ANIMALS IN RECOVERY: HOW TO DEVELOP AN ANIMAL THERAPY PROGRAM AT A RESIDENTIAL TREATMENT FACILITY FOR PEOPLE WITH A MENTAL HEALTH DIAGNOSIS

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ABSTRACT

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Animal therapy has many health benefits for people and can be incorporated into the mental health recovery process. People with a mental health diagnosis can suffer from many negative mental health symptoms. Currently there is not a formal animal therapy program for people living at a residential treatment facility for people with a mental health diagnosis. Crestwood Behavioral Health Center staff were interviewed about what components are necessary in developing and animal program and what an animal therapy program might look like at their facility. A how to manual was developed with the steps necessary to start an animal therapy program. Based on the interviews Crestwood Behavioral Health Center would need to follow the Pet Partners guidelines in developing an animal therapy program and included what would be appropriate to the uniqueness of their facility. It is hoped Crestwood Behavioral Health Center will use the how to manual and start the implementation process and register their facility with Pet Partners Animal Therapy Program.

Keywords: animal therapy program, human-animal bond, residential treatment facility, mental health
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TABLE OF CONTENTS

LIST OF APPENDICES .......................................................................................................................... vi

INTRODUCTION ........................................................................................................................................... 4

REVIEW OF LITERATURE ....................................................................................................................... 4

THEORETICAL FRAMEWORK .................................................................................................................... 4

METHODS .................................................................................................................................................. 4

RESULTS ................................................................................................................................................... 4

DISCUSSION .............................................................................................................................................. 4

REFERENCES ............................................................................................................................................... 4
LIST OF APPENDICES

Appendix A. Interview Questions................................................................. 34

Appendix B. How To Manual for Developing an animal therapy program at Crestwood
Behavioral Health Center, Eureka, CA.................................................. 38

Appendix C. Facility Registration Package............................................... 42
INTRODUCTION

Until one has loved an animal, a part of one’s soul remains unawakened

- Anatole France

Animals have been used by humans in different capacities for centuries. People have trained animals in the areas of: service animals, harness animals, search and rescue animals, pack animals, hunting animals, herding animals, guard animals, and assistance animals. Animals used to assist people are referred to as service or therapy animals. These animals include, but are not limited to: horses, dogs, cats, rats, rabbits, and dolphins. Service animals are used to provide services for people with disabilities, such as guide dogs for people with a sight impairment (U.S. Department of Justice, 2002). Therapy animals are used to assist people with psychological and/or physical needs. Animals used for therapy are divided into two categories, Animal-Assisted Activities (AAA) and Animal-Assisted Therapy (AAT). AAA use animals in the casual meet and greet where animals visit facilities by trained and certified volunteer animal-handler teams (Pet Partners, 2012). AAT is a goal-directed intervention using a trained and certified animal to help facilitate the treatment process by a trained counselor or therapist (Pet Partners, 2012). The term animal therapy will be used throughout this paper to refer generally to both Animal-Assisted Activities and Animal-Assisted Therapy.

The human-animal bond is unique because of it’s healing qualities for humans. People who have experienced positive interactions with animals report psychological (mental and emotional function of the brain), physiological (function of the body), and
social (socialization) health benefits (Wein, 2009). People who own pets have lower heart rates and lower blood pressure with minimal responses to and quicker recovery times from stress (Wein, 2009). Pet owners have a greater sense of wellbeing with higher self-esteem.

Animal therapy programs have the potential to help people in many ways. According to Pet Partners, one can learn empathy, how to focus outside of their own problems, how to nurture another life, and how to feel safe in a therapy environment and increase rapport with their therapist by feeling accepted from the nonjudgmental nature of animals. Animal therapy can also increase socialization between clients, clients and staff, and staff and family by brightening the atmosphere and providing mental stimulation and entertainment; provide safe physical contact and touch for clients who have been abused; enable a client to relax by lowering blood pressure and heart rate; and encourage spiritual connection with the natural world (Pet Partners, 2012).

People living with mental illness can face many challenges in their recovery. Isolation, loneliness, hopelessness, excessive uneasiness and apprehension, lack of energy, difficulty in maintaining concentration and interest in life, lack of feeling emotionally safe in clinical settings, and not feeling accepted because of social stigma are examples of problems people can face in their recovery. An animal therapy program could benefit people with a mental health diagnosis by decreasing symptoms of anxiety and depression and increasing their socialization skills. The purpose of this project is to assemble a how to manual for developing the program.
How does one develop an animal therapy program for people living at a residential treatment facility for people with a mental health diagnosis?

I partnered with Crestwood Behavioral Health Center in generating a *how to* manual for developing an animal therapy program for people living at a residential treatment facility with a mental health diagnosis. Literature and other animal therapy programs were consulted and Crestwood Behavioral Health Center will staff were interviewed. Pet Partner’s steps to starting an animal therapy program was used as a model for program development (Pet Partners, 2012).

A *how to* manual in developing an animal-assisted activities program or an animal-assisted therapy program will be established in hopes that Crestwood Behavioral Health Center and/or similar agencies will be able to implement their own animal therapy program by using the manual as a guide. It is possible other Crestwood Behavioral Health Center branches throughout California will also be able to use the manual and implement similar programs with the potential for clients to benefit by improving their quality of life and wellbeing.

Staff and clients will be interested in having an animal therapy program. Clients will benefit from this alternative form of therapy once the program has been implemented. Similar agencies may have an interest in adopting an animal therapy program and could use this *how to* manual and find it helpful.

An animal therapy program has the potential to assist people in their recovery with mental illness. Animal-Assisted Therapy and Animal Assisted Activities are being incorporated into college programs across the country such as the Animal-Assisted Social

The human-animal bond is powerful and complex resulting in animal therapy benefiting a variety of clients with their physical, physiological, and social health (Biley, & Brodie, 1998). Animal therapy programs also have health benefits for people who have a mental health diagnosis and can help with loneliness, isolation, depression, etc. An animal therapy program has the potential to benefit clients who live at a residential treatment facility for people with a mental health diagnosis by improving their quality of life and wellbeing. Currently there is not an animal therapy program at a residential treatment facility in Humboldt County, CA. I researched how one develops an animal therapy program and formed a how to manual for facilities to follow and implement.
REVIEW OF LITERATURE

The human-animal bond is very powerful and has been proven to have many health benefits for people. People who own pets testify to how animals add wellbeing and improve their quality of life. Health care professionals have incorporated animals into their therapy programs as an adjunct to treatment. Animal therapy has been used in various health care settings, even with people who are incarcerated. The following is literature on the health benefits of the human-animal bond, animal therapy, and animal therapy specifically with people with a mental health diagnosis. This project will focus primarily on dogs, since they are the most commonly used in therapy and most commonly researched.

Being in the presence of animals can lower stress responses. Psychological constructs can act as buffers to autonomic responses to stress (Allen, Blascovich, Kelsey, & Tomaka, 1991). Women who own a pet dog had less autonomic responses when they had a companion (dog) in the home. The women had substantially less physiological responses to stress with their dog in the home than they did with their friend in the home (Allen et al., 1991). Women who were in the presence of their dogs while performing stressful arithmetic had lower skin conductance, blood pressure, and pulse rate. These women may have felt less physiologically stressed and the presence of dogs may have provided non-evaluative social support (Allen et al., 1991). People with a mental health
diagnosis experiencing social stigma, anxiety, and depression could greatly benefit from a non-evaluative social support, such as an animal in their treatment plan.

Cardiovascular reactivity to psychological and physical stress, on couples who own pets and who don’t own pets, was tested in the presence of pets, friends, and spouses (Allen, Blasscovich, & Mendes, 2002). Couples who owned pets, either a cat or a dog, had significantly lower blood pressure and heart rate at resting baseline, significantly less increases of stress reactivity during mental arithmetic and cold pressor, along with a faster recovery time from stress (Allen et al., 2002). Pets are an important part of people’s lives and can be a great support. Pets can be beneficial to one’s physical and emotional health by acting as a buffer to acute stress (Allen et al., 2002). People who have a mental health diagnosis can experience acute and chronic stress. It appears animals can help elevate their symptoms.

Dog ownership has many health benefits for people, especially the older adults (Edwards & Knight, 2008). Older adults report physical, psychological, and social benefits from their relationship with their dog. Dog owners can have an increase in physical health from exercising and walking their dogs and psychological benefits from companionship and comfort. Dog walkers also believed their animal was a member of the family and believed they lived a richer life and felt their dogs were of therapeutic value because they could talk to their dog and their dog would give them comfort. This was especially true for people who felt depressed, isolated, and lonely (Edwards & Knight, 2008). In addition, dog walkers felt their dogs provided safety, security, and protection, especially among female dog walkers. Older adults felt walking their dog opened up the
opportunities to talk with other likeminded dog walkers. Policy makers and health professionals could encourage older adults to own a dog because of dog ownership's health benefits (Edwards & Knight, 2008). The social benefits highlighted here can be applied to an animal therapy session where a client interacts with a dog, potentially increasing their socialization skills with other people. Similar benefits could occur with the human-animal bond decreasing symptoms of depression, isolation, and loneliness while increasing social interactions.

Women dog owners in China exercise more and feel healthier than women who do not own dogs (Headey, Na, & Zheng, 2007). Women slept better at night, took fewer days of work and had less doctor visits. Dog owners had only 54% of the number of nights with bad sleep per month as were encountered by non-dog owners, they took less than half of the number of sick days off from work, and had been to the doctor less than half of the time as non-dog owners (Headey et al., 2007). Here is another example of how the human-animal bond has the potential for various health benefits for people.

Animal-assisted therapy has also been found to have positive health benefits for both humans and pets. Odendaal (2000) in measured six neurochemicals associated with the decrease in blood pressure in humans and dogs before and after positive interaction during animal-assisted therapy sessions. Both humans and dogs had an increase in neurochemicals associated with attention seeking behaviors. There was a significant increase in oxytocin, an indicator of the neurochemicals measured for social attachment, in both dogs and humans. The author argues that measurement of neurochemicals is important to understanding emotions (Odendaal, 2000).
contact with their dogs for at least ten minutes, the oxytocin levels of the women and dogs increased. The increase in oxytocin was also related to the quality of bond between the women and their dogs (Olmert, 2010). People with a mental health diagnosis could benefit from increased oxytocin levels, potentially enabling them to bond more with the animal and with others. This could help with depression, isolation, and loneliness.

Animal therapy can have mental health benefits for people with mental health concerns. Animal-assisted therapy can decrease anxiety in people with psychiatric conditions (Baker & Dawson, 1998). A sample of 230 patients in an inpatient psychiatric unit of a medical center participated in animal-assisted therapy sessions lasting 30 minutes once a week. During these sessions the dog and patient’s pets were discussed as the dog moved freely around the room and followed basic obedience commands. The comparison condition was a therapeutic recreation group session held once a week. Animal-assisted therapy lowered anxiety for a greater number of psychiatric conditions than recreational therapy and the decrease in anxiety scores for people with psychotic disorders was twice as great as after therapeutic recreation (Baker & Dawson, 1998). This study could suggest that animal-assisted therapy offers fewer demands on the patients than therapeutic recreational therapy. Further, animal therapy could be a great adjunct to a person’s treatment plan who has symptoms of anxiety.

Animal-assisted activities can temporarily improve self-esteem, self-determination, positive psychiatric symptoms, and emotional symptoms in patients with schizophrenia (Chu, Lin, Liu & Sun, 2009). Patients with schizophrenia, dementia, and mania who interacted with two dogs by talking, touching, playing, and expressing their
thoughts and feelings with them raised the patient’s interest and attention. Patients also experienced significant improvements in the mean rankings for self-esteem, self-determination, positive psychiatric symptoms, and emotional symptoms (Chu et al., 2009). Investigators also noticed patients who were initially reluctant to touch the animals became more comfortable as time went on, smiled when they were interacting with the dogs, and had an increase in physical and social activity. Simply hugging, touching, and accompanying the dogs provided amusement and added to the wellbeing of the patients. People with a mental health diagnosis often experience low self-esteem, low self-determination, and emotional symptoms. Animal therapy has the capability to decrease these negative psychiatric and emotional symptoms.

Animal-assisted therapy decreased the negative mental health symptoms of female inmates with mental health needs at the Utah State Prison (Jasperson, 2010). Participants were selected based on their lack of social and coping skills and all had a duel diagnosis of substance abuse or dependence diagnosis. Women with schizophrenia, schizo-effective disorder, bipolar disorder, and major depression participated in the study. A dog was used as a model to help facilitate the educational and therapeutic goals of the group. For example, the facilitator used the dog as a model for boundaries by talking about the dog’s boundaries, how the dog communicates it’s boundaries, and then relating that to human boundaries. Members of the group reported a decrease in anxiety and depressive symptoms (Jasperson, 2010). Inmates also commented on how they now seemed to avoid isolation and had an increase in social behaviors, were more involved in addressing therapeutic issues, and had a more positive approach towards therapy, with an
elevated sense of self-awareness. Animal therapy has the ability to be therapeutic for people with a mental health diagnosis, but also people with substance issues. This is important because commonly people with a mental health diagnosis also have a dual diagnosis.

Schizophrenic patients living in a social institute who participated in an animal-assisted therapy program had an increase in domestic and health related activities (Kis, Kovacs, L. Rozsa, & S. Rozsa, 2004). Patients were given an Independent Living Skills survey before the first session and after the last session of the nine month study. The survey included questions about eating, grooming, domestic activities, health, money management, transportation, leisure, job-seeking or job related skills. Each session met weekly for 50 minutes. During the therapy sessions patients interacted with the dog by petting and talking with the dog when it approached them in the room. Patients were encouraged to share their feelings with staff during this time. Patients were observed to have improved affective reactivity and concentration ability (Kis et al., 2004). Feeding and grooming the dog helped the patents learn how to care for another living being. Patients appeared to enjoy interacting with the dog and seemed relaxed with a positive inner state.

Positive changes in patients was found not only during the therapy sessions, but also during everyday life. This was thought to be due to the increase in emotional reactivity as a consequence of the human-animal bond. The authors thought it was important to note these patients were severely impaired or disabled and had a mental health diagnosis for a long time. Despite this, patients continued to appropriately
participate in the therapy sessions for the entire duration of the study and were found to have an increase in their motivation to partake in their rehabilitation therapy sessions (Kis, Kovacs, L. Rozsa, & S. Rozsa, 2004). People with a mental health diagnosis may not have had the opportunity to learn how to care for another life or have a safe relationship. The relationship between patient and animal and the responsibility for that relationship, by nurturing another life, can improve one’s self-esteem and motivate them in their daily routines.

Animal therapy can also improve the depressive symptoms and cognitive function in residents of long-term care facilities with mental illness (Atti, Bernabel, De Ronchi, Ferrari, Forlani, Marchetti, Moretti, Negretti, & Sacchetti, 2011). Residence in a nursing home were encouraged to talk, walk, touch, and interact with dogs. Animal therapy sessions improved depressive symptoms in 50% of the participants, along with an improvement in self-perceived quality of life (Atti et al., 2011). People with a mental health diagnosis living in a residential treatment facility who participated in an animal therapy program could benefit from an increase in cognitive functioning and decreasing depressive symptoms, improving their quality of life.

The human-animal bond is powerful enough that health care professionals have adopted animals as an adjunct to their treatment with clients. Animal therapy can be used as a catalyst between client and patient or just as good company in the presence of clients. Pet owners and clients who have participated in an animal therapy program continue to state positive outcomes in terms of physical, psychological, and social aspects of their lives. Research on the benefits of the human-animal bond and animal therapy
programs is mostly qualitative and anecdotal. Further quantitative statistical research would be beneficial to the field.
THEORETICAL FRAMEWORK

The benefits of the human-animal bond and animal therapy can be understood using the ecological systems theory. Ecological systems theory has its roots in systems theory, which is the holistic and relational view of people’s interconnectedness to and influence on everything in their environments (Canda, Chaterjee, & Robbins, 2006). The ecological systems theory looks closer at relations and adaptations and uses the metaphor of goodness of fit. Not only are individuals and families important, but our social and physical environment also shapes, supports, and limits us in our ability to live happy lives (Coady & Lehmann, 2001).

*Goodness of fit* refers to how well we adapt to our environment and how well our environment supports us. When a person has enough resources, they are usually able to cope with life’s stresses in a healthy manner. When a person has deficits in the supports they need, they have less coping skills and become more vulnerable to distress (Coady & Lehmann, 2001). Many people with a mental health diagnosis are in environments that are not a *goodness of fit*. Mental health institutes and the larger society often don’t provide people with the necessary supports in their environment. People living in a mental health treatment facility can be isolated from the community, from family and friends, and from other living creatures and the natural world. Thus, exacerbating any negative symptoms already occurring and/or initiating new negative symptoms. Animal therapy attempts to provide people with a mental health diagnosis a *goodness of fit*. Animals provide a supportive environment by yielding comfort, tranquility, stress
reduction, and love. For a person with a mental health diagnosis, having them participate in an animal therapy program could increase their *goodness of fit* and support people to live a happier life.
METHODS

The human-animal bond has proven to have many health benefits towards humans. Animal therapy uses animals as a bridge between staff and clients to help facilitate the treatment process and improve client's physical, social, and physiological health (Biley & Brodie, 1998). There are numerous animal therapy programs working with people of all ages with physical, emotional, and mental health needs in a variety of settings. How to develop an animal therapy program at a residential treatment facility for people with a mental health diagnosis was explored, resulting in a how to manual for facilities to use as a guide. Staff at a residential treatment facility in Eureka, CA were interviewed about what type of animal therapy program would be most appropriate for their facility. The facilities’ policies and procedures around animals and volunteers, what activities the program will involve, how often the program will occur, goals and outcomes of the program, etc. were explored. After the interviews took place the information was analyzed and a how to manual for an animal therapy program was developed using exploratory research.

The current project used a non-probability sampling method of a snowball sample. Crestwood Behavioral Health Center in Eureka, CA staff were asked if they wanted to participate. Program directors, recreation director, and administrators were asked verbally if they wanted to participate. The interviews were conducted using structured questions as a guide (see Appendix A).
Crestwood Behavioral Health Center staff were asked what components would be necessary in developing a program and what an animal therapy program would look like at their facility. Crestwood Behavioral Health Center staff were interviewed in person in an office at Crestwood Behavioral Health Center. Each staff member was interviewed individually and the time will not exceed an hour. Interviews were recorded by taking notes. An informational sheet was given to the interview participant at the beginning of the interview and voluntary participation was explained. Data was analyzed by acknowledging common themes within the interviews. Interviewees were informed of possible follow up or clarifying questions that may be asked after the interview. These follow up questions will be in person or via email.

Data was analyzed by acknowledging common themes within the interviews. Common themes were identified by using the compare and contrast technique. Key statements made by each person were summarized and the necessary steps and components of an animal therapy program were addressed and a how to manual was established (see Appendix B). Potential implementation strategies were discussed including registering Crestwood Behavioral Health Center with Pet Partners, developing a standards of practice, and goals and outcomes of the therapy were analyzed.

The health and safety of staff, volunteers; animal welfare and abuse were considered. Ethical concerns were considered by discussing standards of practice, recommending an animal therapy program be regularly monitored and staff trained (American Veterinary Medical Association, 2012). Ethical considerations include: zoonotic diseases, potential allergic reactions, abuse and injury to the animal, injury to
the client, client’s unrealistic expectations of the animal (American Veterinary Medical Association, 2012) avoiding animal burnout or fatigue, and appropriate selection of the animal and clients participating in therapy (Jackson, 2012). Policy and procedures will need to recommend animals will be screened by their veterinarian and trained and certified through an animal therapy program, such as Pet Partners. The animal’s handler will also be trained and certified. Staff who manage the animal therapy program will have an awareness of animal behavior and be familiar with their clients. Participants will be chosen based on their prior experience with animals, and animals will be matched by their appropriateness with that particular population. Clients who do not like animals, have had a negative experience, or have allergies to animals will not participate. The animal handler and staff will be aware of when an animal is fatiguing or overstimulated to avoid any accidents or injury. The staff and handler will be able to read the client’s behavior to tell if they are fatigued or overstimulated to avoid any negative outcomes.

Clients will not be interviewed due to most clients being under conservatorship. Clients would need permission form their conservators to participate. It was decided to not include clients and focus on staff. Another limitation is there is a short supply of animal-handler volunteer teams certified through Pet Partners in Humboldt County. If Crestwood Behavioral Health Center and similar facilities in the area implement the program, there may be a shortage of animals to participate in the program. Starting an animal-handler team through Pet Partners is an option to mitigate this limitation.
RESULTS

The results showed Crestwood Behavioral Health Center staff were open and excited to have an animal therapy program. Staff believed an animal therapy program would have many benefits for their clients. There are animals currently visiting the facility daily and belong to staff. Crestwood Behavioral Health Center has an animal policy in which animals can visit if they have current shots and are licensed.

All six Crestwood Behavioral Health Center staff interviewed thought all three programs within Crestwood Behavioral Health Center would be appropriate for an animal therapy program: The Mental Health Rehabilitation Center, the Adult Residential Program (Bridge House), and the Residential Care Facility for the Elderly (Courtyard and Community). Staff believed all programs had the potential to benefit from animal therapy, with two interviewees believing Courtyard Community would be particularly appropriate. There were slight differences in responses from interviewees when asked which program would be appropriate for an animal therapy program. One interviewee commented, “Some clients are stuck at the facility and some are able to leave and comeback. Having an animal therapy program would be especially beneficial for those who don’t get to leave and having any animal around would be beneficial and help change people’s attitude for the better.” Another interviewee stated, “The Mental Health Rehabilitation Center program has limited resources and limited access to the community” and therefore may not benefit as much as the other programs. This interviewee also thought the Courtyard Community program could benefit greatly.
Another interviewee believed there was a chance of incorporating an animal therapy program into all of the different programs at Crestwood Behavioral Health Center or selected clients from each program could participate in the animal therapy program.

Interviewees believed that both an Animal Assisted-Activities and Animal-Therapy program were both appropriate. Overall, interviewees thought the AAA would be the most appropriate for now. The reasons for this had to do with cost effectiveness in the short term. Crestwood Behavioral Health Center would have to hire a licensed therapist and have them registered through Pet Partners to do Animal-Assisted Therapy program. Interviewees felt clients would enjoy being in a casual group where they can socialize and interact with the animal. One interviewee shared, “We could start with an AAA group and then assess after a while the benefit for an AAT program.”

Interviewees commented programs already exist where an animal therapy program could be incorporated into or a separate program just for animal therapy could also be created. One interviewee mentioned there was an open activity group in the Mental Health Rehabilitation program at Crestwood Behavioral Health Center. Animals could possibly join the group for an AAA session. Interviewees thought an animal therapy program that met once a week would be most beneficial. An interviewee added, “A weekly program would give the client’s something to look forward to. A short term goal would create more consistency for the clients.” Another interviewee stated, “Weekly would give a more clinically lasting impact where monthly would be too brief and not have as much of a beneficial effect on the clients.” In addition, an interviewee commented, “animals can make people feel more normal.” Having animals visit with
clients weekly in an educational and informational way would be good. Another interviewee suggested having an animal therapy program at least twice a month, if not weekly.

Crestwood Behavioral Health Center staff who were interviewed thought an hour would be the most appropriate time for both the clients and the animals. Pet Partners recommends animal therapy sessions don’t exceed two hours due to possible exhaustion or over stimulation of the animals. One interviewee said a half hour would work too, but most said an hour so the animals and the clients are not over stimulated or exhausted. Another interviewee mentioned that clients could possibly get bored if the sessions were to go longer than an hour. The other great thing about an hour, an interviewee added, is groups are billed for one hour, so Crestwood Behavioral Health Center would get paid for these animal therapy sessions. An hour would work out perfectly.

Responses to what kind of animal would be most appropriate for the animal therapy program were: all animals, any kind, fish, dog, cat, horse, pigmy goats, and miniature horses. Two interviewees believed a dog would be most appropriate. One interviewee who thought all animals would be appropriate also believed, “it would be better to start with smaller animals. The smaller the animal, the less resistance by staff and administration and people could get warmed up to the idea of a larger animal if the smaller ones are successful.” One interviewee mentioned they thought clients might be able to go out into the community and do horse therapy, also called hippotherapy. Another interviewee thought pets that could provide reciprocal affection and attention could improve a sense of belonging and self-esteem for the clients and thus be more
appropriate. Yet another interviewee stated “A dog would be easier. There are already some dogs that staff bring in to visit. So, a lot of clients have been already exposed to dogs, if they otherwise were not. Some clients are cat addicts and therefore a cat may not be appropriate for those particular clients.” Crestwood Behavioral Health Center staff believed many different kinds of animals could potentially be used and that a dog would be the best to start with.

Possible goals and outcomes for the animal therapy program interviewees thought would be appropriate were based around the client’s recovery of and relief from symptoms from mental illness. These included: to decrease loneliness, increase socialization, to provide companionship, especially for client’s who miss their pets and to improve their mental health. One interviewee stated their client’s need grounding and that animals can provide a good mental space for clients to focus on and help relieve negative voices. “Connection and engagement could bring a sense of healing”, replied an interviewee. Another interviewee thought a goal or outcome could be to provide clients with movement and activity by throwing the ball for a dog, taking the dog on a walk, and even leisure time could provide the client with some sort of movement. Another goal or outcome was to provide clients with a sense of normalcy by the client engaging with the animal establishing a routine and creating a sort of family connection. The goal of freeing the client of fear by being in the present moment with an animal. This could occur by the animal providing interaction and engagement with the client and providing entertainment which can be cathartic and healing. Connection with another living and loving being to provide socialization was another possible goal or outcome.
Crestwood Behavioral Health Center staff thought activities or interventions appropriate for an animal therapy program were interacting with the animal, walking the animal, playing with the animal, learning about the animal, petting the animal, grooming the animal, and talking with the animal. One interviewee commented goals and outcomes could be particular to the individual client’s needs. Another interviewee thought possible outcomes could be learning responsibility and the client taking on a meaningful role by interacting with the animal. This same interviewee believed this kind of interaction could “increase client’s attention, endorphins, and trigger good stuff.”

The majority of Crestwood Behavioral Health Center staff interviewed thought the animal therapy program sessions could be indoor and outdoor or both. Factors affecting this could be the weather, the type of animal used for therapy, and what is going on that day at Crestwood Behavioral Health Center. One interviewee commented it was possible to even take the animals and clients off campus on a field trip. Another interviewee mentioned an indoor animal therapy program would probably be the easiest. And another interviewee stated that outdoor would be best due to the clients liking to be outside and having a higher comfort level outside.

Crestwood Behavioral Health Center had important strengths to add to the animal therapy program. The three main strengths were the knowledgeable staff regarding animals and the animal policy at the available space for the animal therapy program. Interviewees commented space could be found and that most of the staff were already familiar with animals, especially dogs. One interviewee thought a strength Crestwood Behavioral Health Center had to offer was the possibility for the animal therapy program
to supported at the corporate level, and after some trial and error, the program could be expanded out to other Crestwood Behavioral Health Center facilities. Another strength discussed was how knowledgeable the staff are with the clients and their behavioral challenges. This would help ensure clients and animals were ethically handled in a safe manner. Space available included outside in a courtyard area that is fenced and gated with grass or an indoor activity room. Staff acceptance and buy in was also brought up by an interviewee as a strength. All staff interviewed were interested and excited in the therapeutic benefits of an animal therapy program.

On the other hand, barriers to developing an animal therapy program included: risks involved such as potential danger for the clients, potential danger for the animals, and paperwork involved such as release of liability forms for both the animal handler and the clients. Another interviewee believed client history would be important to take into account when selecting clients to participate in the animal therapy program. Animal abuse is in some clients’ histories. Other clients have poor social skills and could get angry unexpectedly, but staff are familiar with the clients and can tell when a client has had enough or needs a break.

If Crestwood Behavioral Health Center were to register their facility and use Pet Partners volunteer animal handler teams, the volunteers would need to be finger printed or Live Scanned; sign a release of information and confidentiality, and volunteer form; and a Crestwood Behavioral Health Center staff person would have to accompany the volunteer animal handler team at all times. This could be done by having a Crestwood Behavioral Health Center staff person supervise the animal therapy sessions. Volunteers
would also need to have a brief orientation to the facility and sign a contract agreeing to policy and procedures. Interviewees stated they knew of a staff person who they think would be an appropriate supervisor based on familiarity with the clients and knowledge of animals. This particular person was also picked as the suggested animal therapy program supervisor by the majority of interviewees. A few Crestwood Behavioral Health Center staff also suggested other staff just in case this particular individual was not available or had to be filled in for.

Animals are allowed at the Crestwood Behavioral Health Center facility. However, the agency requires all animals who enter the facility to be licensed, current on their shots (including rabies), and be appropriate with their behavior towards people and other animals. Animals brought in by staff and visit Crestwood Behavioral Health Center are not a part of a formal registered animal therapy program and rules and guidelines would have to be created, along with policy and procedures. One interviewee shared that the dogs who visit the facility are licensed and have their vaccinations on file with the business manager and have to be approved through the administration. Policy and procedures to ensure the ethical treatment and safety of the animals and clients could include: mandatory client supervision by Crestwood Behavioral Health Center staff during all animal therapy sessions, an evaluation and screening of all clients participating, current animal vaccinations and rabies shots, and a zero animal aggression policy. For example, any animals who exhibit aggressive behavior such as growling or biting will not be allowed back to Crestwood Behavioral Health Center. One interviewee suggested
staff and clients be educated on animal behavior, pet care, and the ethical treatment of animals.

One interviewee thought it was important to give clients the benefit of the doubt when it came to participation in the animal therapy sessions. Even if a client has a history of abuse with animals, they could still benefit from the therapy sessions. This interviewee reported that it is important not to exclude anyone from participating, unless there is a significant violent history with animals or the client does not prefer to participate. Clients should still be screened for their appropriateness in the program while minimizing exclusion from the program. Another interviewee commented it would be wise to put an alert out to Crestwood Behavioral Health Center staff and the Pet Partner Volunteer. The therapy animal will always be with its handler and the clients will always be supervised by Crestwood Behavioral Health Center staff. A policy, procedures, rules, and regulations will be a part of the animal therapy contract that Crestwood Behavioral Health Center staff and Pet Partner’s volunteer would be signing before participating in the program.

Funding for the animal therapy program at Crestwood Behavioral Health Center could come in many forms. Some interviewees believed money could be raised by the client’s, or that there could be some sort of fundraiser. Crestwood Behavioral Health Center administration reported their willingness to pay the fee to have the facility registered with Pet Partners. Pet Partners trains and registers volunteer animal handler teams. Once a facility is registered with Pet Partners they then have access to the volunteer animal handler teams in the area. The volunteers and their animals are
essentially free. Fees paid cover training, registration, and liability insurance for the volunteer and the animal. If anything happens to the clients who are participating in the animal therapy sessions, Pet Partners will cover damages and expenses.

Crestwood Behavioral Health Center interviewees were asked during the interview if they had any comments, questions, or concerns. Many of them said they were very excited about the possibility of clients interacting with animals in a therapy program and believed many would benefit tremendously from this. Interviewees were very supportive of the animal therapy program as well. An interviewee stated, “This is an awesome, great, and fantastic project.” Another interviewee commented they were very excited and thought the animal therapy would help clients with their behavioral challenges and the social stigma surrounding mental illness by helping the clients feel more normal when interacting with an animal. Overall, many staff thought the animal therapy program was a wonderful idea and they hope to see it come into fruition.
DISCUSSION

This project was born out of the desire to support people with a mental health diagnosis in their recovery through the healing benefits of the human-animal bond. Crestwood Behavioral Health Center was very supportive and excited about this project. While Crestwood Behavioral Health Center currently has animals visit their facility, it is not a formal animal therapy program. It is hoped this project will start the process of developing a formal registered animal therapy programs to the Humboldt County area via Pet Partners, with an emphasis in the mental health community. Crestwood Behavioral Health Center was chosen because of their openness to animals in their facility. The process was started by finding an agency was accepting and open to the possibility of having animals in their facility. Humboldt County Mental Health was first considered, but due to policy constraints, it was decided to look elsewhere. Crestwood Behavioral Health Center was suggested because of it’s pet friendly atmosphere. The project was presented to Crestwood Behavioral Health Center staff and administration. They graciously accepted the offer to serve as a partner for this project.

Crestwood Behavioral Health Center already has pets visit the facility, with some staff members bringing in their pets on a daily bases. These pets were mostly dogs and interacted with the clients. This project is offering something more to what they already have, the knowledge in how to develop a formal registered animal therapy program with
trained and certified animals and handlers, goals and outcomes, and policy and
procedures.

A limitation to this project was the lack of client input. Coming from a person-
centered and strengths based perspective, this was disappointing. With more time
available for the project, clients could have been interviewed with the approval of their
conservators. This leaves open the possibility for another project on Crestwood
Behavioral Health Center’s clients views and opinions about having an animal therapy
program at their facility. This would give clients another opportunity in their decision for
what kind of treatment they would like in their recovery. However, the project worked
with what it could. Staff who were interviewed were very friendly and gracious with their
time. Many of their faces lit up when they talked about the many benefits they thought
animal therapy would bring to their clients. The information collected from this project is
invaluable to the beginning process and implementation of an animal therapy program at
their facility.

It is hoped this project will be implemented and an animal therapy program will
be established. The steps listed in the how to manual are by no means all inclusive and
their purpose is to serve as a guide in the development of an animal therapy program at
the Crestwood Behavioral Health Center facility (see Appendix B). As Crestwood
Behavioral Health Center begins the implementation process, it is imagined they will
have additional input for the how to manual. The how to manual is a living document
open to changes and additions. It will list and briefly explain each step and what that step
or component of the animal therapy program might look like. The information gathered
for the *how to* guide can be further accessed through the Pet Partners website and in the results section of this project. Future studies could include: how to start a Pet Partners volunteer animal-handler team in Eureka and the evaluation of the outcomes and efficacy of the potential animal therapy program at Crestwood Behavioral Health Center.
REFERENCES

American Veterinary Medical Association. (2012). Guidelines for animal-assisted activity, animal-assisted therapy, and resident animal programs 1-4. Retrieved from
https://www.avma.org/Search/results.aspx?k=animal%20assisted%20therapy


Appendix A

Interview Questions

1. Which program would be appropriate for an animal therapy program, the Mental Health Rehabilitation Center, the Adult Residential Program (Bridge House), or the Residential Care Facility for the Elderly (courtyard for the elderly)?

2. What kind of animal therapy program would work best for you, Animal-Assisted Activities (AAA) or Animal-Assisted Therapy (AAT)? Animal-Assisted Activities provide motivational, educational, recreational, and/or therapeutic benefits to enhance quality of life by animals that meet specific criteria and handlers that are specially trained. AAA are the casual “meet and greet” that involve pets visiting people. AAT is a goal-directed intervention where the animal is part of the treatment process. AAT promotes improvement in human physical, social, emotional, and/or cognitive functioning. The animal has to meet specific criteria and the handler has to be a heath/human services professional with specialized expertise. This process is documented and evaluated.

3. Is there an existing activity program that an animal therapy program could be incorporated into or should a new program be developed specifically for animal therapy?

4. How often should the animal therapy sessions meet? Sessions could meet weekly or monthly.
5. How long should the animal therapy sessions last? Sessions could last a half-hour, and hour, or two hours. It is recommended that the therapy sessions last no longer than two hours due to possible over exhaustion or over stimulation of the animal.

6. What kind of animal would be most appropriate for your facility? Animals used could be, but are not limited to, dogs, cats, rabbits, and miniature horses.

7. What are the goals and outcomes for the animal therapy sessions? Possible goals and outcomes could be, but are not limited to, decrease loneliness, increase socialization, provide companionship for clients who miss their pets, and improve mental health.

8. What kind of activities or interventions would be appropriate during the animal therapy sessions? Activities or interventions could be, but no limited to, petting the animal, talking with the animal, learning about the animal, grooming the animal, relating to the animal, and walking the animal (if it’s a dog).

9. Would an indoor and/or outdoor animal therapy program be most appropriate for your facility?

10. What are some potential strengths the facility could add to the animal therapy program? Examples of strengths could be staff who are already knowledgeable about animals, an animal policy and procedures already in place, and an appropriate space available for the animal therapy sessions.
11. What are some potential barriers to developing an animal therapy program? Possible barriers could be lack of staff knowledge of animal behavior, inadequate space for animal therapy sessions to occur, and high amount of risk involved with client animal interaction.

12. What would be required of the volunteer Pet Partner teams? Pet Partner teams are specially trained and registered animal and handler who volunteer to visit facilities through the Pet Partners’ Animal Therapy Program.

13. Do you have a staff person who is knowledgeable about animal behavior and familiar with your clients who could be the supervisor of the animal therapy program?

14. What are the rules and regulations around animals in the facility?

15. What policy and procedures would need to be in place for the animal therapy program to ensure the safety and ethical treatment of the animals?

16. What policy and procedures would need to be in place for the animal therapy program to ensure the safety and ethical treatment of the clients?

17. Is there any funding available to register your facility with Pet Partners’ Animal Therapy Program? Pet Partners (formerly known as Delta Society) is a human-services organization dedicated to improving people’s health and well-being through positive interaction with animals. They are the only national registry that requires their volunteer animal-handler teams to be trained and registered. To
register your facility it will cost $150 for a two year contract. The contract includes many benefits to your facility. Non-registered facilities can still participate in the Pet Partner’s Animal Therapy Program, but without the benefits.

18. Do you have any questions, comments or concerns?

19. If I am unclear about a response to a question, is it OK if I contact you and ask follow up or clarifying questions after the interview has been completed?
Appendix B

How To Manual for Developing an animal therapy program at Crestwood Behavioral Health Center, Eureka, CA

(A) Obtain Pet Partners’ Facility Registration packet. The packet contains:

- Steps for Starting an animal therapy (AAA/AAT) program
- Facility Registration Forms and Instructions
- Facility Contact Information Forms
- Facility Policy Agreement
- Additional Resources

(B) Register facility with Pet Partners

(C) Establish Policy and Procedures and Standards of Practice. Standards of Practice can be accessed via Pet Partner’s Standards of Practice Manual, which is included in the Facility Registration packet, and may include:

- Standards for conducting a site assessment
- Standards for screening or assessing clients for participation in the program
- Standards in evaluating the animal therapy program
- A sample volunteer agreement
- Standards for service delivery
- Standards for AAA/AAT providers
- Guidelines for Educational Curricula
• Sample forms

(D) Establish where the animal therapy program will occur. According to the interviews:

• The animal therapy program can occur either indoors or outdoors, depending on the weather and as a part of either of the pre-existing programs.

(E) Establish who will be the supervisor of the animal therapy program. According to the interviews there are multiple staff, with one in particular, who would be appropriate for supervisor of the animal therapy program.

(F) Educate the facility on AAA/AAT


(G) Establish what kind of animal therapy will be used, AAT or AAA.

• AAA was decided upon to use at first and then maybe transition to AAT

(H) Establish when and for how long animal therapy sessions will meet. According to the interviews:

• Sessions will meet once a week for an hour

(I) Establish goals and outcomes. According to the interviews goals and outcomes discussed were:
• Decrease loneliness
• Increase socialization
• Provide companionship
• Provide sense of connection and healing
• Provide movement
• Provide sense of normalcy
• Establish routine
• Create sense of normalcy and family connection
• Connect with another living being
• Decrease negative mental health symptoms
• Increase attention

(I) Establish activities and interventions. According to the interviews activities and interventions discussed were:

• Interact with the animal
• Walk the animal
• Play with the animal
• Learn about the animal
• Pet the animal
• Groom the animal
• Talk with the animal

(J) Contact volunteer animal handler teams
• Once the facility is registered through Pet Partners, the facility will have access to the volunteer animal-handler team registry via Pet Partner’s website.

• If there is not an animal handler team group in Eureka, a group can be started via Pet Partners.

(K) Train Crestwood staff on goals, responsibilities, and expectations of animal therapy program

(L) Screen clients who want to participate

(M) Contact Pet Partners volunteer animal handler teams in the area via Pet Partners volunteer animal handler team online registry. NOTE: If there are currently not any teams available in the area, a team will have to be started in the community. Instructions on how to do this are on the Pet Partners website.

(N) Conduct volunteer orientation

PLEASE NOTE: Based on the answers to the interview questions and steps recommended by Pet Partners Therapy Animal Program, these are potential steps for how to develop an animal therapy program at Crestwood Behavioral health Center. This how to manual can be edited as needed and serves as a guide to starting an animal therapy program.
Appendix C

Facility Registration Package

(pages one through three out of nine)

Pet Partners® • 875 124th AVE NE, Suite 101 • Bellevue, WA 98005-2531 • Main
Phone: 425.679.5500 • Fax: 425.679.5539

FACILITY REGISTRATION PACKAGE
(Registered & Non-Registered Facilities)
Pet Partners is the leader in demonstrating and promoting that positive human-animal interactions improve the physical, emotional and psychological lives of those we serve.

What is the Pet Partners® Therapy Animal Program?
The Pet Partners Therapy Animal Program is a volunteer program that trains only the handler, screens, and ‘registers’ (we do not certify) volunteers and their pets for visiting animal programs in hospitals, nursing homes, rehabilitation centers, schools and other facilities. To become a registered Pet Partners therapy animal team, both the animal and handler must meet education and performance qualifications. All handlers must take our training and pass a written test of knowledge about how to share their animal appropriately with various client populations. The animal must pass a veterinary health screening. The handler and animal together must pass a skills and aptitude evaluation to see if they are suited for this kind of work. This process is repeated every two years to maintain the quality of the Pet Partners therapy animal team.

When you invite our therapy animal teams into your facility, you will have confidence that the handler and the animal both meet minimum criteria based on Standards of Practice for Animal-Assisted Activities & Therapy.

This Facility Registration Packet Contains:
- Steps for Starting Your AAA/T Program (Pages 2-3)
- Facility Registration Forms and Instructions (Pages 4-8)
- Facility Contact Information Forms (Pages 4-6)
- Facility Policy Agreement (Pages 7-8)
- Additional Resources (Page 9)

Steps for Starting Your AAA/T Program

Step 1: Initial Set-Up
Educate your facility about AAA/T through Pet Partners' “Introducing Pet Partners and Other Visiting Animal Programs to Facilities” PowerPoint presentation and our Moment by Moment DVD.

An alternative way to educate your facility is through Pet Partners' Introducing Visiting Animal Program DVD, which can be purchased through our online store. This eight
minute video provides an overview of how to get started, resources, what needs to happen before animal-handler teams make their first visit, the difference between AAA, AAT and Service animals, plus more. An accompanying guide and brochure come with the DVD.

**Step 2: Site Assessment / Policies and Procedures**

In order to have a safe program, Pet Partners recommends that your staff familiarize themselves with basic safety and risk management information about AAA/T. For example - is your facility a challenging or easy site for an animal? A facility commonly uses a site assessment as a planning tool to determine whether or not an AAA/T program is a viable option for them. A site assessment evaluates a facility for the suitability of an AAA/T program, based on Standards of Practice for Animal-Assisted Activities & Therapy. Standards of Practice is used by all facilities and professionals who desire the highest quality program (similar to hospitals using JCAHO standards).

Establish your program’s policies and procedures also using Standards of Practice for Animal-Assisted Activities and Therapy. This handbook provides guidance in administrative structure, standards of practice, personnel credentials, vocational profiles, treatment plan development, documentation, sample forms, and a bibliography. Standards of Practice is a critical resource for everyone designing or implementing an AAA/T program! (Note: All ‘Registered Facilities’ are sent a copy of Standards of Practice for AAA/T).

Please contact us if you are having trouble developing an AAA/AAT Policies and Procedures Manual. We can provide you with sample policies and procedures. Also available is a copy of our Pet Partners Volunteer Policies and Procedures.

**Benefits of Registering your Facility**

By utilizing Pet Partners therapy animal teams as your AAA/T volunteers, your organization benefits in many ways – some of which are:

Registered Pet Partners volunteer teams have $2 million primary liability insurance when volunteering. This is a specific insurance coverage that often is hard to secure, and one that you should insist on having to help protect your organization.

**Peace of mind** – Rest assured that all Pet Partners volunteer teams have passed a comprehensive handler training course, animal health screening and team evaluation. The program criteria has been continually refined over the last 17 years based on input from healthcare professionals, educators, facility contacts, animal behaviorists/obedience trainers, veterinarians, and other subject-matter experts.

**Best Practices – a commitment to uncompromising quality**. Pet Partners volunteer teams must renew and complete an evaluation every 2 years. This ensures both human and animal remain ‘sharp’ in their skills to deliver a positive and safe experience for those in your care as well as with your staff.

**Committed volunteers.** Pet Partners volunteer teams incur out-of-pocket expenses to do their volunteer work. They pay a bi-annual registration fee of $95, plus pay for training, evaluation, and an annual health screening by their veterinarian. In addition they are responsible for the bathing and grooming of their companion prior to each visit.
The option of a Two-Year Pet Partners Facility Registration includes ($150):

- A copy of Standards of Practice for Animal-Assisted Activities/Therapy ($25 value) which provides guidance in administrative structure: standards of practice, personnel credentials and vocational profiles, treatment plan development, documentation, sample forms and bibliography - A critical resource for everyone designing or implementing an AAA/T program!

- A copy of Animal-Assisted Therapy – Therapeutic Interventions ($25 value). This publication includes sample treatment plans and AAT interventions in education, mental health, occupational therapy, therapeutic recreation, physical therapy and stress management. Includes professional journal articles, resources and bibliography.

- A certificate of recognition to display at your facility.

- A door decal to indicate you are a member facility.

- Two year listing in a Facility Database Directory to assist recruitment efforts of Pet Partners volunteers for your facility. Pet Partners volunteers are matched to your facility based on environmental dynamics. Please note, that placement of Pet Partners volunteers is based on availability in your area.

- Two years of Pet Partners’ publication “Interactions” plus informational mailings and updates to keep you informed of current AAA/T skills and issues, research, conferences and additional trainings.

- Access to resources, people and experts in the field to assist you with your AAA/T program needs.

- Access to the Members Only section of the Pet Partners website for updates, news and announcements.

Once you have completed the Facility Registration Packet, mail to the following address:
Pet Partners/Delta Society
Attn: Facility Coordinator
875 124th Ave NE, Ste 101
Bellevue, WA 98005-2531

Pet Partners will send your facility acceptance package, at that time you can begin recruiting local Pet Partners teams. PLEASE NOTE: Facilities who want to participate in the Pet Partners Therapy Animal Program but unable to pay the registration fee can still participate by completing the contact information/policy agreement form and submitting the forms to Pet Partners. Non-registered facilities will not receive the above items.