, clean towel or throw.)
- Each volunteer will work with one animal at a time.
- P.E.T. P.A.L.S. is a commitment.
 - The residents, the facility, and P.E.T. P.A.L.S. are counting on you!
- Clean up messes!
 - Have clean up materials available.

- If major problems occur, end the visit!
- Always stay with the animal.
- Always have your animal under control.
- Communication is very important!
 - Communicate with team leaders, care facility staff, and coordinators.
 - Communicate about problems and questions.
- Respect confidentiality, ALWAYS.
- Continue your education about AAA/T.
 - Read and review the manual, the newsletter, and other AAA/T materials. Attend volunteer meetings.



Part IV

Pets and the Visit



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Later on that night was the familiar sound of Skeezer's nails clicking on the floor as she made her rounds. At Bentley's door she hesitated. Moving slowly past an obstruction toward his bed, she laid her head on his pillow near his and kept it there....

"Skeezer," he whispered, "Skeezer," He put his arms around her neck. "You old bitch you." Skeezer nuzzled him, then turned and went her way, Miss Williams stood in the doorway of Bentley's room. His steady breathing assured her that he was sleeping so she put on the light. He had placed two chairs just inside his room and strung a rope across them to make a barrier. From the rope hung a notice, crudely lettered on a piece of cardboard, "Everybody except Skeezer keep out, I hate you."

Bentley had returned to the ward a second time. (He was not very well liked by the other children on the ward because of his aggressiveness.)

He greeting the other children by a rush of dirty words and the news that he was in the Dirty Kids Club. The kids thought this great news and ran down the hall to spread the news.

Bentley was alone. Skeezer moved over from her place of against the wall and pushed herself close to him. Bentley leaned hard against her. She dragged her tongue across his hand. Sure that no one was looking, he put his arm around her and talked to her, telling her the obscenities of which he was so proud. Skeezer didn't care what was said, for the sound of the sayer was tender, and with his words Bentley proclaimed his love for her. Her tail wagged, her eyes searched the face that was close to hers.

"Don't ever go away Skeezer, don't ever go away."

Glancing about him to make sure no one could see what he was doing, Bentley put his other arm around her and hugged her. The embrace was too tight for comfort, but Skeezer endured it. "That's the way I used to hug my mom, my real mom, but she went away and left me. And when I hug my other mom like that, she tells me to get away."

This story is taken from the book SKEEZER, A DOG WITH A MISSION by Elizabeth Yates. Skeezer was a dog in the children's psychiatric ward in a Detroit hospital.

On the first P.E.T. P.A.L.S.' visit ever made we met Ida. I was carrying a puppy down the hall and a white-haired lady in a wheelchair looked up at us, pointed, and said, "Bring that puppy here!"

I did, and for almost 15 minutes Ida held and visited with the puppy. At one point she looked up at me and asked, "What's the puppy's name?"

I told her that the puppy was from the Humane Society and didn't have a name yet. Ida named the puppy Spot!

As I left Ida, I felt good. This woman had definitely enjoyed the puppy. I can't explain the feeling that came next, when two staff people followed me down the hall and asked, "Do you know what just happened?" "Ida doesn't talk. She hasn't spoken a word for years!"

Until her death we continued visiting Ida, and her conversations with the puppies and kittens (and once in awhile a word to me) continued.

This is a true story. The names have been changed to protect the confidentiality of those involved.

Animals

Kinds of Animals Involved in Animal-Assisted Activities and Therapy

- Animals in our program must be domestic animals.
- It is illegal to work with wild animals unless the handler has a special permit from the federal government. (Unless the program involves feeding wild birds, squirrels, ducks, etc. in a manner where they are outside, in their natural habitat and not handled)
- Animals must be screened and approved to be part of the P.E.T. P.A.L.S. program.
- Many species make wonderful AAA/T animals and can form a strong human-animal bond.

Birds	Rabbits
Goats	Ducks
Hamsters	Domestic Rats
Llamas	Guinea pigs
Cows	Horses
Miniature pigs	Chickens

The Appropriate Animal

The appropriate animal will have the following characteristics:

- is reliable
- is controllable
- is predictable
- is social
- is forgiving
- is relaxed
- likes being petted, touched, and hugged
- is comfortable in different settings
- adapts easily to different environments
- remains calm
- does not startle, growl, bark, or behave in a way that is dangerous

Animal Screening

All animals involved in the P.E.T. P.A.L.S. program must be screened.

Animal screening is required for several reasons:

- To determine if the animal is safe and under control
- To protect the handler
- To insure the safety of the animal
- To ensure the safety of humans
- To appropriately place the animal by assessing the animal's aptitude

P.E.T. P.A.L.S. has two temperament evaluations. The first was created for P.E.T. P.A.L.S. The second evaluation has been adopted from the Delta Pet Partner's screening. Both temperament evaluations are administered by P.E.T. P.A.L.S. and are very similar. The Delta screening must be administered by a trained Delta Animal Evaluator and must be submitted to Delta if the animal is to be registered as a Delta Society Pet Partner. If the animal being screened is registering only as a P.E.T. P.A.L.S. animal volunteer, either evaluation is accepted.

The following is a description of the screening process. The actual temperament evaluations can be found in the Appendix at the back of this manual.

Before an animal is screened, the following must have taken place:

- The human volunteer must have completed training.
- The animal must have passed a health screening by its own veterinarian and have a certification of health Filled out for P.E.T. P.A.L.S.
The handler must have filled out and submitted the proper forms which include:
 1. The Hold Harmless Agreement
 2. Proof of personal liability insurance coverage
 3. A copy of the veterinarian health screening
 4. A signed P.E.T. P.A.L.S. Contract
 5. A confidentiality agreement

Each volunteer in the P.E.T. P.A.L.S. program is required to update his/her animal's files yearly by turning in an updated veterinarian health screen form. Also, the animal's temperament is assessed on a continuing basis by the facility Team Leader. The Handler may be asked to take part in another temperament evaluation for a variety of reasons which may include the animal's behavior has changed, the animal has undergone physical trauma, the animal is older, etc. Although not required, it is encouraged that the animal be reevaluated every few years.

The temperament evaluations take about 30 minutes. It is not an unpleasant experience for your animal and in fact the animal may enjoy the evaluation (especially if the animal likes attention which is important for a AAA/T animal!).

The animal may receive one of four ratings after taking the temperament evaluation:

- Not appropriate
- Does not pass, but may be retested
This happens when the animal needs a bit more work, but shows potential. The temperament evaluation committee will make recommendations on the areas needing work and make suggestions on how to work on those areas
- Passes with qualifications
The animal may have an aptitude that makes it very appropriate for certain types of visits but inappropriate for others. For example, a very small, fragile dog may not be appropriate for work with young, energetic children with developmental disabilities. Most of the animals that pass will receive this rating
- Passes
These animals are adaptable and appropriate for all AAA/T work.

Health Examinations

Health examinations for P.E.T. P.A.L.S. animals include the following:

- Current on all vaccinations which include rabies, distemper, parvo, bordatella, leptospirosis, or whatever vaccinations are typically recommended for animals of specific species by your veterinarian
- Checks on internal and external parasites
- Animal is in good health
- Animal is clean and groomed on days of visits
- The animal must be housebroken, if appropriate

Skill Requirements

Following is a description of the skills the animals will be tested on for both the P.E.T. P.A.L.S. and Delta Pet Partner's Evaluations. The description was adapted from the Delta Society Introductory Animal Handler Skills Course. Both the P.E.T. P.A.L.S. temperament test and the Delta Temperament Evaluation have similar components. Each test appears in the Appendix at the end of this manual:

1. The animal will be observed as a stranger greets the handler. The animal must show no sign of resentment or shyness.
2. The evaluator will circle the animal and handler and pet the animal. The animal will be receptive to the evaluator.
3. The animal will have appropriate appearance and

grooming that demonstrates the handler's care and concern. The evaluator will comb or brush the animal lightly and examine the ears and feet. The animal will be receptive.

4. The handler and animal will go for a little walk, dogs on a leash and other animals carried or appropriately led. The animal must stop and turn. It is inappropriate if the animal pulls, struggles, jumps, cries, or refuses.
5. The handler will walk through a crowd with the animal. This shows the animal can handle a crowd. The animal can show interest in the strangers, but should not be overly shy, frightened, or resentful.
6. The handler will attach a 20 foot line to the dog and walk to the end of the line, telling the dog to stay. Then the handler will return. This test is for dogs only and demonstrates the dog has training, will lie down, sit, and come at the handler's command.
7. The handler may use praise, petting, or play with the dog for about 10 seconds and then calm the dog down. This shows the dog can be easily calmed following play or excitement.

Observed with Another Animal

1. The animal being tested will be approached by a dog or another animal. The animal should show no more than a casual interest in the other animal.
2. Throughout the evaluation, the evaluator will cause a variety of distractions including a wheelchair, walker, loud noise, clanging cart, waving hands, a ride in an

elevator, walks on unusual surfaces, etc. The animal should remain confident, although curiosity is normal. The animal should not panic, struggle, eliminate, or bark.

Aptitude Requirements

Aptitude means the ability, capacity, and potential for participating in AAA/T programs as well as assessment of appropriate placement possibilities.

1. The animal is examined all over by a stranger. The person will look at the animal, look in the ears, hold the animal's tail, put fingers in the animal's mouth, and handle the animal's feet.
2. The handler will pet the animal in an exuberant and clumsy fashion as though the animal is being petted by someone who is excited, has a high voice, is clapping, and has clumsy movements. The person will also wave a rag or stuffed toy around the animal.
3. The evaluator will hug the animal (or in the case of a bird, cut the bird in both hands) restricting the animal's movements.
4. A stranger will move through the room staggering and making unusual gestures. The stranger may use a wheelchair, cane, walker, or another assistive device. The person will also make loud and unusual sounds.
5. Two individuals will have a mock "angry fight" yelling and exhibiting behavior indicative of strong emotions.
6. Someone will come up behind the animal and handler

and bump their bodies.

7. A crowd (3 to 5 people) will pet the animal at once, while they are laughing and talking and trying to gain the animal's attention.
8. The handler will give the animal (or animal's lead) to a stranger and leave the room. The animal should not bark, cry, pace, or show extreme nervousness.
9. The animal will greet several persons and demonstrate that it can interact socially.

Other Species of Animals

For other animals, appropriate adaptations will be made and the animal will be observed and evaluated.

For further information on the temperament evaluations, please contact the P.E.T. P.A.L.S. Evaluator.

Discipline on a Visit

Appropriate behavior and handling is very important on a P.E.T. P.A.L.S. visit. First and foremost, remember an AAA/T visit is not an obedience class. Your animal needs to be under control, but relaxed. This is a time for both of you to enjoy. Also, what other people see and hear is important. If you talk harshly to your pet or use harsh discipline, you may greatly offend someone. Even if your pet is accustomed to "harder" language, on the visit, speak to and treat your pet in ways that cannot ever be misunderstood by others.

If your animal does not behave appropriately, analyze the situation. Leave the situation immediately, if necessary, or correct your animal in a firm, but gentle manner. If the animal does not stop, leave the situation. Work with the animal privately to correct the behavior or develop other techniques for working with the animal.

IF THE BEHAVIOR OF YOUR ANIMAL EVER PUTS ANOTHER ANIMAL OR HUMAN IN DANGER, LEAVE IMMEDIATELY. THE ANIMAL IS NOT APPROPRIATE FOR AAA/T or P.E.T. P.A.L.S.

IF YOUR ANIMAL'S INAPPROPRIATE BEHAVIOR CONTINUES, THEN THE ANIMAL IS NOT APPROPRIATE FOR AAA/T or P.E.T. P.A.L.S. ASK THE TEMPERAMENT EVALUATOR FOR ASSISTANCE, REEVALUATION, OR WITHDRAW THE ANIMAL FROM THE PROGRAM.

Zoonotic Diseases*

One of the risks of bringing people together with other members of the animal kingdom is that we can share not only warmth and companionship with each other, but also the parasites, bacteria, and fungi which live in, on, and around our bodies. Some of these microscopic life forms can, under some circumstances, cause disease. Diseases which can be exchanged between people and other animals are called zoonoses. An example is rabies, a disease transmitted from animals to humans. Most of these diseases are easily prevented.

* This information is taken from a book, Good for Your Animals, Good for You. 1994. Distributed by the Delta Society. If you are involved in AAA/T, it is recommended you get this book and learn more about Zoonosis.

Keep your animal on routine vaccination and parasite prevention schedules. Make sure that your animal does not have an opportunity to be in contact with wild animals (e.g., raccoons).

There are no good health reasons why dogs and other animals who are properly cared for should not be allowed into schools and nursing homes. The benefits of cavorting with animals far outweigh the small, easily preventable risks involved. The existence of zoonotic diseases should be seen as a cause for celebration; they are a clear sign that we are all part of one extended family of animals. Anyone reading the medical and veterinary literature might come away with the impression that there are hundreds of diseases that people could pick up from

dogs, cats, birds, and turtles. This is true. Most of these diseases, however, are not very common. Furthermore, there are really only a few ways that diseases can be transmitted from other animals to people.

We can pick up some diseases from our animal friends through direct contact, not only through biting and scratching, which we hope to avoid altogether, but also through those kinds of contact, such as petting, which we are trying to promote. Finally, animals may contaminate the environment we live in, including the air. This can happen if their excrement is not properly cleaned up, if they shed hair or dander, or haven't been cleaned and groomed properly, or are not well and are shedding bacteria or parasites onto the carpet or bedding. By paying some attention to these ways of transmitting diseases, we can prevent almost everything that we might be concerned about.

Hopefully, we haven't given you the impression that animals are nothing more than flea-bitten, parasite ridden, bacterial spewing things that bite, a threat to life and limb.

On the contrary, you are much more likely to catch something from another person than from an animal - and that shouldn't stop you from getting close to other people. Get close, but be careful!

In fact, in some admittedly rare cases, sickness in people can rub off on pets. This could happen if you had a bacterial infection, such as tuberculosis, and coughed it into the dog's face; or if you had the plague and kissed a cat; or more likely, if you had a case of diarrhea caused by Salmonella and you didn't wash your hands after. . . well, you

get the idea. In general, if a person has an infection that is highly transmissible to other people through casual contact, then it may be passed to animals as well.

To prevent the spread of zoonotic diseases.

- make sure your animals are healthy.
- make sure you are healthy.
- make sure your animals are clean.
- always appropriately clean up after an animal.
- wash your hands.
- the people you visit should wash, also.
- take note of a client with unusual symptoms such as skin irritation and protect your animal from it



Stress*

To do our job well, we must enjoy it. This is true not only for the human component of our AAA/T team, but for the animal as well. Change, unfamiliar situations, and intense emotions can cause stress. Being more specific, here is a list of some of the more common stressors for our companion animals:

- Unusual noise
- Unknown environments
- Confusing or inconsistent responses
- Rough or unpredictable handling
- Crowding
- Exhibition of inappropriate or unusual behaviors
- Unusual smells
- Unusual emotional reactions

Signs of stress in animals

- Shaking
- Restlessness, distraction agitation
- Panting/salivation
- Whining, excessive vocalizations
- Excessive shedding
- Gas/ diarrhea
- Dilated pupils
- Yawning
- Excessive blinking
- Pacing
- Increased activity

- Licking lips
- Loss of appetite
- Hiding
- Shutting down/unusual passivity
- Clinging
- Vomiting
- Accidental or frequent elimination

Techniques to prevent or relieve stress

- Pick suitable environments, avoiding stressful ones.
- Take breaks or short "time-outs".
- Constantly monitor your animal's behavior. If you notice signs of stress or fatigue, take a break or end the visit.
- Stay healthy.
- Continually desensitize your animal to a variety of environments and experiences.
- Keep things positive and short. Don't push beyond the animal's limits.
- Identify the need for a rest, day off, or retirement.

NOTE: IF UNUSUAL BEHAVIORS PERSIST,
SEE YOUR VETERINARIAN.

*The information on stress was adapted for the P.E.T. P.A.L.S. manual from the Delta Society's Introductory Animal Handler Skills Course.

Cats On a Visit

The primary AAA/T animals are dogs and cats. In our program, we have nearly five times the dog AAA/T animals as cats. Dogs, in general, are gregarious and are anxious to please. Many dogs have temperament and skills that lend to AAA/T. Cats, on the other hand, seem to think that their role is to be pleased. There are, however, many cats with the appropriate temperament and skills for AAA/T. The following information was put together with the help of Betty Held from Sioux City, Iowa, and Dr. Taylor, a veterinarian in Cedar Falls, Iowa.

Preparing Your Cat for Visiting

If your cat isn't used to trips away from home, prepare him/her gradually. Begin with small, pleasant experiences. Transport your cat in a carrier. It is safest for you and your cat. In the crate, have a small meat tray with litter in it for elimination purposes. Expose your cat to it at home. Make your first rides in the car short and pleasant. You need to convince the cat you do not always go to the veterinarian when riding in a car. (A treat might help.) After several short, successful trips, extend your trips to include a friend's home. (One with a safe and friendly environment for cats!)

When you are visiting, don't just hand your cat to someone or just put it down on the floor. Hold your cat in a

secure position. (Some cats like a baby burping position; your cat may have another favorite.) Have the other person pet your cat while you hold it. When your cat initiates going to another person or getting down, it then feels secure enough for you to let it.

If your cat does well with these preparations, then it is probably ready for the temperament evaluation.

If your cat becomes frightened or is overly nervous, don't persist. A traumatic experience for a cat may be difficult or impossible to reverse. Try a different procedure or lay off for a bit before working with it again. Cats also can be moody. You need to be sensitive to the cat's moods. Don't persist on a "bad" day, try again another time. Irritability may be caused by the need to eliminate. Putting the cat back into his/her crate may take care of this if the crate contains "litter".

Taking the Cat on a Visit

When taking your cat on a visit, here are some things you need to know:

1. Transport your cat in a crate. It is the safest method of transportation for both you and your cat.
2. In the crate, have a small meat tray with litter in it or a disposable diaper for elimination purposes. If the cat becomes irritable during the visit, he/she can be put back into the crate. Perhaps this will solve the irritability problem!
3. Use a collar and leash with your cat to make handling

safer.

4. Carry your cat in a secure and comfortable position. A "burping baby" position close to your body or another position your cat likes better.
5. Don't hand your cat to a stranger. Have the person pet your cat while you hold it. Let the cat go to the person if the cat initiates it.
6. Always encourage residents to pet the animal from the shoulders to the end of the tail. They also like petting or scratching under the chin. Many cats do not like people touching their heads.
7. Some cats may tire quickly. Be sensitive to their condition.
8. Cats resist a tight hold on them.
9. Be aware that cats instinctively grab with the nails if they think they are falling. If your cat is not declawed, you might want to clip the tip of the cat's nails before a visit.
10. Carry a large bath towel to cover the cat with if it becomes frightened and tries to bolt. Wrap it up and cuddle it as you would a baby and talk to it soothingly. Return it to the carrier.
11. Always stay near your cat. DO NOT leave the room or leave it with a resident. If an unexpected situation should arise, your cat needs you there and you need to be there!
12. A traumatic experience for a cat may be difficult to reverse, so keep everything positive. Accept the fact the cat may have a bad day or just change its mind about being a AAA/T cat! If he/she becomes irritable,

STOP.

Give the cat some time to recover. Try again another day. If the behavior repeats, you might have to face "burnout!" You know as well as anyone that cats have definite thoughts about things. It's OK if the cat doesn't want to go anymore.

13. Don't forget lots of praise and a special treat on the way home to make the occasion really special!

P.E.T. P.A.L.S. AAA/T Visit Checklist

Before the visit:

- bath (if necessary or appropriate)
- clean ears
- check animal's mouth and breath
- brush coat (remove tangles or mats)
- check nails (cut or file, if necessary)
- clean eyes
- assess overall health and attitude of the animal

Equipment:

- blue P.E.T. P.A.L.S.' collar and leash (or appropriate)
- carrier or basket
- treats
- water bowl
- scooper kit (litter box or appropriate equipment)
- toys
- brush or comb
- towel or blanket (to lay on the bed or lap)

During the visit:

- exercise and toilet the animal before entering the facility
- allow the animals to greet one another or become aware of one another's presence before the visit
- be cautious of the animal overheating
- be aware of the animal's needs to relieve itself (Under the stress of the visit or in a territory of new smells, this may be more frequent.)

- watch for stress symptoms
- provide water periodically
- keep the animal in control at all times
- learn to read the animal's body language (ready to pounce, distressed, uncomfortable, etc.)

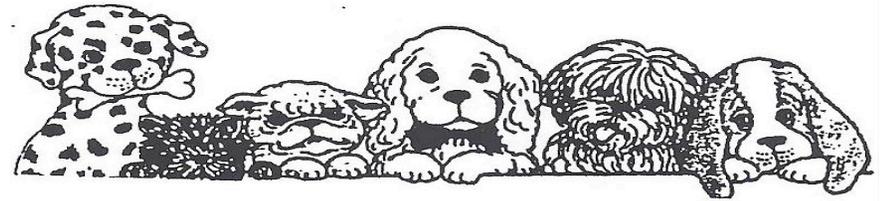
After the visit:

- recognize most animals are tired and need some quiet time
- avoid feeding for a couple of hours to let the stomach recover from "goodies" received on the visit
- offer water
- put away and care for the equipment
- praise the animal and offer a special treat
- assess the animal's stress level
- review the visit (think of new ideas and improvements)



PART V

Visiting With Puppies and Kittens



HUMANE CARE OUR FIRST CONCERN

We cannot help people if we are hurting the animals. If there is anything that interferes with the animal's welfare, STOP VISITING. Explain to the residents why you must stop; if it is for the welfare of the animal, they will understand. Tell them you will be back another time.

HOW WE HELP THE PUPPIES AND KITTENS

Between the ages of five and eighteen weeks it is important that a puppy or kitten have lots of experiences (good ones) and meet lots of people. This is called socialization. Usually a pet that has been well socialized is adaptable and good with people. Many of the young animals that come to the Cedar Bend Humane Society have had little or no socialization experience. Some are afraid of people. What we are doing is good for the young animals and if done in a nurturing and caring way will help to ensure a healthy temperament as they grow. If we offer a traumatic experience, this too will mark the rest of their lives. IT IS ESSENTIAL THESE EXPERIENCES BE GOOD.

A puppy that cowers in the back of the kennel may be scared the first time a human takes it out of the kennel. Handle it gently. Sit with it, love it. Take good care of it. When it is ready, take it on a

visit. Chances are the next time someone comes to the kennel door, that puppy will run to the front wagging its tail. And that puppy will be more adoptable!

Many programs do not allow members to work with puppies and kittens from Humane Societies for various reasons. One concern is stress. A pet visit is a big, new experience. The puppy or kitten will hear, smell, and see many new things. It will experience some stress. Small bits of stress in nurturing environments are beneficial. If the animal becomes too stressed (see the manual), stop visiting. Keep it positive.

Another concern is zoonotic diseases. Young animals have fragile immune systems. It is easy for them to pick up a disease, and it is also easy for them to transmit diseases. It is important that the animals you take to visit have been screened for health and have had all initial shots. It is also important that they are not introduced into a situation that could be dangerous.

Take good care of the puppies and kittens.

**IF YOU ARE WORKING WITH PUPPIES OR
KITTENS FROM CEDAR BEND HUMANE
SOCIETY**

Preparation

First you will need to contact the Humane Society and sign up for one of the Volunteer Training Sessions. You will be ready to visit after completing both P.E.T. P.A.L.S. training and the Humane Society Training.

The puppies and kittens that we are able to work with from the Humane Society have been approved by the medical technician for both temperament and health. They may be prepared for visiting by the staff by bathing them, and if necessary, clipping their toenails OR you may have to prepare them.

To Reserve Puppies and Kittens for a Visit

You must call the Cedar Bend Humane Society to reserve the puppies and kittens for each visit.

To reserve: Call the shelter 24 hrs. prior to the visit and give the designated person at the shelter the following information

1. The number and kind of animals desired (each Handler can work with only one animal)
2. The time and person picking up the animals
3. The location of the visit

Guidelines for the use of puppies and kittens from the Humane Society include:

- CBHS staff will choose an appropriate shelter pet according to the nature of the requested off-site visit. These decisions may depend upon the availability of requested animals and the nature of the off-site visit.
- Requested puppies and kittens must be 12 weeks or older to participate in an off-site visit. (Pets younger than 12 weeks have received minimal vaccinations. Stress and environment change may lead to extreme fatigue and/or illness inhibiting adoption chances).
- Shelter pets over the age of 4 months of age must have a current rabies vaccination prior to participating in an off-site visit.
- CBHS staff will provide the requested pet with a brief physical exam to ensure the animal is healthy and parasite free prior to participating in an off-site visit.
- CBHS staff may refuse the request for any shelter animal for an off-site visit for any reason at any time.
- No cats over the age of 12 months with claws will be allowed to attend off-site visits unless approved by the Co-Directors or head medical technician.

- Volunteers should arrive at the CBHS approximately 45 minutes prior to scheduled off-site visit to allow plenty of preparation time.
- Volunteers will be allowed access to the CBHS bathing area. It will be the responsibility of the volunteer to bath and/or groom requested shelter pet. CBHS staff will make sure the appropriate grooming and/or bathing supplies are available to Volunteers at desired time.
- Also call the shelter again about one hour before your visit to confirm that reservation or to make any changes necessary.
- Reserve on Friday for Saturday or Sunday. Call again about one hour before your visit to confirm the reservation.

**IF YOU MUST CANCEL FOR ANY REASON,
CALL THE SHELTER AND INFORM THEM**

THE CEDAR BEND HUMANE SOCIETY
NUMBER: 232-6887

Transporting the animals

Volunteers will be provided with a travel bag, furnished with pet supplies to take along with the pet on an off-site visit.

Transport all animals in crates. This is the safest means of transportation for the animals and for you. LEAVE

THE ANIMALS IN THE CRATES. Contrary to what many think, most animals (especially the young ones) do not mind the crates. In fact, they feel safe and comfortable in them. If they are crying or barking, there is another reason.

All dogs and cats will be kept on leashes at all times.

IF PROBLEMS OCCUR, STOP THE CAR, GET OUT AND CHECK.

At the Facility

First, take the puppies out of the crate and exercise them outside. This gives them a chance to go to the bathroom.

IF THEY DO ELIMINATE, CLEAN UP AFTER THEM. Equipment is provided in the Pet Pack for this purpose. There are plastic bags for picking up waste, and paper towels. Deposit the refuse in an appropriate place or bring it back to the shelter for deposit. Check with the Activity Director for an appropriate place. DO NOT PUT IT IN A TRASH RECEPTACLE INSIDE THE FACILITY. The smell has a way of penetrating the plastic over time.

Check Crates

When you arrive at the facility, check the crates for any accidents. Clean the crates if a problem exists.

Returning the Animals

Transport animals back to the shelter in the same crates they came in. When you get to the shelter, follow the guidelines at the shelter for putting the animals away. RETURN THE PET PACK TO ITS PROPER PLACE.

Puppy and Kitten Pack

The Pet Pack is available at the Cedar Bend Humane Society for volunteers working with puppies and kittens. This a blue back pack full of necessary goodies for a pet visit. If a Pet Pack is not set out, be sure to ask for one. The packs can be carried during the visit in a way that your arms and hands are free for carrying the puppy or kitten.

Included in the Pet Pack:

- Paper towels/Wet Wipes
- Clean-up bags
- Toys for dogs/cats
- Brush/comb
- Lap towel for residents
- Leashes
- Water Dish

FOR KITTENS: Ask for a cardboard disposable litter box that will go in the crate.

Check before you leave to be sure all the supplies you need are in the pack. Please contact the P.E.T. P.A.L.S. Coordinator when items need to be replaced.

PROBLEMS

The Humane Society is not ready for you when you arrive.

Be patient. There may have been emergencies or problems at the shelter, the communication trail may have broken down, or the animals you were planning on taking may have just been adopted. There are many reasons things may not run smoothly. Remember, the first priority of the shelter staff is their job at the shelter. P.E.T. P.A.L.S. is NOT the first priority. In most cases, however, problems can be worked out in a hurry by friendly staff. If problems persist, please talk with your team leader or call the P.E.T. P.A.L.S. coordinator.

Things are not as you were told they would be when you arrive at the shelter. For example, you were told the puppy would be prepared and ready in a crate and it is not. Quietly do your best to remedy the situation and prepare for the visit. (See above)

Puppies get car sick

Although this does not happen often, it is normal. Usually it is minor and you can clean it up easily and the puppy feels better as soon as it is out of the car. If it is severe, do not take the puppy on the visit.

Noise in the car

This is normal and may happen often. Try not to listen. Sometimes singing or playing the radio will help. Usually the animal will be noisy on the way, but on the way home it is tired and will sleep. If the noise is a signal of distress, stop the car and check out the situation.

The animal is not appropriate for the visit

First read the section on discipline in the manual (on page 195). If the animal is not suitable for a visit, return the animal to the crate and do not visit. If the animal is extremely frightened, take care of the animal, soothe it and do not visit.

Animal escapes

Begin by using preventative measures. When exercising puppies use a leash as a back up. Stay with the puppy at all times. Do not take kittens outside for exercise. Put a light lead on the kittens also. Exercise in a safe and enclosed area.

If the animal does escape, inside or outside, remain calm. DO NOT CHASE IT. Animals become

frightened and run...and some just love a chase. Get down to ground level and call the animal. Entice it to come. If it is scared, try to clear the situation so all is calm and then approach it. If you can't get the animal, call the shelter.

Someone hurts the puppy or kitten

The volunteer must always be close enough to monitor and control the situation, but sometimes there are surprises. The well being of the animals and the safety of the person are our first concerns. Quickly remove the animal and administer first aid. Return to the shelter as soon as possible and report the problem. Be sure to communicate with residents and staff if they may be troubled by the situation and assure them that all is well. Report incident to the Team Leader or P.E.T. P.A.L.S. Coordinator.

Exhaustion

It is hot in the nursing homes, and the young animals are not use to so much activity. It is important to keep an eye on the animal at all times and offer frequent water. If the animal tires, end the visit. A half hour visit is long enough for a young animal. Read the manual on animal stress, and be familiar with the signs.

For more information on handling problems on visits, read the P.E.T. P.A.L.S. Training Manual's section on problems.

Volunteers will return the shelter pet by the designated time.

REMEMBER, WHAT HAPPENS TO THE PUPPIES AND KITTENS ON THESE VISITS WILL INFLUENCE THE REST OF THEIR LIVES ... FOR BETTER OR WORSE.

IT MUST BE FOR THE BETTER

MANAGING ANIMALS ON A VISIT

A P.E.T. P.A.L.S. visit can be a very important time in the life of a young animal. The gentle affection from friendly people is a major factor in the socialization of the animal. Just as important, though, is the appropriate handling of inappropriate behavior. The pet visit is not meant to be an obedience training session, but there are some things a volunteer can do to insure that the young animal does not learn bad habits or to misbehave.

If the puppy or kitten is excited and hyperactive, make sure you stay calm. Sit down with the animal. If it is a puppy, hold it gently, but firmly. Talk quietly to it to calm it. A kitten may resist firm holding. Sit with it, giving it the freedom to move about on your lap. Talk quietly to it also. If the behavior persists, make sure the puppy or kitten is not thirsty or needs to relieve itself. Perhaps a bit of exercise will help. If still a problem, put the puppy or kitten back into its crate for a short time and then try again.

If a puppy snaps or bites, first try holding its muzzle gently but firmly. Look it in the eyes and say,

"Stop it." If that does not work and the puppy's behavior is extreme, place the puppy on the floor, and hold the puppy down with your hand over the neck and withers area (don't press). Hold until the puppy calms down. This is called the "Alpha Wolf" and is what a wild canine would do when disciplining her young. In other words, you are speaking the language of the animal. Another way to do this is to hold the scruff of the neck and hold the pup up, hind legs on the floor, front legs off, and gently shake while saying "Stop It." If these techniques do not change the puppy's behavior, put the animal back into the crate and do not use it on the visit. Tell someone at the Humane Society.

If a kitten continues to be overly playful or hyperactive, restraint will only make the behavior worse. Let the kitten continue to play with you until it feels safe. Keep your game calm. When you can handle it gently and it is comfortable, it is ready to visit. If it does not reach this point, put the kitten back into the crate and end the visit.

SOME VERY IMPORTANT THINGS FOR ALL VOLUNTEERS TO REMEMBER

P.E.T. P.A.L.S. volunteers have been trained to take animals to visit people. In our training, we cover a lot of material. This material is covered in even more depth in our manual. Here we have pulled the most important "things" each P.E.T. P.A.L.S. volunteer needs to remember on a pet visit.

The safety and health of our animals and the people we visit is our primary concern

- Do not work with an unhealthy or stressed animal.
- Do not work with an aggressive or overly afraid animal.
- Never put animals or people in risky situations.
- Have your "pet pack" available with items important for on-the-spot care of your pet.

Each volunteer will work with one animal at a time.

P.E.T. P.A.L.S. IS A COMMITMENT

The residents, the facility and P.E.T. P.A.L.S. are counting on you.

Clean up messes.

If major problems occur, end the visit.

Always stay with your animal.

Always have your animal under control.

Communication is very important.

Communicate with team leaders, care facility staff and coordinators.

Communicate about problems and questions

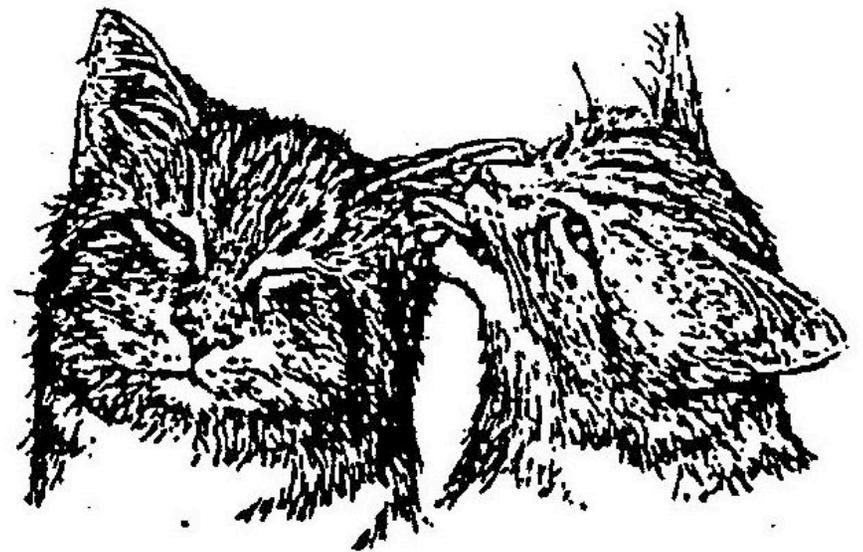
Respect confidentiality ALWAYS.

Continue your education about AAA/T.

Read and review the Manual, the Newsletter and other AAA/T materials.

Appendix

Forms



Evelyn raised purebred dogs. Each time a litter was born, one puppy was selected to give to a child with a special need. In addition to the "gift" of the puppy, Evelyn followed the project making sure that the animal was cared for and appropriately trained.

Donald was a child with autism. As a result, he did not speak. Donald's parents weren't too sure about taking on a puppy, but Evelyn convinced them to try.

By the end of the first three weeks, Donald began to do something he had never done before. In the puppy's presence, he began to make guttural sounds. His progress in therapy began to improve dramatically. Before long these sounds grew into words and then language. Donald talked first to his dog, and then later, to the people in his life. Later Donald took his "special friend" to obedience training, and after that they tried the show ring.

Master and dog were proud to have finished in two states and in addition to have an array of beautiful ribbons! Most important, however, was their very special friendship.

*This is a true story. The names have been changed to protect the confidentiality of those involved.

Marge and her dog, Dandy, were asked by the activity director to visit Ed. Ed had Alzheimer's disease. He was always in bed and would do nothing to care for himself or even feed himself. Marge and the activity director planned a program where Marge would visit him once a week for a period of time. Some of the time was "quiet time," and she and Dandy would just be present in the room. Some of the session would be "activity time" where Marge would work with Ed and Dandy together, encouraging as much touch and interaction as possible.

At first, there wasn't a lot of response, but in a short time Ed began to react to Dandy. After only a few visits, Marge showed up one day with another dog of the same breed, even the same size and color. Ed looked at them as they entered the room and immediately said, "Where's Dandy?"

After that, things progressed quickly. It wasn't long before Ed began to take care of himself. He knew when Dandy would be coming to visit and when it was time for a cigarette. He was out of bed and moving about. During the quiet times, Marge and Dandy would visit in his room, with Ed petting and talking with Dandy. Activity time became walking outdoors, with Dandy pulling Ed's wheelchair.

Six months passed, and Ed's time was up (because Medicare was terminated). The care facility felt Ed could return home. His family, however, felt differently, and instead Ed was moved to the county home.

Marge finally found Ed, but more than a month had passed before the red tape had been cleared for her and Dandy to see him there.

On the way up to his room, the county home nurse told Marge to expect to be disappointed because Ed had really deteriorated since he had been moved there. He was in bed, nearly non-functioning. He didn't even feed himself.

Marge and Dandy entered the room. Ed stared vacantly at the ceiling. Dandy put his front feet up to Ed's bed. Slowly Ed turned his head toward Dandy. He sat up, tears poured down his cheeks, and he put his arms around the dog and hugged him.

Ed was transformed. The quality of his life had definitely improved, and each week he looked forward to his visits with Dandy.

*This is a true story. The names have been changed to protect the confidentiality of those involved.

**P.E.T. P.A.L.S.
Volunteer Procedure**

STEP ONE

The potential volunteer makes contact with the organization. The volunteer trainer then responds to explain the program and also serves as a mentor throughout the training process. An application is sent for the volunteer to complete and return to the trainer along with a check for \$25. This money provides the volunteer with a P.E.T. P.A.L.S. manual, shirt, and name badge.

STEP TWO

The volunteer receives a list of team leader names with whom to make contact in order to do an observation visit prior to the training. This ensures both the volunteer and the organization that joining P.E.T. P.A.L.S. is a "good fit" for everyone. The observation is important because sometimes the volunteer discovers that their animal may not be appropriate or that it is not something they want to do.

STEP THREE

After observing, the potential volunteer decides whether or not to proceed with the training. If they decide to continue the process, they then attend a three-hour training session without their animal. During this training, the volunteer receives a P.E.T. P.A.L.S. manual and

learns about the benefits of animal-assisted therapy and activities, the history of our organization, how to visit, etc.

They also receive the necessary forms that need to be completed before visiting a facility. All of these, along with a copy of the front page of their insurance showing a minimum of \$100,000 liability coverage, are required to be turned in at the temperament evaluation.

Those wishing to work with puppies and kittens from the Cedar Bend Humane Society must call and schedule a time to go through their volunteer training (Phone 232-6887). These volunteers are responsible for completing some of the P.E.T. P.A.L.S. forms prior to beginning their regular visiting schedule and sending it to the record keeper whose address they will be given.

STEP FOUR

Volunteers wishing to visit with their own animal must attend a thirty-minute temperament evaluation. At this time, a P.E.T. P.A.L.S. team will assess how the animal responds in various situations and how it interacts with others.

(ALL PAPER WORK MUST BE TURNED IN AT THE TEMPERAMENT EVALUATION PRIOR TO THE BEGINNING OF THE EVALUATION.)

STEP FIVE

After successfully completing the P.E.T. P.A.L.S. training and temperament evaluation, new members receive their shirt and name badge.

It is now the new member's responsibility to contact the team leader from the facility where they wish to visit. Remember that a volunteer may visit more than one facility or try several to see which one works best for them and their animal. Whenever a volunteer has questions or concerns, they need to contact the team leader or the Volunteer Trainer.

To: New Volunteers

Concerning: Temperament Evaluation

In an effort to make your temperament evaluation a pleasant experience, please take a few moments to review the following.

Everyone having an animal temperament evaluated must bring the paperwork listed below to the evaluation in order to be tested:

- Hold Harmless Agreement
- Veterinary Health Certificate
- Volunteer Contract
- Confidentiality Agreement
- A copy of your homeowner's (or renter's) insurance policy stating that you do carry \$100,000 of personal liability insurance

The temperament evaluation will last approximately 30 minutes. Please try to arrive a few minutes early. You will be contacted ahead of time as to the location. Make sure that you present your animal as you would if this were to be an actual P.E.T. P.A.L.S. visit. Good grooming is essential. The

animal should look and feel clean. All animals, including cats, must be on a collar and lead.

Please remember that this evaluation is a chance to see you and your animal working as a team. It is casual in nature. The main objective is to insure that your animal would not pose a threat to any person or other animal while on a visit. It is not an opportunity to be critical of you or your animal.

Temperament evaluations are scheduled as the need arises. We try to schedule evaluations when a minimum of four potential volunteers are available. Please be patient while awaiting a test date. If you have questions or are unable to attend your evaluation, please contact: _____.

After your evaluation has been completed, the team will meet to discuss the results and make any recommendations. You will then be notified as to the results. We look forward to working with you and your pet.

Sincerely,

P.E.T. P.A.L.S. evaluation team

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The undersigned, being the owner of a pet dog, whose name is _____, and the breed _____, and being desirous that said dog be permitted to participate in P.E.T. P.A.L.S. visits, hereby agrees to be responsible for said dog, and to protect, hold harmless, and indemnify the Cedar Bend Humane Society, its Board of Directors, its agents and employees, and the administrators, agents and employees of the P.E.T. P.A.L.S. Program, and the administrators of the Temperament Test and Evaluation, from and against any loss, damage, or liability which they may suffer, or be about to suffer, from any claims, demands, action or causes of action which may be made or had against them by reason of injury (including death) to persons or property, or any other causes whatsoever, in the event any attempts should be made to hold them liable therefore, in connection with the participation of said dog in P.E.T. P.A.L.S. visits.

I hereby verify that I will present this animal to any institution in good health, well groomed and bathed, and wearing proper equipment on any pet therapy visits.

I further agree to accept full and complete responsibility for said dog during any visit or activity with the P.E.T. P.A.L.S. projects and to abide by any and all rules and regulations of the individual institutions and the P.E.T. P.A.L.S. Program.

I accept the full and complete responsibility of said dog, whether the animal is under my control or the control of another person to whom I have entrusted my animal.

I further certify and warrant that I am well and personally familiar with the traits and habits of my dog and that it has never shown any propensities to cause either personal injury or property damage of any kind or nature.

Dated at Waterloo, Iowa, this ___ day of _____
Signature of owner _____
Witness _____

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The undersigned, being the owner of a pet cat, whose name is _____, and the breed _____, and being desirous that said cat be permitted to participate in P.E.T. P.A.L.S. visits, hereby agrees to be responsible for said cat, and to protect, hold harmless, and indemnify the Cedar Bend Humane Society, its Board of Directors, its agents and employees, and the administrators, agents and employees of the P.E.T. P.A.L.S. Program, and the administrators of the Temperament Test and Evaluation, from and against any loss, damage, or liability which they may suffer, or be about to suffer, from any claims, demands, action or causes of action which may be made or had against them by reason of injury (including death) to persons or property, or any other causes whatsoever, in the event any attempts should be made to hold them liable therefore, in connection with the participation of said cat in P.E.T. P.A.L.S. visits.

I hereby verify that I will present this animal to any institution in good health, well groomed and bathed, and wearing proper equipment on any pet therapy visits.

I further agree to accept full and complete responsibility for said cat during any visit or activity with the P.E.T. P.A.L.S. projects, and to abide by any and all rules and regulations of the individual institutions and the P.E.T. P.A.L.S. Program.

I accept the full and complete responsibility of said cat, whether the animal is under my control or the control of another person to whom I have entrusted my animal.

I further certify and warrant that I am well and personally familiar with the traits and habits of my cat and that it has never shown any propensities to cause either personal injury or property damage of any kind or nature.

Dated at Waterloo, Iowa, this ___ day of _____
Signature of owner _____
Witness _____

CONTRACT BETWEEN P.E.T. P.A.L.S. AND VOLUNTEER

The Volunteer Will Be Willing:

1. To make a serious commitment to the volunteer work they will be doing through P.E.T. P.A.L.S.
2. To be at each scheduled visit and on time at each visit. If it is necessary to cancel, to do so as soon as possible. Remember, when you miss a visit, you are presenting an inconvenience for P.E.T. P.A.L.S. and the facility. Also, some resident who is waiting for your visit will be disappointed.
3. To follow the P.E.T. P.A.L.S. guidelines explained in the volunteer training session and the manual.
4. To provide P.E.T. P.A.L.S. with a copy of the health certificate for your visiting pet and a copy of your own liability insurance coverage (through home-owners, home renters insurance) of a least \$100,000, if you are using a personal pet when visiting. It is the responsibility of the owner to inform P.E.T. P.A.L.S. if this insurance coverage is ever changed for any reason (change of amount of liability, change of company, etc.).
5. To use only approved animals.
6. To work with only one animal per volunteer when visiting.
7. To hold harmless P.E.T. P.A.L.S., the Cedar Bend Humane Society, another volunteer, a resident, staff member or a facility, if an accident should occur.
8. To respect the confidentiality of the persons visited, the facility visited, and P.E.T. P.A.L.S.
9. To put first and foremost the health and safety of the people and animals on a P.E.T. P.A.L.S. visit.
10. To continue to learn about Pet Facilitated Therapy through our training session, reading the manual, reading the newsletter, reading from the Resource List, and attending the annual meetings of P.E.T. P.A.L.S.

11. To communicate with the team leaders, coordinators, or designated person at a facility if a problem occurs.

P.E.T. P.A.L.S. WILL:

1. Provide an organizational structure for your volunteer visits.
2. Provide training and continuing educational opportunities for you and your pet.
3. Provide the opportunity to visit facilities with puppies and kittens from the Cedar Bend Humane Society if you do not have a personal pet approved for visiting.
4. Provide support and counsel involving pet visiting and personal pet use.
5. Provide a newsletter and training manual.

Date_____

Signature of Volunteer_____

Signature of P.E.T. P.A.L.S. Coordinator_____



P.E.T. P.A.L.S. HEALTH CHECKLIST

(To be filled out by the owner)

Owner's Name/Address/Phone Number

Dog's Name _____ Birth Date _____

Breed of Dog _____ Age _____

Vet's Name _____ Phone # _____

(To be filled out by veterinarian)

Please list the dates that the following were given:

Rabies: _____ Expires: _____

Distemper: _____ Expires: _____

Parvo: _____ Expires: _____

Leptospirosis: _____ Expires: _____

Bordatella: _____ Expires: _____

Please list the dates that the following were performed:

Physical exam _____ Results _____

External parasite check _____

Result/treatment _____

Stool check _____ Negative

If positive, please explain _____

_____ treatment dates _____

Heartworm check _____ Results _____

Please list any medications that the animal is currently on:

Heartworm medication _____

Others _____

Please list any physical conditions P.E.T. P.A.L.S. should know:

Please list any limitations that you would place on this dog:

Veterinarian's Signature: _____

Date: _____

P.E.T. P.A.L.S. FELINE HEALTH CHECKLIST

(To be filled out by the owner)

Owner's Name/Address/Phone Number _____

Cat's Name _____

Birth Date _____ Age _____

Vet's Name _____ Phone# _____

(To be filled out by veterinarian)

Please list the dates that the following were given:

Rabies: _____ Expires: _____

Distemper: _____ Expires: _____

Feline Leukemia: _____ Expires: _____

Please list the dates that the following were performed:

Physical exam _____ Results _____

External parasite check _____

Result/treatment _____

Stool check _____ Negative

If positive, please explain _____

_____ treatment dates _____

Feline Leukemia (one time test) _____

Please list any medications that the animal is currently on:

Please list any physical condition P.E.T. P.A.L.S. should be aware of: _____

Please list any limitations that you would place on this cat: _____

Veterinarian's

Signature: _____

Date _____

CONFIDENTIALITY STATEMENT

P.E.T. P.A.L.S. has a legal and ethical duty to protect the privacy of all patients and residents of the facilities P.E.T. P.A.L.S. visits and the confidentiality of their health information. As a result, P.E.T. P.A.L.S. has instituted this Confidentiality Statement in order to document your acknowledgment and understanding of the policies of P.E.T. P.A.L.S.

I acknowledge and understand the following:

1. I agree only to access information that is needed to volunteer. I also agree only to disclose or discuss confidential information, including patient information, with those who need the information in order to do their job. I also agree not to disclose or discuss any confidential information outside the facility.
2. I understand that I am responsible for understanding and following the regulations, guidelines, and policies that apply to my P.E.T. P.A.L.S. volunteering pursuant to the P.E.T. P.A.L.S. manual provided at training.
3. I agree not to talk about confidential information where others can overhear the conversation; for example, in hallways, on elevators, in cafeterias, etc. I also agree not to talk about resident information in public areas even if a resident's name is not used.
4. I understand this form must be signed in order to take my pet on approved P.E.T. P.A.L.S. visits.
5. I agree to promptly report all violations or suspected violations of information security and/or confidentiality policies.
6. I understand that violation of this agreement may result in loss of privileges at participating facilities.

I have read and understand this Confidentiality Statement and have discussed any questions I have regarding this document with my team leader.

Signature of P.E.T. P.A.L.S. volunteer _____

Date _____

Printed Name _____

This Confidentiality Statement shall be interpreted and enforced in accordance with applicable state and federal laws.

PET THERAPY CANINE TEMPERAMENT
TEST AND EVALUATION

1. Dog and handler are asked to enter the testing room with the dog on lead.

A. Tester #1 begins to converse with the handler (both remain standing). Ignore the dog. Evaluator should explain the purpose of the test and then converse about the weather or other timely topic for a period of two to three minutes. The tester should attempt to put the handler at ease.

Dog's Reaction	1. submissive	Handler's Reaction	1. distracted
	2. guarded		2. inattentive
	3. friendly, social		3. friendly, social
	4. curious		4. defensive
	5. aggressive		5. agitated

B. Ask the handler to be seated and proceed with the initial interview.

Notes:

2. Evaluator #2 approaches the dog with an upturned palm. Dog and handler remain seated.

A. Tester does not speak.

Dog's Reaction	1. submissive	Handler's Reaction	1. inattentive, no control
	2. guarded		2. hesitant
	3. friendly		3. patient, attentive
	4. curious		4. interfering
	5. aggressive		5. overprotective/ too much control

B. Tester repeats Test A while verbally and physically communicating with the dog.

Dog's Reaction	1. fear
	2. reserved
	3. social
	4. very friendly
	5. out of control, aggressive

Notes:

3. Evaluator #3 (in a wheelchair) approaches the seated dog and handler. No conversation should take place.

Dog's Reaction	1. submissive
	2. guarded
	3. social
	4. curious
	5. aggressive

Notes:

4. Care Facility Visit Simulation. If the animal being evaluated is a small dog, instruct the handler to place it in the lap of the tester in wheelchair. The medium or large dog's handler should be asked to place the front feet of the dog in the lap of the tester. The team should show social and physical ability to visit with the client.

Dog's Reaction	1. docile	Handler's Reaction	1. inattentive, no control
	2. reserved		2. hesitant
	3. social		3. patient, attentive
	4. very friendly		4. interfering
	5. out of control		5. overprotective/ too much control

5. Motion Sensitivity

A. Tester #1 will throw a towel past the dog from an unknown source.

	Dog's Reaction
	1. shows fear
	2. hesitates
	3. curious, alert
	4. growls
	5. very aggressive

B. Tester will move an open hand rapidly about 6"-8" in front of the dog's face.

	Dog's Reaction
	1. submissive
	2. hesitates
	3. ignores/curious
	4. bites softly
	5. aggressive

Notes:

6. With the dog on lead, have the handler and dog walk around the testing room casually. When the dog is paying no attention to the handler, instruct the handler to call the dog to him/her.

	Dog's Reaction
	1. slow response
	2. extra command, coaxing needed
	3. quick response
	4. sternness or lead required
	5. handler had to retrieve dog

Notes:

7. A. Allow the dog to be off lead and to roam free.

	Dog's Reaction
	1. slinks to handler
	2. stays with owner/hesitant
	3. friendly/outgoing
	4. moves to far corner/stays
	5. runs away quickly/hyper

B. Instruct the handler to call the dog.

Handler's Reaction		Dog's Reaction	
	1. pays no attention to dog		1. slow or no response
	2. does not appear very attentive		2. extra command, coaxing needed
	3. calls dog pleasantly with control		3. quick response
	4. voice command is too domineering		4. sternness or lead required
	5. physical control used was excessive		5. handler had to retrieve dog

Notes:

- Put the dog back on lead.

8. A tester will touch the dog's tail and approach the dog to hug him/her around the neck after asking about the dog's prior reaction to these behaviors.

	Dog's Reaction	1. shows fear
		2. hesitates
		3. social/curious
		4. challenges tester
		5. aggressive/bites

Notes:

9. The evaluators will take a walk with the dog and handler. The dog will remain on lead. Tester #1 will walk to the right of the handler, with the dog on the left of the handler. Testers #2 and #3 will walk behind the handler, dog, and Tester #1. The journey should consist of walking through hallways, proceeding up or down a staircase, and returning back to the testing room.

	LEAD CONTROL	FLOOR SURFACE	STAIR	STRANGER	ELEVATOR
submissive	1	1	1	1	1
refuses to walk					
hesitates/must be coaxed	2	2	2	2	2
calm/confident	3	3	3	3	3
controls most of the situation	4	4	4	4	4
out of control/aggressive	5	5	5	5	5

10. Sound Sensitivity Tester will initiate some form of loud sound for 2-3 seconds.

	Dog's Reaction	1. shows fear
		2. hesitates
		3. curious, alert
		4. growls
		5. very aggressive

Notes:

11. After asking the handler's permission, offer a small treat to the dog.

	Dog's Reaction	1. no response
		2. sniffs and refuses
		3. takes the food gently
		4. snaps lightly
		5. aggressive

Notes:

12. Instruct the handler to prepare himself/herself and the dog for a photo with flash.

Dog's Reaction	Handler's Reaction
1. fear	1. no control
2. hesitates	2. allowed dog to find own pose/too casual
3. curious/confident/alert	3. care and confidence exhibited
4. growls	4. anxious/nervous
5. aggressive	5. rough, domineering

13. An assistant will bring a dog into the testing room on lead. The importance of maintaining a calm atmosphere during this test should be emphasized initially and during the evaluation. Loose leads should be evident on both dogs at all times.

Dog's Reaction		Handler's Reaction	
	1. fear/submissive		1. no control
	2. guarded		2. tends to be distracted
	3. curious/friendly		3. maintains good control
	4. playfully aggressive		4. over handles lead/behaves nervously
	5. aggressive		5. panics

Notes

Ask the handler to take the dog to the waiting area outside the testing room until an evaluation can be made. The testers will discuss their findings with the handler at the conclusion of the evaluation.

QUESTIONS TO ASSIST THE EVALUATORS IN ASSESSING THE THERAPY VALUE OF THE DOG AND HANDLER TEAM

1. Did the dog bite or show any real aggression at any time during the evaluation?
2. Did the handler abuse the dog in any way before, during, or after the evaluation?
3. Did the handler read the behavior of the dog and react in the appropriate manner (anticipates the dog's behavior)?
4. Did the handler keep the dog under control at all times?
5. Did the handler appear to become impatient with the dog or ill-at-ease about the situation?
6. Was the animal presented clean and well groomed?

QUESTIONS TO INCORPORATE INTO THE INITIAL INTERVIEW

1. Have you previously or are you presently visiting a care center with your dog?
2. What are your personal goals for you and your dog in the area of pet therapy?
3. Has this dog ever bitten anyone?
4. Has this animal been deemed dangerous by the city or county in which you reside?
5. Are you the owner or co-owner of this dog?
6. Would there ever be a circumstance where you may want to allow another person to take this dog on a pet therapy visit?

If permission were granted, who would these persons be?

7. Would there be any environment where you would feel uncomfortable taking this dog?

What type of situations would that be?

8. Does your dog have any peculiar traits or eccentricities that we should be aware of before proceeding with this evaluation?
9. Do you understand the liability and guidelines involved in a pet therapy situation?

Do you have any questions?

Appendix C: Forms		Pet Partners Skills Test	Step #5B
Date:	Test Results	_____ Pass _____ Not Ready	
Team reg. #	Handler and Animal's Name:		
NUMBER	TEST	PASS	NOT READY
1. Accepting a Friendly Stranger	This test demonstrates that the dog will allow a friendly stranger to approach it and speak to the handler in a natural everyday situation.		
2. Sitting Politely for Petting	This test demonstrates that the dog will allow a friendly stranger to touch it while it is out with its handler. With the dog sitting at the handler's side (either side is permissible) throughout the exercise, the evaluator pets the dog on the head and body only. The handler may talk to his or her dog throughout the exercise.		
3. Appearance and Grooming	This practical test demonstrates that the dog will welcome being groomed and examined and will permit a stranger to do so, and also demonstrates the owner's care, concern, and responsibility.		
4. Walk on a Loose Leash	This test demonstrates that the handler is in control of the dog. The dog may be on either side of the handler, whichever the handler prefers.		
5. Walking Through a Crowd	This test demonstrates that the dog can move about politely in pedestrian traffic and is under control in public places.		
6. Come	This test demonstrates that the dog has training, will respond to the handler's command, to sit, and come when called.		
7. Praise/Interaction	This test demonstrates that the dog can be brought under control following play or praise and can leave the area of this test in a mannerly fashion. (NOTE: As a practical matter the Praise/Interaction test should follow the release of the dog from Test 6.)		
8. Reaction to Another Dog	This test demonstrates that the dog can behave politely around other dogs.		
9. Reaction to Distractions	This test demonstrates that the dog is confident at all times when faced with common distracting situations.		
SKILLS TEST FOR OTHER ANIMAL MODIFICATIONS			
NUMBER	TEST		
1, 2, 1	Animals including cats, rabbits, birds, etc., must complete tests as described on the form.		
4, 5, 8, 9	The handler will carry the animal through the test using the method they will use to carry the animal while visiting. For example, if a handler will carry their cat in a basket during visits, then the cat must be carried in a basket for these tests.		
6, 7	Handler will pass the animal (as it will be handled on visits) to at least 3 strangers. Carrier will then be placed on a table or lap for 30 seconds with no interaction. Animal must stay in place.		
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Pet Partners Aptitude Test

Test	Description	Step #5C	
		Pass	Not Suitable
A Overall Exam	The animal will be handled and manipulated by a stranger. The person will look in ears, hold tail, put fingers in mouth, handle feet.		
B Exuberant/Clumsy Petting	The person will repeat the clumsy petting manipulation using his/her elbows and feet to pet, also become very exuberant: speaking in high-pitched voice, squealing, jiggling the animal, and handling feet. The person may wave or bounce a stuffed toy around the animal's body. The person will offer a treat.		
C Restraining Hug	The person will unexpectedly give the animal a full body hug that restricts the animal's movement. If the animal is a bird or other small animal, the person will try to restrain the animal's movement with both hands.		
D Staggering/Gesturing Individual	A person wearing a shawl, using a wheelchair or other assistive device will approach in an unsteady gait. The person will gesture wildly and/or wail.		
E Angry Yelling	A person will begin to shout and wave his/her arms. The noise should be angry as opposed to happy yelling as in Part B.		
F Bumped From Behind	While the animal is distracted, a person will bump into the animal's body. If the animal is a small dog or other animal, a hard stomp or loud slap will be made behind the animal.		
G Crowded Petting	At least 3 people will gather closely around the animal and begin to touch it. All people will be talking at once and all will try to gain the animal's attention. At least one person should be using health care equipment. Food may be offered.		
H Held By Stranger	The evaluator will hold the animal's leash or basket while the handler goes out of sight for 2 minutes.		
I Overall Sociability	The evaluator will score the animal for overall interest in people.		
J Overall Reaction	The evaluator will score overall reaction of the person-animal team to the test. The evaluator will determine whether the team has developed a level of trust and understanding to work well together in unpredictable environments.		

A - Well Seniors/Demos	B - Day Treatment/Seniors	C - Grp Homes/Schl Demos	D - Rehab/III Children	E - Rehab/Disturbed Children	F - Psych/Children,
low activity population	moderate activity	high active population	moderate activity	high activity	Adolescents
basic interaction	basic interaction	basic interaction	moderate interaction	moderate interaction	high activity
few distractions	moderate distractions	high distractions	moderate distraction	high distraction	high interaction
TEST RESULTS	Pass Not Ready	Not Suitable	Animal qualified to work in areas checked	A B C D	E F
Evaluator	Evaluator Signature _____				
	Copyright Delta Society				