Animal Assisted Therapy in PALTC: Benefits and Opportunities

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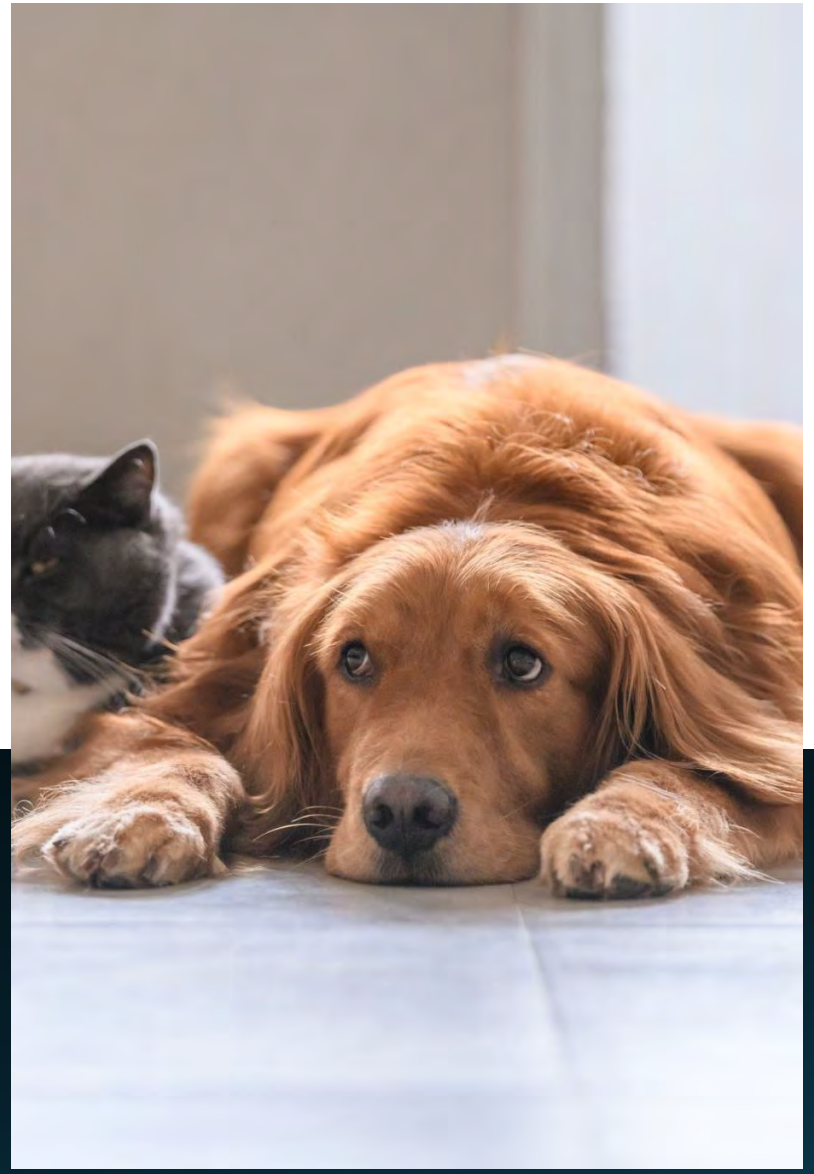


Speaker Disclosures

The following speakers have disclosures:

- Dr. Elizabeth Hames: Medical Director, UHG/Optum.
- Dr. Kenya Rivas: Medical Director and Stockholder, UHG/Optum.
- Dr. Elizabeth Ruegg: no financial relationships to disclose.

All financial relationships have been identified, reviewed, and mitigated by The Society prior to this presentation.

Learning Objectives

By the end of the presentation, participants will be able to:

- Describe successful animal-assisted therapy programs in the PALTC continuum.
- Understand clinical benefits of animal-assisted therapy programs to patients in PALTC.
- Describe the challenges of animal-assisted therapy programs to the geriatric workforce and PALTC facilities.
- Describe strategies for reducing barriers to animal-assisted therapy program implementation.

Introduction

- Caring for nursing home (NH) patients presents with medical challenges.
- Most are 65 y/o and older with multiple chronic health conditions.
- In the past 50 years, animal-assisted therapy (AAT) have risen from sporadic to mainstream in diverse settings, as an option.
- AAT in an institutionalized resident has been found to have a positive impact in the psychopathological status and resident's quality of life. [1]

1.Droes R.M., et al. Focus and effectiveness of psychosocial interventions for people with dementia in institutional care settings from the perspective of coping with the disease. Nonpharmacol Ther Dement. 2010; 1: 139-161

Introduction

- Various initiatives for using animals in NHs have been developed over the years, like animal visiting programs, residential companion animals, petting zoos.
- The spectrum of practice includes AAT with recreational, therapeutic and educational goals.
- Various organizations exist worldwide today to assist NHs in starting and maintaining such programs. [1]

“International Association of Human-Animal Interaction Organizations”

1. International Association of Human-Animal Interaction Organizations (IAHAIO). Available at: http://www.iahaio.org. Accessed October 20,2015.

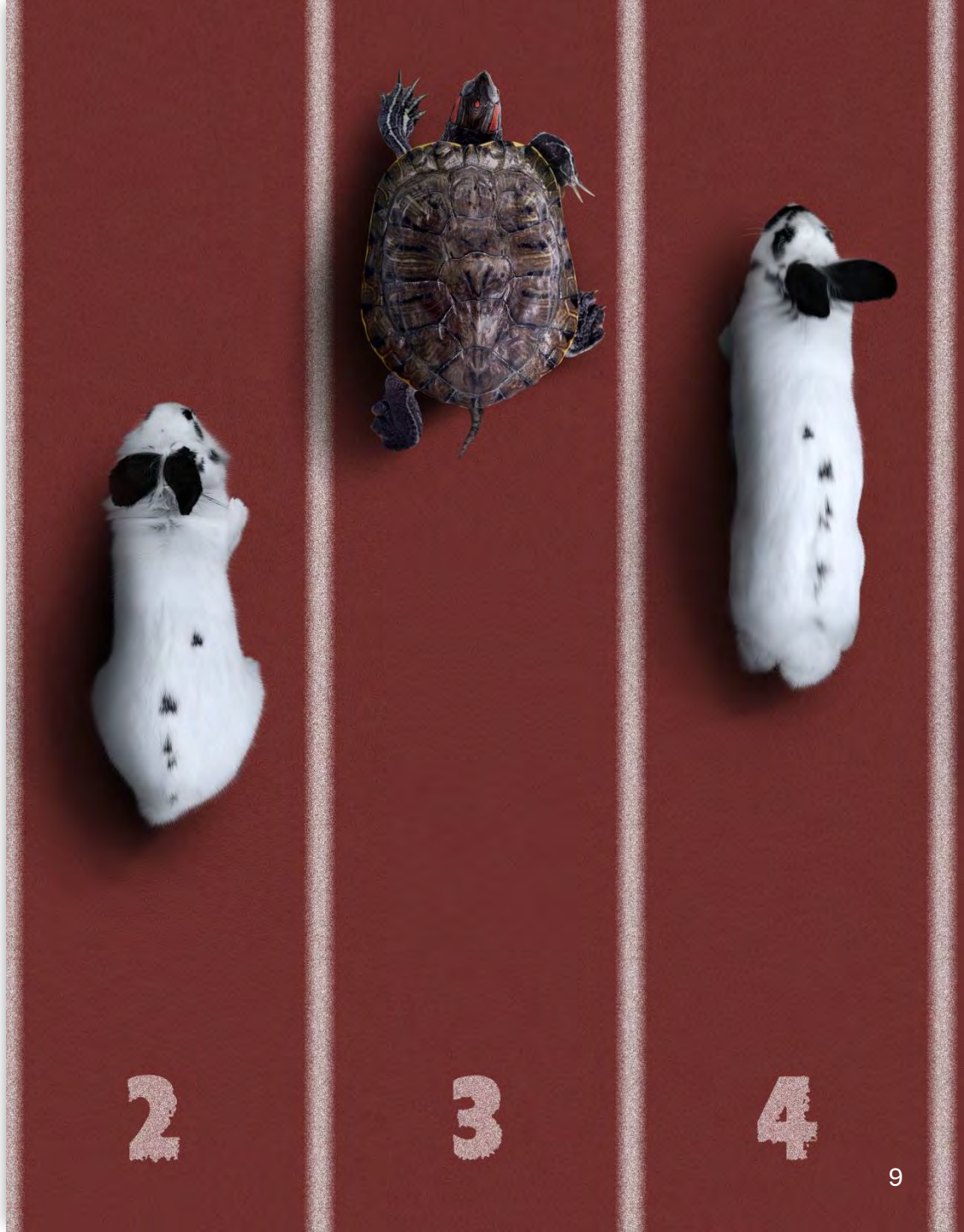
Concepts

- ***Companion animals*:** “pet animal(s) with no specialized training.”
- ***Visitation animals*:** “companion animals with suitable characteristics and trained for public visitation by humans, who volunteer to take them into facilities to bring enjoyment or other improvements in well-being to the people in those facilities.” [1]

- 1. International Consortium of Animal Assisted Interactions (IC-AAI) Using uniform terminology in AAI around the globe. Workshop presented at: IAHAIO Annual Conference: changing perspectives on the human-animal relationship

Concepts

- **AAI:** an AAI is a goal oriented and structured intervention that intentionally includes animals in health, education and human services. Goal is therapeutic gains in humans.
- **Animal Assisted Therapy (AAT):** goal oriented, structured, focus on enhancing physical, cognitive, behavioral and/or socio-emotional functioning.
- **Animal Assisted Education (AAE):** delivered by educational service professionals. Promoting responsible pet ownership.



Concepts

- **Animal Assisted Activity (AAA):** Informal visitation, It has motivational, educational and recreational purposes.

- **Animal Assisted Coaching/ Counseling (AAC**): focuses on enhancing personal growth of the recipient, social skills, and/or socio-emotional functioning of the patient.

“The goal is to attain optimal health outcomes, recognizing the interconnectedness between people and animals”.

Understand the Clinical Benefits of AAT

- There is a mutual benefit in the dynamic between humans and animals.
- AAT becomes a behavioral intervention that can address a multitude of clinical problems.
- Could be considered as an evidence-based program to improve patient's well-being. [1]

Could create a more home-like environments and retain NH staff

1. Orr N. Abbot R., Bethel A, et al. What are the effects of animals on the health and wellbeing of residents in care homes? A systematic review of the qualitative and quantitative evidence. *BMC Geriatr. 2023; 23: 170*

Understand the Clinical Benefits

- One of the recurrent challenges in elderly care management, is their combined complex debilitating illnesses in a restrict financial environment.
- The quality of life of our patients, specially in the NHs is enhanced with these programs.
- Pets increase opportunities for exercise, outdoor activities, and socialization. [1]
- May lower blood pressure, reduce fatty acid levels, lessen feelings of loneliness.

1. Anderson WP, Reid CM, Jennings GL. Pet ownership and risk factors for cardiovascular disease. Med J Aust 1992; 157:298

Understand the Clinical Benefits

- In a small, randomized, controlled study of 28 patients with chronic age-related disabilities living in a NH.
- Patients were randomly assigned to animal interaction “pet therapy.”
- Compared with usual activities (control group).
- The “pet therapy” group patients had symptoms of depression improved, significant decrease in blood pressure values as compared with the control patients. [1]

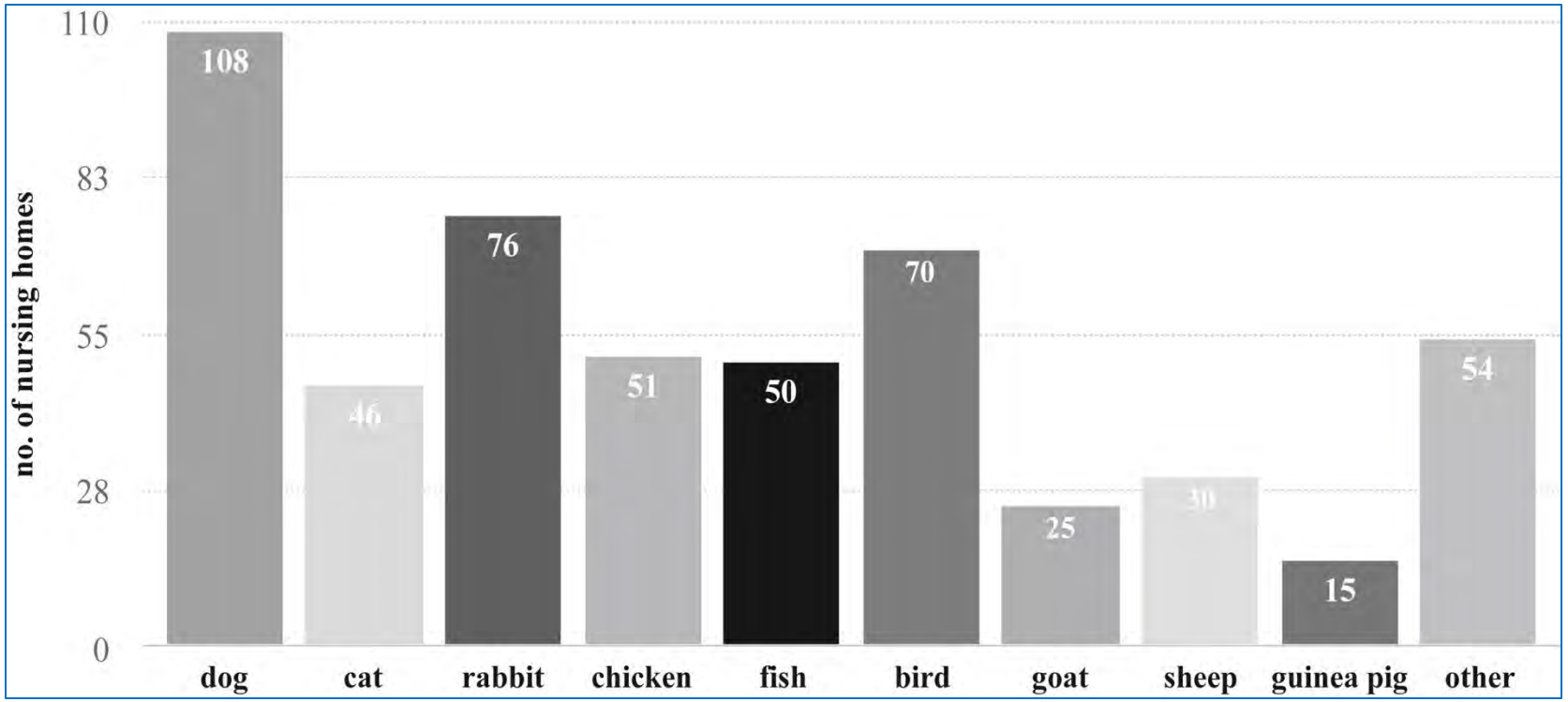
1.Stas MF, Amati D, Costa C, et al. Pet-therapy: a trial for institutionalized frail elderly patients. Arch Gerontol Geriatr Suppl 2004;407.

Successful animal-assisted therapy programs in the PALTC Continuum

Animal Assisted Interventions (AAI) the Dutch survey

- **Methods:** used an online Dutch NH database, with 457 NH organizations invited to the digital survey, consisted of 45 questions, results were analyzed with SPSS statistics.
- **Results:** 244 surveys, 165 organizations were returned.
- 125 NHs used AAI in one way or another, 40 did not.
- NHs that did not offer AAI cited allergy and hygiene concerns.
- Most NHs used visiting animals, mostly dogs (108) or rabbits (76). A smaller number of NHs had resident animals, either living on the ward or in a meadow outside.
- Almost all programs involved AAI with a recreational purpose; none with therapeutic goals.
- 88 used alternatives when animals were not an option or not available.
- The most popular alternative was stuffed animals (83), FurReal Friends robotic toys (14), the sophisticated robot seal Paro in 7 NHs.

Frequency per type of animal used in responding Dutch nursing homes (multiple choice, n = 125). Other (less than 10 mentions): llama, iguana, cow, horse, rat, donkey, duck, goose, piglet, potbellied pig.



Journal of the America 2016 *Journal of the American Medical Directors Association* 2016 17647-653DOI

: (10.1016/j.jamda.2016.03.015)

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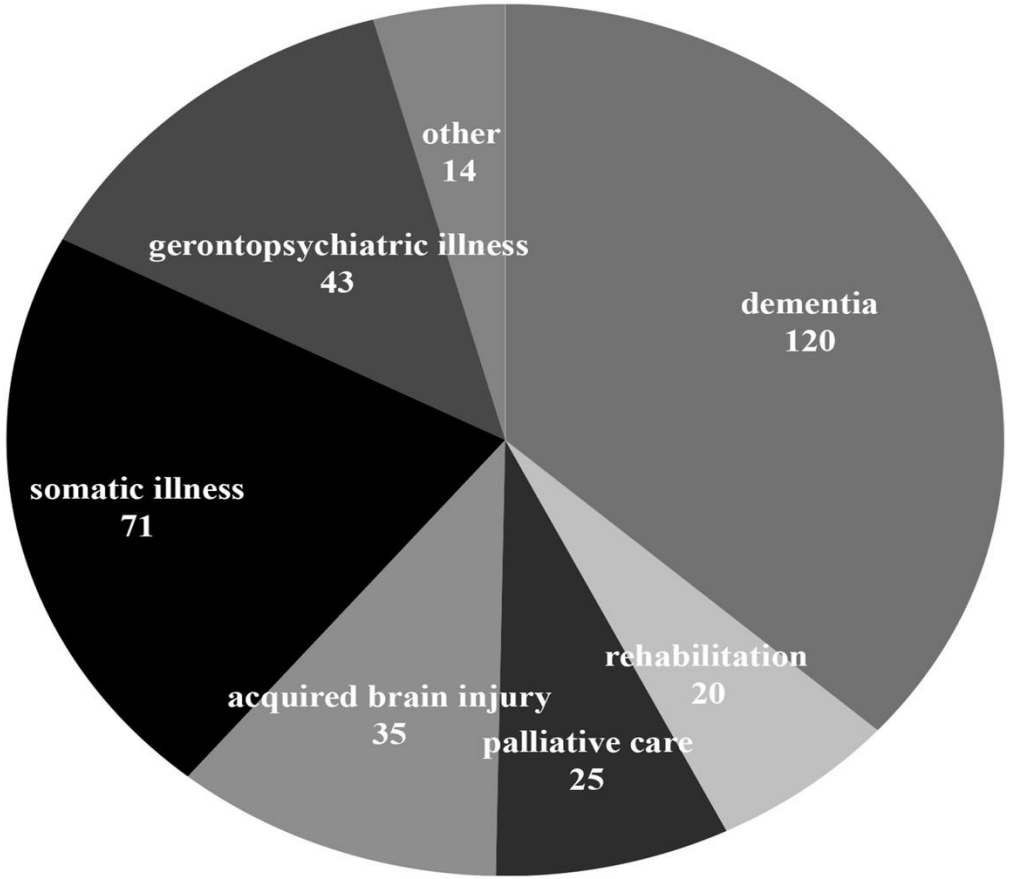
Number of respondents per function profile (n = 219 respondents)

Number of responding Dutch nursing homes using animal-assisted activities per medical category of participants (n = 125, multiple choice). Other: early-onset dementia, Korsakov, retirement home clients, day care.



Animal-Assisted Interventions in Dutch Nursing Homes: A Survey Lonneke Schuurmans, MD, Marie-Jose Enders-Slegers, PhD, Theo Verheggen, PhD, Jos Schols, MD, PhD Journal of the American Medical Directors Association Volume 17 Issue 7
Pages 647-653 (July 2016) DOI: 10.1016/j.jamda.2016.03.015

Conclusions

- Most of the participating Dutch NHs offered AAI in recreational programs.
- Program directed to psychogeriatric patients.
- Most NHs do not have specific AAI protocols for animal welfare, hygiene, and safe issues during activities.
- They did not employ specific selection criteria for participating animals and their handlers.

Pet-Therapy: a trial for institutionalized frail elderly patients

- **Methods:** 28 subjects with chronic age-related disabilities in the NH in Torino were assigned to a pet-therapy intervention group, consisting of 3/week sessions of almost one-hour visit for 6 weeks with a little cat, vs a control group undergoing usual activity programs.
- The purpose of this study was to evaluate the effects of pet-therapy on NH inpatients.
- There were no differences in geographic or clinical characteristics and in mean duration of institutionalization between the two groups.
- **Results**: showed that patients with animal interaction had improved depressive symptoms and a significant decrease in blood pressure values.
- **Conclusions:** The pet-therapy programs are desirable components of the multidisciplinary treatment for frail elderly patients in the LTC.

1. Stasi MF, Amati D, Costa C, et al. Pet-therapy: a trial for institutionalized frail elderly patients. Arch Gerontol Gerontol Suppl 2004;: 407.

Virtual Pet Visits during Covid-19 Pandemic, the Quality Improvement Project (QIP)

- Pet therapy has been discontinued to prevent the spread of the virus.
- Virtual pet therapy visits have not been studied before and may improve resident's mood.
- **Methods:** QIP over a 93-bed NH facility.
- 19 patients were interviewed with a 5-question survey sought to determine the impact of the discontinuation of pet therapy and mood.
- Virtual visits via iPads provided. Virtual analogue mood scale was used to rate mood.
- **Results:** 14/19 patients (73.7%) missed the prior visiting therapy pet.
- 68.4% rated their mood as sad due to discontinuation of therapy. 94.7% were willing to try virtual pet therapy.
- 100% stated that they liked the virtual pet visit. 5.3% mentioned it was better than actual pet visits.

1. DOI: https://doi.org/10.1016/j.jamda.2021.01.088

Animal-Assisted Therapy and Loneliness in NHs: Use of Robotic vs Living Dogs

- **Methods:** Residents were interviewed at 3 LTC in St. Louis, MO.
- **Exclusion criteria:** scored less than 24 on the modified mini-mental status exam, allergies to dogs or cats, score < 30 on the UCLA loneliness scale, or known history of psychiatric disease or Alzheimer's disease.
- Recruited subjects were randomized to a group that received no AAT (control) or to groups that received AAT with AIBO or a living dog.
- The AIBO used was a model 210A with hearing and communication capabilities.

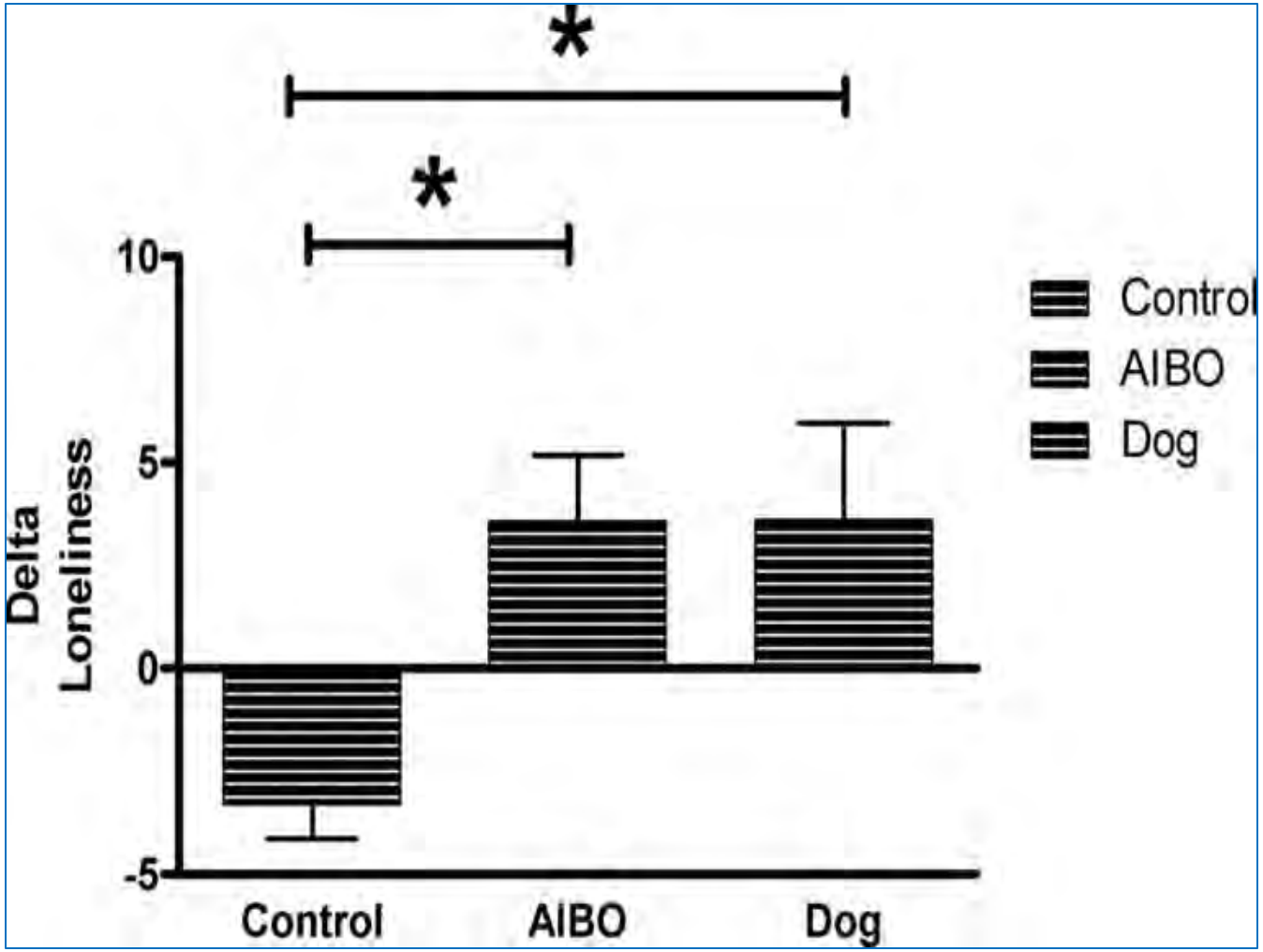
Aibo and a resident of a long-term care facility.

Animal-Assisted Therapy and Loneliness in Nursing Homes: use of Robotic vs Living Dogs. Banks, Marian R. et al. Journal of the American Medical Directors Association, Volume 9, Issue 3, 173-177

Animal-Assisted Therapy and Loneliness in NHs: Use of Robotic vs Living Dogs

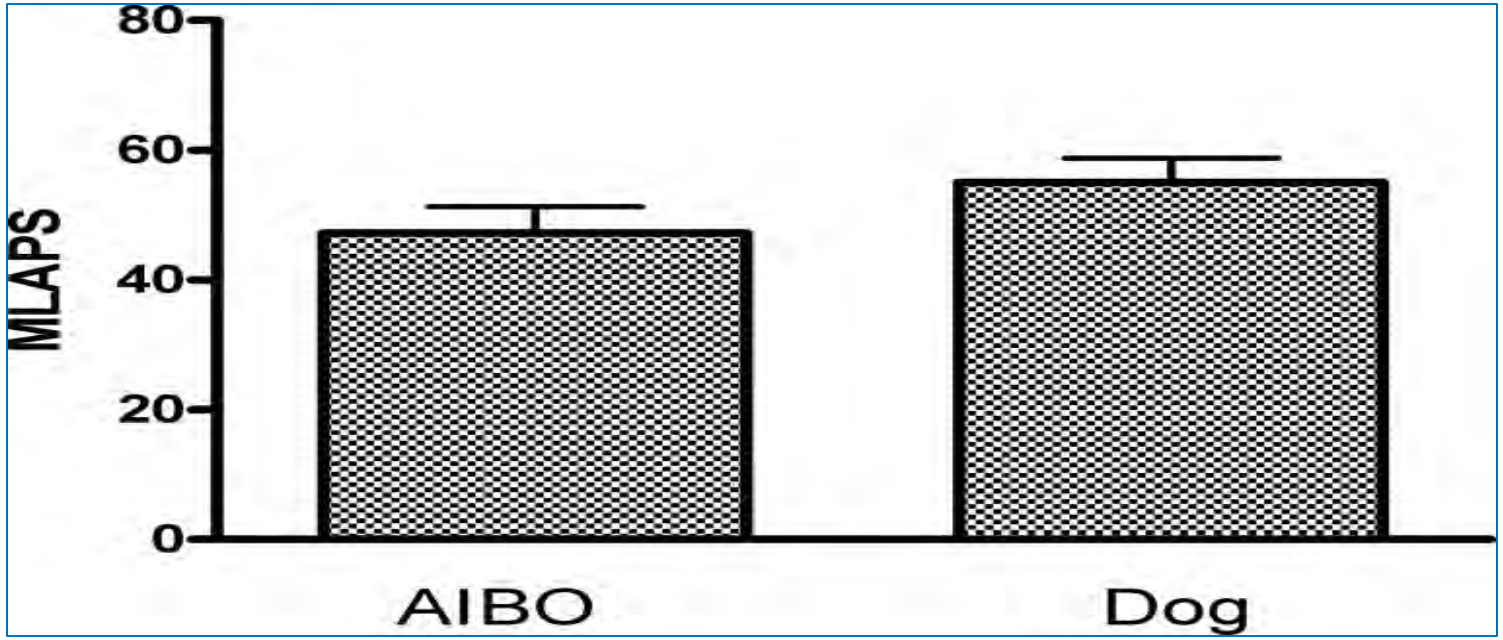
- Residents in all 3 groups were given the UCLA loneliness scale, before intervention and 7 weeks after (posttest).
- **Results:** There were no statistical differences among the pretest UCLA loneliness scale scores for the Control (n=13), AIBO (n=12), or Dog 9(n=13). The mean loneliness score was 45.9+/- 1.16 (n=38).
- ANOVA showed a statistical difference among the groups.
- Newman-Keuls posttest showed that the Control group was statistically different from the AIBO ($P<.05$, n=12) and the Dog ($P<0.5$, n=13) group, but there was no statistically significant difference between the AIBO and Dog groups. Pretest loneliness scores correlated with posttest scores and with delta loneliness scores for control and combined results, but not for Dog or AIBO alone.
- **Conclusion:** Elderly patients living in LTC who received scheduled AAT with either a living or robotic dog, were significantly less lonely than those who did not receive AAT.

Effects of AAT with a robotic dog (AIBO) and a living dog (Dog) on loneliness. AAT with either AIBO or a living dog resulted in similar improvements in loneliness when compared with a control group (P < .05) not receiving AAT



Association 2008 *Journal of the American Medical Directors Association* 2008 9173-177DOI: (10.1016/j.jamda.2007.11.007)

Attachment as measured by the MLAPS in residents receiving AAT with either AIBO or a living dog. Both groups showed high levels of attachment that were not statistically different from each other.



Poll Question: Has AAI proven to be effective for resident with severe cognitive impairment and agitation?

- True
- False
- Studies have shown equivocal results
- Don’t know!

Does Cognitive Impairment and Agitation in Dementia Influence Intervention Effectiveness? Finding from a Cluster-Randomized-Controlled Trial With The Therapeutic Robot, PARO.

- **Objectives:** to explore whether severity cognitive impairment and agitation of older people with dementia predict outcomes in engagement, mood states, and agitation after a 10-week intervention with the robotic seal, PARO.
- **Design:** Data from the PARO intervention-arm of a cluster-randomized controlled trial was used, which involved individual, nonfacilitated, 15-minute sessions with PARO; 3 afternoons per week per 10 weeks.
- **Sample:** 138 residents, aged >60 years, with dementia, from 9 LTC facilities.
- **Measures:** A series of stepwise multiple linear regressions were conducted. Dependent variables were participants' levels of engagement, mood states, and agitation at week 10.
- Predictor variables were baseline levels of cognitive impairment.[1]

1. https://doi.org/10.1016/j.jamda.2018.02.014

Conclusions

- Participants with severe agitation, had poor response to PARO.
- Lower levels of agitation and higher cognitive functioning were associated with better responses.
- Recommendation was for PARO to be restricted to people with low-moderate severity of agitation.
- Further research is needed to determine the optimal participant characteristics for response to PARO.

- **Doi: https://doi.org/10.1016/j.jamda.2018.02.014.**

Are robotic pets less effective than living dogs, when treating loneliness in the NHs?

- True
- False
- They compare the same
- Don’t know

THANKS!

LEARNING OBJECTIVES PART 2

By the end of the presentation, participants will be able to:

Describe the challenges of implementing animal-assisted therapy programs in PALTC

Describe strategies for reducing barriers to animal-assisted therapy program implementation

CASE STUDY — MANY LESSONS LEARNED

A story of two cats

POTENTIAL RISKS OF AAI

What are some potential risks of animal-assisted interventions?

- **Safety – for the animal and people involved**
  - Injuries (fall, bites, scratches)
- **Sanitation and hygiene**
- **Allergic reactions**
- **Possessive behavior** (reluctance to part with an animal)
- **Attachment problems and grief reactions**
- **Inability to bond with the animal**

LEAD RISK ASSESSMENT TOOL

Brelsford 2020 :

LEAD Lincoln Education Assistance with Dogs Risk Assessment tool

extensive tool designed to enable educational and other settings to incorporate their own policy, procedures and wider best practice into AAI plan

importance of hazard identification and the implementation of control measures to prevent unnecessary risk or harm

a comprehensive risk assessment tool tailored to each specific setting

a call for and framework for developing comprehensive practice standards for AAI

SERPELL'S 2020 SURVEY OF DOG THERAPY INDUSTRY

aim of this project was to survey a representative, national sample of U.S. therapy dog organizations to investigate commonalities and differences in the types of practices in current use

The findings: need further research, highlight issues relating to dog welfare, human safety, and infection control in which many organizations were inconsistent

approximately half of the organizations surveyed imposed no time limit on the length of visits

only a small minority of organizations prohibit the feeding of raw meat diets and treats – potential for zoonotic infections

RISK MANAGEMENT : ANIMAL-ASSISTED INTERVENTIONS

STANDARDS FOR RISK MANAGEMENT

A primary concern is potential risk. Thorough risk management is critical.

- **Topics covered in AAI Practice Standards**:
  - Management of incidents.
  - Health and safety concerns / preventative measures
  - Infection prevention.
  - Insurance requirements.

"All therapy animal programming should reflect the field's standards of practice" (Murthy et al., 2015; Brelsford et al., 2020; Serpell et al., 2020).

IAHAIO

International Association of Human-Animal Interaction Organizations (IAHAIO) global association of organizations for advancing the field of human-animal interaction

Task Force for the IAHAIO Definitions for Animal Assisted Intervention and Guidelines for Wellness of Animals Involved was established in March 2013.

promote respectful and responsible human and animal treatment during interventions

AAI PRACTICE STANDARDS

1996 - Delta Society (then Pet Partners) Standards of Practice for Animal Assisted Interventions –defined a new field

2022 - Association of Animal-Assisted Intervention Professionals AAAIP

Practice standards articulate minimum standards for handlers, animals, and programs

Animal-assisted interventions can be delivered by volunteers, paraprofessionals, and professionals

- Certification program with multiple domains

The guideline includes a code of ethics and recommendations for best practices for animal handlers, therapy animals, for assessment of therapy teams, and for risk management

AAI AND INFECTION PREVENTION

2 review articles noted MRSA and *c. Difficile* colonization in AAI visiting animals: hygiene routines and decolonization effective

Infection prevention policy for AAI to be developed in collaboration with the infection prevention practitioner:

- implement standard precautions for patient contact
- restrict therapy animal teams from patients on isolation precautions of any kind
- perform handwashing procedures before and after patient contact
- place a barrier, such as a towel or disposable impermeable barrier, on the patient's bed if the animal is to contact the bed
- approach the patient from his or her injury-free side and/or with the least amount of invasive devices
- evaluate the risk of zoonotic disease transmission
- perform therapy animal handler and therapy animal health screenings, ensure immunization, and determine frequency of evaluation
- perform therapy animal hygiene, including consideration of decolonization procedures
- develop a procedure for accidental animal waste elimination and waste disposal.

AAI INFECTION PREVENTION STUDY

Canine decolonization program – 2018

45 patients with cancer and 4 dogs

tested for MRSA carriage before and after group therapy visits

Control: dogs were not decolonized for seven sessions and 15 percent of patients and 42 percent of dogs became MRSA carriers after a visit

Intervention group: 6 intervention sessions (dogs were decolonized) 4.5 percent of patients and 33 percent became a MRSA carrier after the visit.

antibacterial shampoo and wipes to decrease MRSA on the dogs significantly reduced transmission

ONE HEALTH FRAMEWORK

One Health recognizes that the “health of the people is connected to the health of animals

goal is to attain optimal health outcomes recognizing the interconnectedness

adopted by CDC and World Bank

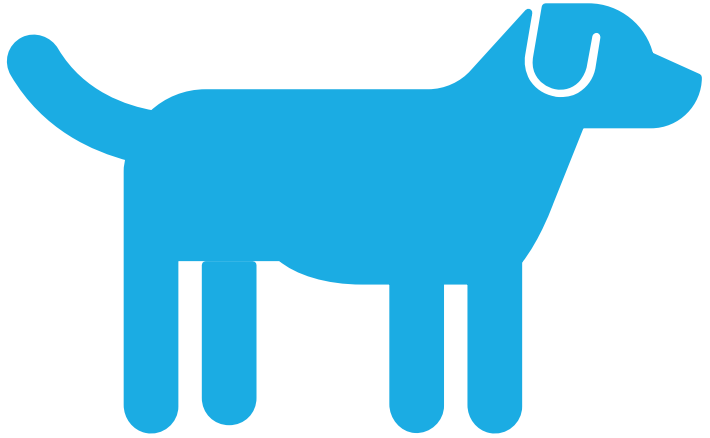
cooperation of human, animal, and environmental health partners

Goals:

- reduce zoonotic disease outbreak prevention in animals and people
- reduce antimicrobial-resistant infections and improve human and animal health.
- improve food safety and security

cooperation of human, animal, and environmental health partners

Organizations that register therapy animals should have systems to identify, track, and resolve incidents and perceived incidents



Incidents:

aggression by the animal

inappropriate behavior by the handler or patient

injuries to the handler, patients, or animal

Practice Standards for Risk Management

Practice Standards for Risk Management

Resolution of Incidents

remediation

re-evaluation

dismissal

Information about incidents should be freely shared between AAI registering agency and facility where AAI takes place

Practice Standards for Risk Management

Health and Safety Concerns:

- Therapy animals should receive vaccinations to veterinary standards
- Therapy animals should not eat raw meat diets or treats
- Clients and animal handlers should perform thorough hand hygiene
- Handlers should be free of symptoms of communicable illness
- Therapy animals should be free of any signs of illness / parasites
- A clean barrier for each client should be used when interacting with the animal

Practice Standards for Risk Management

Therapy animal teams need appropriate level of insurance coverage

Additional insurance through the registering organization is critical:

- general liability insurance with per-occurrence limit of at least $1 million with no animal/dog exclusions
- an additional umbrella liability policy of at least $1 million

Practitioners may need additional insurance

ROBOT COMPARISON STUDY – *JAMDA* 2013 [10]

Paro vs Guide

- Comparison of animal and non-animal robots in nursing home – 10 patients for one week
- behaviors (touching, looking and smiling at the robot) during the interaction were collated from videotaped session -- total time the resident performed certain behaviors was calculated
- Paired t-tests were used to compare the two sets of interactions
- Residents responded to Paro by smiling, touching, and talking to the robot significantly more often than to Guide

CASE STUDY: AAI PROGRAM IN PALTC

What were the results?

PALTC environment was very difficult place to conduct research about AAI

Challenges noted: exclusive nature of sessions, interruptions, ethical issues, animal welfare, staffing constraints

Study serves as a tool for other potential researchers to understand the challenges and limitations of this type of attempted study

DIRECTIONS FOR FUTURE RESEARCH

A systematic review of randomized controlled trials found that most research and published literature regarding AAI is descriptive:

- Case studies, non-randomized interventions with control conditions, and no control conditions
- small groups of participants

Difficult environment of PALTC was noted

Ethical considerations in use of robot animals in patients with dementia

FINAL THOUGHTS : "SIGNIFICANCE"

A story of two cats

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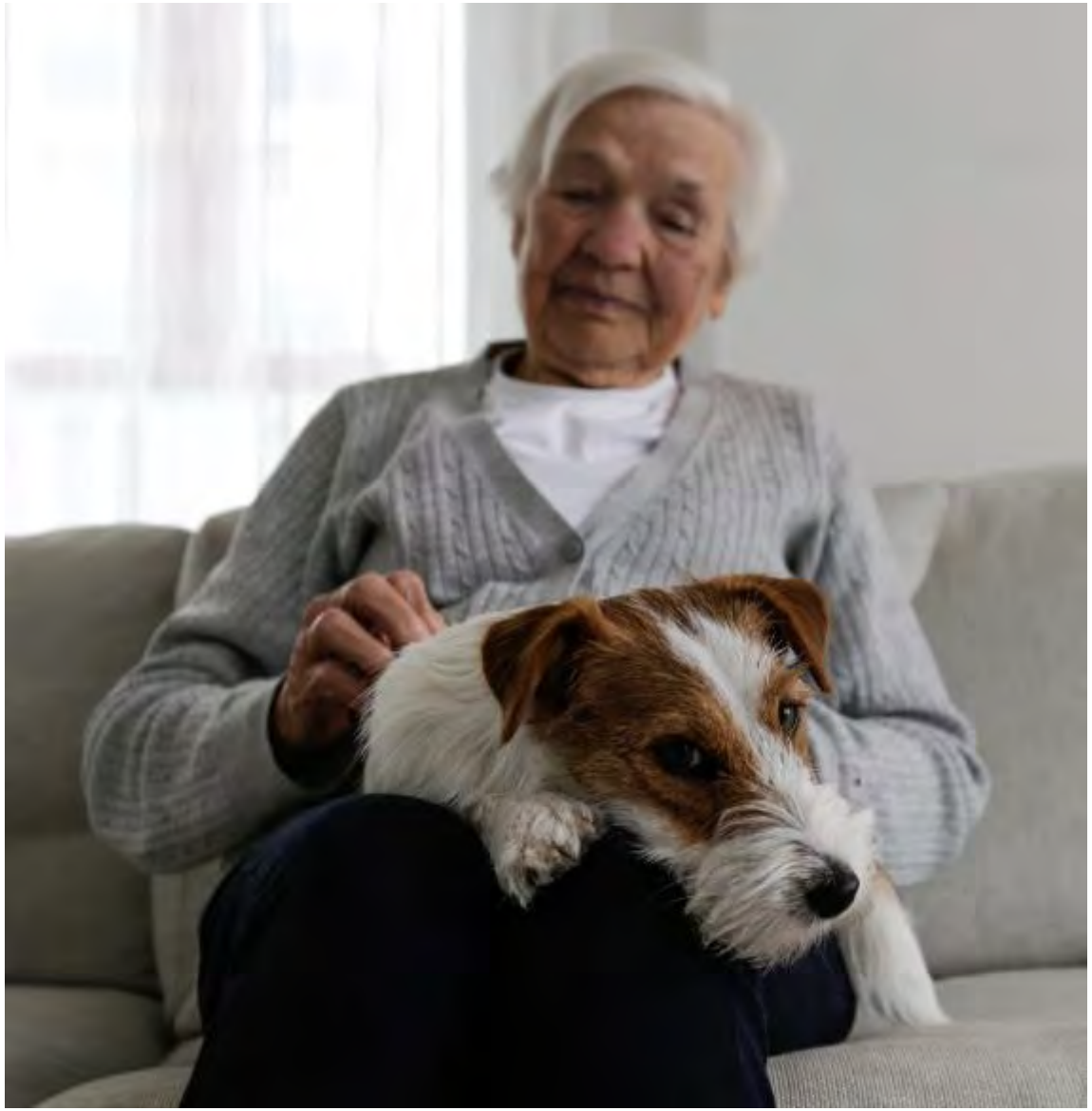

Best Practices for AAI Program Development in Long-Term Care Facilities

Dr. Elizabeth Ruegg
Saint Leo University

- Assessing Need and Feasibility
- Program Goals
- Best Practices for Program Development
- Staff and Volunteer Training
- Animal Welfare
- Evaluating Outcomes
- Challenges and Solutions
- Future Directions

Assessing Need and Feasibility

- AAI should be tailored to the facility's needs, considering space, resident activity level, and budget (Franklin et al., 2022).

- Visiting teams are cost-effective relative to facility-resident animals such as cats, birds, or fish (Ebener & Oh, 2017; Pet Partners, n.d.).

Assessing Need and Feasibility

- Among registered therapy animal teams (an animal and their guardian-handler), dogs are the most common due to their biddability and predictability (Ebener & Oh, 2017; Stern & Chur-Hansen, 2013).

- Resident preferences and past experiences with pets should be considered for optimal program impact (Ebener & Oh, 2017).

Program Goals and Objectives

- Goals should focus on building bonds between animals and residents to improve quality of life through socialization, reminiscence, and reducing isolation (Kogan, 2001).

- Simple tasks (making seed cakes for birds or caring for a pet fish) can give residents a sense of purpose (Ebener & Oh, 2017).

Program Goals and Objectives

- Activities that encourage interaction (petting, grooming, walking, and playing with animals) can improve residents' physical, sensory, cognitive, and social-emotional functioning (Berry et al., 2012; Ebener & Oh, 2017).

Program Goals and Objectives

- Facilities with space limitations or low resident mobility can offer sedentary activities (Franklin et al., 2022).

- Guardian-handlers and facility staff can enhance engagement by prompting residents to talk to, look at, or touch the animals (Berry et al., 2012).

Program Goals and Objectives

- AAI programs should align with the existing program culture and activities to maximize AAI benefits (Ebener & Oh, 2017).

- Group-based AAIs in communal areas improve social engagement and program effectiveness (Franklin et al., 2022).

Best Practices for Program Development

Develop policies for participation. All therapy animal teams should provide annual proof of:

- Veterinary health screening
- Current vaccinations
- Adverse incident insurance
- Training evidence
- Therapy animal program registration (Berry et al., 2012; Pet Partners, n.d.; Tufts Institute for Human-Animal Interaction, 2016).

Best Practices for Program Development

- Implement and follow hygiene and safety protocols:
- Prohibit raw meat diets
- Use hand sanitizer during sessions; wash hands afterward
- Use cloth barriers under small animals placed on resident’s laps (Brelsford et al., 2020).

Best Practices for Program Development

All animal-handler teams should undergo

- rigorous training
- Evaluation
- registration and re-evaluation
- animal temperament assessments under realistic conditions (Lefebvre et al., 2008)

Best Practices for Program Development

Establish inclusion and exclusion criteria for residents

- willingness to interact with animals
- absence of allergies, phobias
- religious or cultural concerns

to ensure program safety and effectiveness (Berry et al., 2012).

Staff and Volunteer Training

- Develop site-specific policies and procedures, including staff training on infection control and patient safety measures (Brelsford et al., 2020).
- Conduct comprehensive training for staff and volunteers on goals, responsibilities, infection control, and proper conduct (Hollingsworth, 2014).

Staff and Volunteer Training

- Ensure staff and handlers are well-versed in animal welfare and equipped to handle adverse incidents such as aggressive behavior or patient allergies (Linder et al., 2017).
- Encourage engagement through regular training updates, feedback sessions, and volunteer orientation programs (Hollingsworth, 2014).

Animal Welfare

- Prioritize animal welfare and consent. Require regular health checks, adherence to behavior standards, and avoidance of stressful situations for animals (Brelsford et al., 2020).

- Maintain a safe environment for residents and animals: Establish ground rules to prevent inappropriate behaviors like crowding, hugging, or dressing animals (IAHAIO, 2018).

Animal Welfare

- Include animals in good physical and emotional health, with temperament evaluations conducted by qualified professionals (IAHAIO, 2018).

- Set clear limits on interaction duration to prevent animal fatigue and stress (Lefebvre et al., 2008).

Evaluating Outcomes

- Guage program effectiveness through regular assessment of:
  - resident satisfaction
  - behavior changes; and
  - health metrics (Berry et al., 2012).

Evaluating Outcomes

- Use feedback mechanisms such as surveys and observation of volunteer teams and staff to refine program activities and address areas for improvement (Franklin et al., 2022).

Implementation Challenges and Solutions

- Potential challenges include staff/resident allergies, phobias, infection risks, and legal liabilities (Hollingsworth, 2014).

- Solutions: Develop protocols for allergy management, provide staff training, and ensure handlers have liability insurance (Brelsford et al., 2020; Hollingsworth, 2014).

Implementation Challenges and Solutions

- Ensure continuous assessment and adjustments to accommodate changing resident needs and animal health conditions (Linder et al., 2017).

- Review existing AAI program protocols for additional policies and practice standards (Pet Partners, n.d.; Tufts Institute for Human-Animal Interaction, 2016)

Future Directions

- No animal or human health agencies currently monitor or regulate AAI programs (Linder et al., 2017)
- Training and registration standards among therapy animal programs vary enormously (Linder et al., 2017)

Future Directions

- More and higher-quality research is needed to evaluate AAI benefits and standardize implementation across varied patient populations (Pope et al., 2016)

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Lessons Learned

1. Consider Animal Assisted Therapy as a potentially successful intervention in PALTC facilities
2. Infection control measures are essential
3. Individualized approach yields better results

Thanks!

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