

Animal-Assisted Therapy for Clients with Dementia: Nurses' Role

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Abstract:

The purpose of this article is to increase nurses' awareness of animal-assisted therapy as a treatment option for older adults with dementia. We describe the differences between animal visitation programs and goal-directed therapy. We also address credentials of human-animal teams and provide an overview of possible therapeutic outcomes for older adults with dementia. Step-by-step methods are outlined for nurses to advocate for clients with dementia to receive these services.

Keywords: Nursing | Animal Assisted Therapy | Dementia

Article:

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More than 5 million people in the United States are living with some type of dementia, and this figure is projected to rise dramatically during the next few decades (Alzheimer's Association, 2010). Without an effective medication on the immediate horizon to reverse or stop the deterioration related to this disease, it is imperative that we offer therapeutic options to improve function and enhance quality of life.

Animals have long been included in health care environments for individuals with dementia. Examples include meet-and-greet programs offered by local animal shelters, nearby farms, or 4-H youth groups that are designed to provide older adults with increased opportunities for socialization, reminiscing, and entertainment. In nursing homes, there has been a movement that promotes the concept that facilities should have resident animals (e.g., dogs, cats, birds, fish) that live with the older adults and are routinely cared for by those who work or live in the home. Many hospitals and long-term care facilities now allow family pets to visit the client receiving care, as long as the treatment team agrees it is medically appropriate. According to a 2008 American Hospital Association survey, the number of hospitals offering complementary and alternative medicine (CAM) services has more than doubled, from 7.9% in 1998 to 19.8% in

2006. The top CAM modality offered was animal-assisted therapy (AAT), with 46% of those surveyed providing this intervention. For the animal lover with dementia who receives inpatient, skilled nursing, or outpatient care, the use of animals to improve function, mood, and behavior has become an important therapeutic option to consider. The purpose of this article is to provide nurses with background on AAT as a treatment option for older adults with dementia.

What is AAT?

Most nurses are familiar with pet visits in which a friendly animal is walked through a unit for the patients to pet and maybe observe as the pet performs a few tricks. Some facilities allow staff members to bring in their own pets with certain limitations. Other facilities have cats, birds, dogs, or fish that reside on the premises at all times. However, none of these animal programs are designed with client treatment goals in mind nor are they truly AAT.

The Delta Society[®], a national nonprofit organization that helps people live healthier and happier lives by incorporating therapy, service, and companion animals into care, defines AAT as a goal-directed intervention in which an animal is an integral part of the treatment process. Animal-assisted activities (AAA), on the other hand, are more spontaneous, meet-and-greet sessions. While both kinds of programs are needed and helpful, AAT is used as an adjunct to more traditional therapies. AAT involves interactions between clients and trained animals, directed and/or delivered and documented by a health or human service professional with a specific clinical goal. Nurses and therapists work closely with nationally registered handler-animal teams to improve client outcomes in physical, emotional, cognitive, and behavioral domains. The therapeutic outcome depends on the interaction with the animal, as well as the human being. The **table** provides examples of possible therapeutic goals for clients with dementia.

Table: Possible Animal-Assisted Therapy Goals for Clients with Dementia

• Decrease pain.
• Decrease verbally disruptive behaviors.
• Enhance communication about feelings.
• Enhance social behavior in small groups.
• Improve ability to grasp and release objects of various sizes.
• Improve fine motor skills.
• Improve gait skills and wheelchair mobility.
• Improve hand-eye coordination.
• Improve range of motion in all joints to improve functional activities.
• Increase focus and attention on task.
• Increase sitting, standing, or walking endurance to assist in functional activities.
• Increase strength in upper and lower extremities to improve performance of activities of daily living.
• Reduce symptoms of depression.

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Why Pet Partners?

Although there are various registration programs for therapy dogs, only one program requires the handler to complete a 12-hour course to gain the knowledge and skills to work with people in health care settings. The Delta Society Pet Partners[®] program has four steps to successful registration. First, the handler takes the Pet Partners training course from a licensed instructor. Second, the pet's veterinarian completes a health and wellness screening of the pet. Third, the handler and the pet are tested on obedience skills and aptitude by a licensed team evaluator. Finally, all records and documents are registered with the Delta Society. Teams then receive liability insurance for their volunteer work and are reevaluated every 2 years to ensure the team maintains high training and health standards. Some handlers are health professionals; others are volunteers who help a health professional provide AAT to clients. The Delta Society registers nearly every kind of domesticated animal to provide AAT services with a human handler.

Evidence Supporting AAT in Dementia Care

In a review of the literature examining AAT and dementia, Perkins, Bartlett, Travers, and Rand (2008) evaluated nine studies. The most commonly reported finding was in the area of neuropsychiatric behaviors and improved social behavior during dog therapy sessions. Improved social behavior was reported to be unrelated to severity of disease. Various improvements in measures of function were also noted in the review.

Social interactions that provide opportunities for mutual interactions promote dignity and self-esteem. AAT provides older adults with dementia with opportunities to have close physical contact with warm bodies, feel heartbeats, caress soft skin and coats, notice breathing, and give hugs. These experiences may be rare for older adults with dementia in long-term care or hospital environments. Animals provide a sense of wonder, meaning, and diversion, and offer something to look forward to when there are long days to fill.

The AAT program motivates physical movement through planned tasks, such as petting, walking, and grooming. The program encourages expressions of emotions and cognitive stimulation through discussions and reminiscing. Many of the troubling secondary problems common in people with dementia, such as falls, decreased physical functioning, deconditioning after hospitalization, disturbing behaviors, apathy, depression, and loneliness are positively affected by AAT interventions. AAT is particularly useful in postacute rehabilitation units and restorative nursing sessions, to focus attention, motivate increased practice time, and encourage communication skills for those with memory loss.

Establishing and Advocating for AAT for Clients with Dementia

Nurses are advocates for older adults with dementia, and AAT can be used in many ways to help clients achieve therapeutic outcomes. Setting up AAT at a facility may take some time, as the Delta Society recommends a number of steps to establish a facility program. First, the administration and staff need to be educated about the benefits of AAT for older adults who enjoyed animals in the past. Many resources, such as online videos and training materials, are available to assist in this education process. Most states allow animals in health care facilities and other institutions, with some restrictions. Animals are generally not allowed in food preparation and serving areas or where sterile conditions are maintained. When establishing an AAT program, it is important to check with state and local officials for specific regulations.

Most institutions are able to include an AAT program as one of their operational programs without additional insurance riders, but facility policies and procedures should be developed regarding infection control and requirements for visiting teams. The second step is to complete a facility or unit assessment. This provides the nurse with opportunities to become familiar with basic safety and risk management information related to AAT. A site assessment is based on the *Standards of Practice for Animal-Assisted Activities and Therapy* (Delta Society, 2003) and determines the facility's suitability for an AAT program. The *Standards of Practice for Animal-Assisted Activities and Therapy* manual is used by all facilities and professionals who desire the highest quality program. This handbook provides guidance in administrative structure, standards of practice, personnel credentials, vocational profiles, treatment plan development, documentation, sample forms, and a bibliography (Howey, 2007).

An AAT program should be implemented only after adequate advance preparation has been completed and discussed by all involved. All staff should be familiar with AAT concepts; the particular program (e.g., the Delta Society program); and national, state, and local laws related to the use of animals in the facility. The roles of all participants must be clearly defined, with basic standards established for the protection of human and animal health, safety, risk management, and allocation of program resources. Nurses should determine how the program and education time needed fits into staff workload. Nurses are in a good position to gain acceptance of and approval for the program by explaining its potential benefits to key administrators, frontline staff, and family members through presentations and inservice programs before the first AAT session.

What Should You Know About Zoonotic Diseases?

Zoonosis is a disease that can be transmitted from animals to people or, more specifically, a disease that normally exists in animals but can infect human beings. Many zoonotic diseases exist, and the Centers for Disease Control and Prevention (2010) recommends hand washing as the best prevention method. Pet Partner teams receive training about transmission of disease, and all facility residents and staff should practice good hand washing techniques after visiting with animals. Animals are groomed before each visit and their paws are wiped after walking in a

health care facility. Clients are encouraged to use hand sanitizer before and after interacting with pets to avoid spread of illness through pet contact.

Finding AAT Teams to Work with Clients with Dementia

The Delta Society registers the handler and companion animal (e.g., dogs, cats, horses, rabbits) as a team. Once teams are deemed to have the skills and aptitude for this work, they receive Pet Partner identification tags, liability insurance, and access to ongoing support and training by the national organization and local affiliate groups. The Delta Society maintains a national registry of teams and affiliate groups by state on their website (<http://www.deltasociety.org>) to assist in locating nearby teams.

Getting Clients Involved

The first step is to include an animal interest question on any initial intake assessment form. For the protection of the animal, clients should be screened for unpredictable aggression. Assessment should also include clients' attitude toward animals, including fears; kinds of animals they enjoy; history of animal abuse or violent behavior; and whether they would like to include AAT or AAA in their plan of care. Talking with a family member might elicit more detailed information about a particular breed or kind of animal that would be beneficial for the client. Nurses should also determine whether clients have any pet allergies or are immune suppressed or neutropenic. These are considerations to be aware of in planning. They may or may not be contraindications for AAT, but the nurse should verify with a physician's order.

Successful AAT programs are inherently interdisciplinary and thus require cooperation among physicians, nursing staff, therapists, and AAT volunteers to work together toward a common therapeutic goal. Ideally, to improve consistency of AAT approaches, protocols are developed for specific problem areas. An example of a mobility protocol is provided in the **Figure**. When developing the care plan, the goals that could be supported by AAT need to be discussed among the team. It is important to establish realistic goals and expectations, anticipate possible problems, and develop potential solutions to avoid program failure. In acute settings, a physician order for the visit should be obtained, for example, "AAT two times per week for 20 minutes for upper body range of motion." Goal success can be evaluated by performing an assessment related to the goal prior to the start of the therapy and again after a set number of AAT sessions. This might mean performing a pre-and posttest depression screening or monitoring a physical ability such as distance a client can walk. The use of a valid and reliable therapy effectiveness instrument for AAT is another good option to measure outcomes (Glacken & Lawrence, 2005).

Purpose	To improve the mobility of residents with dementia.
Staff requirement	One nurse or therapist and one certified therapy dog for every one resident.
Entrance criteria	• Residents who have had a stroke and require

	<p>therapy to improve function or mobility.</p> <ul style="list-style-type: none"> • Residents who enjoy dogs. • Residents are required to have a prescription for AAT from their physician or nurse practitioner to increase mobility.
Exit criteria	Residents are discharged when their therapy goals have been met or the physician referral expires.
Duration and frequency	Each treatment session lasts 30 minutes, and sessions are held Monday through Friday between 8:00 a.m. and 5:00 p.m. The duration of the AAT intervention is determined by the referring physician.
Safety considerations	<ul style="list-style-type: none"> • Large-breed dogs certified by the Delta Society should be used, if possible. • The client should wear appropriate footwear, eyeglasses, and assistive devices, as applicable. • The therapy dog should be clean and groomed, with nails cut and filed within 24 hours of the visit. • Residents should not be alone with the therapy dog. • If the therapy dog shows signs of stress, the dog should be removed from the stressful situation.
Facility and equipment requirements	<ul style="list-style-type: none"> • A room for therapy services. • Space for residents to ambulate. • Gait belt and any necessary assistive devices for the resident. • Dog collar, lead, and vest; dog treats and water bowl; dog brush; crate. • Balls of various sizes and various dog toys.
Assessment	<ul style="list-style-type: none"> • Assess the resident to determine therapy goals prior to beginning AAT. • Determine whether AAT is appropriate for the resident. • Identify what mobility exercises will be performed, depending on what the initial assessment reveals.
Examples	<p>Have the resident throw balls of various sizes for the therapy dog. This exercise can be used to meet the following goals:</p> <ul style="list-style-type: none"> • Improve range of motion of the shoulder, elbow, and fingers. • Increase strength of the upper extremities, which can be progressed by adding wrist

	<p>weights.</p> <ul style="list-style-type: none"> • Increase endurance in sitting or standing. • Improve balance/trunk control. • Improve ability to grasp and release balls of various sizes. • Can improve hand-eye coordination if the resident throws the ball at a specific target. • Encourage use of an affected extremity, if applicable.
	<p>Have the resident use a double lead (e.g., the resident controls one lead and the handler controls the other) to walk the dog around the area, increasing distances. This exercise can be used to meet the following goals:</p> <ul style="list-style-type: none"> • Improve gait skills, wheelchair mobility, balance, endurance, and coordination. • Improve ability to grasp and release the lead. • Encourage use of an affected extremity, if applicable.

Figure. Example of a Mobility Protocol for Animal-Assisted Therapy (AAT) for Clients with Dementia.

Once a client or group of clients is identified for AAT services, the nurse should contact a local AAT group to find the best handler-animal team and establish optimal visit times. Once the AAT intervention is scheduled, it is necessary to ensure the client is available for the therapy appointment. If the handler is a health or human service professional, he or she may be able to offer skilled services in a supervised treatment area, but a nurse or therapist employed at the facility must inform the handler of desired outcomes and complete the medical documentation. If a therapy or nursing service is billable without the therapy team (e.g., physical therapy), then it is billable with the AAT included. During the first visit, the nurse should introduce the team to the client and be present for the first few minutes of the visit. From this point forward, the facility care team works hand and hand with the animal-handler team to achieve client outcomes. (For specific program content ideas, readers may contact the first author about an AAT program entitled Pet Encounters [Buettner, 2008], which provides cognitive, emotional, and mobility stations for participants.)

Other Considerations

Universal precautions should be observed at all times for AAT programs. Nurses should ensure that confidentiality and Health Insurance Portability and Accountability Act regulations are followed since volunteer handlers will be informed of client goals. If the AAT intervention takes place in a client’s room, the rights of the roommate must be considered, if applicable. A sign indicating that therapy is in progress should be placed on the door to avoid interruptions or distractions. If the client is ill or unavailable for the visit, the handler should be notified

immediately, as a great deal of preparation takes place before each AAT visit. Visitation should not be allowed where invasive procedures (e.g., surgery, sterile dressing changes) are performed or with clients with contact precautions, droplet precautions, or airborne precautions. Nurses should educate other staff members as to how they should behave when animals are on the unit, such as not distracting either the animal or the client during the therapy.

Summary

There are countless benefits for clients with dementia to improve functional outcomes and quality of life through AAT. Nationally established, high-quality programs and volunteers are available at no cost to facilities (see the **Sidebar** on this page). With appropriate planning, AAT can be another tool for nurses working with clients with dementia. Professional nurses play a key role in the advocacy, implementation, and success of AAT programs in a variety of settings. Therapy animals are such agreeable souls: They ask no questions, they pass no criticisms, and for older adults with dementia, they provide one more avenue toward well-being.

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Therapet Foundation

<http://www.therapet.com>

Therapy Dogs International[®]

<http://www.tdi-dog.org>

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