Observations and Effects of Animal Assisted Therapy in Connecticut Long-term Care Centers

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What is Animal Assisted Therapy?

- Beginning in the 1960's, behavioral therapists began experimenting with animals in health care settings.
- Positive results emerged and gave rise to a movement of volunteers providing AAT in health care facilities.
- Most caregivers agree that animal assisted therapy has a positive, palliative effect.

The Psycho-Physiological Connection

- Animal Assisted Therapy can involve a social visit with a therapy animal or it "utilizes the human-animal bond in goal-directed interventions as an integral part of a treatment process." (Chandler, 2005)
- Either way, it seems to elicit a psycho-physiological response in many people which improves physical and mental status.
  - Odendaal (2000)observed significant changes in blood plasma levels of various neurochemicals, such as increases in endorphin, oxytocin, prolactin, phenylectic acid, and dopamine (all associated with lower blood pressure and improved mood.)
  - The same studies found decreases in cortisol (associated with stress), after subjects engaged in a positive interaction with an unfamiliar dog.
  - The same basic changes happened in the dogs as well.

A Win/Win Approach?

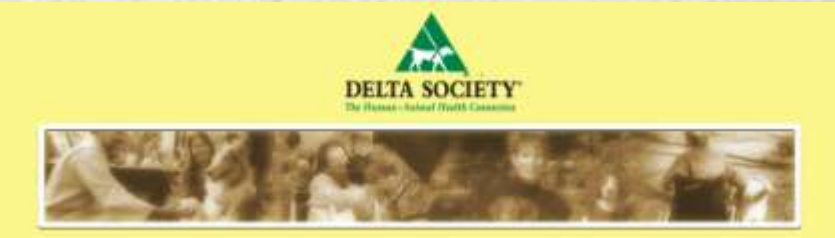
- "Hospital administrators, physicians, nurses, and other policy-makers have the opportunity to be regarded as insightful and visionary for simply recognizing what is right in front of them – that the marvelous healing potential of animal assisted therapy can be applied every day in the hospitals and care facilities for the benefit of patients and healers alike."
  - Jacqueline Crawford et al. *Therapy Pets: The Animal Healing Partnership,* Prometheus Books, 2003.
- Much is made in the literature of the presumed benefits of animal assisted therapy, however little is known of any negative aspects or problematic aspects or if the effects are sustained or transient.

Locations of AAT

- Usually a volunteer program, animal handlers bring animals (often their own pets) to
  - Acute Care Hospitals
  - Long-term Care Facilities
  - Rehabilitation Hospitals
  - Psychiatric Hospitals
  - Disaster Sites

Organizations and Standards

- Several organizations exist to certify both animals and handlers for AAT.
- The Delta Society is the largest. Also the AKC has its "Angel on a Leash" program.
- These and other, similar programs work to provide standards of practice for handlers and to certify animals as safe.
- Most facility managers require handlers to be certified by such an organization before bringing AAT animals among patients.



Animal Assisted Therapy and Nursing Home Residents

- Nursing home residents often suffer depression caused by age related life transitions, illness, stress, mental illness or loneliness.
- Steed and Smith (2002) reported several studies showing positive findings from AAT and nursing home residents such as:
  1. decreased blood pressure and heart rate,
  2. diminished depression, and
  3. increased life satisfaction.

Research Questions of this Study

- How many long-term care facilities in Connecticut have animal assisted therapy?
  - What differences exist between those with AAT vs. those without?
- Do the health care providers at long-term care facilities see anecdotal indications of positive effects of AAT and base continuation on that?
  - Do they see any sustained positive effects or negative aspects?
- Do those who provide AAT plan on continuing it?
  - What factors help to explain that decision?

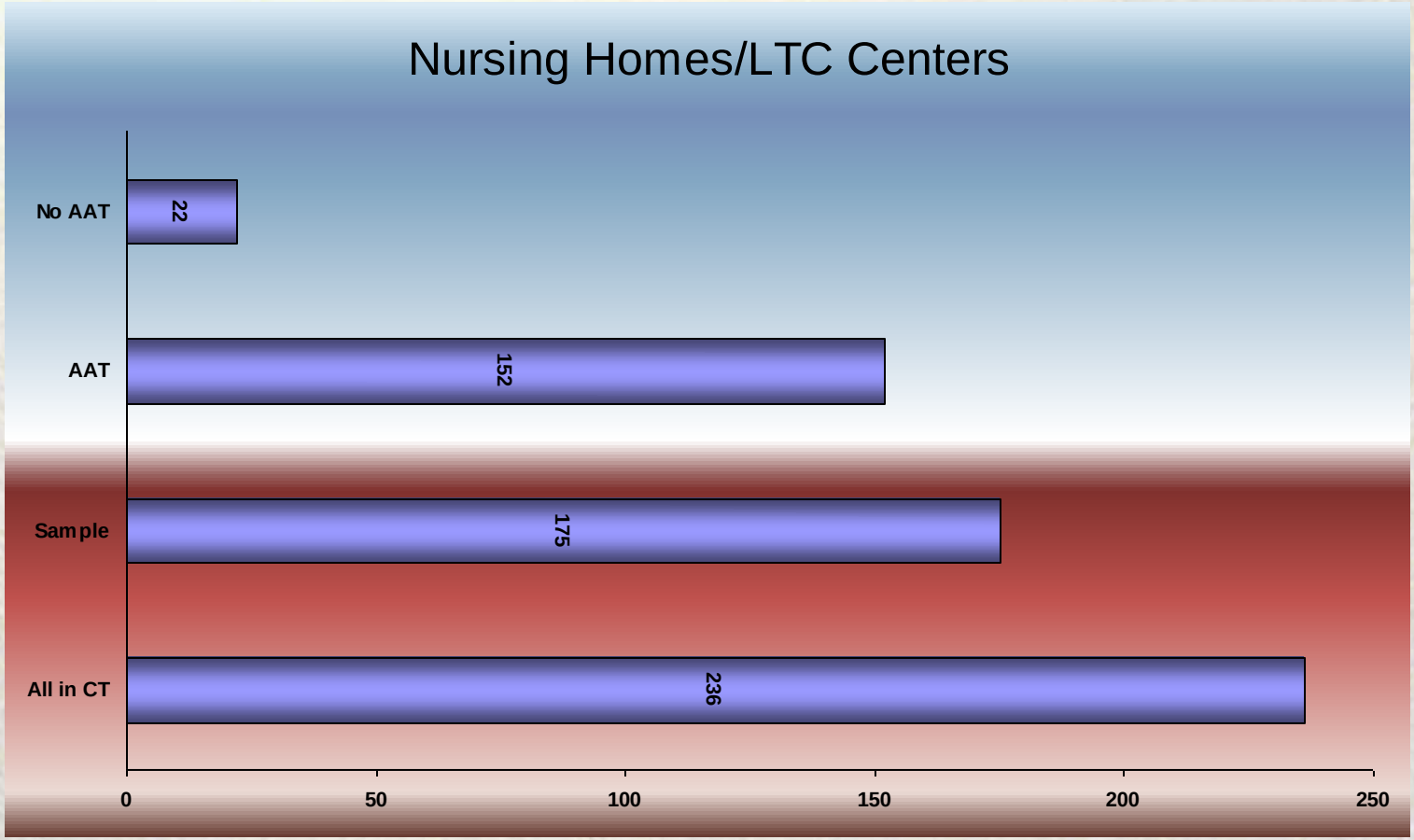
Research Design

- Focus on long-term care (Nursing Home) facilities.
  - Long-term care patients seem to be most likely recipients, and are most at risk for negative impacts due to mobility and psychological factors.
  - With a resident patient population, group activities are more conducive to AAT.
- Survey of all long-term care facilities currently operating in Connecticut (totaling 234.) Administrators or program directors completed and returned the survey form.
- After two mailing waves, total response was 175 facilities, 75% return.
- Respondents answered questions about AAT in their facilities and gave their observations regarding its effects.

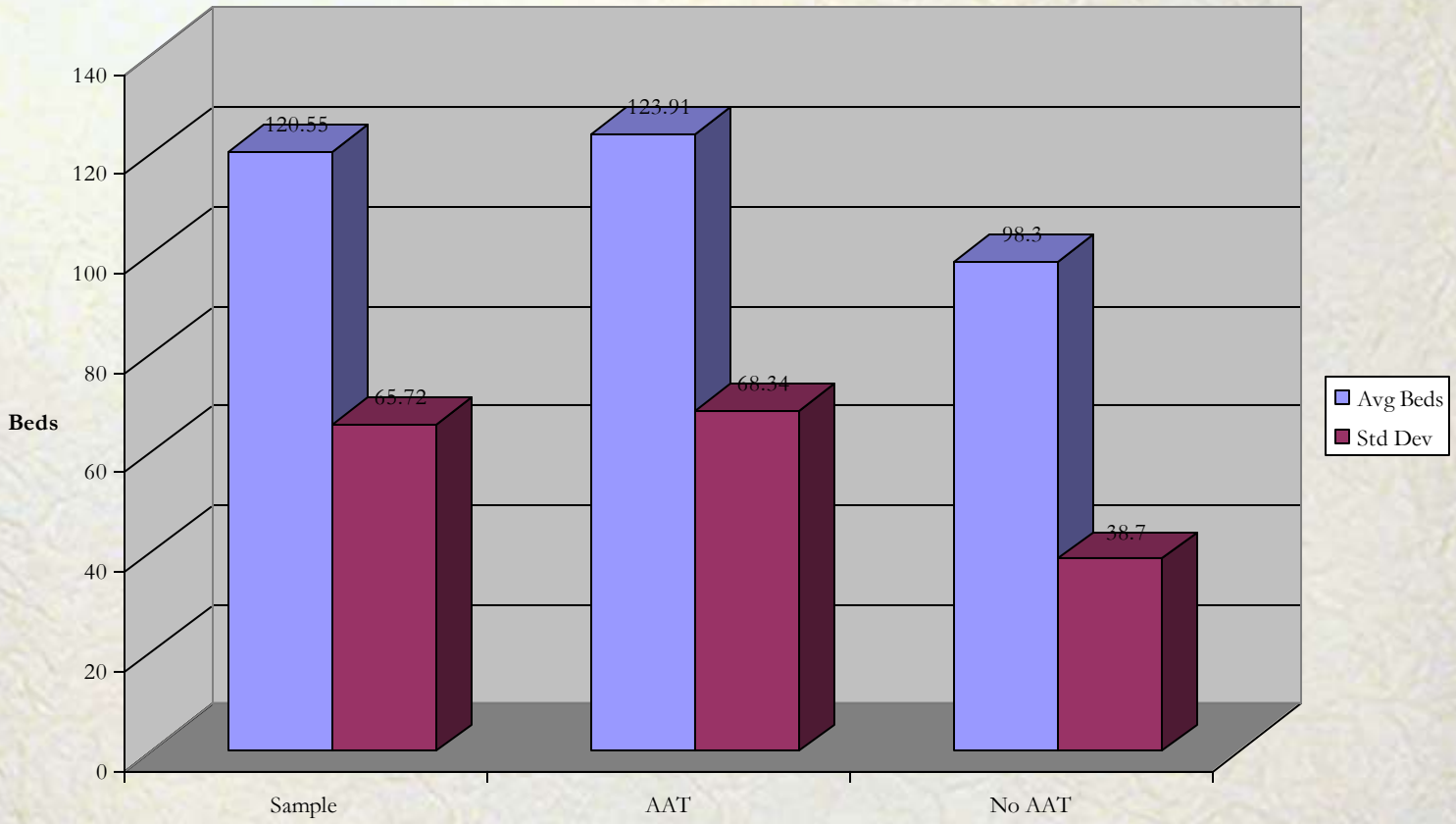
Issues with the Survey

Animal_Assisted_Therapy_Instrument_wave2_merged.doc

Sample Breakdown



Comparative Facility Sizes



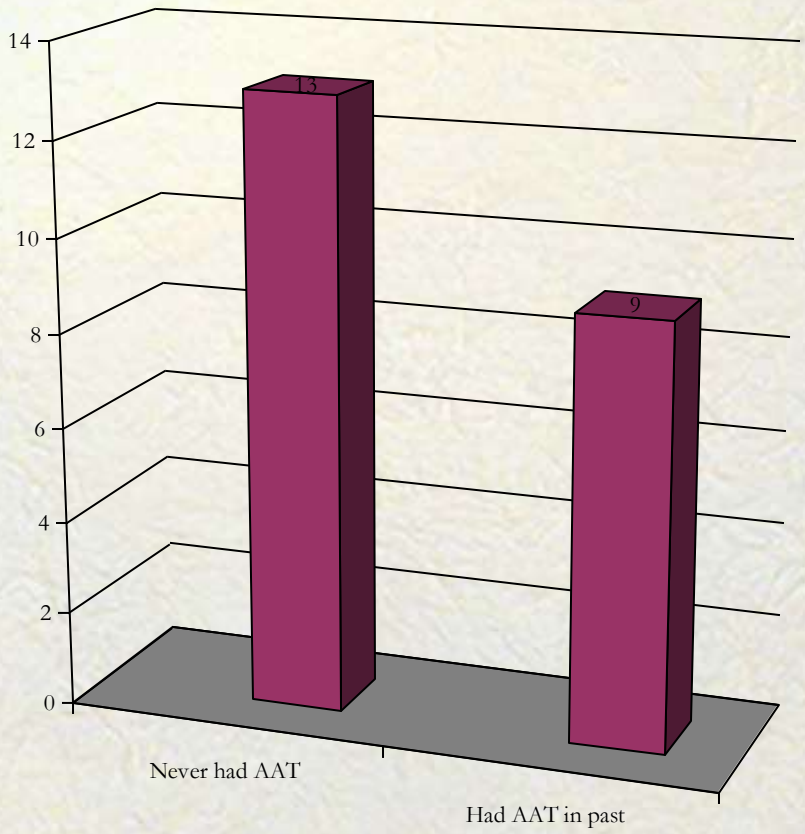
Comparing All Facilities

- Looking at all facilities in the study, those with and without AAT, we used a t-test to determine if there was a significant difference in sizes (based on number of beds.)
- Mean number of beds for facilities with AAT was 123.91, for those without AAT it was 98.3.
- T-test was 2.61, significant at .012, showing there is a statistically significant difference in sizes.
- Facilities with AAT are larger than those without.

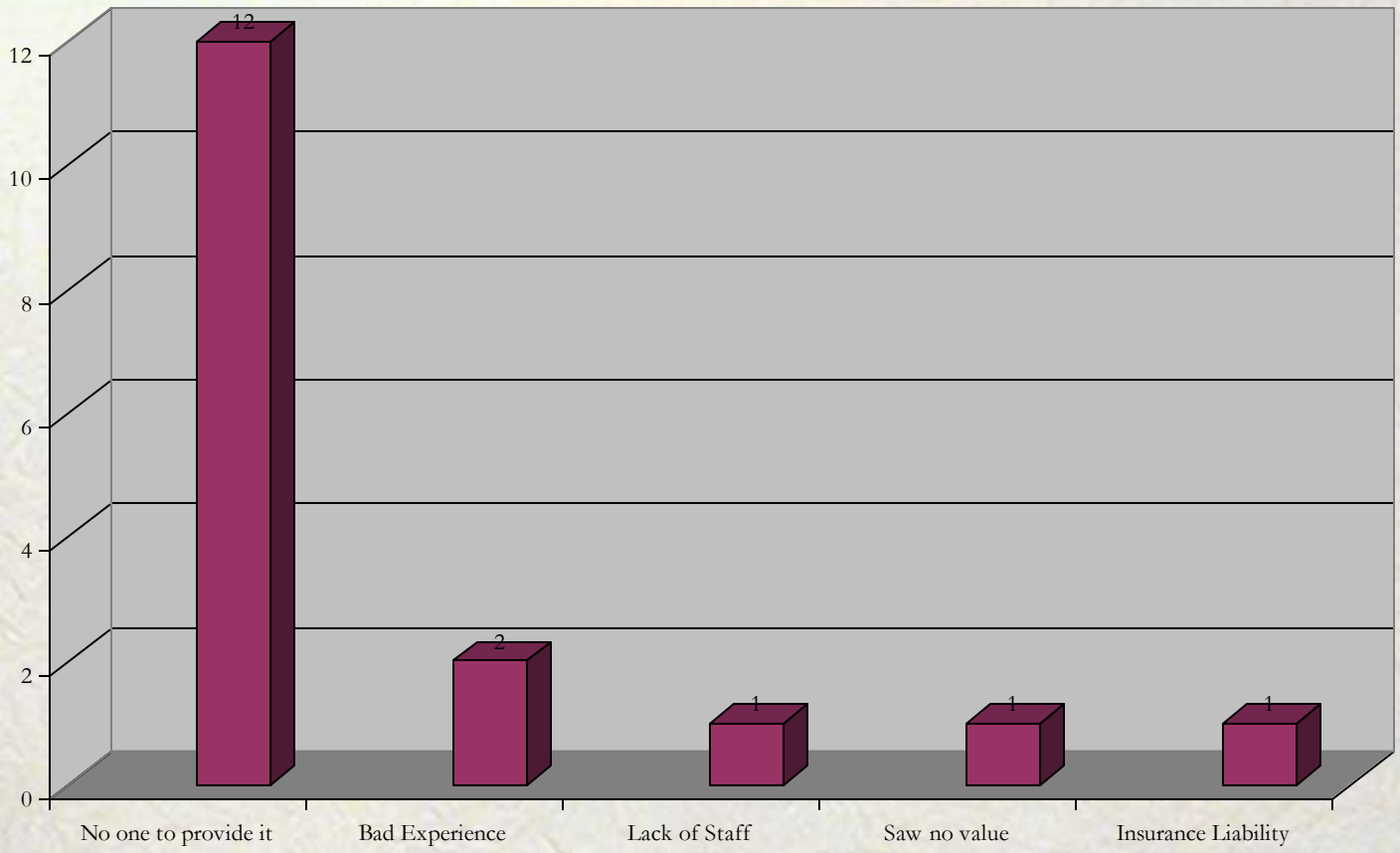
Facilities with No Animal Assisted Therapy

The following discussion will address only those 23 facilities without AAT

Of Those Facilities with No AAT



Why Facilities Stopped AAT



Significant Correlations

- Spearman's Rho analysis provided the following significant findings
- Variables — Correlation

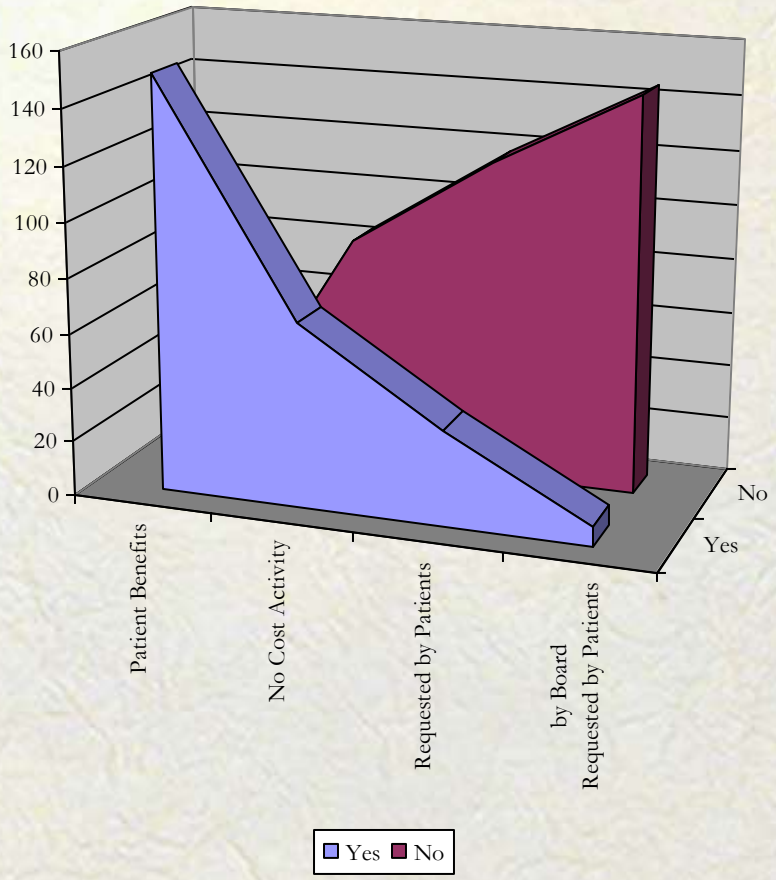
	Variables	Correlation
1.	"Stopped for bad experience" and "Saw no value"	.691
2.	"Ever Had AAT" and "Last had AAT one year ago"	.654
3.	"Saw no value" and "Last had AAT 1 month ago"	.465
4.	"Stopped for bad experience" and "Last had AAT 1 month ago"	.673
5.	"Stopped for lack of staff" and "Last had AAT 1 month ago"	.462

(P=.050 or less)

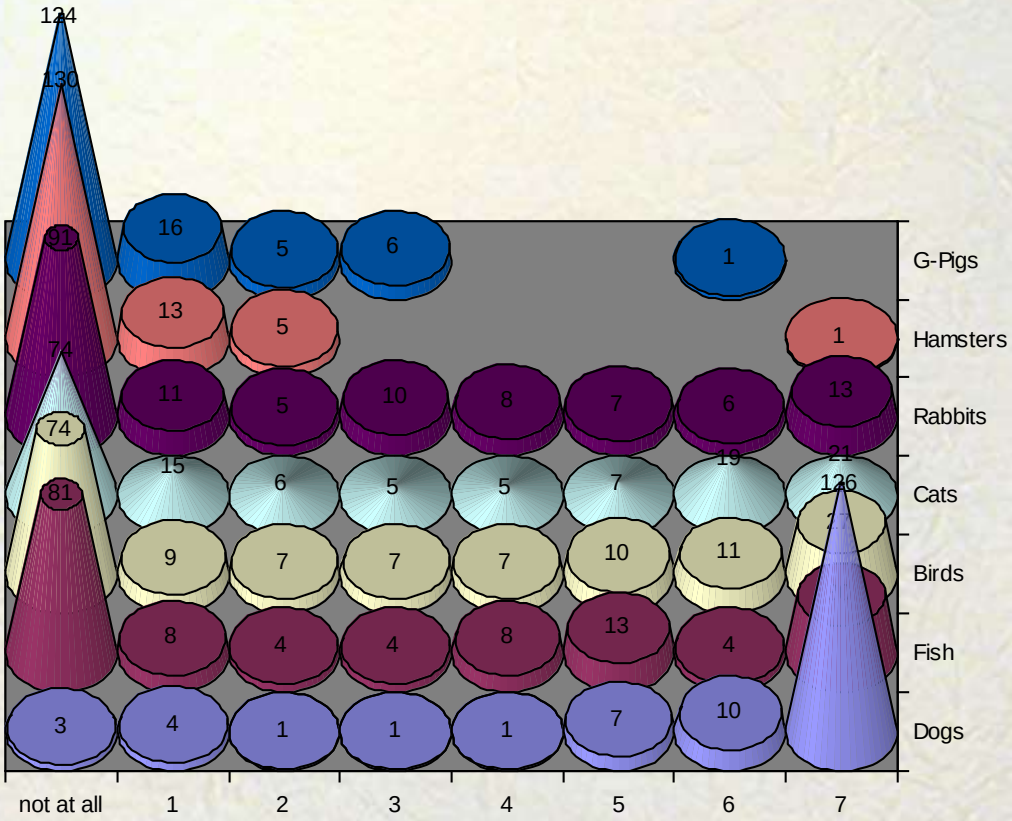
Facilities with Animal Assisted Therapy

The following discussion will address only those 153 facilities with AAT

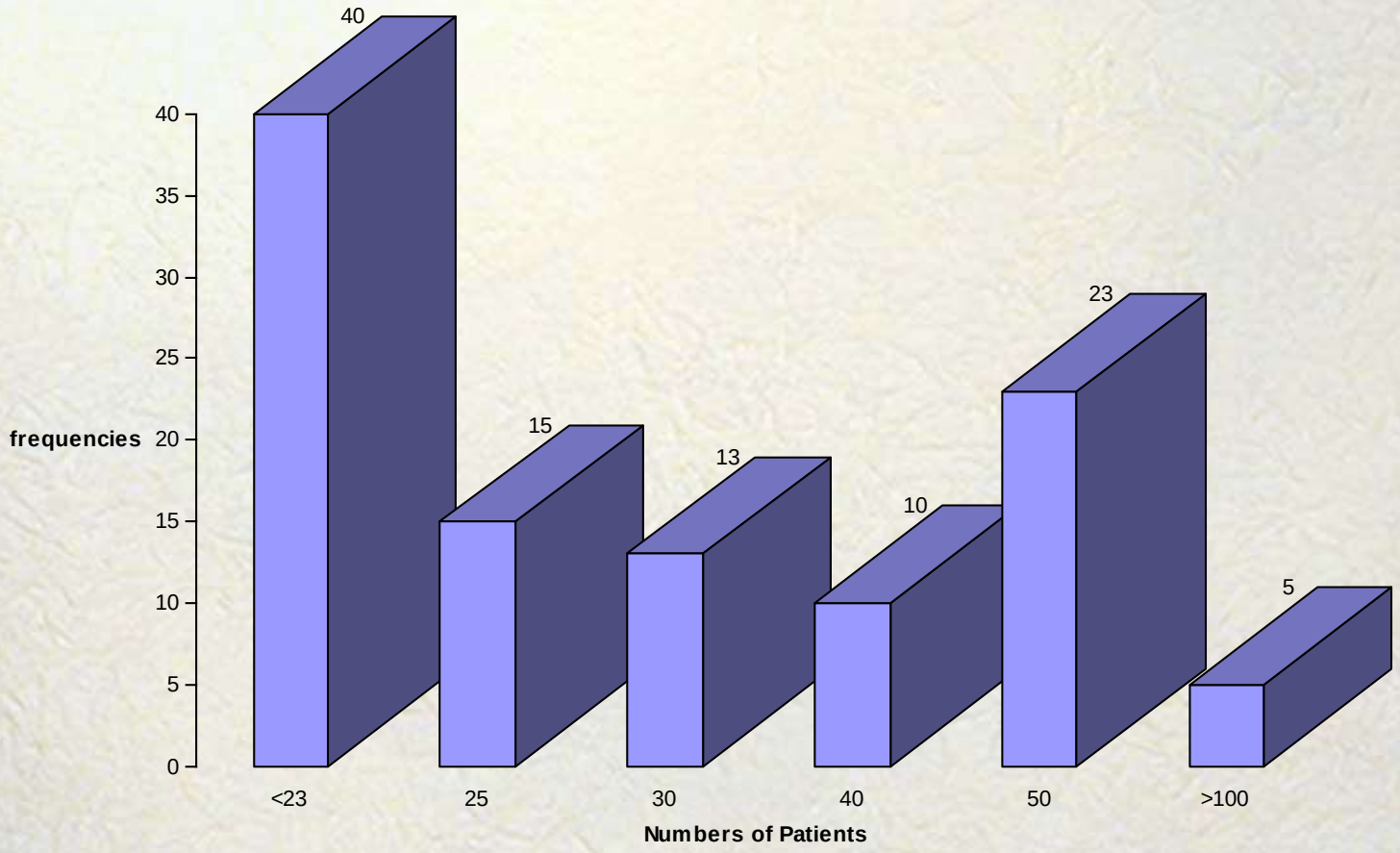
Reason for AAT



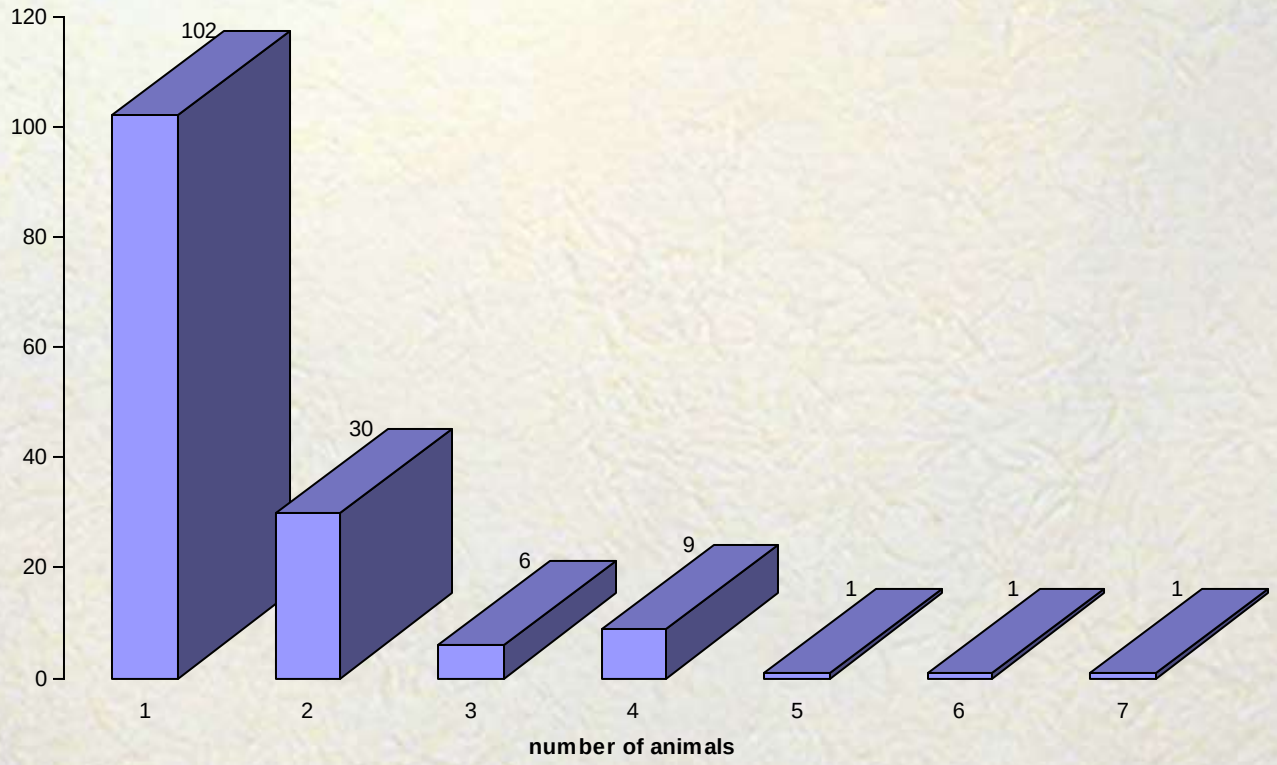
Ranks of Types of Animals Used in Therapy



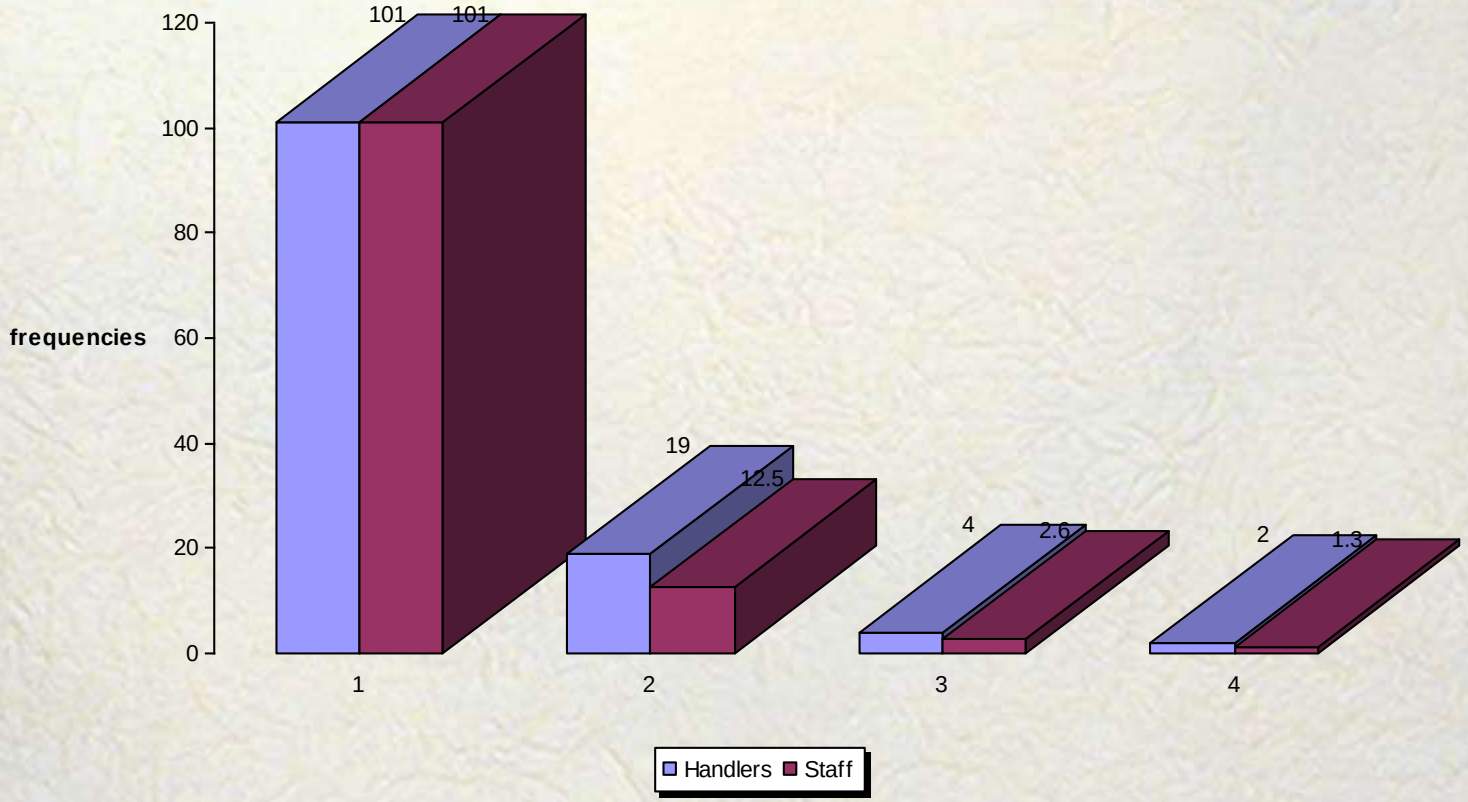
Average Number of Patients in AAT Sessions (Frequencies)



Average Number of Animals Per ATT Session (Frequencies)



Average Number of Handlers and Staff Per Session (Frequencies)



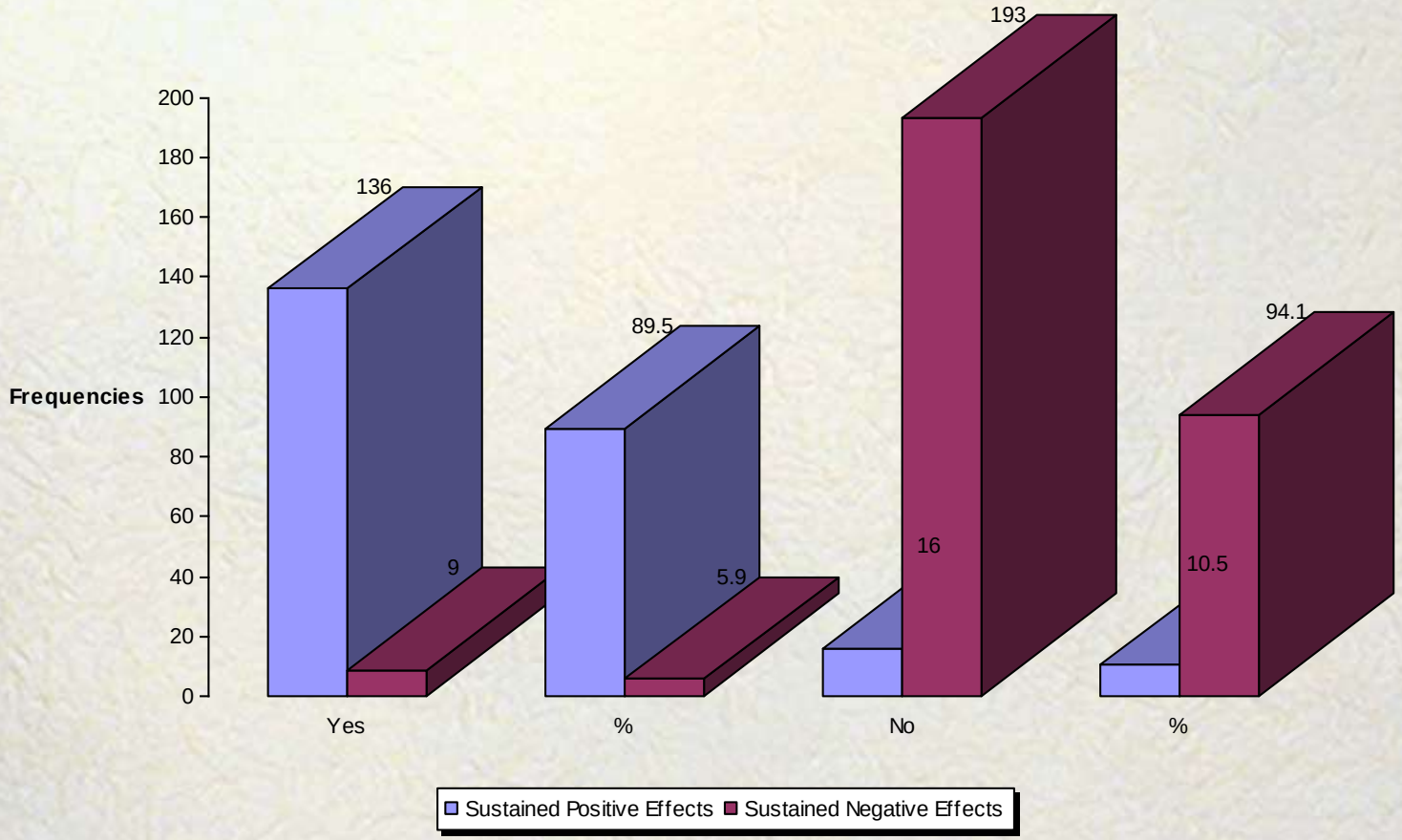
Observed Responses to AAT

- Respondents reported as follows regarding most common responses to AAT by their residents. Numbers represent frequencies and percentages of responses to a scale of least common to most common.
- Reporting as most common positive responses

		Freq	%
1.	Touching animals	129	84.9
2.	Hugging animals	130	85.6
3.	Talking to animals	95	62.5
4.	Talking to handlers	65	42.8

- Of the negative reactions: fear of the animals, recoiling, crying, or leaving room, in each case over 90% of respondents reported them being the least observed reactions.

Observed Sustained Effects



Sustained Positive Effects in Detail

Effect	Least	%	Most	%
1. Satisfaction with Surroundings	40	26.3	67	44
2. Improved Mood	20	13.1	125	82.2
3. More Positive Outlook	41	27	76	50
4. Improved Sleep	111	73.1	7	4.6
5. Improved ADL's	116	76.3	6	4

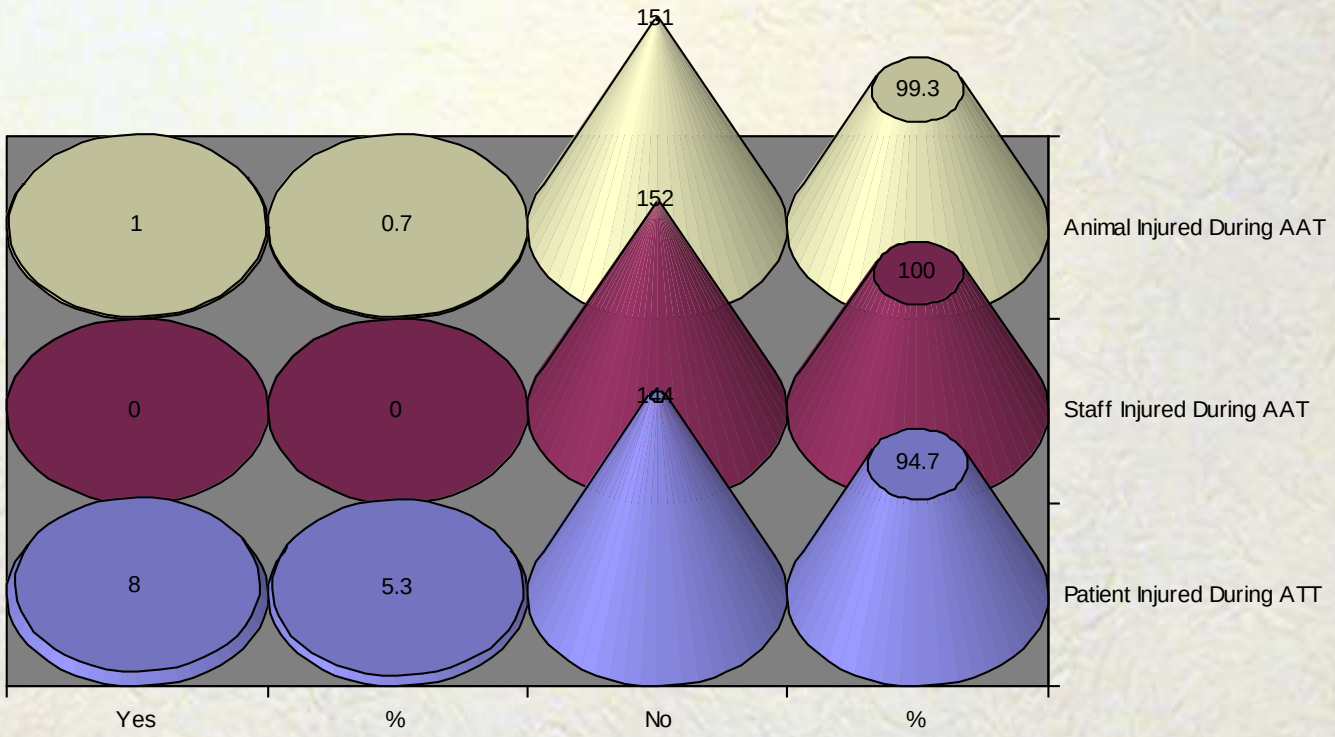
(on a 7 point, ascending scale)

Sustained Negative Effects

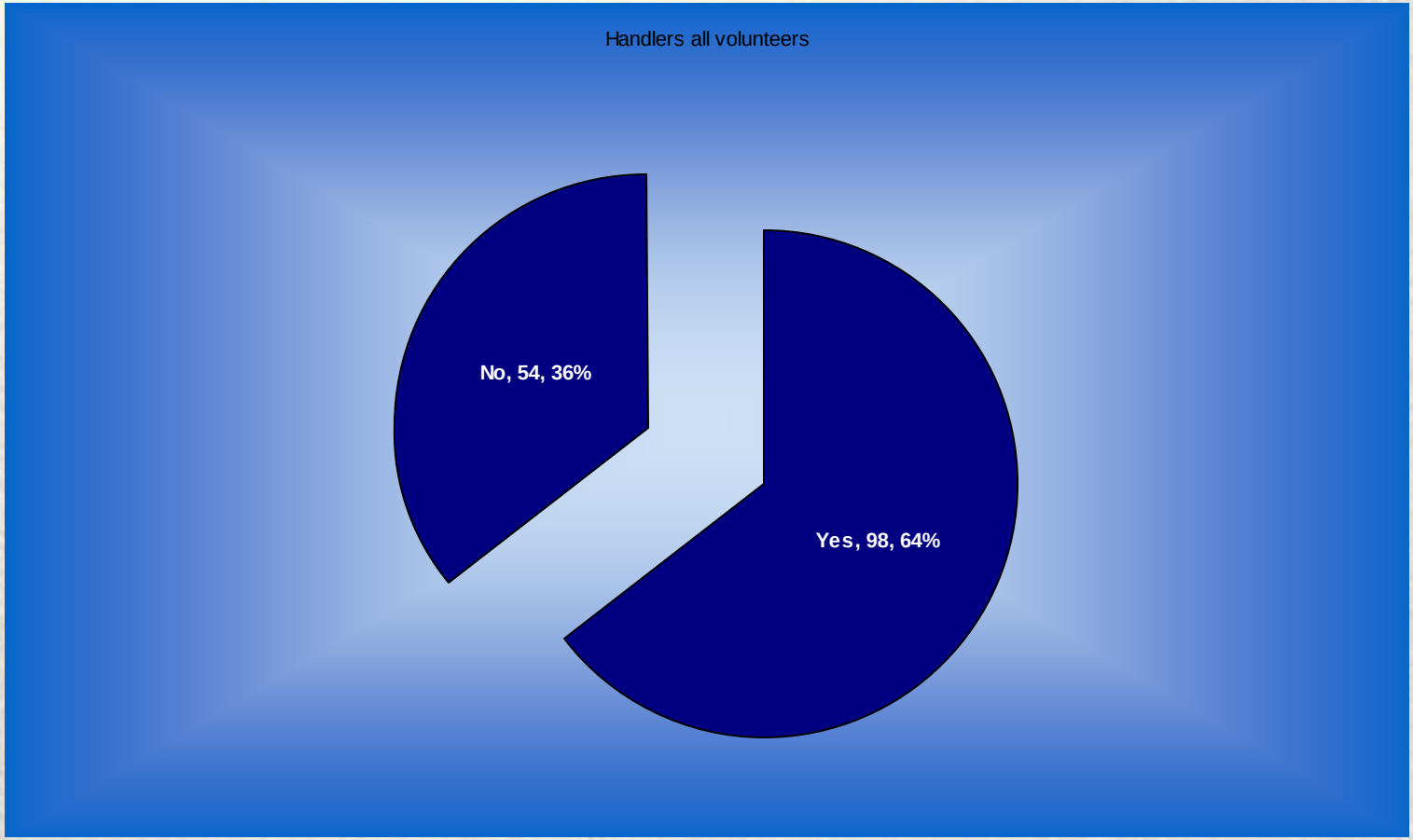
Effect	Least	%	Most	%
1. Social Withdrawal	149	97.4	2	1.3
2. Aggravation and Difficultness	148	97.4	1	.7
3. Phobias	149	98	1	.7
4. Depression	148	97.4	1	.7
5. Fear or Apprehension	146	96.1	1	.7
6. Homesickness	148	97.4	1	.7
7. Longing for lost pet	147	96.1	1	.7

(on a 7 point, ascending scale)

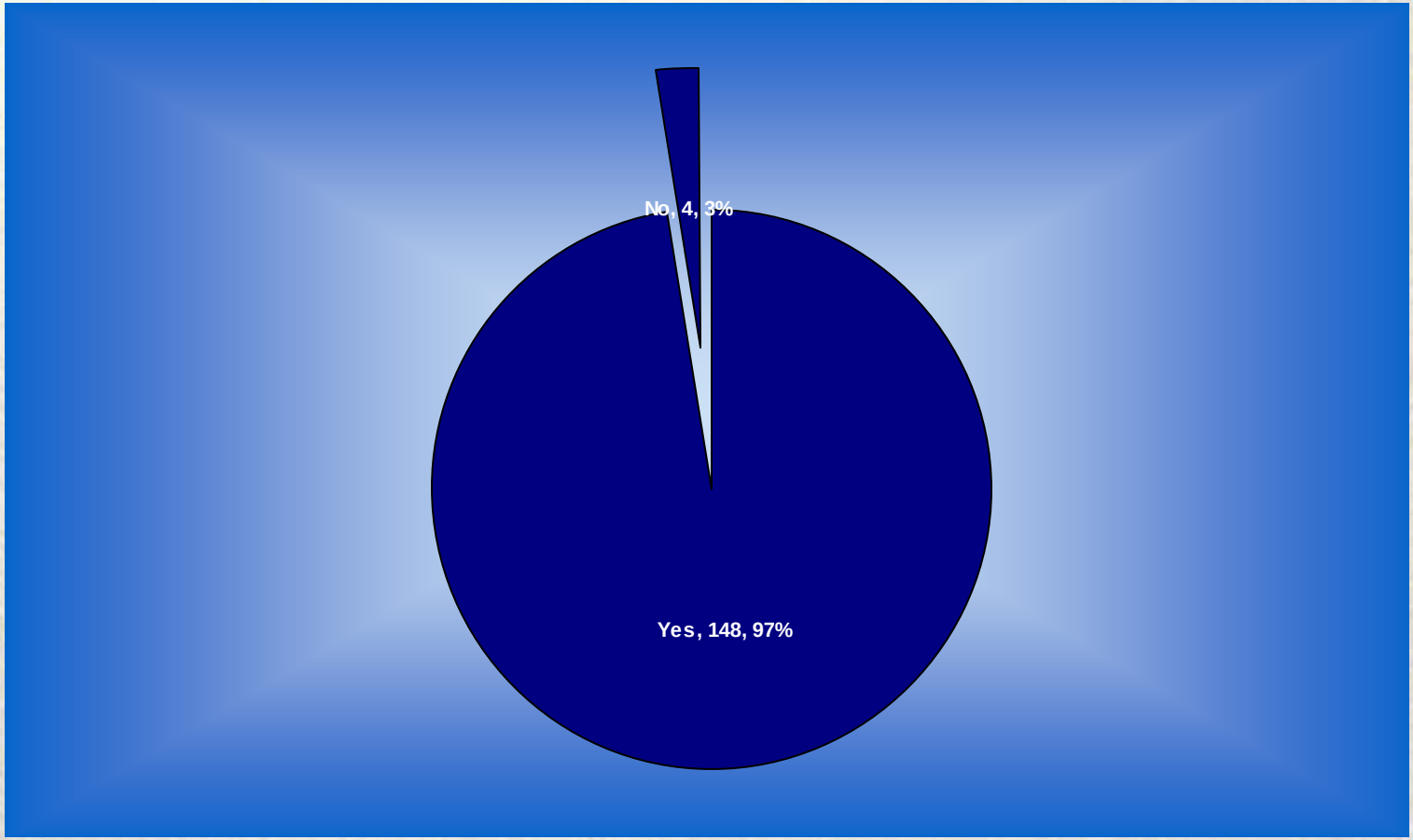
Injuries in AAT Sessions



Volunteer Handlers



Plan to Continue AAT



Significant Correlations

- Spearman's Rho analysis provided the following significant findings
- Variables — Correlation

	Variables		Correlation
1.	Average number of handlers and average number o f animals		.278
2.	Average number of staff and	rank of guinea pigs	.166
		average number of patients	-.201
		average number of animals	.250
		rank of rabbits	.179
		rank of fish	-.160
		fear of animals	-.171
3.	Rank of dogs and touching animals		.235
4.	Rank of cats and average number of animals		.327
5.	Rank of guinea pigs and improved mood		-.172
6.	Touching animals and improved mood		.216
7.	Touching animals and talking to handler		.367
8.	Talking to animals and talking to handler		.526
9.	Hugging animals and talking to handler		.348
10.	Talking to handler and improved mood		.164
11.	Talking to animal and satisfaction with surroundings		.234
12.	Talking to animal and	improved cognition	.219
		improved sleep	.194
		improved ADL's	.227

Conclusions

- There do seem to be discernable effects, both immediate and lasting positive effects, from AAT according to facility administrators/program directors.
- There is a significant difference in size in the facilities providing AAT in Connecticut.
- Dogs are the most commonly used animal in AAT in Connecticut facilities. Resident pets, such as fish and birds were the next most common.
- Most facilities with AAT plan on continuing it.
- Those not providing AAT seem to be lacking someone to provide it or have had a bad experience, but are not planning on pursuing it in the future.
- The respondents reported positive reactions to animals among their patients and some sustained positive effects and those seem correlated with whether they talked to the animal or the handler or both, and whether they touched or hugged the animal.
- Respondents indicated that there were very few negative reactions to the animals and sustained negative effects were negligible.

Sources

- Chandler, C. (2005) *Animal Assisted Therapy in Counseling,* Routledge Publishing, 2005.

- Odendaal, J.S., (2000) "Animal Assisted Therapy – Magic or Medicine?" *Journal of Psychosomatic Research,* 49(4), 275-280.

- Steed, H.N. and Smith, B.S., (2002) "Animal Assisted Activities for Geriatric Patients", *Activities, Adaptation and Aging*, 27 (1), 49-61.