The Positive Influence of Animals: Animal-Assisted Therapy in Acute Care

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Abstract:
Animal Assisted Therapy is a therapeutic nursing intervention that brings animals together with persons with physical and/or emotional needs as a way of meeting those needs. It is based on the growing knowledge of benefits that animals provide to the sick, elderly, and isolated. A model for a responsible and outcome-oriented program in animal-assisted therapy in acute care settings is described in this article. Special areas include: types of therapy, specific treatment goals, patient and animal suitability, environmental considerations, and evaluation methods.
Key Words: animal-assisted therapy, adjunctive treatment, CNS

Article:
Eight-year-old Jack was hospitalized for over 3 months. He had several procedures and surgeries for diagnosis and treatment of a chronic intestinal disorder. He was in a great deal of pain and was often frightened, which made the pain worse. A gentle English Setter therapy dog named Perri began visiting him. During these visits, Jack was relaxed and playful. He stopped requesting pain medications during Perri's visits and this calm feeling eventually extended to other times.

Animal-assisted therapy (AAT) is an interdisciplinary treatment involving nursing, medicine, psychology, social work, and occupational, physical and recreational therapy. The CNS in acute care is key in providing patients with AAT. The CNS has the expertise to identify patients who are suitable candidates for animal therapy, the knowledge to articulate appropriate patient outcomes, and the creativity to design an AAT program that maximizes positive results. Animals can be introduced safely in a hospital setting if the AAT program is planned with clear patient goals in mind and appropriate precautions are taken. In this paper, benefits of interacting with animals for some people are considered by examining existing AAT programs. Guidelines are provided for a responsible and outcome-oriented program in acute care settings.

AAT is a therapeutic approach that brings animals and persons with physical and/or emotional needs together (Carmack, 1984). AAT is used as an adjunct to more traditional forms of therapy based on growing knowledge of benefits that animals provide to the sick, elderly, and isolated. Animal resident and visitation programs already operate in several countries through animal shelters and humane societies. Interest and response from nursing staff and patients have been overwhelmingly positive.

Interactions with animals have positively influenced people in a variety of health care settings, such as nursing homes and psychiatric and rehabilitation facilities. Physical benefits of association with animals include lowered blood pressure and heart rate (Baun, Bergstrom, Langston & Thoma, 1984; Thomas & Friedmann, 1990) and decreased muscle rigidity. Psychological benefits are improved self-esteem, greater feelings of security (Messent, 1983), reduced stress and anxiety (Wilson, 1987, 1989), improved social interactions and communications (Brickel, 1980), and sensory stimulation.

Unexpected benefits to staff morale also have been noted. Watching a depressed patient's smiling face while having his chin licked by a black and tan mutt is enough to raise any caregiver's spirits (Haggard, 1985). The improved outlook of both staff and patients results in more sensitive care and a more optimistic attitude.

INTRODUCING AN AAT PROGRAM

The CNS must personally plan change activities involved in initiating an AAT program. As project manager and change agent, the CNS utilizes intimate knowledge of the organization, understanding of accepted practices, and acceptance as an expert in clinical practice to facilitate program implementation. Once the need for AAT is identified, appropriate personnel are consulted. Stakeholders include the nurse manager, infection control officer, volunteer coordinator, and unit staff.

Introducing an animal into an institutional setting, particularly in acute care, elicits mixed reactions. Some controversy can be settled by obtaining a select group of volunteers to be responsible for animal visits. This diminishes a common objection—an "additional responsibility." Involving all stakeholders in policy discussions assures consideration of objections and prevents role confusion.

Some personnel will resist changes that clash with a commonly perceived notion of the medical model. To some staff, animals may represent behaviorally unpredictable, disease-spreading vectors with negative legal implications. Objections to animals cannot be ignored. Sending background information prior to meetings, being available to explain the proposal, utilizing group process skills, and having excellent communication skills are strategies that promote positive reactions (Carlson-Catalano, 1993). Research findings are a powerful source of validity and support for AAT programs. A pilot program might be conducted to assure that standards and policies agree with organizational as well as patient care goals. Staff may be encouraged about patient progress, may feel better about the less antiseptic, more natural environment created by the presence of animals (Brickel, 1986).

TYPES OF AAT

AAT can be conducted on an individual basis or in groups depending on desired patient outcomes, availability of animals and handlers, and physical environment. One-on-one interaction is beneficial when the patient is exhibiting stress-related behaviors, such as anxiety, increased pain perception, and elevated blood pressure. Cats, dogs, guinea pigs, and other animals can be used passively or actively. Their play and life activities serve as diversions for patients who passively interact with them, or as a way to play, exercise, and stimulate all senses for those who can be more active.

Groups of animals can interact with one or more individuals who have similar needs, such as reality orientation or improved social/communication interactions. As a focus and a source of reminiscence, animals can stimulate socialization among group members and between patients and staff. Animals need not be touched during these sessions, so cats, dogs, fish, and birds are good choices. Group sessions can be used for stress reduction or as the initial phase of a larger AAT program.

OUTCOMES OF AAT

A structured AAT program is more than having animals visit a unit for fun and laughter, although these are certainly desirable outcomes. The CNS needs to identify reasonable goals for individual patients based on nursing diagnoses. Relevant diagnoses include altered comfort, impaired communication, ineffective individual and family coping, diversional activity deficit, impaired physical mobility, self-concept disturbance, sensory-perceptual alteration, impaired social interactions, social isolation, and altered thought processes. Treatment goals for individual patients are the basis for decisions about species of animals and types of interactions.

Reality orientation is one possible outcome for confused and disoriented patients. Animals provide consistent reactions to patients and particular breeds are consistent in appearance. They offer continuity in their relationships and focus patients' attention in the present. Animals tend to make people more aware of their

environment by drawing their gaze and engaging their minds. Also, as patients anticipate AAT sessions, they become more oriented to day and time.

Stress reduction is one outcome of AAT programs, because animals provide patients with a focus outside of themselves. Distraction has been used as an intervention for anxiety and pain for several years. Animals offer humorous and interesting distractions for self-absorbed individuals and those exhibiting anxiety, hyperactivity, or elevated blood pressure. For example, just contemplating a fish tank in a dentist's waiting room has been found to decrease patients' need for anesthetic (Katcher, Segal & Beck, 1984). Animals are diversions from anxiety-provoking situations, and they enable people to concentrate on the nonthreatening (Arkow, 1982). For example, nurses on surgical units with active AAT programs have reported requests for quiet dogs and cats to sit with families waiting for news from the operating room. Stroking and talking to animals seem to relax many people. Animals can also be of benefit to people who have attention deficits, lengthening their attention spans and focusing their attention.

Improved social interactions and communications can be achieved by participation in AAT activities. Patients appear to others to be more human, less sick, and more treatable (Rossbach & Wilson, 1992). Animals can also serve as transitional objects in efforts to improve communication skills of withdrawn and isolated patients by facilitating interactions of patients with caregivers and families. Animals give families something to focus on besides the stress they are experiencing. Immobile patients can be visited by quiet animals for stroking, quiet talking, and company. Because animals do not require verbal communication to interact with humans, aphasic and uncommunicative patients can benefit from a nondemanding animal visit. Holcomb and Meacham (1989) found that AAT is the most frequently attended occupational therapy program, especially by the most isolated patients.

Patients who are body conscious and feel unappealing to others, such as stroke patients, cancer patients, and patients with AIDS, can improve their self-esteem and self-acceptance by associating with animals (Strickland, 1991). Therapy animals show unconditional acceptance by their wagging tails and happy faces, regardless of a person's physical appearance or unusual manner of speech. Interactions with animals encourage people to express emotions without questions or fear of rejection, give and receive love, laugh and play, recall similar pleasant experiences, and feel worthwhile. "Cuddlers" like Hambone at the National Cancer Institute of the National Institutes of Health visit children on the pediatric oncology/AIDS ward. The children indicate the most comfortable spot for Hambone to lie. He positions himself and often falls into a deep sleep. When children are bedridden and very ill, quiet dogs are there to hug and dream with.

Animals can also provide motivation for activities in rehabilitation programs, including grooming, building shelters, preparing food and toys, playing, and exercising. Brushing and petting a large therapy dog is more interesting upper extremity exercise than routine work with weights and bars (Haggard, 1985). Animals can be used as rewards for accomplishments in ambulation and other treatments and can provide stimulation for patients with sensory deficits, particularly tactile and olfactory.

In addition, animals make acute care units seem more homelike. Birds, cats, fish, and dogs in the milieu enhance positive family perceptions of the institution. A CNS working with patients who have received transplants encourages visits from family pets and weekly AAT as soon as patients' immune systems will allow. AAT programs can benefit institutions as a cost-effective adjunctive therapy and opportunities for positive public relations by involving volunteers and community groups, such as scout troops.

PATIENT SUITABILITY

When making decisions about which patients would be most suitable for visits from animals, the CNS should consider who would and would not want animals visiting, who would and would not benefit from visits, and current limiting physical and psychological factors. The rights of people who would prefer not to spend time with animals should be respected.

Patients of any age and almost any illness are eligible. Positive responses have been reported among patients who have had open-heart surgery, orthopedic problems, cancer, and general surgery. On medical units, AAT programs have been described as effective for people with AIDS, heart, lung and kidney problems, patients in coma, and those on rehabilitation and hospice units.

Allergies to species of animals used in therapy are a limiting factor for which patients need to be screened. Birds and fish would be good choices for visits for those allergic to most animals. If necessary, patients with allergies should be protected from exposure during visits to others. Lap dogs or large dogs should be used for people in wheelchairs so that they do not have to reach down too far to touch the animals. Patients who are unpredictable or violent should not have visits as they can hurt the animals and might provoke the animals to violent behavior. Particular care needs to be taken with certain patients, for example, those with low resistance to infection, open wounds, delicate skin, or multiple intravenous lines or other medical equipment. These patients need to be closely screened and monitored carefully if they participate in AAT programs.

ANIMAL SUITABILITY

Once patients who would benefit from animal visits are identified and screened for special considerations, the CNS needs to match the person with therapy method and animal type. In AAT programs, animals might be personal pets of patients, or volunteer visitors, baby animals, or trained therapy animals. Not every animal enjoys visiting hospitals and participating in activities in foreign surroundings with unfamiliar people.

Animals should be screened carefully for health and temperament. Personal pets should be certified for required immunizations and examined for parasites and skin problems before being allowed into the facility. Pets should also be certified by the owner to be nonaggressive and controllable. Dogs should be well-trained and housebroken. Cats should be litter trained and declawed.

Baby animals should have their vaccinations and be carefully supervised for biting and scratching. Normal behaviors of young animals could injure tender skin or dislodge tubes and wires. Small animals also need to be protected from injury by patients' rough movements and by wheelchairs and walkers.

The safest, most predictable animals are certified to perform therapy. Certification for canines means passing a temperament test, such as the American Kennel Club's Canine Good Citizen's Test, or national certification as a therapy dog. Animals and owners can attend classes to learn prudent and effective therapy techniques through programs such as the Pet Partners Network sponsored by the Delta Society or a locally organized program.

RISKS, HAZARDS, AND ENVIRONMENTAL CONSIDERATIONS

Claims of health risks in AAT are exaggerated. Animal bites, zoonoses (diseases transmitted from animal to human), and allergies are the major animal-associated health hazards. However, the CNS "needs to distinguish between what people can get from animals and what they do get" (Lisse, cited in Burton, 1989). Even immunosuppressed patients with cancers and HIV are at low risk of acquiring an infection from therapy animals. These problems are easier to control in a supervised health care setting than in the community at large. Specific guidelines, such as those suggested by The Institute of Animal-Assisted Therapy, need to be formulated before an AAT program is initiated. They should include screening criteria for patients and animals, treatment limitations and policies pertaining to them, infection control, and safety considerations, as well as guidelines for volunteers and protocols for prompt response to accidents and injuries (Schantz, 1990). Animals should be restricted from food preparation and service areas, medication preparation areas, cleaning supplies, linen storage, and isolation rooms. Hand-washing needs to be taught to all people who come into contact with the animals. Animals can wear T-shirts to control shedding, and surfaces on which they rest, such as chairs and beds, should be padded or changed. Staff or volunteers should supervise all interactions with animals other than the patient's own pet.

External stimuli should be controlled to minimize the likelihood of harm. Space needed for AAT sessions is based on types of activities planned and size and species of animals involved. Less space is needed for one-on-

one visitations than for planned activities, such as groups, demonstrations, play, grooming, or mobilization. Because noise and other commotion distract patients, animals, handlers, and evaluators, visits should be scheduled at a time when the unit is relatively quiet.

EVALUATION OF AAT

Both program and patient outcomes should be part of the evaluation plan. Systematic evaluation is done to measure achievement of objectives, keep the program accountable, and refine the program to better suit needs of the patients and institution. Evaluation should be episodic and periodic. Evaluation data should include information on animals, participating patient demographics, volunteer data, physical facilities, and any outstanding positive and negative experiences.

Patient outcome evaluation is based on individual or group goals for treatment. Methods of documenting outcomes include patient records, case studies, videotapes, questionnaires, incident reports, and formal research. Direct patient outcomes are recorded on charts under the nursing diagnosis or problem statement. Efficacy of AAT for individual patients should be evaluated as part of the nursing process.

Case studies are excellent sources of evaluation data as they are rich with descriptive information; they are also ready material for publicity. Videotapes permit the CNS to quantify verbal and temporal parameters of human/animal interactions, especially nonverbal and touch behaviors. Questionnaires and incident reports add further quantifiable data. Incident reports should be kept on all bites, scratches, disease incidences, and surrounding circumstances. Patients involved in outcome-oriented AAT are excellent subjects for research on how interactions between animals and people affect health, characteristics of people who benefit, why this phenomenon occurs, why and when it is not helpful, and when it is most appropriately prescribed.

CONCLUSIONS

AAT is not a panacea for all ills; it is not universally effective, nor is it appropriate for all individuals. When used as part of a comprehensive nursing plan, however, AAT provides many obvious and subtle benefits for many people. It is effective in rehabilitation as well as in primary and secondary care. Physical and psychological effects of AAT on patients, families, and nursing staff are basic to the caring, communication, and comfort of nursing practice.

CNSs and nurse researchers need to work together to define AAT parameters and communicate information about its uses to enhance health. Guidelines and considerations for the CNS who wishes to organize an AAT program on an acute care unit have been presented here. Careful planning and evaluation of proposed out comes by the CNS will provide the basis for a safe and effective program.

RESOURCES

The Delta Society is an international research, service, and educational center for persons and organizations in the field of human-animal interactions. For more information, contact The Delta Society, Century Building, Suite 303, 321 Burnett Avenue South, Renton, Washington 98055-2569, (206) 226-7357.

The IAAT is an organization based on the principles and values of the human-animal bond which recognizes emotional and physical comfort as a universal health need. For more information, contact The Institute of Animal-Assisted Therapy, 823 Shrader Street, Suite No. 1, San Francisco, California 94117, (415) 751-7271. – CNS.

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