

IMPLEMENTING A THERAPY DOG PROGRAM IN A LONG-TERM GERIATRIC
CARE FACILITY: A SEMINAR FOR HEALTH ADMINISTRATORS

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Abstract

This thesis outlines the many benefits of animal-assisted therapy and discusses the necessary process for the successful planning and implementation of a therapy dog program in a long-term geriatric care facility. An ever-increasing amount of research proves the physiological, psychological, and emotional benefits of therapy animals on institutionalized patients, who are often lonely and depressed. The current healthcare climate continues to evolve into a patient-centered model, while at the same time, long-term care facilities are facing numerous financial obstacles due to increased utilization by the aging baby boomers. This thesis will argue that a therapy animal program can significantly improve patient quality of life while offering a low-cost alternative to traditional peripheral programs and services. This thesis will also include a workshop design and presentation for healthcare administrators regarding the benefits and implementation of such a program. The ultimate goal of this thesis is to create an educational seminar that demonstrates the effectiveness and simplicity of a therapy dog program to healthcare administrators.

“There’s no psychiatrist in the world like a puppy licking your face.”

—Bern Williams

Introduction and Author's Foreword

Aging is difficult. At a certain point, either by choice or by the insistence of family members, many elderly Americans must make the transition from living independently in their own homes to living in a residential care facility. All of a sudden, one's entire life's worth of possessions, belongings, and material goods must be condensed into a small room in a medical facility. The transition from person to full-time patient is extraordinarily stressful. This can be made even more difficult if the individual does not have a regular social support system, such as close family members, visit regularly.

The author of this research has witnessed the startling effects that Alzheimer's disease has on a person. It is through witnessing the daily struggles of chronic health conditions and comorbidities and attempting to navigate the American health care system that this author became dedicated to improving the quality and access of health care for the geriatric population.

Through observing an elderly couple throughout a span of several years, the author gained a clearer understanding of the burden of Alzheimer's disease along with other co-morbidities. A particularly fascinating thing happened, however, when the couple brought home a puppy (who would come to be known as PeeWee) from the farmer's market one day. The woman who suffered from diseases that made regular activities of daily living challenging suddenly appeared to be much more at ease. Having a dog present to faithfully follow her scooter back to the bedroom or to offer emotional support while she was regaining her breath always made everything seem a little better. The man, who is the primary caregiver of his wife, enjoys having someone to cook for, to

wake up for, and to relieve the stress and anxiety involved with caring for someone with dementia.

Through having the privilege of watching a tiny dog transform the day-to-day life of this couple, this author gained a reaffirmed dedication to finding alternative methods of making life for seniors easier, and if not easier, then at least less solemn and serious. PeeWee has validated that the connection between people and animals most certainly has a place in medicine regarding geriatrics, and it is the intention of this thesis to demonstrate this further.

The field of animal-assisted therapy is growing at an incredible rate. The ever-growing volume of academic research demonstrates that therapy animal programs can complement traditional treatment in numerous ways. As the healthcare system begins to experience the first wave of the baby boomer cohort, health administrators will likely experience increased volume in their facilities. At the same time, there is greater pressure to improve the quality of care in long-term care facilities. The utilization of a therapy dog program may help administrators improve the overall quality of life for the residents of their facilities. This research will outline the ways that therapy dogs can benefit a long-term care facility and will produce a portable, 20-minute seminar that can be used to educate long-term administrators about such a program and ultimately increase the utilization of animal-assisted therapy across long-term care facilities.

Chapter One: The Current Climate of Geriatric Long-Term Care

Beginning in 2011, an estimated 7,918 baby boomers will turn 65 each day until the year 2029 (Nowiki, 2011). As a result, nursing homes and assisted living facilities are going to be more utilized than ever before. Additionally, health care reform (the Patient Protection and Affordable Care Act of 2010) will significantly increase the accessibility of nursing facilities. One could assert that an increased patient occupancy rate will certainly influence patient quality of care. This is to say that the number of patients receiving care will increase, while the number of attending nurses will likely stay the same. The challenge ahead for health care administrators will be to find ways to provide alternative and supplemental programs to engage and stimulate the patients while considering the organization's budget.

In any nursing facility, and particularly when working with geriatric patients, an emphasis should be placed on the whole health of the patient. That is, the physical, mental, and emotional well-being of each individual should be treated holistically, as opposed to simply treating the patient medically. Many geriatric patients react negatively to being placed in a long-term care institution. The anxiety and stress of being taken out of the known home environment and placed into that of an institutionalized medical environment can significantly affect emotional health, which in turn, leads to a decline in physical well-being. Berry et al. (2012) writes that depression and apathy are almost ubiquitous symptoms in nursing home patients. Therefore, the facility will need to seek out low-cost and effective interventions.

Health Care Reform and Long-term Care Facilities

The implementation of the Affordable Care Act (ACA) creates yet another obstacle through which long-term care administrators must navigate their facilities. While the ACA will increase the number of seniors eligible for both Medicare and Medicaid, the bill also imposes new quality guidelines by which the facility must adhere (Kaiser Family Foundation, 2013). The bill is the largest piece of legislation to affect nursing homes and long-term care facility quality since the Nursing Home Reform Act that was included as part of the Omnibus Budget Reconciliation Act of 1987. The ACA includes the Elder Justice Act and Patient Safety and Abuse Prevention Act, which protects patients from various types of abuse, and the Nursing Home Transparency and Improvement Act of 2009, which focuses on facility transparency and accountability. This is of great importance as nursing home administrators must continue to increase quality in their facilities while grappling with financial difficulties due to increased volume and steadily decreasing Medicare reimbursement.

Definitions of Relevant Terms

Whole Health

The World Health Organization defines health as “a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.” An essential job of the healthcare administrator is to ensure that the patients in the facility, regardless of what type of facility or care is provided, receive optimum care each day, and that their whole health is considered.

Quality: Patient-Centered Care

Quality of care is a multifaceted topic with numerous different implications, measurements, and evaluation methods. For the purpose of this research, the primary point of quality of care will be patient-centered care. Patient-centered care is based on the idea of tailoring care specifically to each individual patient's culture and values, as well as their basic desires and wishes. Patient-centered care relies heavily upon excellent communication between the patient and the physician, nurse, or caretaker. The caretaker approaches the patient with empathy, understanding, and with a mutual feeling of partnership.

Animal-Assisted Therapy

As the field of animal-assisted therapy (AAT) is ever-increasing, it becomes necessary to differentiate between the various types of animal-assisted therapy. First, there is an important difference to point out between a service animal and a therapy animal. Whereas service animals are trained to perform specific activities to aid their handlers in general activities, such as a seeing eye dog, therapy dogs typically are not trained to perform specific skills (other than general obedience and behavioral skills).

Secondly, within the field of animal-assisted therapy, it is important to point out the differences between animal-assisted therapy and animal-assisted activities. Animal-assisted therapy implies that the interaction between the animal and the patient is clinically supervised, recorded, and has a specific goal in the treatment of the patient (Pet Partners, 2013). Animal-assisted activities refers to a simple, non-structured interaction between the patient and the dog for the purposes of enjoyment for the patient. The

handler of the dog is typically a volunteer. This research will focus primarily on animal-assisted activities.

Chapter Two: Review of Literature

Overview of Depression in Institutionalized Elderly

Perhaps one of the most serious problems facing nursing home administrators is the disproportionately high rate of depression in the patient population. The American Psychological Association states that depression is one of the most common mental disorders experienced by elders. Further, the baby boomer cohorts particularly “seem to be evidencing depressive disorders at a significantly higher rate than previous [generations] (APA, 2012).”

It is important to understand the correlation between institutionalization, depression, and overall whole health status. Multiple geriatric studies have focused on just this subject. Unsar (2010) found that depressed elderly patients experienced more pain/discomfort, anxiety, and illness than their non-depressed counterparts did. Chronically ill patients experienced a decreased quality of life, thus warranting new psychosocial support systems. Further, “depression in old age frequently follows a chronic and/or relapsing course, related to medical comorbidity, cognitive impairment and depletion of psychosocial resources” (Reynolds, Alexopoulos, Katz, & Lewbowitz, 2001). It is evident that depression has tremendous health implications for the patients in a facility.

Because reimbursement caps at a certain point under Medicare, it is in the best financial interest of the facility to ensure that the patients are mentally and physically well. As such, facilities are embracing new ideas and means of keeping patients socially-involved and intellectually stimulated. Several models have emerged in the previous decades to improve the quality of life in nursing homes, including the Eden Alternative,

Action Pact, and the Pioneer Network.

Patient-Centered Care and the Eden Alternative

As healthcare reform transitions from the traditional fee for service model into that of a quality centered and value-based purchasing model, health administrators face tough decisions regarding the improvement of care for maximum reimbursement. Long-term care administrators are especially likely to struggle as Medicare funding continues to decrease and the baby boomer cohort drives up volume in long-term facilities.

One way that many long-term care facilities are ensuring that patients avoid depression is through the implementation of the Eden Alternative. Founded in 1991 by Dr. William Thomas, a geriatric specialist, the organization is dedicated to improving the quality of life for nursing home residents through creating a more home-like culture. Eden homes are filled with plants, animals, and are often visited by children. Dr. Thomas identified three issues that plague nursing homes, including helplessness, hopelessness, and boredom. Through the creation of the Eden Alternative, he hoped to eliminate these recurring ailments in facilities.

According to Sampsell (2003), a facility can realize numerous successes in shifting to a focus on patient-centered care through the Eden Alternative through greater resident involvement and responsiveness to new activities. By shifting the emphasis of attention from the facility's needs and to each individual patient's needs, the patients realize increased participation and ownership of their care.

Introduction to Animal-Assisted Therapy

One increasingly recognized way of reducing the stress of institutionalization is through the use of animal-assisted therapy. Animal-assisted therapy involves the use of a

trained and certified therapy animal (for the purposes of this research, the animal will be a dog). The handler of the therapy animal is also trained in patient interaction and proper conduct and safety. During a typical therapy animal visit, the handler will take the dog around the facility to socialize with the patients (who have given consent to be visited). The patients interact with the dog by petting the dog, throwing a toy, or simply talking to the dog. Often, the dogs provide entertainment by performing tricks such as “shake hands” and “roll over.”

The utilization of animals for the purposes of complementary medicine is not a new concept. The first known study relating to animal-assisted therapy in the United States took place in 1962, when a child psychologist documented the positive effects of dog interaction for an autistic child. Since then, an ever-increasing amount of research demonstrates the benefits of therapy dogs in various settings including work with depressed patients, autistic children and adults, institutionalized psychiatric patients, and patients with communication disorders (Colombo, Dello Buono, Smania, Raviola, & De Leo, 2006).

A variety of therapy animals are also used in various other types of therapies. For years, hippotherapy (or, equine-assisted therapy) has shown positive effects for patients in physical therapy. In nursing homes, resident cats can provide soothing entertainment for residents. Further, caged animals such as parakeets and doves can bring life to a dull, institutionalized environment. Even aquariums have demonstrated remarkable results for institutionalized elderly patients with dementia (Edwards & Beck, 2013). Thus, one can see that there are numerous settings and methods in which animal assisted therapy can take place beyond canine-assisted activities in an elderly care facility.

Threefold Benefit Model of Canine Therapy

An ever-increasing amount of peer-reviewed research demonstrates the physiological, psychological, and emotional benefits of regular interaction with a therapy animal and the institutionalized elderly. This chapter will provide an overview of each of those three aspects, as they correspond with the WHO's aforementioned three-part definition of health.

Psychological Benefits of Therapy Dogs

The implementation of therapy dogs in nursing facilities to provide the residents with increased cognitive stimulation and companionship is becoming increasingly common. Research teams are exploring the scientific benefits of exposing patients who have mental diseases such as dementia and depression to therapy animal teams. The results are beginning to demonstrate a direct link between the therapy dogs and an increase in cognitive function and a decrease in depressive symptoms among patients with these ailments.

As the population ages, the prevalence of Alzheimer's disease increases. As of 2013, close to 5.1 million people are affected with the disease. Further, nearly half of nursing home residents suffer from Alzheimer's disease (Benjamin, 2013). Because there is currently no cure for the disease, medical providers and caregivers must focus on treating the symptoms of the disease, primarily memory loss. While drug therapies are increasing in effectiveness, caregivers are also turning to alternative therapies to further offset the progression of the disease. Therapy dogs offer a promising compliment to an existing treatment plan. Three primary pieces of literature demonstrate the effectiveness of therapy dog interventions on elderly Alzheimer's patients.

Moretti et al. (2011) explored the effects of therapy dogs on nursing home patients with multiple mental illnesses including dementia, psychosis, and depression. The researchers analyzed 21 patients, whose mean age was 84.7 who were divided into two groups. Each of the subjects was administered a Mini-Mental State Examination (MMSE) and a 15-item Geriatric Depression Scale. The first group, composed of 11 subjects, was the control group who did not participate in an animal-assisted intervention. The second group composed of the remaining 10 patients participated in a dog-assisted intervention for 90 minutes, once per week for 6 weeks. Each of the two groups also filled out a self-perceived quality of life questionnaire.

The results demonstrated a marked increase in the quality of life scale for those patients who participated in the dog-assisted invention when compared to the control group. Additionally, those who participated in the dog-assisted therapy exhibited a 50% decrease in the Geriatric Depression Scale symptoms. Further, those who participated demonstrated increased MMSE scores. These findings provided a basis for the idea that the use of therapy dogs has positive effects upon an institutionalized patient's quality of life. Additionally, these findings suggest that even dog-assisted interventions that take place only once per week have a marked effect on improving depressive symptoms and cognitive functions in geriatric patients.

A similar study out of Hokkaido, Japan conducted by Kawamura, Niiyama, and Niiyama (2007) evaluated the effectiveness of animal-assisted therapy on geriatric patients who had been diagnosed with dementia. The authors indicated that a large priority in Japan is adequately caring for the growing elderly population. The research

focused on having the elderly residents live as normal lives as possible, as many of the residents become depressed due to feelings of loneliness. As such, the researchers hoped to connect animal-assisted therapy with reduced feelings of loneliness.

The primary goal of this study was to evaluate the long-term psychological and behavioral effects that AAT would have on the nursing home residents. The study used a relatively small subject group consisting of 10 residents (1 male and 9 females, ranging in age from 75-95). The subjects were visited by the therapy dogs once every 2 weeks for 12 months. The results indicated that participants were able to either remember the dog's name or recall that they had previously interacted with the dog at the beginning of each visit. Additionally, the GBS Scale Japanese Version (GBSS-J) scores for intellectual functions, spontaneous activity, emotional function, and motor function decreased during the first six months and then increased during the final six months of visits with the dogs. However, the researchers had difficulty accurately measuring the physiological and motor function effects of animal-assisted therapy due to the progressive aging of the patients in such a period of time. Consequently, the authors conclude that the effects of AAT are most beneficial in regards to physiological and mental health. The results certainly affirmed that the residents were delighted when interacting with the animals, expressing pleasure, joy and increased activity during visits with the dogs.

The findings of Moretti et al. (2011) and Kawamura et al. (2007) demonstrated the positive results that therapy dogs can offer for the psychological stimulation of elderly residents. This is important to consider as the population continues to age and

psychological ailments, such as depression and Alzheimer's disease, continue to expand with the size of the boomer population.

Physiological Benefits

Extensive amounts of research demonstrate the effectiveness of therapy dogs for alleviation of mental and emotional stress, however, there is also some emerging research that demonstrates the potential pain relief properties of therapy dogs. In a study conducted by Engelman (2013), 19 palliative care (hospice) patients were visited over the course of one year. Based upon patients' self-reports, staff observation, and staff responses, the author concluded that interaction with a therapy animal can be an effective means of temporarily reducing pain. The presence of the therapy dog reduced their anxiety as they petted the animal and become more relaxed, which temporarily distracted them from the pain. Interestingly, Engelman also posited that the presence of the therapy dog appeared to reduce the stress of the medical staff. The implications of Engelman's findings are great upon the growing field of research in animal-assisted therapy. This idea that the therapy animals can distract the patient from pain can be particularly useful to administrators of hospice facilities, where the treatment focus is simply keeping the patient comfortable.

Using animal-assisted therapy has also emerged as a promising complementary therapy in clinical pain management clinics. Marcus et al. (2013) conducted a study of patients receiving treatment for fibromyalgia in an outpatient pain management facility. The findings demonstrated the comforting physical effects of a therapy dog team. Of the patients who interacted with the dogs, self-reported pain severity was reduced significantly, and 34% of patients demonstrated clinically meaningful pain relief. Marcus

et al. also found that significant improvements in mood and other emotional factors resulted from visits with the dogs during treatment.

Social-emotional Benefits

A third level of benefits offered by therapy dogs lies in a category that cannot be as clearly defined as the previous two. The social-emotional benefit context of animal-assisted therapy is focused upon the core human need for relatedness, connectedness, and love from another being. The inherent human need for companionship is a fundamental reason that animal-assisted therapy is effective. The natural connectedness to animals begins at an early age for most people, as children live in an environment surrounded by animals—both real and imaginary. Classic characters such as Lassie, Benji, and Toto demonstrate the culturally ingrained connectedness with dogs. It is no wonder, then, why researchers are exploring this bond in the context of aging.

An increasing level of accreditation standards are beginning to focus on the construction of an enriching and stimulating social environment in long-term care facilities. The social environment is now considered to be just as important as biological and genetic factors upon aging (Brownie & Horstmanshof, 2011). Therefore, the presence of animals in a facility can contribute to this enriching social environment.

Krause-Parello (2012) conducted a study on pet ownership and older women in the context of social support systems. The study found that the presence of a pet, and the concurrent attachment support provided by the pet could help elderly women cope with loneliness and depression. The findings suggested that pet ownership provided a level of social support and companionship that was supremely beneficial to an elderly person's life. Further, the author found that the elderly women who owned pets experienced

enhanced relationships and connectedness with other residents. The underlying implication suggested that the connectedness that an individual felt with an animal would have an effect on the connectedness that one made with the humans around that person. In an elderly care facility, where higher than average rates of loneliness and depression exist, the feelings of connectedness brought about by animal-assisted therapy are invaluable (Krause-Parello, 2012).

Through looking at health as a three-fold concept, one can easily see the interconnectedness of the benefits that animal-assisted therapy can offer. The psychological, physiological, and social-emotional benefits of a therapy dog program are increasingly researched and proven effective. That is, in reducing a patient's mental stress, their perceived physical state will certainly benefit. Conversely, reducing the patient's perceived physical pain (even temporarily), will improve mental and emotional well-being. The benefits that continue to emerge through the increasing research about AAT offer exciting news for healthcare administrators looking to improve patient quality of life in their facilities. It becomes necessary, then, to analyze the practical side of a therapy animal program as a basis for creating a seminar for administrators.

Therapy Dogs in Practice

Based upon the ever-growing body of evidence that therapy dogs are an effective means of improving the quality of life for nursing home residents, it becomes necessary to examine the practical aspects of implementation from an administrative standpoint. This section will cover leading therapy dog organizations, therapy dog certifications, evaluations, potential liabilities, and common concerns of facility administrators.

There are currently dozens of nationally known therapy dog organizations that offer canine credentialing and evaluation. In fact, the movement has taken off so much that the American Kennel Club has even created a therapy dog program in which a certified therapy dog can earn a title of “ThD.” This program was created with the goal of encouraging more pet owners to volunteer with their dogs.

There are five primary national certifying bodies for therapy dogs according to the American Kennel Club. Among these are Bright and Beautiful Therapy Dogs, Love on a Leash, Pet Partners, Therapy Dogs Incorporated, and Therapy Dogs International. Each of these certifying bodies shares the same basic principle of a dog owner who volunteers with their pet in various settings. The certifications and exams differ slightly from organization to organization, but each requires a temperament evaluation, a basic level of obedience, the ability to leave food and other objects on command, and familiarity and comfort around medical equipment and medical settings.

In addition to offering evaluations and certifications, most organizations offer some type of incentive program for hours accumulated in service. These are commemorated by special designations known as titles. Much like a college degree for a person, a title is earned through examination and accrued hours of service throughout a dog’s life (American Kennel Club, 2013). These are important as they provide the handler of the dog with rewarding goals and milestones to aim for.

Should a facility choose to implement a therapy dog program, it is important that the facility carefully plans out and complies with a process of screening. First, the facility should ensure that all staff and management are on board with the presence of animals in the facility. The staff should be informed of the timing and duration of

therapy dog visits so that they do not interfere with patient care. Second, the administrator should ensure that the dog is registered with a nationally recognized therapy dog organization that evaluates the dog's training and temperament. Further, the handler should have some education regarding safety around patients. Finally, visits should be scheduled in such a way that visits can be supervised by administration. Caregivers should be instructed to look for changes in the patient before and after dog interaction to ensure that no allergic reactions occur.

Service Animal Evaluation

The certification process for therapy dogs and their handlers is quite rigorous. While there are many organizations that accredit therapy animals, for the purposes of this work, Pet Partners (formerly the Delta Society) will be used as the industry standard. This is one of the oldest and most well-respected organizations in the country.

Each dog and handler team must be tested individually from an accredited evaluator. There are four primary steps to becoming a certified therapy animal team. First, the dog handler must attend and complete a training course that orients them to the common rules and regulations of therapy animal work. This can be taken online or in-person. The second step for registration is a health screening for the animal. This must be done by a veterinarian. The animal should have all current required vaccinations (may vary depending on state law), be free of internal and external parasites, and have proof of a negative heartworm and fecal exam within one year prior.

The third, and perhaps most rigorous portion of obtaining certification is the passing of the team evaluation. This is a two part exam that includes the Pet Partners

Skills Test ((PPST) and the Pet Partners Aptitude Test (PPAT). The PPST consists of 12 exercises that the dog must successfully complete with a positive demeanor. Among these exercises are accepting a friendly stranger, accepting petting, walking on a loose leash, walking through a crowd, demonstrating the sit and down on command, staying in place, coming when called, and reacting positively to another dog. Essentially, this test simply evaluates a basic level of training and socialization.

Upon passing this portion, the dog and handler move to the next portion. The PPAT focuses on observing how the dogs react in a healthcare setting with different populations. Each exercise sets up a scenario to which the dog must react neutrally. These scenarios include clumsy petting, restraining hug, a stranger staggering over to the handler and dog, angry yelling, a stranger bumping into the handler from behind, the dog being crowded and petted, and finally being offered a treat from a stranger. The purpose of this evaluation is to simulate what the dog is likely to encounter during a typical visit. Additionally, the handler is also judged during this portion on how the handler interacts with the simulated patients. Upon the successful completion this exam, the handler of the dog may proceed to step four of the registration process, which is the paperwork submission phase. This is where the dog will be listed as an official Pet Partner, and be free to visit any facility that is interested. There are currently over 11,000 registered Pet Partners in the United States.

Potential Negative Factors to Consider

Any treatment has potential drawbacks, and this does not differ when discussing therapy dogs. Many administrators might have concerns about safety, allergens, and of course, the spread of MRSA through multiple contacts with the dog. Each of the

potential risks can be simply addressed assuming that the facility follows appropriate guidelines.

As animal assisted therapy becomes increasingly prevalent in healthcare facilities, studies addressing the aforementioned risks are beginning to take place more frequently. For example, a study by Gandolfi-Decristophoris et al. (2012) explored the topic of pet contact potentially increasing the risk for contracting multi-drug resistant staphylococci in nursing home residents. A relatively basic study, two groups of nursing home residents were assessed: those living in facilities with animals, and those living in facilities without pet contact. Surprisingly, the group of residents living in homes without pet contact had a higher rate of MRSA infection (46%) than those living in a facility with pets (37%). Thus, the study found no evidence that contact with animals, always under high standards of hygiene, had any impact in MRSA transmission throughout nursing facilities (Gandolfi-Decristophoris et al, 2012).

Another complaint often cited by long-term care administrators who have implemented some type of animal-assisted therapy program is that the facility's staff experienced an unwanted increase in workload due to the presence of dogs. This is particularly a problem in Eden Alternative homes and other facilities with full-time, live-in dogs (Sampsell, 2003). While generally staff recognize the significant benefits of such a program, they also recognize a number of practical factors that might complicate the course of care (Fossey & Lawrence, 2013). Because the residents are not as actively involved in the care of the animal, the staff are often left to feed, water, walk, groom, and otherwise care for the dog. Thus, it is important for administrators to carefully consider the staffing implications before initiating a therapy dog program. Staff resistance can be

avoided through proper education and involvement in decision making regarding the therapy dog program.

Potential Legal Liabilities

Patient safety is of the utmost importance for any health administrator. As such, implementing a therapy dog program might raise legitimate concerns. The ever-present concern of legal ramifications should a dog act aggressively or inadvertently injure a patient could potentially serve as a barrier to creating a program. This concern, however, is easily addressed through implementing a therapy dog program in conjunction with Pet Partners, who insures each dog that is registered with the organization. Ideally, this would never be necessary, as the comprehensive training, testing, and temperament analysis that the dog must pass would screen out ill-tempered animals. Ultimately, the facility is responsible for the safety of its patients, and great care should be put into carefully selecting an organization to work with. Further, facility staff should always supervise the interactions between the patients, the volunteers, and the dogs.

Effective Communication and Adult Learning: Review of Literature

How Adults Learn

A primary foundation that this workshop builds upon is the Malcom Knowles' concept of andragogy, or the growing body of research that discusses adult-centered learning. There are five key assumptions in the agrological model of learning. First, andragogy emphasizes self-directedness, or one's responsibility for their learning activities. The key concept here is that from the beginning, the trainer and the learner are collaborating. The second assumption is that adults have experience. When they are in a learning environment, they bring with them a wealth of experience and real-world knowledge. The trainer's job is to ensure that each learner can synthesize his or her

experience into the learning environment. The third assumption is that adults perceive a need to know or do something in order to perform more effectively. That is, the trainer must help the learner understand how a new process or idea can benefit that aspect of their life. A fourth assumption states that adults want immediate, real-world application. The trainer must make the learning environment relevant for the participant. A final assumption about adult learners is that adults are motivated to learn due to internal factors. That is, factors such as a natural curiosity, love of learning, a desire to improve quality of life, or the opportunity to self-actualize can greatly affect the way that an adult synthesizes information (Lawson, 2012).

With these important foundational assumptions in place, the training plan is created to cater specifically to long-term care administrators. Several more characteristics of this target audience need to be pointed out. First, it is important to design a workshop that values the time of busy professionals. These learners are unique in that they require a presentation that is engaging and interesting, as well as short and concise. The timing of the seminar should accommodate professionals who have workdays full of meetings and other obligations. Finally, the seminar should offer opportunities for networking with other professionals. Once the general criteria for a seminar are determined, the training plan can be developed based upon the established information.

Developing a Presentation

When preparing a presentation for any audience, it is important to keep in mind the fundamental principles of communication. This is particularly important for health administrators, as the demand for effective, time-considerate communication is high. An

effective tool to use when developing a presentation is Beebe, Beebe, & Ivy's five Communication Principles for a Lifetime (2011). This tool details the importance of audience centeredness in the construction of a presentation.

The first step is awareness of oneself and one's own communication with others (Beebe, 2011). That is, the presenter should craft a message that demonstrates one's knowledge and credibility. In the context of this presentation, it is important for the presenter to be familiar with the existing literature regarding the benefits of therapy animals.

The second step to an effective presentation is to effectively create and use verbal messages (Beebe, 2011). This means that the presenter should thoughtfully and deliberately construct the message so that it is interesting, relevant, and appealing to the intended audience. For health administrators, it is important to format the message clearly and concisely while remaining interesting. The language should be high-level as to appeal to an educated audience, yet simple enough to be easily digestible.

A third element of an effective presentation involves the effective use of nonverbal messages (Beebe, 2011). These are the visual aids that serve as supplements to the verbal presentation such as a PowerPoint or Prezi presentation. A unique feature in the design of this training plan is the utilization of a therapy dog as a part of the presentation. This visual and interactive aid gives listeners the opportunity to interact with the subject of the training.

The fourth aspect of effective communication in presentations is to listen and respond thoughtfully to others (Beebe, 2011). This part involves addressing audience inquiries and providing candid, yet thoughtful feedback. A great way to incorporate this

is to send out a pre-training questionnaire where participants can ask specific questions or request certain topic focus prior to the training session (Lawson, 2011). This way, the participants can ask for specific questions or concerns about a therapy dog program to be addressed during the course of the seminar.

The fifth and final element of Communication Principles for a Lifetime is the culmination of the four aforementioned elements and involves holistically adapting the message to the audience (Beebe, 2011). The foundation of this seminar is centered on tailoring it to a busy professional. The seminar is deliberately structured, timed, and delivered in such a way that it is best adapted to the target audience—health administrators in long-term care facilities. The incorporation of visual media that is appealing to the eye and easy to skim, combined with the presence of an on-site therapy dog during the training makes the message easy to understand and interesting to listen to.

Chapter Three: Developing a Training Seminar for LTC Administrators

Utilizing the information gathered in the review of literature and *The Trainer's Handbook, Updated Edition* by Karen Lawson (2009), a seminar was designed in order to optimally communicate the benefits of and implementation of a therapy dog program. The seminar is designed for health administrators of long-term care facilities, and other leaders of healthcare organizations interested in expanding the scope of their services. This section discusses the roles of the trainer and the participant, the design of the seminar, and the justification for the training plan (appendix A).

The role of the trainer in the therapy dog workshop is that of a business-minded coach. The trainer should be well-versed in effective communication, and have an understanding of the training needs of the audience to which they are speaking. In the case of this seminar, the trainer should be well-versed in business communication. That is, the message should be presented in a concise and straightforward way, with no unnecessary information or digressions. Considering the needs of the audience and tailoring the training seminar to meet those needs is a supremely important role of the trainer. The ideal participant in this seminar is a long-term care administrator.

Keeping in mind the roles of the trainer and the participant, the theoretical design of the workshop is established. The first step is to establish clear learning objectives in order to guide the design of the training plan. The objectives should be measurable, result-oriented (focusing on desired learning outcomes), and specific. Using the three-component objective guide of performance, criteria, and condition, two primary training outcomes for the seminar are identified. The first objective is, "Using notes and handouts (condition), therapy dog seminar participants will describe (performance), three benefits

of a therapy dog program in a healthcare setting (criteria).” This objective demonstrates that the participants have a basic competency about the uses and benefits of including therapy dogs in their facilities. Based upon the first object, the second objective is identified, “Using notes and resources provided (condition), participants will explain the process of implementing a therapy dog program (performance) on the first attempt (criteria).” This objective also demonstrates a baseline competency that the participant understood the information that was presented regarding the actual implementation of a therapy dog program. While the objectives are extraordinarily basic, they both demonstrate a minimal competency based upon the information presented. They also ensure that the trainer adequately communicated the primary topics in an effective way.

The design of the workshop is outlined more in-depth in the training plan (Appendix 1). This training plan (or design matrix) outlines the content and sequencing of the therapy dog seminar. There are several purposes of designing an instructional plan. First, it forces the trainer to organize the seminar in a pre-determined way so that the information is presented in a logical and sequential way. It also helps the trainer identify what materials are needed and how the information will be communicated. Finally, the training plan is beneficial because it allows other champions for animal-assisted therapy to present a seminar in an evidence-based and pre-established way. That is, other trainers will be able to reference the plan and use it for a presentation rather than having to recreate a plan.

The therapy dog seminar training plan is designed in a way that is concise, engaging, and interesting for participants. The seminar is designed to last for 20 minutes. This time is based on the assumption that long-term care administrators typically have

busy schedules and are typically not able to or willing to attend lengthy seminars. The 20-minute construct is designed to be delivered during the lunch hour where administrators can get out of the office more easily. In designing a training plan that is bound by time, it is important that every minute is carefully and intentionally planned. The design matrix breaks the seminar down into specialized parts and the desired outcomes for each of those parts.

The primary instructional method will be lecturettes accompanied by a PowerPoint presentation. Lecturettes are ideal, as the trainer can efficiently deliver content that is customized to the audience in a concise manner. To avoid cognitive overload on the part of the participants, a handout (copy of the PowerPoint presentation) with the primary informational points will be distributed. Another unique learning feature in this seminar is the presence of a therapy dog while the trainer is giving the presentation. This adds an element of participant participation and experiential learning.

The format that the information is presented in follows a problem-solution approach. The seminar begins with a discussion of depression and isolation in long-term care facilities. After the problem statement, the proposed solution is the implementation of a therapy dog program. The literature is then discussed based upon the positive effects that therapy animals have on residents' psychological, physiological, and social-emotional health. Finally, there is a discussion about how to start a therapy dog program in one's facility. At the end, there is a time for questions and interaction with the therapy dog.

Another training method that is incorporated into the seminar is a time for guided discussion. This, used intermittently with the lecturettes, involves participants in the learning, and allows for an exchange of ideas between the audience members and the

trainer. Guided discussion takes place in the form of asking the audience a question (Example: “How do you think it feels for residents in your facility to leave their homes and pets and move into a small room in a nursing home?”), taking answers, and building upon those answers to incorporate learning objectives. This prevents the audience from becoming bored during the lecture, and may help to reduce information overload.

A final part of the seminar involves a participant evaluation to assess the value of the training and to ensure that the training objectives are met. This evaluation (appendix 4) assesses participant’s attitudes toward therapy dog before and after training to determine the effectiveness of the presentation. Further, the evaluation asks participants to highlight two primary things that they learned from the training to measure the topics that participants identified with the most. The evaluation for the therapy dog seminar serves as a tool that can be used to fine-tune the training for future presentations.

Discussion

Ultimately, the goal of this thesis was to create an informational seminar that outlined the many benefits of therapy dogs in the context of long-term care facilities. As a means of improving the quality of care, therapy dogs have a growing role in healthcare facilities across America. Creating a brief, portable seminar that can easily be administered helps to inform healthcare professionals about the various benefits, potential drawbacks, and actual process of implementing a program.

The importance of effective presentation and delivery is almost as important as the content itself, as evidenced by the existing research on adult learning and communication. Thus, the idea is to deliver evidence-based information, as found in the review of literature, in the most effective, efficient way possible. Tailoring this seminar

specifically to health administrators helps to ensure that animal-assisted therapy is promoted across as many facilities as possible. The benefits of animal-assisted therapy are many, and creating a seminar that informs key decision makers of these benefits is a way to encourage the increased use of therapy dogs during an exciting time in long-term care.

Appendix 1: Instructional Plan

1. *Title*: Therapy Dogs in Your Facility: What You Need to Know
2. *Course Description*: This seminar provides participants with a general understanding of the benefits of therapy dogs based on the three-fold model of health: psychological, physiological, and social-emotional. The process for implementing a program is also covered.
3. *Learning Outcomes*: Participants will learn how to....
 - Identify the means in which therapy dogs can increase the quality of care in their facilities using the three-fold benefit model
 - Identify potential benefits and drawbacks of implementing a therapy animal program
 - Go about implementing a program to start a therapy dog program in their facilities
4. *Length*: The length of the seminar is designed as one 20-minutes informational session that can be delivered during a lunch hour.
5. *Format/Methodology*: The training seminar will include lecturettes, guided group discussion, and a PowerPoint presentation. Participants will also be able to interact with a therapy dog at the end of the seminar.
6. *Audience*: Administrators of long-term care facilities, maximum of 10 participants
7. *Instructional Materials*:
 - Document list:
 - Participant information outline containing reference materials
 - Individual learning assessment
 - Equipment list:
 - Computer and projector (for PowerPoint presentation)
 - Flip chart (for guided discussion)
8. *Facility Check off List*:
 - Tables (in horseshoe shape)
 - Course materials
 - Participants: Bottled water, tent cards with names, folders and pens

Appendix 1: Training plan

Learning Activities Design			
Training: Therapy Dogs in Your Facility	Group: LTC Administrators	Date: To be Arranged	Location: On-site in LTC Facility
Time	Activity	Events	Objective
00:00-00:30	Introduction	Presenter begins presentation with 1 st PowerPoint slide. <ul style="list-style-type: none"> Greet audience. Introduce self and therapy dog. 	Introduce audience to topic and prepare them for the presentation.
00:30-1:00	Objectives	Slide 2: Discuss the two primary objectives of seminar	Identify key takeaway points for audience
01:00-02:30	Explain current issues facing LTC	Slide 3: Chart of current climate <ul style="list-style-type: none"> The boomers are here Increased volume in facility Financial hardships for many health administrators 	Discuss current climate of LTC and provide context for therapy dog benefits
02:30-3:00	Depression	Slide 4: Effects of depression on institutionalized elderly <ul style="list-style-type: none"> Importance of whole health Statistics and implications on other health of patients Guided discussion: “What are the implications for long-term care facilities?” 	Gain participant input on how depression affects patients in the facility
3:00-3:50	Depression	Slide 5: Literature on depressed elderly <ul style="list-style-type: none"> Unsar Reynolds et al. 	Discuss why depression is important for LTC administrators, implications on physical and emotional health of patients
03:50-04:30	WHO Definition of Health	Slide 6: Definition—explain the concept of whole health and introduce idea of interconnectedness	Identify the interconnectedness of health and wellbeing. Continue to build a foundation for the use of therapy dogs

4:30-5:00	Three-fold Benefit Model	Slide 7: Discuss the three-fold benefit model of therapy animals in the context of whole health	Discuss the physical, psychological, and emotional benefits of therapy dogs in the context of whole health
5:00-6:00	Physiological Benefits	Slide 8: Physiological <ul style="list-style-type: none"> Engelman: Pain reduction in hospice patients, reduced stress of medical staff Marcus: Clinically meaningful pain relief 	Discuss findings from literature review regarding pain-relief findings
6:00-7:00	Psychological Benefits	Slide 9: Psychological Benefits of Therapy Dogs <ul style="list-style-type: none"> Moretti: Weekly visits improves cognitive functioning in dementia patients Kawamura: Name recall and mental well-being 	Discuss researchers findings of psychological benefits
7:00-8:00	Social-Emotional Benefits	Slide 10: Social-Emotional Benefits of therapy dogs <ul style="list-style-type: none"> Brownie: Enriched social environment Krause-Parello: Attachment support helps elderly cope with loneliness and depression 	Discuss loneliness, the human-animal connection, and the implications for long term care
8:00-9:00	Other benefits of therapy dogs for facilities	Slide 11: Additional Benefits for facilities <ul style="list-style-type: none"> Cost effective treatment supplement Increased patient and staff satisfaction Faster recovery times Cutting edge clinical applications Positive attention from the media 	Discuss other benefits of therapy animals in facilities. Mention low cost of implementation, ROI from satisfied customers and free media attention
9:00-10:00	Potential Concerns	Slide 12: Potential Concerns <ul style="list-style-type: none"> MRSA Staff resistance Legal liabilities 	Talk about common arguments against AAT and discuss solutions
10:00-10:30	Therapy Dog	Slide 13: Therapy Dog	Demonstrate the

	Organizations	Organizations <ul style="list-style-type: none"> • Discuss the leading organizations 	variety of options for facilities
10:30-11:30	Requirements for Certification	Slide 14: Requirements for Dog Certification <ul style="list-style-type: none"> • Temperament evaluation • Basic obedience • Leave it • Medical equipment 	Demonstrate the rigorous testing a dog must go through before becoming certified
11:30-12:30	The Business Side	Slide 15: Residential vs. Visiting Teams <ul style="list-style-type: none"> • Options for animals (residential vs. visiting teams) 	Talk about different options for different facilities. Discuss pros and cons of each.
12:30-13:30	Best Practices	Slide 16: Best Practices for Starting a Program <ul style="list-style-type: none"> • Consult and educate staff • Dog and handler orientation • Schedule visits when staff or administration can supervise visits 	Highlight important practices to keep in mind when starting a program.
13:30-15:00	Getting Started	Slide 17: Initial Steps <ul style="list-style-type: none"> • Obtain a facility packet from Pet Partners • Conduct site assessment and develop policies and procedures for specific facility • Register with Pet Partners • Conduct staff training and discuss goals, responsibilities, expectations • Volunteer orientation 	Discuss the first steps that a facility should take in order to implement a program. Emphasize the importance of a well-planned, sustainable program.
15:00-16:00	Conclusion	Slide 18: Final slide discussing overall benefits	Tie everything together: Therapy dogs are a cutting-edge, evidence-based, cost-effective means of improving the quality of life for residents, patient and customer satisfaction, and overall facility

			quality.
16:00-17:30	Questions and Additional Thoughts	Slide 19: Answer audience questions	Ensure that participants understand the training content
17:30-18:00	For More Information	Slide 20: Discuss additional resources for administrators	Identify three key resources that administrators can use as a resources when starting a program.
18:00-19:45	Meet and Greet with Therapy Dog	Demonstrate common tasks that a dog is trained to perform. <ul style="list-style-type: none"> • Heel • Sit • Stay • High five • Wave • Where's my dog? 	Demonstrate common tasks that a dog would perform on a visit. Utilize horseshoe shape to introduce dog to audience members.
19:45-20:00	Evaluations	Hand out participant evaluations. Ask them to turn in on their way out.	Gather participant feedback on presentation via handout (Appendix 3)

Appendix 3: PowerPoint of presentation and notes

Workshop Participant Evaluation

Location of workshop: _____

Date: _____

Please take a few moments to fill out the following form. Your feedback helps us to continue to improve the workshop and the learning experience.

- Prior** to the training, how likely were you to consider therapy dogs in your facility?
Very likely Likely Somewhat Likely Not Likely
- After** the training, how likely are you to consider therapy dogs in your facility?
Very Likely Likely Somewhat Likely Not Likely
- The workshop material was relevant, informative, and useful to me.
Strongly Agree Agree Disagree Strongly Disagree
- All of my questions and concerns about therapy dogs were addressed.
Strongly Agree Agree Disagree Strongly Disagree
- The organization of the seminar provided a positive learning experience.
Strongly Agree Agree Disagree Strongly Disagree
- List two primary things that you have learned during this training.

- Please share any comments about how the training could be improved in the future.

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