

Selected Psychosocial Animal-Assisted Therapy Interventions

Emotional Safety—If a therapist has an animal with him / her, the environment and power structure have been changed. The animal's presence may open a path through a patient's psychosis or initial resistance. People may project their feelings and experiences onto an animal.

Relationships—A patient may not relate well to humans but may relate to an animal. A patient may feel unloved, unwanted, rejected by people, or may be unable to express affection. An animal can be both a source of love and companionship and an object toward which the patient can direct his own love and concern. A patient can simply "be" with an animal, whereas he / she may feel that he / she must perform or act a certain way with people. After experiencing apparent rejection from an animal, patients may learn about the consequences of their own behavior (see Limit Setting and Consequences, below)

Attachment—Many mental health patients are isolated from people; an animal can offer an attachment less threatening than that with people. It is common to hear "I get along better with my dog than I do with people."

Grief and Loss—Because the human / animal bond can be so powerful, the breaking of that attachment can also be tremendously damaging. The first losses many experience are those of their pets, which remain primarily unresolved. Furthermore, parents may (intentionally and unintentionally) punish their children through their child's animal: abuse, neglect, threats, giving the animal away, and killing the animal, for example. The presence of an animal in a therapeutic environment frequently brings up fearfulness and feeling of loss and abandonment.

Reality Orientation—An animal can act as a link between a patient's internal fantasies and external reality. The patient can live in the present and enjoy it.

Pleasure, Affection and Appropriate Touch—It is socially acceptable for men as well as women to touch, caress and hug an animal. In a hospital or other institutional environment, most touch comes FROM other people and may be painful or invasive. Touching an animal comes from the patient and is safe, non-threatening and pleasant. The patient may both give and receive affection from the animal. Patients may also learn new ways of touching-- with gentleness, with concern for the animal's well being, to nurture, etc.

Socialization—An animal is something safe to talk about, even AFTER an animal's visit is concluded. Animals can be catalysts to social interaction, connections for interpersonal communication and attachment. In an inpatient setting, the presence of animals encourages socialization in three ways: between patients, between patients and staff, and between patients and family members.

Play and Laughter—Patient's expression "muscle gladness" describes the joy and sense of well being associated with play. People often laugh when watching animals, and people can learn how to play by watching and interacting with animals.

Limit Setting and Consequences—A patient can learn that there are limits within which he / she must behave with an animal, and thus with the rest of the world. An animal's behavior quickly shows a response to a patient's stimulus. An animal's response to a patient may be generalized to people's responses, and the patient's feeling about the circumstance can be processed.

Anxiety—An animal can divert the patient's attention away from his/ her internal anxiety, allowing the therapist to nurture alternative functional responses to anxiety. An animal can reduce the patient's discomfort (physical or emotional), acting as a distraction, shutting out reactions to aversive stimuli.

Selected Pediatric Animal-Assisted Therapy Interventions:

The child, as well as the parents and siblings, may need a **DISTRACTION** from the typical hospital routine in which discomfort may figure prominently.

The presence of the animal humanizes and **DE-INSTITUTIONALIZES** the hospital.

During therapy visits, the child has some **POWER and CONTROL**. The child may feed or groom the animal. The child has the opportunity to say no to this activity, when he or she often can't say no to anyone or anything else.

Hugging and petting the animal gives the child an opportunity to provide **NURTURING**. When we nurture, we receive nurturing in return.

The child has an opportunity to **PLAY** with the animal, providing feelings of pleasure associated with play as well as an acceptable outlet for energy.

When the child is with the animal, the child is experiencing **SAFE and PLEASANT TOUCH** in a situation where touch frequently comes from others and is unpleasant. The child does not have to say or do anything for anyone else when the animal is present. The child may simply **BE**.

STAFF, as well, have the opportunity to see, touch and be with the animals. Staff may use this time for a personal stress break. Staff are also present during the visit so that a bridge to communication may be built between staff, child and caregivers.

Selected Rehabilitation Animal-Assisted Therapy Interventions:

Speech and Breathing—have the patient blow a kiss to the animal, blow to make its fur move, name animal's body parts, give animal commands, use a communication device to spell out responses to therapist's questions, engage in conversation about the animal.

Memory—has the patient repeat information or a story about the animal, shake / nod his head in response to questions, name animal's body parts, introduce the animal to other patients.

Sequencing—have the patient repeat instructions about the animal, place the animal supplies in a basket in sequence.

Provide Significant Information—have the patient describe the animal, describe the animal's equipment or supplies, explain how to make the animal do a trick or task.

Obtain Information—have the patient ask questions about the animal, the animal's needs or equipment.

Planning and Organizing—have the patient make a plan to brush / groom the animal; plan how to go around obstacles with the animal.

Topic Maintenance—have the patient think of and report all the words which remind him / her of the animal, or report a specified number of things about the animal or the animal's visit.

Problem Solving—have the patient figure out how to get from one side of the room to the other without running into someone else, figure out how to make the collar tighter, leash shorter.

Prediction—have the patient answer the therapist’s questions about “what will happen if…”

Memory and Recall—have the patient remember and repeat the animal’s name, talk about animals the patient has known, repeat information or a story learned about the animal or its handler, shake / nod head in response to questions, name animal’s body parts, introduce animal to other patients.

Imagination—have the patient make up and tell a story about a photograph which includes animals, tell a story about one of the therapy animals who has visited.

Sequential Memory—have the patient remember and explain how to groom the animal, follow sequential instructions with the animal (“put the collar on, then the leash, then tell him to sit,”).

Natural Consequences—the patient may tell the therapist or visitor what to do with the animal, with the therapist allowing the natural results of misunderstanding to unfold. For example, the patient says, “Put it on” and the therapist puts the collar around his own neck. The therapist would always ensure the safety of those involved, never allowing misinformation to result in harm to anyone.

Alternatives—the therapist provides two choices to the patient, one correct and one incorrect, providing increased control to the patient. For example, the therapist says, “The dog IS or IS NOT sitting?”

Range of Motion—have the patient become involved in grooming tasks, throw the ball / toy for the dog to retrieve (dog’s retrieving gives immediate positive reinforcement), touch body parts the therapist names, pet the animal’s underbelly, reaching to pet / groom the animal, pet from head to tail (with one or both hands, assisting affected limb is needed).

Balance—have the patient perform grooming tasks while sitting / standing / kneeling / prone/ other position, throw the ball, take the animal for a walk, reach to get grooming materials, reach to groom or pet the animal.

Cross Over Midline—position the animal on the patients’ affected side and have him groom or pet the animal with one or both hands.

Fine Motor Control—buckle and unbuckle the collar, feed animal treats, snap leash on and off, open treat containers, open container for grooming materials.

Mobility and Endurance—have the patient take the dog for a walk, (independently, over stairs, between parallel bars, with assistive device, etc.) crawl or ambulate to reach the animal, place animal on lap and wheel wheelchair to designated place, take animal to see other patients.

Visual Focus—have the patient track the animal’s movement, track his own hand as he pet the animal, look at or touch animal’s body part the therapist names, walk with the animal on the affected side.

Distraction—have the patient pet an animal during manipulation or stretching exercises—the patient may reach to pet the animal spontaneously and not realize that he / she has not been able to reach like that before.

Reward—the patient can pet the animal or get to see / be with the animal after completing assigned tasks / exercises. Patient receives immediate positive reinforcement when the animal responds to his / her voice commands or hand signals.