



# HANDLERS MANUAL

Thank you for considering sharing your time and the special joy of your companion animal with others. In our community there are many individuals who would benefit from your visits.

The Pet Therapy Society of Northern Alberta wants your visits to be beneficial for those you visit and rewarding for you and your companion animal. This manual has been developed to help prepare you and your companion animal for volunteering in a pet therapy program.

**Please note: The information in this manual is provided as a general guideline only, and is not intended to replace nor dispute the policies and procedures of any facility. Should questions arise, the policies and procedures of the facility being visited should be followed.**

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# I. ABOUT PET THERAPY

## Introduction

For some people, the bond between themselves and animals is one of life's most precious gifts. They share our homes, warm our hearts and connect us to nature, creation and sometimes life itself. They offer us unconditional acceptance, unbridled affection and understanding that comes from hearts, not from words.

Pets lend a touch of graciousness to all our lives because they bring out our kindest and most generous impulses. They offer companionship that is loyal and non-judgemental. We can talk to them and tell them our worries and our problems knowing they will understand. Their reply is to give us unquestioned devotion and love. Is it any wonder we love them? Or is it any wonder how others can benefit by their presence?

The resident in a continuing care facility, the individual no longer able to care for their own precious pet or the child who has never known the special bond with a companion animal, can still experience the joy and feel the warmth and magic of an affectionate dog or purring cat through your efforts. You and your companion animal can be a wonderful link between a person living with loneliness, fear, grief or depression and special moments of comfort, purpose and joy. You and your companion animal can add immeasurably to the quality of life for those you visit just by your presence.

In the words of Mary Merchant, past President of HABAC (Human Animal Bond Association of Canada), *“Rich in humour and acceptance, in innocence and grace, the animals who share our days add immeasurably to our lives – often in way we scarcely see. It is one of the vital threads that join mankind to the rest of life’s rich fabric. Together, we and the animals share this planet, these seasons, the common cycle of birth, life and death. Together we grow, thrive, age and pass away, to be replaced by others following the same immutable path. Animals – however they fit into our lives – connect us to the roots of life.”*

Our companion animals teach us wonderful lessons about love, joy and trust. We learn from them each and every day they are with us and sometimes, even after they are gone from this life. We will always have much to learn from our pets and so will those we visit.

**We learn a lot from our dogs**

**We find that nothing comforts  
like a warm cuddle...**

**We discover how to enjoy life  
like children again...**

**We realize that understanding  
comes from hearts,  
not from words.**

**And we know that warmth and happiness  
will always be waiting for us  
when we get home...**

**We learn a lot from our dogs  
We learn what it's like to be loved.**

*<verse from a Hallmark Greeting Card>*

## What is Pet Therapy?

Pet therapy, animal assisted therapy, animal-assisted activities, pet-facilitated therapy, pet visitation...these terms are used throughout the world by various organizations to describe the wonderful magic that happens when people and animals are together. The relationship between people and pets can represent some of the most important attachments in a person's life and the human-animal bond is often especially significant for people who are less responsive to other stimuli or when other affiliations are not present.

The following general definitions are accepted and used to describe therapeutic interaction with companion animals in a healthcare or educational environment.

### **Animal-Assisted Therapy (AAT)**

Animal-Assisted Therapy (AAT) is a goal-directed intervention in which an animal meeting specific criteria is an integral part of the structure's treatment process. AAT is delivered or directed by a health/human service provider working with specialized expertise, and within the scope of his or her profession. Key features include: specific goals and objectives for each individual, and measured progress.

### **Animal-Assisted Activities (AAA)**

Animal-Assisted Activities provides opportunities for motivational, educational, recreational, and/or therapeutic benefits to enhance quality of life. AAAs are delivered in a variety of environments by specially trained professionals, paraprofessionals, and/or volunteers, in association with animals that meet specific criteria. Key features include: absence of specific treatment goals; volunteer and treatment providers are not required to take detailed notes; visit content is spontaneous.

## **Pet Visitation**

Pet visitation is a scheduled program providing the opportunity for interaction between people and companion animals in an informal safe environment. It may include unintentional visits as well as interaction with selected clients in a facility or program. No specific outcomes are expected but it is regarded as therapeutic and very important to those people living in facilities in our communities.

*For the purposes of discussion and for use in this manual, the term “pet therapy” is used to describe therapeutic and mutually beneficial interaction between companion animals and people: this may include animal-assisted therapy (AAT), animal-assisted activities (AAA) or pet visitation.*



## History of Pet Therapy

Animals and humans have shared a special relationship since pre-historic times. The earliest relationship was probably between wolves and caveman around campfires as documented in cave paintings. Archaeologists suggest that the wolf/dog was the first animal domesticated over 10,000 years ago. Aside from the dog's role in hunting and carrying loads, the dog and human relationship no doubt began when the human patted the dog on the head and he responded with a wagging tail.

Since then man and animals other than dogs have also shared significant relationships that have resulted in physical and emotional benefits for man. The Ancient Greeks used hippotherapy, a physical therapy on horseback, to rehabilitate injured soldiers. About 5,000 years ago Egyptians tamed African tabby wildcats to hunt mice and rats. Cats went on to be pampered and worshipped. In fact, ancient Egyptians felt such a special bond with their cats that they were entombed together.

Probably the first recorded use of animals in a therapy setting was at York Retreat in England. Founded by the Society of Friends in 1792, the asylum used animals in the treatment of residents. About 100 years later, records document the use of animals at Bethel, a residential treatment centre for epileptics.

Since the early 1960's professional therapists have recognized and valued animals as therapeutic aids. In the State Mental Hospital in Lima, Ohio the positive effect of animals could have on people was discovered after an inmate found an injured sparrow. Without any direction or approval, he began to care for the injured bird. Other inmates, normally detached and withdrawn, began working together to help in caring for the little bird. Staff recognized the positive change in those inmates and soon incorporated animals in the treatment plans for inmates. Today, the hospital in Ohio is home to a wide variety of animals including dogs, cats, parrots, goats, deer, and snakes.

1972 Boris Levinson published "Pets and Human Development". His experience began quite by accident in 1953 with a young patient's first visit. The boy arrived early and met and embraced a shaggy dog named Jingles in the psychiatrist's office. Consequently, the boy's interaction with the dog facilitated his acceptance of Dr. Levinson and aided in his recovery. The psychiatrist recognized the powerful impact and found his future specialty.

In the 1970's Sam and Elizabeth O'Leary Corson were researching animal behaviour at Ohio State University. Upon hearing the dogs' barking, patients in the adolescent ward broke self-imposed silence to ask for the animals. From that unplanned beginning, the Corson's went on to document effect of interacting with dogs on patients that were withdrawn and non-communicative. The incredible result of this study was improvement of 47 out of 50 of the subjects. In fact, many eventually left the hospital.

The use of animals in therapy and wellness programs is increasing both in number and in variety. As well, the positive effects of animal companionship are being explored and documented. Organizations such as the Delta Society and the Latham Foundation are supporting research and innovation in animal-assisted therapy. Academic programs are appearing at colleges and universities to educate students and prepare professionals for this new (or is it old?) partnership with animals.

Today, many professionals are incorporating companion animals in their therapy with a wide range of applications for a variety of populations. Coronary patients, psychiatric patients, prison inmates, troubled youth and the elderly are all candidates for the wonderful healing and health benefits animal companionship can bring!

## **Benefits of Pet Therapy**

Recognition of the human-animal bond in the scientific and academic community is increasing. Growing evidence suggests that animal companionship makes people healthier and happier. These benefits are enjoyed by all of us but for those who are ill or for seniors, animal companionship can have special value.

### **Clinical/Physiological Benefits**

Medical research has shown that the presence of animals in our lives greatly enhances our emotional and physical well-being. The simple act of petting an animal can lower blood pressure, reduce tension and stress levels and draw out a person from loneliness and depression. Just watching tropical fish swim about in an aquarium can lower blood pressure comparable to biofeedback. This is especially true for subjects who have normally elevated blood pressure.

Nurturing or taking care of a pet can produce positive benefits for the nurturer. By providing basic needs like adequate shelter, proper nutrition and a safe secure environment for the health and happiness of their pet, seniors and other special groups can learn or be motivated to provide these conditions for themselves.

### **Rehabilitation/Motivational Benefits**

The presence of an animal may encourage a patient to reach out and exercise affected muscles or to take first steps after a stroke. An animal can be a non-threatening listener for someone whose speech is impaired or difficult. Walking a dog may be an effective treatment for a patient with circulatory problems.

An example of the motivational powers of a companion animal was demonstrated by a resident in a local facility. The resident was withdrawn, choosing to remain in bed nearly every day and often sarcastic and critical of the staff's efforts to make her comfortable. It was eventually discovered that she was worried about her cat who had been kennelled up at a veterinary clinic for the past two years. The cat was brought to the facility and the improvement in the resident's motivation and attitude was remarkable. Following her reunion with her cat, the resident's appetite picked up and her nutritional status improved; her self-esteem increased, evident in her grooming and she became more active, going out on shopping trips. And she became a more cooperative partner in her care plan.

## **Emotional/Psychosocial Benefits**

“You don’t think I’m crazy, do you doggie?” Love and approval can be withheld automatically, even unconsciously, from those who do not measure up socially. Animals offer unconditional acceptance ~ they do not care whether you are able to speak ‘normally’ or whether your limbs shake when you raise your hand to pet them. They are non-judgmental and do not participate in playing ‘games’ that contribute to unhealthy relationships or cause people to disengage.

Although “touch” is a basic need in human development, many people avoid touching one another. Unfortunately, we live in a society where “touch” can be suspect and its appropriateness questioned. In institutional settings, the only physical touching a resident may experience is that of staff performing a function. All humans need to be touched in a way that is caring and warm. Contact with companion animals is one “safe” way that we can ensure that those who are otherwise deprived of the warmth of a touch enjoy “touching” – both tactile sensation and from an emotional perspective. A dog cuddling up beside you, offering a puppy-kiss with its gentle tongue or putting its head in your lap provides a touch that is lacking in many residents’ lives.

Having another living thing to care for helps fulfill a person’s need to nurture. Offering a visiting animal a treat helps a resident to feel like a “giver” again not just a “taker” as many feel as their abilities diminish and they must rely on others.

## **Spiritual Benefits**

From a spiritual perspective, an animal also provides a source for a feeling of oneness with life and creation. Dr. Aaron H. Katcher, a professor of psychiatry at the University of Pennsylvania, compares the comforts of talking to an animal to the comforts of prayer. “Prayer”, he says “is frequently accompanied by sensual enrichment such as incense, music, special body postures, the touch of folded hands or rosary beads, just a dialogue with an animal is accompanied by the enhancement of touch, warmth and odour. In both instances the talk is felt to be ‘understood’.” Residents also renew their spiritual energy through reminiscence, which is one method of preparation for death especially in the elderly.

An essay by Mary Merchant, past President of HABAC (Human Animal Bond Association of Canada) offered another perspective of the spiritual connection we have with animals. “Many people of varying faiths have come to seek comfort and guidance in the prayer that asks, *“God grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference.”* By their example, with their innate living skills, animals offer us daily examples of this prayer in practice. Their simple serenity, courage and wisdom can teach us much about what it means to be more fully human.”

### **Education/Mental Stimulation Benefits**

Animals provide a source for increasing one’s own knowledge, resulting in increased self-respect and control of the environment. Cognitive skills such as memory can be exercised. People’s memories about their own experiences with animals are stimulated and discussed with other people. The visiting animal itself becomes a topic to be talked about as people notice its size, colour, tricks, manner and behaviour.

### **Recreation/Socialization/Entertainment Benefits**

Not to be dismissed are the recreation, socialization and entertainment benefits of pet therapy. As an animal entertains, the person has fun and relaxes; this results in increased social interactions. When an animal is visiting in a group setting, there is frequently more laughter and interaction than usual. Interactions between residents, residents and staff, residents and visitors and staff and visitors increase. Just by being there animals entertain. Even people who don’t enjoy direct contact with animals frequently enjoy watching them and other people’s reactions to them.

### **Auxiliary Benefits**

In addition to those being visited, pet therapy can also provide positive benefits for others. Family members appreciate the interest expressed by a resident about a pet visitor; for some they may seem “like their old selves” when excited about the animal and recall the visit. Knowing a pet visit is eagerly anticipated and enjoyed is also reassuring when family members can’t be there as much as they or the resident would like.

For staff and caregivers a pet visit can result in a happier and more cooperative resident. Visits can be beneficial for staff as well, providing a much needed diversion from routine tasks of the day.

## When Is Visiting Not Beneficial?

The benefits of animal companionship are well documented. Pets offer companionship that is loyal and non-judgmental. They offer unconditional love and acceptance, unbridled affection and special moments of joy for everyone. Right? Not necessarily.

There are times when visiting is not beneficial or not appropriate. It is important to understand these circumstances and know when your companion animal's presence would not be advisable or you may require direct supervision by a professional or qualified staff member. **Use your judgement – do not place yourself or your companion animal in any situation where you feel there is too great a risk.**

## Who would not benefit from interaction with a companion animal?

- People who are afraid of animals.
- People who compete or rival for the animal's attention in a group.
- People with health concerns such as asthma and allergies.
- People from cultural backgrounds who view animals differently. (Note: this includes people from a societal or occupational background as well as ethnic i.e. farming or rural background that believe animals should be outdoors or a healthcare background that believes animals should not be in a healthcare facility.)
- People with open wounds, compromised immunity or low resistance should only interact with companion animals under the direction of a staff member.

Most times our companion animals enjoy visiting and look forward to going to 'work'. There are exceptions that place your animal at greater risk.

**When is visiting not beneficial for your companion animal?**

- When the animal may be injured by rough handling.
- When the animal does not enjoy visiting; this may be due to a health concern or a stress in his life either ongoing or by an isolated incident (i.e. family move, having puppies).
- When the animal's welfare is not assured such as no 'exercise' area and no access to water.

Most facilities are very supportive of a pet therapy program because it enhances the quality of life for their residents and clients. However, there are times when a pet therapy program may not be welcomed.

**When is a pet therapy program inappropriate?**

- When staff believe an animal in a facility is inappropriate.
- When staff are not properly oriented about the pet therapy program.
- When staff are allergic to animals or fear them.
- When the facility feels legal liability for accidents or injury to people in the facility is too great a concern.

## Application of Pet Therapy

The wonderful benefits of human-animal interaction are experienced in a wide variety of applications. The appropriateness of an application is determined by the setting, regulation and available resources as well as client preference.

**Own Pet** ~ Probably the strongest of the applications, pet ownership offers long-term and enduring companionship, a sense of purpose and of being needed and unlimited generous and genuine affection. Seniors in the community often feel they are unable to care for a pet but special physical accommodations may be available. Ideally, support service may enable seniors to continue to enjoy their companion animals.

**Group Visit** ~ One has only to observe a group of residents in an activity room anxiously awaiting the arrival of a favourite animal friend to know how important pet visitation can be. Often positive and friendly interaction takes place among the residents as they share a common interest – the pet.

**One-to-one** ~ Special relationships can develop between residents and the individual and companion animal team when time is spent in one-to-one visiting. Time and trust go hand in hand as a resident becomes more open and less suspicious of visits. Ideally, residents are selected for one-to-one visitation by therapists or other professional staff based on the resident's background of pet ownership, affection for animals, etc.

**Pet Show** ~ Pet shows or demonstrations are a variation of the group visit. A group of dogs, perhaps a breed club or obedience group, come to the facility and offer an informal display of their dogs and their special abilities. Time spent with the residents visiting and petting the dogs is often the highlight.

**Education Program** ~ For some residents an education program centering on pets can be stimulating and interesting. The group can be introduced to a pet and provided with information about the animal's breeding, grooming needs, origin, training, etc.

**Outing** ~ Outings to zoos, wildlife parks, farms and even pet stores can bring a welcome change of scene as well as an opportunity to enjoy animals. For those with a rural background, a trip to a farm can aid reminiscing.

**Other** ~ Even when a live pet is not available, our love for animals can be expressed and enjoyed. Substitutes such as stuffed animal, books and pictures, puppets, videos, etc. can be used in animal-assisted activities or animal-assisted therapy.



## What Traits Make a Good Therapy Animal?

*“One of the most remarkable traits of a well-established Social Dog is the animal’s ability to convey to each resident a quality of relationship often unobtainable by even the most skilled volunteer or visitor. Each resident sincerely believes that, according to the dog, he is the dog’s favourite person in the whole facility, and often will not hesitate to tell you so. These dogs develop a remarkable sensitivity to the emotional needs of their charges and often radically modify their behaviour according to the individual they are interacting with.” (Taken from ‘Pets and the Elderly, The Therapeutic Bond’ by Cusack and Smith, Hawthorn Press)*

These are some of the traits that your partner may have to help cope with the stress and demands made on him or her while working as a Therapy Animal:

Adaptable	Patient
Sensitive	Predictable
Loves People	Responsive
Calm	Affectionate
Good self-esteem	Intuitive
Confident	Friendly
Trusting	Good manners

What traits does your companion animal have that will make him or her a good therapy animal?

What traits does your companion have that may not make him or her a good therapy animal? How might these affect your visits?

## Socializing Your Animal

If you are just starting out training a therapy animal, or if your animal needs more exposure, here is a list of socialization activities. If your dog can stay cool, calm, and collected with each item below, he is on his way to being a great therapy animal.

<b>People:</b>	<b>Places</b>	<b>Sounds</b>
adults children seniors disabled various ethnicities <b>People who are:</b> walking running bending hopping crawling swimming yelling, cheering bathing carrying things eating pushing grocery carts in a wheelchair using a walker using crutches using a cane <b>People riding:</b> bicycles skateboards wagons roller/inline skates motorcycles pogo sticks <b>Sights:</b> balloons, regular balloons, helium statues garage door birds umbrellas, pop-up other dogs moving toys mirrors cats, hamsters, etc.	friends' houses pet store outdoor mall car rides nursery (plants) veterinary office obedience classes neighborhood park beach beach boardwalk farmer's markets outdoor restaurants parades sports events parking structures strip malls tourist areas <b>Surfaces:</b> grass concrete gravel asphalt slippery floor elevator ramps wood floor, deck stairs sand or dirt rocks snow puddles cardboard carpet wire cage, flattened	doorbell TV radio pots and pans vacuum stereo clapping dropping things whistle sirens singing car honking balloons popping noisemakers (party) popcorn popping electric saw blender can opener lawn mower fireworks yelling, cheering drums piano electric tools yard blower garbage disposal automatic garage door <b>Other:</b> _____ _____ _____ _____ _____ _____

## What Training is Required for Therapy Animals?

Dogs require training in general day-to-day obedience skills in order to participate in pet therapy activities. Obedience is defined as “the training of a dog to respond willingly and promptly to its handler’s commands.”

General day-to-day obedience skills include:

- Walking on a loose leash no further from the handler than 3 feet;
- Performing a “Sit-Stay”;
- Performing a “Down-Stay”;
- Coming when called from either a “Sit-Stay” or a “Down-Stay” position;
- ‘Settling’ promptly upon the handler’s command;
- Ignoring other dogs/people when working.

## What Training is Required for Pet Therapy Volunteers?

Although most facilities do not require that pet therapy volunteers have formal training, there is advantage in having the knowledge of the benefits of the work that you will be doing, the characteristics of the people you will be visiting, and the communication skills involved. This knowledge will help you be able to become effective more quickly than if you have to learn everything as you go along.

A formal orientation or a discussion with your supervisor prior to beginning your assignment will also increase your level of comfort. An understanding of what the facility might be expecting from you will also be of benefit.

As research into the value of human-animal bonding and the benefits of human-animal interaction expands, pets will be used more in the fields of physiotherapy, occupational therapy, educational psychology and mental health. Should you have the opportunity to complete assignments in these areas you will work closely with the therapists involved and might need to complete some training on the job.

## **How Does the Pet Therapy Society of Northern Alberta Prepare Its Volunteers and Companion Animals for Visiting?**

Prior to assignment in facilities and community programs, prospective volunteers and companion animals participate in an orientation and screening program offered by the Pet Therapy Society of Northern Alberta.

**Pet Education Program** – The Pet Education Program (P.E.P.) is a 12-hour basic orientation to pet therapy; it provides an opportunity to introduce companion animals and handlers to the healthcare environment, practice companion animals' presentation and handler communication skills using role plays.

**Assessment** – The assessment screens the handler and companion animal for suitability to proceed with preparation for involvement in pet therapy activities. This is essential to ensure resident safety, animal safety and handler comfort. The evaluators offer handlers suggestions for improvement and recommendations.

**Handler Questionnaire** – The Handler Questionnaire is a written review completed by the handler and returned to the Pet Therapy Society within three (3) months of attending the Pet Education Program (P.E.P.) The purpose of the questionnaire is to provide an opportunity for the handler to recall important risk management and communication information and to demonstrate an ability to apply this information in real life and hypothetical situations.

**Practicum** – To integrate the material covered in the Pet Education Program (P.E.P.) and real life situations, each companion animal and handler team will complete a minimum of six (6) team visits or individual visits monitored by a designated Pet Therapy Society team leader or facility representative. It is expected that these visits be completed within three (3) months of the assessment.

**Letter of Introduction** – When all of the above components are satisfactorily completed, a Letter of Introduction will be provided by the Pet Therapy Society. The letter will outline the Pet Education Program (P.E.P.) content and general standards met.

***Please note: Completion of the Pet Education Program (P.E.P.) and assessment of you and your companion animal does not guarantee placement at any facility; each facility has the right to screen you and your companion animals for inclusion in their program.***

## Why Should Animals Be Assessed for Pet Therapy Programs?

Companion animals should be assessed prior to participating in an AAT/AAA program to ensure that they will be safe and happy in their work and to minimize risk to residents and clients. The assessment helps to determine if a companion animal is suited to this type of activity by looking at the following areas.

- Is your companion animal people-oriented?
- Is your companion animal sociable?
- Is he or she comfortable with being touched all over by a stranger?
- Is your companion animal able to cope when situations become stressful?
- Is your companion animal going to be controllable or manageable and predictable at all time?
- Is he or she going to enjoy visiting?

The assessment will also identify any areas that you may need to work on with your companion animal to help him or her demonstrate readiness to begin volunteering in an AAT/AAA program. Therapy animals must demonstrate aptitudes and skills including appropriate manners and behaviour in public and unfamiliar environments and comfort in being handled by strangers. It is important to remember that your companion animal may need to handle unexpected situations and unpredictable human behaviour.

Assessment is more than an obedience test; it is an evaluation of the handler and companion animal's readiness to participate safely and effectively in pet therapy activities.

An independent and objective assessment is important as it is difficult for us to be unbiased when we look at our own companion animals. As well, we know an animal's behaviour may be 99% reliable in its own home but may be different in an unfamiliar environment.

## A Word About Companion Animal Assessment

The companion animal assessment is completed by a team of evaluators. The assessment screens the handler and companion animal for suitability to proceed with preparation to becoming involved in pet therapy activities. It is important to recognize that the assessment screens for companion animal aptitude and skills and also handler skills.

The focus of the **aptitude** portion of the assessment examines:

- the animal's orientation to people in general, specific populations, problem people;
- the animal's orientation to other animals
- the animal's tolerance/need for personal space; and
- the animal's reaction/sensitivity to visual, auditory, and tactile stimuli and movement.

This is determined by observing the animal's responses to being touched, examined and petted aggressively. The animal should be comfortable and not resistant. It also observes the animal's reactions to unfamiliar or unexpected events such as sudden noise and loud interaction between people.

The **skills** portion of the assessment observes:

- The animal's ability to move about in pedestrian traffic and walking around equipment found in a healthcare setting such as wheelchairs, walkers, etc.;
- The animal's ability and willingness to be positioned for petting;
- The animal's comfort in confined areas such as an elevator; and
- The animal's responsiveness to his or her handler.

**Handler skills** looks at the partnership between companion animal and the handler, how they work together as a team and how they complement each other:

- The handler's awareness of his or her companion animal and attentiveness;
- The handler's ability to perform loose leash walking;
- The handler's attention to risk management;
- The handler's communication with his or her companion animal; and
- The handler's willingness and ability to manage his or her companion animal's behaviour.

All companion animals should be re-assessed following a traumatic event that may affect the animal's personality or behaviour or following an indication of a change in personality or behaviour observed by the handler or others.

## A Very Brief Lesson in Canine Socialization

*“Because we have taken the dog in to our homes, and our hearts, we have the opportunity to observe his behaviour more closely than we can observe any other animal species. This is a double-edged sword for we often make the mistake of interpreting his behaviour in human rather than canine terms. We forget his ancestry. In many ways dog behaviour is remarkably similar to human behaviour and we can probably learn something about ourselves by observing some of the untarnished activities of the dog’s mind. The fact remains that the dog’s mind works in its own specific ways and with objectives that are not necessarily obvious to us. By understanding these differences, we can become more responsible for our pets’ behaviour and at the same time make their lives more stimulating and fulfilling.”*

*(Taken from “The Dog’s Mind” by Bruce Fogle)*

The way dogs socialize with each other, is dependent on nature (genetic background and breed) and nurture (training and experience). It is important to know what a breed was originally bred for. This will shed light on some of its genetically predisposed behaviours. For example, breeds with high play drive (sporting, herding, terrier, sight hounds) will chase or pounce on a ball or watch intently something which drops on the floor. On the other hand, breeds with low play drive (toy or non-sporting breeds) may ignore it or simply watch it as it rolls by.

Age can also affect the dog’s behaviour. Dogs age in similar ways as do humans. Memory can be affected and reaction time slowed. Sight may become foggy and cataracts may develop. Hearing is not as acute as in a younger dog. Taste may also be affected. Reaction time is reduced. Old dogs can become irritable or lack stamina. Some can revert to ‘puppy like’ dependence on their owners.

Domestic dogs rely on three main forms of communication – scent, body posture and vocalization.

### **Scent**

Scent is the most highly developed form of canine communication. Dogs produce chemicals called pheromones which provide dogs with a myriad of information about each other. Sniffing is how dogs learn about other dogs. To a dog, smelling each other’s rear is like shaking hands. Many people don’t understand or appreciate this form of communication and may regard it as repulsive.

## Body Posture

Emotions can usually be accurately identified from facial and body signals, but not always. Selective breeding, surgical alteration and some styles of grooming have interfered with the dog's ability to communicate through his body. Docked tails, floppy or cropped ears, hair covering the eyes, coat volume all interfere with the dogs' ability to send uncomplicated messages. That's one of the reasons why some breeds are more unpredictable than others.

To effectively assess body language, all indicators are considered:

- Tail and ear position
- Eye contact
- Piloerection/hackles
- Facial expression
- Stiffness/tension in body

Some of the responses that can be identified by body posture and other physical indicators include”

**Calm** –ears and tail relaxed, body balanced over feet

**Alert** – ears and tail up, weight forward

**Aggressive** – hackles up, tail up, rump up, lips pulled back

**Increased Aggressive** –snarl with teeth exposed, straight stance  
(Weight forward)

**Frightened** – ears flattened back, tail between legs, weight back

Caution: This is also the “fear biter” posture if you approach past his critical distance

**Fear** – crouched with tail between legs

**Abject Submission** – lying down, hind leg lifted, urinates

**Greet** – lick face, beg regurgitated food or play bow

## Vocalization

Vocalization is another form of communication used by dogs although it is used less than scent and body posture. Selective breeding has resulted in dogs being far more vocal than their wolf ancestors. Certain breeds are more vocal than others (i.e. Huskies, Malamutes, Terriers, Shetland Sheepdogs, etc.)



The most common sounds include:

**Infantile sounds** – cry whimper, whine

**Warning Sounds** (barking, growl) – used to signal many emotional states in dogs including alarm, threat, excitement, attention seeking and invitation to play

**Eliciting sounds** – Howling is an eliciting communication, more commonly heard in breeds like Huskies, Malamutes, Hounds and Dobermans. Howling assembles pack members, passes on alarm, communicates personal information over large distances. It may also be a form of celebration after a kill as with wolves or a chase with pack hounds.

**Withdrawal sounds** – yelp

**Pleasure sounds** – moan

**Personality Clashes** – Sometimes dogs will push each other's buttons. Older dogs may try to discipline younger ones. Small dogs may feel intimidated by larger ones. They have their own personalities and may clash. In situations like this a growl may be heard or one dog may lunge at another. This is not necessarily a true indicator of the dog's general character.

This is not meant to suggest that negative or questionable behaviours be ignored in your own dog or someone else's. You need to look at the whole picture to assess the situation. Determine whether the behaviour is indicating a potential problem or if it is an isolated behaviour, unique to the situation. For the safety of all concerned, be completely honest if your dog is showing negative behaviour.

Some suggestions on how to avoid negative responses or how to intercede if your dog demonstrates negative behaviour when it is in the company of another dog:

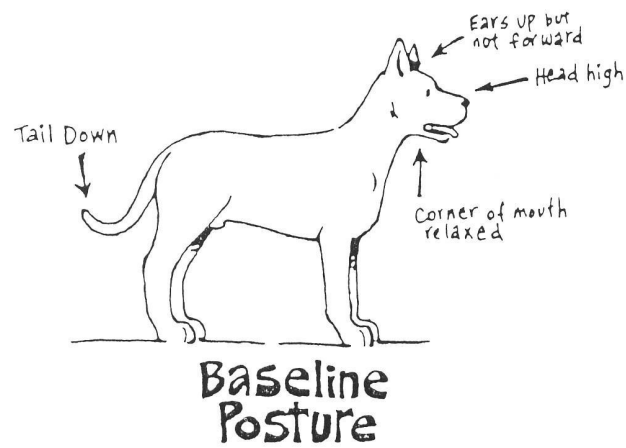
- break eye contact (use voice correction or physical correction if necessary)
- physically remove the dog(s) from the area (personal space)
- voice correction ("ENOUGH!" or "NO!")
- physical correction (pop on the leash)
- pick up a small dog (only if in danger)
- cue alternate behaviour in anticipation of a problem
- slowly introduce dogs that are not confident or at ease
- when entering a room of dogs, carry a small dog to lessen intimidation factor
- non-reinforcement (do not pet for reassurance)

NOTE: Consult a dog training professional for individual advice in specific cases.

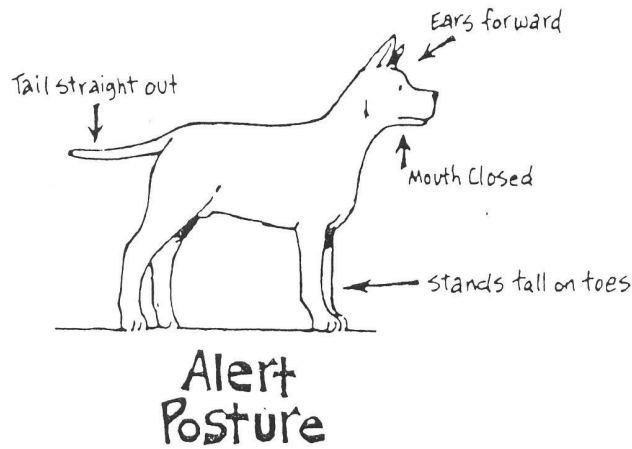
*What is normal is not necessarily acceptable!*

## Basic Postures

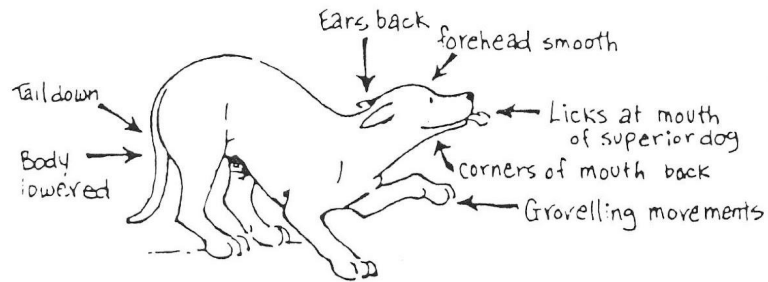
### Baseline posture



### Alert Posture

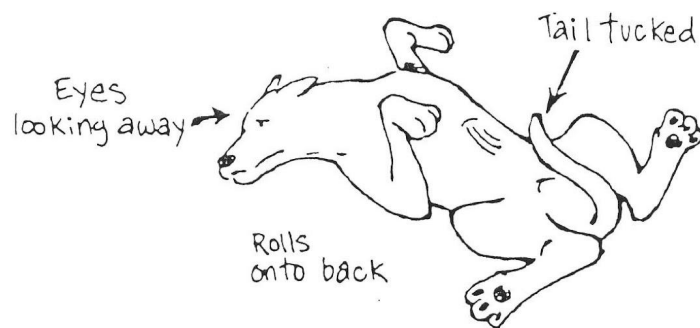


## Active Submission



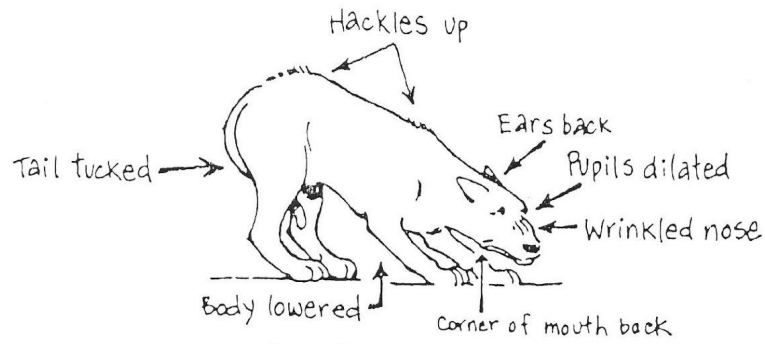
## Active Submission

## Passive Submission



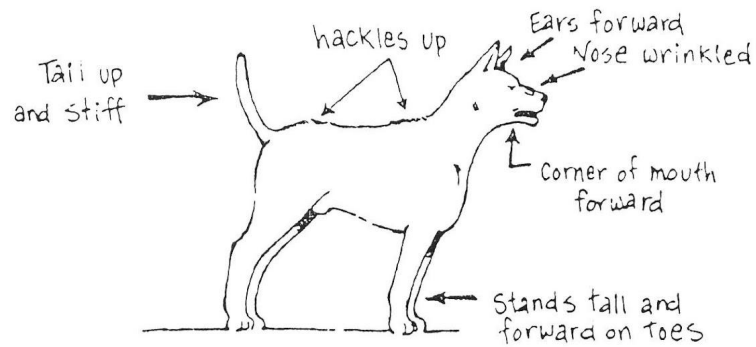
## Passive Submission

### Defensive Threat



### Defensive Threat Posture

### Offensive Threat



### offensive Threat Posture



## A Very Brief Lesson in Feline Socialization

Everyone wants a cat that can be petted by friends, that can be a part of the family life, that likes to play, but not every cat owner knows that there is much that can be done to encourage the development of an out-going, confident personality. Cats that are talked to, cuddled, and played with, are going to be affectionate, lap-sitting companions. Cats that are ignored and seldom handled become aloof and independent.

Cats, like all animals, use both their instinct and their intelligence. Biology shapes behaviour, instinct drives basic needs, and environment and early learning shape the final product. It's a combination of nature and nurture. Cats are territorial by nature ~ unlike dogs, cats have no instinctual need to cooperate in packs. Despite this independence, cats are social animals and are capable of close, loving relationships with their human friends. Genetics may have some influence on a cat's unique individuality, but we also know that nurturing can often overcome some of nature's flaws.

A typical cat is solitary and is most comfortable within its own territory. A typical pet therapy cat is social and adapts well to new surroundings, likes people and stays around when you have company over. They enjoy human contact and are quite willing to be held in any manner. They must be accepting of leash and harness although they are not required to 'walk on lead'.

Domestic cats rely on three main forms of communication - vocalization, body language and scent.

### Vocalization

Vocalization is the main way domestic cats communicate with humans. Their hissing, purring, meowing and snarling is an important part of their lives and the way they interact with others.

**Murmurs** - indicate contentment or friendliness

**Purring** - indicates either contentment or distress

**Meows** - indicate demands, begging, bewilderment, complaints

**Chattering** - indicates an expression or release of emotional tension

**Growls, Snarls, Spitting** - indicate a highly emotional state

## Body Language

Cats will avoid fighting when they can and they use a variety of body postures to signal their intentions.

**Calm** - the ears are set normally, the pupils are not dilated, the eyes may be half closed, the body is relaxed

**Alert** - the ears are in an oblique position, somewhat erect, the eyes are fully open

**Aggressive** - the ears are flattened to the head, the pupils are constricted, direct eye contact is maintained, the body is rigid, the tail swishes

**Frightened** - the back is arched, the body is turned sideways, the tail is bent into an upside down "U", the fur is bristled **or** the animal is crouched low, the tail is held close to the ground, and he is ready to strike

**Submission** - although cats do not have a posture of submission, the tail will tuck between the legs

## Scent

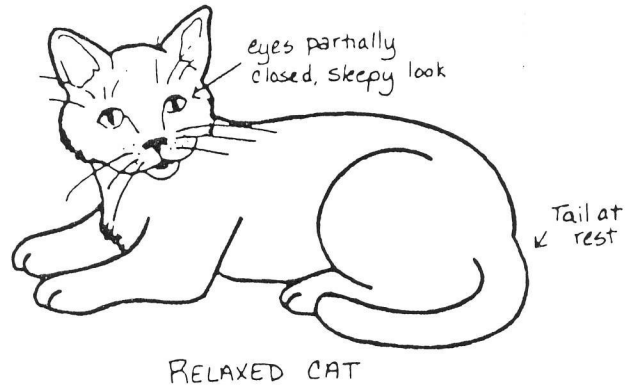
Cats identify friends and foe more by scent than by sight. They scent mark their territories by rubbing their scent glands against objects. Scent glands are located on several locations, including the sides of the cat's face, the upper lip, the gape of the mouth, the chin, around the eyes, the foot pads and the root of the tail. Scent glands on the underside of the paws leave the cat's personal marker on the scratched item and the scratches serve as visual markers as well. The least pleasant form of scent marking is spraying. Both unaltered males and females will spray urine to mark their territory.

**Note** - Spraying can also be a sign that a cat feels anxious or threatened. Cats thrive on security - if a cat is really upset, it may even deposit its droppings as scent marks.

The socialization period is the time in a young animal's life during which it forms relationships with others of its own species, or in the case of domesticated animals, with other species such as humans and livestock. This sensitive period in the young dog's life begins at around four weeks of age and continues for eight weeks until it is around twelve weeks old. In kittens, on the other hand, the socialization period starts earlier, at two weeks, and is shorter; it lasts only five weeks and finishes by the time the kitten is about seven weeks old.

## Examples of Cat Behavior

### Friendly Cat

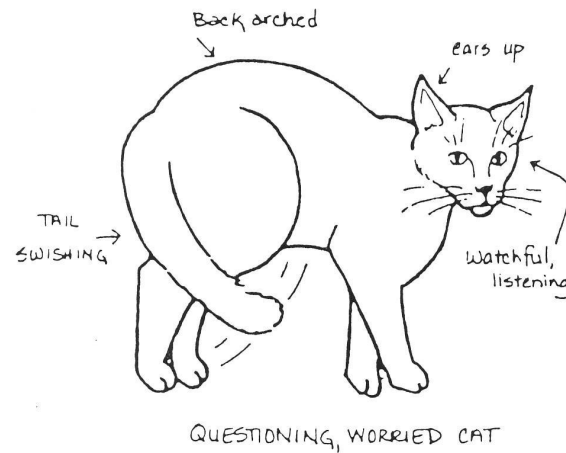


### Mad Cat





## Worried Cat



## Interpreting Reactions Based on Breed Types

The characteristics of breed types will influence how you interpret an animal's reactions. Cats with narrow faces and bodies tend to have higher energy levels than flat-faced, bulkier cats. The Russian Blue generally is a one-family cat, who dislikes cat shows and crowds of people. Cat breeds close to the Siamese, such as Tonkinese, Balinese, and Burmese, tend to be outgoing and affectionate. They can be too active for many programs, however. Breeds like the American Shorthair, Maine Coon, and Scottish Fold tend to be more sedentary and willing to sit in laps.

## II. PREPARING TO VISIT

### Know Your Companion Animal

Just as people are individuals with their own personal qualities and limitations, each of our companion animals have their own personality and will have different responses to different situations. This may be due to breed characteristics, training and experience or individual personality. It is important that you honestly assess your dog's personality to ensure his comfort and welfare as well as the confidence and safety of those you visit.

Some basic questions each handler should be able to answer about his or her companion animal are:

- Is your dog outgoing and friendly or is he more reserved and aloof?
- Will petting by a person with spastic movements spook him or will he be accepting of just about any attention?
- Does your companion animal respond more appropriately in a group setting or in one-to-one situations?
- Can he cope with a lot of noise and confusion?
- Does he become excitable around young children; would a setting with seniors suit him better?
- Does he find it hard to control his energy?
- What are your companion animal's signs that he is not feeling well?
- How does your companion animal show he is stressed?

How would you describe your companion animal?

calm	friendly	adaptable	moody
playful	aloof	energetic	nervous
trusting	outgoing	shy	excitable
agitated	'a big goof'	cuddly	affectionate
timid	gentle	confident	predictable
intuitive	hyper	sensitive	fearful
reserved	self-assured	difficult to manage	responsive
aggressive	protective	comical	submissive

It is important to recognize signs of stress in your companion animal especially while he is visiting. His work may be tiring and stressful and it is your job to be able to recognize when he needs a break. Some of the more common stressors of visiting include:

- unusual noises
- unfamiliar places
- confusing or inconsistent training or handling
- rough or unpredictable handling
- crowding by people or other animals (especially in elevators)
- people exhibiting inappropriate or unusual behaviours
- unusual smells
- unusual emotional reactions of the handler
- extreme temperatures (indoors or outdoors)
- different floor surfaces
- medical equipment such as wheelchairs, walkers, IV poles, etc)

**Some signs of stress in dogs include:**

- shaking
- panting
- dilated pupils and/or excessive blinking
- loss of appetite
- restlessness, agitation
- sweating through the pads of his feet
- 'accidents' (may be loose stool, submissive urination)
- avoiding eye contact
- whining, 'talking'
- shyness, reluctance to approach people
- sudden onset of excessive shedding
- indicating he is ready to leave, such as turning towards the exit when you are on the move
- moodiness

**Some signs of stress in cats include:**

- clinging
- dilated pupils
- restlessness, agitation
- listlessness, unusual passivity
- excessive shedding
- defensive vocalizations

What indicators or behaviours does your companion animal exhibit if he/she is stressed?

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Some remedies to relieve stress in your companion animal include:

- move to a quiet area where he will not be disturbed for a break
- have a drink of water
- go outside for an exercise break
- change of activity (i.e. do a obedience routine or trick)
- recognize it's time to say Good-bye and end the visit
- T-Touch (Tellington-Jones Touch)

What remedies might you try to relieve his/her stress?

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From a risk management perspective it is important to recognize when a companion animal is not well as it poses a health risk if infected with a transmittable illness. Some of the things to watch for are:

- skin rashes/problems
  - change in behaviour
  - change in eating habits
  - change in elimination – bowel movements are loose
  - urinating more frequently
  - ear odour, breath odour
  - vomiting
  - eye problems, infections
  - runny nose
  - extreme loss of hair

Note: females 'in season' will not participate in visitation. Females that are pregnant or nursing should not participate in visitation either. Let the facility know when this occurs and that you will be back after the season is finished.

## ZOONOSIS:

Health risks associated with contact with companion animals include bacterial and viral infections, parasitic infections, skin infections, parasites and allergies. Zoonosis is infectious diseases which are transmitted from vertebrate animals to human being under natural conditions spread by an infected animal or their feces. These infections occur worldwide and are associated with most species of animals.

While transmission of Zoonosis is relatively infrequent, it is important to be aware that the potential for transmission and to take steps to lessen the risk. We need to recognize the ways that Zoonosis are from animals to people (direct contact with the animals, contact with an infected animals, its feces or living environment, through a bite or scratch incident or through inhalation), the degree of risk and the steps to minimize the risks in our facilities.

The most common bacterial and viral infections are:

- Rabies
- Salmonella
- Streptococcal infections
- Girardi (beaver fever)
- Campylobacteriosis
- Leptospirosis

Parasitic Infections include:

- Toxocariasis
- Toxoplasmosis
- Hookworms, tapeworms
- Pinworms & roundworms

Skin Infections include:

- Ringworm
- Scabies

Parasites:

- Fleas
- Ticks
- Lice

Human & animal health experts agree that properly cared for animals should be allowed in facilities. The benefit of animal companionship far outweighs the risks. The transmission of diseases between humans and animals is relatively rare; however, it is important that we are aware that it can happen.

## **One of the most common health concerns are Allergies:**

The risk of allergic reaction can be affected by choice of animal and breed. For example, even individuals who have experienced sensitivity to animals in the past may not be affected by all species or even all breeds. Although cats are the most commonly reported cause of animal-related allergic reactions and people often identify an allergy to dogs, rats, guinea pigs, rabbits, mice, hamsters and gerbils may also trigger an allergic response in some people. Some people who report allergies to dogs may be less irritated by certain breeds. Some breeds like the Poodle, Soft-Coated Wheaten Terrier and the Bichon Frise are considered hypoallergenic and can often be tolerated by people with allergies to other breeds.

The allergic reaction that results in an irritation to the skin is probably less problematic than a reaction that affects the respiratory system. However, it is still important to recognize that there may be residents or clients who are not able to handle an animal or should take precautions to avoid unnecessary discomfort. Again, this risk of allergic reaction can be affected by choice of animal and breed. For example, Shar-Pei's can cause a skin rash in some people who have no other allergies.

The approach you and your facility will take to address concerns about allergies will depend on prevalence and nature of known allergies in your resident population and staff as well as the individual circumstance.

Some examples of ways to deal with known allergies include:

- limiting the area in which the animals are housed or in which an AAT/AAA or pet visitation program is conducted; ensure the area is well-ventilated. Some facilities have reported using a filter on the cold air return to reduce the spread of animal dander
- selecting a program/visiting area close to the exit to reduce animals in hallways, common areas - if possible, use an area that has its own door to the outside
- sweeping and damp mopping area following program/visiting to reduce allergens
- following handwashing protocol for resident following handling animals. This should be the general rule for all people who handle animals to prevent the spread of disease as well
- limiting exposure or not exposing residents/clients with known allergies to animals in AAT/AAA or pet visitation programs

There are things that responsible pet owners should do to help reduce the risk of transmission:

- have a regular vaccination and parasite prevention schedule
- try to avoid contact with wild animals
- clean up your animal's feces in public areas and your own yard so they have a clean area to use and are not encountering other animals' contaminated feces.
- check for fleas and other skin problems by running your hands through your dog's coat on a regular basis
- feed your companion animal 'fresh' nutritious pet food from clean dishes and have fresh water in a clean bowl available
- do not allow your companion animal to drink from the toilet.

## Health Status and Immunization

It is important that only healthy animals, free of parasites, infection and disease, are brought into a facility. For that reason, all therapy animals are required to undergo an annual medical and dental examination by a licensed veterinarian.

Current vaccine protocols are aimed at vaccinating pets less frequently and only for the most necessary diseases. Most veterinarians consider rabies, distemper, hepatitis, parainfluenza, parvovirus and coronavirus as the core vaccine series. The animal's veterinarian is in the best position to decide what other diagnostic tests and immunizations are appropriate.

Current rabies immunization and annual fecal tests are mandatory for all animals participating in Pet Therapy Society activities. A fecal test is a microscopic examination of the stool of a companion animal for intestinal parasites such as roundworm, tapeworms and hookworms. It is recommended twice a year for animals at higher risk or if working with clients at higher risk. If a veterinarian does not routinely encourage fecal testing, it should be explained that the companion animal participates in a pet therapy program and this is a recommended precaution.

Animals with skin problems such as fleas, lice, ear mites and mange should not be taken into a facility. If an animal is susceptible to hot spots, he or she can return to duty once the hot spot is dry. If a flea collar is used, it should be removed at least 24 hours prior to visiting.

Animals with chronic health problems should be carefully monitored, both for their own well-being and the well-being of residents. An animal with chronic arthritis might be able to visit a reduced number of people or could find it too stressful and need to be withdrawn from the program.

**ALL handlers MUST now be fully vaccinated for COVID. Before starting any programming with PeTS all handlers must provide proof of COVID full vaccinations. Board directive in 2022 until further notice.**

**Masks must be worn in all facilities and PeTS Centre will participating in any pet therapy activities. Board directive in 2022 until further notice.**

**A COVID fit for work questionnaire will be required to be filled out before any practicums or observed visits. Your team lead will have the forms with them for all of these visits.**



## INFECTION CONTROL:

It is essential that we practice good infection control as many of the people we visit will be frail and less able to fight sickness than us. Frequently what is a mild sickness for us could develop into something more serious and with complications in our residents/patients. Some of the things that you can do to help:

- Practice good personal hygiene yourself
- MASKS must be worn during any pet therapy visits.
- Learn (and practise) effective handwashing/hand sanitizing procedures.
- Do not visit if you suspect your animal is not well
- Stay home if you are sick or have had an sick immediate family member
- If during visiting you come in contact with someone's bodily fluid, you will need to remove your animal and clean up appropriately
- Wash or sanitize your hands when you enter and leave a facility, and between residents/patients rooms or if appropriate (i.e. if there is physical contact, working with residents/patients who are immune compromised)
- Do not take your companion animal in a room that has a precautionary sign
- In a facility you may see staff wearing gloves, gowns or masks. This is part of Universal Precaution procedures, which means that staff follow the procedures recommended for handling contagious or contaminated body fluids from infectious residents/patients as a precaution. This does not necessarily mean that there is anything contagious for you to catch. Remember that if a patient/residents room has **contact precaution signage** then you should **not** be entering their rooms/area. If you have concerns, please speak to your supervisor or the Volunteer Manager.

In facilities such as hospitals and nursing homes there may be times during the year when the units are under "restricted" status. Do not visit this unit until the "restricted" status has been removed. This is for the wellbeing of not only you and your companion animals but also that of the resident/patients.

Policies covering out of bounds areas for the presence of animals: These areas may include:

- Any area where food is stored, prepared, served or consumed in group settings (note: in some facilities, programs are routinely held in the dining room, if that is the case, animals must be not be present during the hours when the area is being used for meal preparation, serving or consumption)
- Any area where dishes or cooking/eating utensils are cleaned or stored
- Any area where linens are laundered or stored.(within reason)
- Any drug or sterile supply storage area
- Any ICU units
- Any isolation rooms

- Any operating rooms or recovery room areas
- Any neonatal nurseries
- Patient/resident bathrooms
- Immunosuppressed patients
- Contact Precautions Signage displayed
- (Credit to : Alberta Health Service Guidelines (Oct/15))

If you are working in any Alberta Health Service facilities the following infectious control policies are in effect:

- Hand Hygiene – all individuals (residents/patients, staff, visitor, etc.) that want to handle the companion animal **MUST** hand wash/hand sanitize) before and after handling the companion animal.
- Handlers must hand wash/sanitize their hands upon entering and leaving the facility and entering and leaving patient rooms.
- **Handlers MUST wear masks during any pet therapy visits.**
- Animals are permitted on beds or laps only with a barrier between the animal and the bed or lap. (I.e. soaker pads, blankets or disposable mat provided by the unit). A new barrier must be used for each individual resident/patient and resident/patient room.
- Handlers or companion animals are not permitted to be in contact with any medical equipment, wounds or dressings or bandages.
- No visitation will be permitted if resident/patient is eating or undergoing a medical procedure.
- No companion animals can visit any AHS facilities if the animal is being fed a “raw food diet” . This would also include pig ears, bully sticks, frozen raw bones. They will be excluded from visiting for a period of 90 days from the discontinuation of this feeding method. These guidelines are subject to change and PeTS is bound by them.
- In the future a Diet Declaration Form will need to be filled out and witnessed to work in AHS facilities. It has been decided by the Board of Directors that all animals being fed a Raw Food Diet must in writing indicate this to the facility in which the handler team may be working with the exception of AHS facilities which under no circumstances allows this method of feeding.

## PREVENTING ACCIDENTS AND INJURIES:

Most potential accidents or injuries can be prevented with a little preparation and forethought. Some general guidelines for safe human-animal interaction include:

- Only health screened and behaviour assessed companion animals can be used in Pet Therapy programs.
- If two or more animals are involved in a “team visit” (i.e. Stress busters, or hospital group visits). PeTS evaluators do not ENDORSE dogs greeting each other during a “group” visit.
- Never permit an animal to be left unattended with a patient/resident.
- Animals should never be tied to wheelchairs, walkers or furniture.
- Prong collars, head halters and flexi-leads should not be used (Prong collars, head halters and other training devices should not be necessary on a companion animals that is appropriate for a pet therapy program) Prong Collars also present a risk if a resident’s hand comes in contact with the prongs. A flexi-lead increase the handler’s distance from the dog, increasing the risk of accidents, as well, a flexi-lead can injure an animal or even a person if it is dropped or pulled from a handler’s hand.
- **NEVER** drop the leash of a companion animal during a visit. **Handler must be in control of their animal at ALL times.**
- Small animals such as cats or bunnies should be transported to facilities in a carrier. Once in the facility they can be walked around with the use of a body harness and leash. They should be presented to the resident/patient by putting a cloth/towel on the lap of the resident/patient.
- Handlers are not permitted to accept any monetary gifts from residents/patients. This includes any “gifts” of personal items that may be offered. A handler may instruct the patient/resident to on to our website [www.pettherapysociety.com](http://www.pettherapysociety.com) and make an online monetary donation.
- Animals should never be placed in a potentially dangerous situation or asked to engage in an activity that is deemed unsafe by its handler
- Multi-species visiting (having dogs, cats or bunnies) is not endorsed by the Pet Therapy Society as it may contribute to unpredictable behaviour in visiting animals and can be stressful to them. Although they may be well mannered, affectional companion animals, close contact with other species may cause instinctive behaviours that are inappropriate in a therapy visit.

## ANIMAL WELFARE:

Pet Therapy programs should also recognize some of the risks that companion animals may be exposed to and consider how to best protect their safety and welfare.

- Residents with unpredictable or aggressive behaviours should be identified so that you can take extra care to protect your companion animals from rough handling or injury.
- Upon entering a room (patient, resident or waiting room) have your companion animal sit (called a sit and scan) so that a careful visual check of the floor, resident/patient laps, table tops, etc. will ensure that no missed medication or food is accessible to a visiting companion animal.
- Ensure that all hazardous materials (cleaners, chemical, poisons, etc.) are not accessible – a good idea for a resident safety as well as that of a companion animal.
- Ensure that there is safe drinking water available (even if this means you carry your own water supply) and a safe place for potty breaks is known for companion animals while visiting. Remember a lot of your dogs have thick coats, and hospitals, schools and senior lodges tend to be very warm. Your companion animal can easily over heat. Watch for signs that the dog is overly warm.
- Do not permit or encourage the use of treats while visiting. Consider how best to handle treats and let your supervisor at the facility know BEFORE visiting begins. It is not a good idea to let anyone feed people food to companion animals working in hospitals or senior lodges as there is often human food around all the time and we don't want to confuse the animal - which is a treat and which is off limits. Best policy is to give your dog treats yourself and only after the visit is complete.
- It is your responsibility to watch the temperature. Be willing to modify or cancel your pet Therapy visit if the temperature is overly hot for your companion animal. Hot weather and overheating can affect an animals' personality making them irritable and more easily stressed.

## **FIRST IMPRESSIONS:**

The first thing that people will notice about you and your companion animals is your appearance. A well-groomed team will be appreciated. People will notice that you care about yourself and your dog and will feel more confident about your care for them.

### **Bathing:**

It is not necessary to bathe your pet every time you visit but it is essential that your companion animal is well brushed removing as much loose hair as possible. There should not be tangles, prickles or twigs in the coat. Ears should be cleaned, eyes should have all matter removed from the corners or on the face and toenails should be kept short and filed to remove any rough edges. If you do need to bathe your companion animal, try to use an odorless shampoo that washes out completely. It is suggested that you bathe your animal at least 24 hours in advance of any visiting due to some patients/resident being allergic to the shampoos or the scent. Make sure that the area under the tail and around the sheath is clean. You may wish to keep the hair short on the penis to prevent urine drops onto the patient/residents.

### **Nails and Paws:**

Nails can do a lot of damage to an elderly person's skin so it is important to keep them clipped and any sharp or rough edges filed. It is recommended that nails be clipped or filed a few days prior to your visit so that the edges are smooth. Paws must be clean and clipped of excess hair. This is to prevent the buildup of ice between the pads that will melt and be messy and unsafe on the floors of the facility that you are working at.

### **Eyes and Ears:**

Any debris or tearing marks in the corner of the eye should be removed and the ears should be free of odor. Consult your vet if there is an eye problem or an ear odor persists as this may be an indication of a health concern for your pet.

### **Mouth:**

If your animal tends to drool a lot, have a towel handy and wipe the lips before and during your visits. Your companion animal's breath should not be offensive. Cleaning your animal's teeth before visiting is a good idea; special toothpastes and brushes for pets are available from vets and/or pet stores. There are breath freshening sprays available also.

### **Collars, Leashes and Scarves:**

It is your responsibility to hold onto a leash at all times and have complete control over your companion animal. **NEVER EVER DROP A LEASH.** If you have to attend to something that requires you to not be able to hold the leash have someone else hold the leash. Let me stress this one more time. **NEVER EVER** drop a leash. You **MUST** be in control of your companion animal at all times! Your dog should wear a clean well-fitting break away collar, you should be able to put only 2 fingers between the collar and the neck of the animal. Nylon, cloth

or leather collars are recommended. Prong collars, choke chains or head halters and other training devices are not permitted. There are some individual cases where a body harness may be the most appropriate device for your companion animal. THE PET THERAPY SOCIETY DOES NOT ENDORSE THE USE OF TRAINING COLLARS/PRONG COLLARS WHILE VISITING DUE TO RISK OR INJURY TO THE RESIDENTS HANDLING YOUR DOG. Most facilities DO NOT allow them. Tags, bells or anything else that might “jingle” should be removed as the sound can be irritating or distracting to the residents.

Your dog’s leash should be nylon, cloth or leather and no more than 6” in length. Generally speaking the larger the dog the shorter the leash. Retractable, flexi-leads or chain leashes are not permitted. Again you must hold onto the leash at all times during your visit.

Your companion animal will be provided a PeTS logoed scarf as part of his/her uniform. Please ensure that it is clean before visiting. The scarf is the sole property of the Pet Therapy Society of Northern Alberta and as such it can be requested to be returned for inappropriate behaviour or when your current membership lapses.

You should have a PeTS name tag on while visiting. If the facility provides name tags or volunteer badges, follow the facility policies about their use. Any facility name tags are the property of the facility and must be returned when you are no longer a visiting team member. The PeTS name tags are again the sole property of PeTS and can be requested back at the discretion of the Board of Directors. All handlers will be required to wear the PeTS lanyard with a copy of their current membership card visible. Lanyards are the sole property of PeTS.

### **A Final Word:**

Don’t forget about your appearance as well. Your clothes should be neat, clean and comfortable. You want to present a professional image that inspires confidence in you and your companion animal. Not only will you feel better, but others will regard you as more competent. **REMEMBER, FIRST IMPRESSIONS ARE LASTING IMPRESSIONS!**

There are a few things to remember for safety sake:

- Always wear safe, comfortable footwear with non-slip sole. They must be closed toe.
- Keep jewellery to a minimum. Do not wear jewellery that could pose a safety risk to a patient/resident. No long dangling earrings, chains that could easily get caught on the animal if you had to bend over and nothing that could scratch or get fragile fingers caught. Please do not wear jewellery that could in any way interfere with your handling of your companion animal.

- Be cautious of your use of scents (perfume, cologne, scented lotions, etc.) many patients/residents are allergic or sensitive to scents. AHS/Covenant Health discourages the use of scents during your volunteering shift.
- Long hair should be tied back or fastened with a clip so that it does not fall forward and interfere with your visiting interactions.
- If you are a smoker, please refrain from smoking directly prior to a visit. Many patients/residents find the smell of smoke coming from a person to be offensive.
- Do not wear clothing that may be interrupted to be political or socially sensitive or that have offensive slogans or profanities. Do not wear clothing that is too revealing. (I.e. when you bend over to attend to your animal and the person in front of you can get a full view or trousers to low that when you squat down that you are revealing more than you wish to)
- Try to look at your volunteering at a facility like a job. You must arrive on time, ready to work, be neat and clean in appearance. You are our first line impressions of the Pet Therapy Society of Northern Alberta. Please be respectful.
- Please remember that our position in facilities is one of a volunteer and as such we do not in any way interfere with the staff duties with the patient/resident. It is not taken kindly to having a volunteer tell a staff member how to do their job.

## Be Prepared with a Different Kind of “Doggie Bag”

There are several things that you will want to take with you when you are visiting so you will need to have some sort of bag or carrier for them. You may wish to have a special one that your dog will recognize so that he will know when he is going ‘to work’. Make sure you can carry it easily and that it does not interfere with your ability to handle your companion animal.

Your “Doggie Bag” will be used to carry items that may be required during your visits. The bag should be suitable in size and accessibility as to not compromise your ability to manage your companion animal.

Your bag should contain the following items and will be checked at each of your practicums with a Team Lead

- o A water dish and water if not available at the facility you are visiting at
- o Treats if permitted (please use very discretely)
- o Plastic “poop” bags - as it is your responsibility to clean up after your animal on its potty breaks.
- o A list of people that you may be visiting. Pen and a small pad of paper to make notes
- o Towel or paper towels to wipe up any drool from your dog or if it splashes while drinking or for wiping wet/dirty paws.
- o Lint brush or roller brush to offer patients/residents/staff for shedding dogs or cats.
- o An extra leash/collar in case a patient will not let go of the leash/collar that the companion animal is wearing. This way you can clip on a new collar/leash and release the existing collar/leash and leave behind if required.
- o Hand sanitizer if required and an extra in case you run out while the visit is ongoing.
- o An incident report form
- o Post cards of your animal (totally optional) but the residents/patients love getting them

Make sure that you do not overfill your Doggie Bag as it can get heavy walking around for an average hour long visit.

**NOTE:** Your doggie bag will be checked on your first practicum visit and will be expected to be brought on every visit thereafter. You are expected to have your doggie bag with you on the PEP weekend and will be checked as part of the evaluation.



sliding  
doors  
gurneys

odours

food  
carts  
elevators

walkers

wheelchairs

over-bed  
tables

# Environmental Factors

Urinary drainage and oxygen  
Spastic  
movements  
yelling  
fire bells

### III. COMMUNICATIONS

#### Client Profile

The people you visit will be unique individuals each with his or her own personality, his or her own life experiences and his or her own 'life story'. The most interesting part of them is who they are, not what illness or disability they have. However, there are some common conditions that you may encounter on your visits and you may wish to prepare yourself with some information.

The people you visit might have a variety of health concerns and care requirements due to disability or impairment. Although you are always encouraged to see the person first and the disability second, it might be necessary to adapt your visit to address special considerations due to their impairment.

A **mobility impairment** results in a person not being able to move about independently. They may be aided by a device such as a walker or a wheelchair or they may be dependent on others for movement.

A **sensory impairment** such as sight or hearing changes how a person perceives the world. To interact effectively with a person with a sensory impairment you may need to customize your visit to accommodate the individual.

A person with a **cognitively impairment** is disoriented or confused. The long-term memory may be intact resulting in the person recalling details of 40 years ago but unable to remember what they had for breakfast or recognize family members.

A person with a **psychiatric condition** may not interpret his or her environment accurately. For instance, a person may have *hallucinations* where they see or hear things that are not there; or they may have *delusions* where they believe something that is not true.

## What Do We Want to Communicate?

Communication is the exchange of ideas, thoughts and feelings. When visiting with someone, this occurs primarily through speech and body language. The goals of your visit might include offering caring support and comfort, providing opportunities for pleasurable experience, joy, a sense of peace, and friendship. **Your focus is upon contributing to the well-being of the person you are visiting.** The attitude behind this is one of respect for the person as an individual, a positive view toward them, an interest in the person and a desire to be helpful.

A positive attitude, focused attention and some specific observation, listening and speaking skills are helpful in making visits effective and enjoyable. Preparation in advance of visiting might include the following aspects:

- using proper terminology in relation to a person with a disability communicates respect and sensitivity (e.g. a person who uses a wheelchair rather than wheelchair-bound, stroke survivor rather than stroke victim). *For more information about proper terminology, see also 'Terms and Definitions' in the Resources section of this manual, check with local support groups specific to the disability a person has or refer to the Community Connections Directory.*
- a working knowledge of the physical and psychological implications of the person's illness or condition allows you to adjust your methods of communication accordingly (e.g., are there impairments to the person's perception of reality, hearing, speech, vision, sense of touch?)
- little things can mean a lot – your personal grooming, presentation and positive attitude contribute greatly to the success of your visit.

## Using Communication Skills

To respond appropriately and effectively to your client and his or her concerns, you must pay attention and listen to what they have to say. This requires careful attention to the client's verbal and non-verbal (body language) messages, as well as your own thoughts, feeling and behaviours. It is often helpful to consider how these features might interact and influence the visiting process.

Non-verbal messages come through in the form of facial expression, body motions and orientation, voice quality, and autonomic physiological responses such as the rate of breathing, blushing or paleness, or even sudden temporary skin rash.

Skill in reading non-verbal messages can be developed with practice. Observe and think about the meaning of:

- various postures, movements and gestures (slouching, arms crossed, head turned away or downward);
- smiles, frowns, raised eyebrows, pursed lips;
- voice tone, pitch, level intensity;
- inflections in speech, spacing of words, emphases, pauses, silences and fluency;
- physiological responses such as quickened breathing, the appearance of a temporary rash, blushing, pallor, pupil dilation; and
- differences between what is said verbally and the non-verbal message

Attending or listening seem to be concepts that are so simple to grasp and easy to do, that they might not appear at first thought to merit discussion. However, really listening and attending to the person you are visiting requires concerted effort and skill. Have you ever said, felt or heard someone say “You’re not listening to what I am saying”? The response of the other person might be something like “Yes, I am. I can repeat every word you said.” Why is it that this reply brings little comfort? It is likely that what you might have been looking for is a sense that the person was fully there, as demonstrated by their active attention and possibly psychological or emotional involvement in your conversation.

Some factors that can interfere with your ability to listen include:

- if you feel tired or ill – there might be a tendency to ‘tune out’;
- if you have worries or concerns on your mind – these might distract you from really hearing the person you are visiting;
- over-eagerness – you might feel so eager to respond that you only listen to part of what the person is saying;
- similarity of problems – the problems the person is talking about might be like something you or someone you know has experienced. In this situation, as the person talks, your mind might wander to ways in which what is being said applies to other situations;
- prejudice – you might consciously or not ‘pigeonhole’ the person because of their race, sexual orientation, nationality, social status, religious affiliation, political preference, lifestyle or something someone else said about the person; and
- differences – the person and his or her experiences could be very different from your own. Lack of commonalities can be very distracting.

Continuous self-monitoring in regard to these factors will help you identify any areas of difficulty. If it is not feasible to overcome a particular barrier (e.g. you

are ill; you cannot relate to the person because of differences in experience, etc.) it might be better to withdraw for a time or not see a particular client.

Some guidelines for listening/attending skills which might be helpful:

- Face the client squarely, adopt a posture which indicates involvement – it says I am available to you; never approach a patient/resident from behind, always approach where they can clearly see you and your companion animal.
- Adopt an open posture – crossed arms or legs suggest decreased involvement and availability. Open posture gives the idea that you are open to the person and what he or she has to say and that you are non-defensive;
- At times, lean toward the person – visualize two people engaged in conversation; very often they are both leaning forward slightly as a natural sign of involvement. Leaning back or in its most severe form, slouching, communicates you are not with the person and are bored. Leaning too far forward, of course, can be frightening to the person you are visiting. You want to lean forward to the degree that is natural and helps you to communicate flexibility and responsiveness;
- Maintain good eye contact – looking away from the person frequently might indicate reluctance to be with or get involved with them or even that you feel uncomfortable with them;
- Relax – being fidgety suggests a lack of attention or discomfort. Instead, relax and use your body language as a vehicle of contact and expression. Your awareness and use of postures and behaviours should facilitate the communication process.

*It should be noted that these postures and the body language suggested above are generally accepted North American standards. This varies from culture to culture. To maximize the comfort level of your clients, you might want to modify your posture and body language somewhat depending on what might be appropriate for a particular client (e.g. maintaining eye contact is not acceptable in some cultures).*

**The Visit:**

Although each visit should be a whole and move easily from one part to another, we will examine individually the four components that make up the visit. The Approach; The Actual Visit; The Closure and the Post Visit

**The Approach:**

- Approach should be done from the front “head on” and slowly. Never approach a patient/resident from behind as it may startle them. Depending on where you might be doing a visit, there may be many of your patients or residents that have decreased visibility and other impairments from hearing loss to mental health issues. As you walk forward, have your companion animal close beside you.
- Start out with an opening statement such as “do you like dogs or cats” (whichever you are visiting with). Wait for the patient or residents response. If they said yes ask if they would like to visit with your animal. If they say no or that they are allergic move on quickly. Don’t take comments made by patients/resident personally. Many elderly patients/residents may not be accustomed to having animals inside a hospital or long term care facility. Once you approach with your companion animal watch for eye contact between the patient/resident and yourself or companion animal to gauge acknowledgement and acceptance.
- Introduce your pet confidentially conveying reassurance and encouragement to your patient/resident.
- If the patient/resident doesn’t reach out to pet your companion animal, ask them if they would like to. Always listen to how they respond. If there is any resistance simply finish off a quick visit and move on away from the patient. Sometimes although a patient/resident would like to pet an animal they feel intimidated or change their mind.
- Try not to tower over a patient/resident. Don’t be afraid to sit down next to them and position your companion animal within an easy petting distance. If they are in a wheelchair ensure that the brakes are on and crouch down beside them so that they are able to pet the animal easily.
- If the patient/resident is confined to a bed bring a chair closer and put a barrier down and let the animal up onto to the chair so that the patient is able to see and touch easily. If your pet is small you may want to place the animal on a barrier on the bed. Always check with the nursing staff before putting the animals on a bed.

**During the Visit:**

- Speak clearly, keeping questions and instructions short and simple. Avoid giving multiple choices as this can become confusing.
- If a patient you are visiting with appears to be hearing impaired and there is family close by ask them to interpret for you.
- If a patient becomes confused or distracted try asking them questions to bring their focus back to the visit and companion animal

- If a patient gets you confused for a family member or friend say something like “I am a volunteer, do I remind you of your family, friend.....”
- You don’t always need to talk. Follow the patients lead as they may be just as happy to pet the animal without conversation.
- If someone is touching your animal in an inappropriate way or is being too rough in their petting, try getting your arm under theirs and slow the petting down. If this doesn’t work then simply remove your animal from the situation.
- You are always your animals advocate. If a resident/patient becomes too rough or aggressive with your animal, you need to judge and be ready to block by getting in front of the animal and between the patient/resident.
- In the event that a patient/resident grabs your animals collar and refuses to release your animal quickly release the breakaway collar to free the animal and grab your second collar leash set and put it on them. If need be, the medical personnel can retrieve your animals collar and leash at a later date.
- During a visit, please use treats discretely and always under your control and best at the end of the visit. In many facilities staff and patients alike like to treat your animal. PeTS does not endorse this activity. Dogs in particular learn very quickly where they are getting treats and become fixated on visiting only with the person with the treats.
- Watch for signs in patients/residents that want to end a visit. They might find having a long visit tiring.
- When visiting especially in group settings such as waiting rooms, airport gates, or post-secondary schools keep conversations light and about the dog. Do not get into conversations over politics, religion, sex and surprisingly Sports teams. Few things can get a room of strangers to have a disagreement faster than opposing political opinions or a losing sports team.

### ● **The Closure:**

- Proper closure is important. Never make promises such as “I’ll see you next Thursday” unless you fully intend to be there next Thursday. Surprisingly many patients/residents wait for your visit and become disappointed or worried about the animal is injured or sick, when you don’t visit as promised.
- Keep your closure brief, friendly and non-committal. It is important to acknowledge the person who appears unresponsive or unaware the same respect of closure as you would like to be treated.
- Always let the facility in which you are visiting know if you cannot visit due to illness of you or your animal, vacation, really any reason why you cannot meet your commitment to them. Many facilities need at least a one year commitment from you.
- If you find that your animal is stressed or his/her safety is at risk, end the visit. You can simply tell a patient/resident that “my animals needs to go to the bathroom” or simply indicate we have “other patients to visit”.



## Post-visit

- Praise your companion animal for a job well done. Give them a treats and snuggles showing them that you are very pleased with their hard work.
- Recognize their needs. They probably need to relieve themselves. They will be tired and need some quiet time to themselves. Offer a cold drink as most facilities are very hot and it is thirsty work. It is not unusual to have a companion animal spend the rest of the day relaxing or sleeping after visiting.

### **Tips for Group Visits or Stress Busters:**

- Although group visits are not as personal as one on one visit they offer a greater number of residents/patients the opportunity to enjoy time with your companion animal and to socialize with other patients in the facility.
- At an airport gate, an animal visit will often have the effect of travellers talking to each other that would normally not. It relieves stress for many anxious flyers.
- When you are in a group visit with multiple animals present make sure that enough space is given so that all the people that want to visit have the opportunity to do so without crowding the animals. This is a visit for the clients not for it to become a social for the handlers.
- Stress busters are exactly as named. This is a pet visit with people during or after a stressful time. Can be at exam time for high school seniors or for first responders. This is a time for us to focus on the client for the best possible visit that we are able to give.

## IV. WRAP UP

### Making a Commitment

One of the most common concerns expressed about volunteers is their unreliability. Unfortunately, this complaint does have considerable factual basis. Many volunteers do fail to keep their commitments especially if they have not understood what commitment is expected.

Before you commit yourself to any type of volunteer service, you should carefully consider all that is involved. Changing your mind later often has widespread impact.

#### Before making a commitment please consider:

- The assignment description. Make sure you clearly understand what is expected of you.
- Your values, ethics and goals. These should not conflict with those of the organization you will be working with.
- Your contribution – will it be meaningful to you?
- Your objectives – will they be met?
- Home and business commitments. You should also consider if and how these are liable to change in the future.
- Travel time and method.
- Your available time. Don't over commit yourself!
- Potential costs. Find out what these are liable to be.
- What provisions can be made if there is a need to change or alter the commitment.

*“He who is slowest in making  
a promise is most faithful in  
its performance.”*

*...Jean Jacques Rousseau*

## Know Yourself

Take some time to look at yourself. What are your skills and interests? What are your limitations? What is your comfort level? Be honest – it will help you choose the best kind of pet therapy program for you.

It is important that you feel positive about your time spent at the facility and comfortable with the people that you are amongst. For this reason you need to consider the following:

- the type of facility and the type of resident
- your personality and preferences
- are you more comfortable in a group setting or in a one-on-one situation?
- do you feel comfortable being around people with cognitive impairment, people who have hearing loss, people who have mobility impairment, psychiatric concerns?
- how much time do you have to commit?
- available transportation
- what people skills do you have?

## Settings for Pet Therapy

Pet therapy is especially beneficial for people in facilities and programs in our community. Here is a brief description of several types of facilities and programs visited by Pet Therapy Society of Northern Alberta:

### **Hospital/Community Health Centre**

- Hospital/Community Health Centres provide medical, nursing and rehabilitative care to patients with medical needs, usually for short term stays. Hospitals tend to be busy places and have to work around the schedules of the medical procedures. Visiting here may be more structured than in other settings.

### **Rehabilitation Centre**

- The patients in a Rehabilitation Centre are there to receive therapy, usually during the day. Rehabilitation centres tend to be very busy at this time as patients move to and from appointments. Usually visiting is best scheduled evenings and weekends.

### **Continuing Care Centre**

- Residents in a Continuing Care Centre are usually the more frail elderly although there are younger people who are unable to care for themselves as well. Their stays are generally long-term as this may be their home for the rest of their lives. These setting are usually quiet, slow-paced and offer some organized activities.

### **Seniors' Residence/Lodge**

- The residents in a Seniors' Residence or Lodge are generally well and less frail than those in a continuing care centre. There may be varying degrees of activities available to the residents.

### **Day Program**

- Many seniors benefit by participating in day programs. Day programs can reduce the risk of social isolation for seniors in the community and can prevent or delay moving to an institution.

### **Hospice**

- A Hospice provides care for the terminally ill with a focus on relief of symptoms rather than cure. Physical, emotional and spiritual support is provided to dying persons and their loved ones.

**Special Care Unit**

- Some facilities offer a specialized program for residents who are cognitively impaired or have Alzheimer's. These units may be secure (locked) to allow the residents maximum freedom while still protecting them from wandering.

**Others**

As well as healthcare settings, the Pet Therapy Society of Northern Alberta also has the opportunity to take our programs into other environments (These are often done in a stress buster environment)

- Vocational Centre – Animal-assisted activity programs provide educational and mental stimulation to clients with intellectual disabilities;
- Residential Treatment Facilities – Pet Therapy Society volunteers have been involved in working with children and youth with emotional and behavioural problems;
- University of Alberta – A special program for students experiencing the stresses of university life, often far from family and pets, provides a stress-break with a friendly companion animal and handler;
- Corrections – Incorporating companion animals into their rehabilitative leisure programming has been considered by the Young Offenders Centre and the Edmonton Institution for Women; and
- Schools

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## Know your facility

- Visiting will go smoother and be more relaxed if you know your facility. Knowing their expectations of you, the physical layout of the building, important policies that may affect your visits will enable you to be more comfortable and more effective when you visit.
- Each new team will have a Team Lead to help them along during their first year of visiting. The team lead will be one that you have decided you worked best with you and your dog. You can contact them to ask for them to mentor you for the year. This correspondence can happen by email or phone, whichever both parties are comfortable with. A list of team leads will be given to you once you have passed your PEP weekend. They will be the ones that you do your practicums with.
- The following is a list of you to “check out” before visiting in a facility:  
**Assignment Description:**
- what is expected of me? What kind of visiting will I be doing? How many people will I be visiting and how long am I expected to spend with each one?  
**Client Profile:**
- what kind of clients will I be visiting? Do any of the clients have behaviour concerns or are any of behaviour modification programs? Do any of the clients have unpredictable or aggressive behaviour? What time do people go to bed if I am visiting in the evening? What do I do if the person I am going to visit is sleeping? We are given very little information often we know nothing about the patient due to the Privacy of Information Act.

### Physical Building and Facility:

- Where do I sign in and out? In what areas should my visits take place? What areas are off limits to me and my companion animal? Where do I leave my coat and purse? Where do I park? Is there a charge for parking? Where are the public washrooms, can I take my companion animal with me if I need to? If not what do I do with him/her?

### Support/Supervision:

- Who will introduce me to my clients? Will anyone come with me for my first few visits? Who is my supervisor? How will I keep in touch with him/her? Are staffing supportive of pets visiting in the facility. (Some staff may not be comfortable having pets visit but are afraid to say anything for fear of losing their jobs)

### Risk Management/Animal Welfare

- Is my animal allowed on the beds and furniture? If so, do I need to put a towel under him? What procedure should I follow in case of a fire drill or evacuation drill? Where can I exercise my companion animal before or during visiting? Is there are garbage can there; if not, how should I dispose of the waste? What do I do if my companion animal has a housebreaking accident in the facility? What do I do if a resident/patient is scratched or injured by my companion animal during a visit?

## Confidentiality

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- Confidentiality is a primary concern of the facilities that you will visit. Patients/Residents need to feel that they are in an emotionally safe environment where their privacy is respected. Some facilities will expect you to sign a Confidentiality Agreement while others will trust that you are aware of the need for confidentiality and not discuss details about the patients/residents with other people.
- There may be time when you will need to use your own judgment about whether to give information to a relevant staff person. You may feel you wish to share information that may affect your clients health, wellbeing or safety. Or, you may have been in a situation in which you or your companion animal felt uncomfortable or threatened either physically or verbally. In these cases, you need to let a staff member know.
- Occasionally you may see a client in public. If the client recognizes you and initiates the contact, it is OK to speak with them, otherwise you should not approach them.
- When sharing your experiences with other people in the same work, be careful not to mention the clients name and to be as general as possible. Specific information may make it possible for others to identify your client.
- You are **not** permitted to take photographs of patients/residents with your own cell phone or camera. You are permitted to take a photo with their camera or cell phone of the companion animal. You are never!!! Allowed to take pictures of children without the parent's written permission. It is best not to carry your cell phone with you while you are visiting.

## PROTECTION OF PERSON IN CARE ACT

*The Protection of Person in Care Act* (July 1, 2010) is legislation that makes it mandatory to report any suspicion of abuse of an adult in a provincially funded care facility. This will include the following:

- 1) Nursing home
- 2) Approved hospital
- 3) Facility under the Mental Health Act
- 4) A social care facility as defined as a shelter, hostel or group home such as a women's shelter or youth shelter
- 5) A supportive living accommodation as licensed under the "Supportive Living Accommodation and Licensing Act"
- 6) Day programs funded by AHS including addictions and mental health treatment and rehab centres.

There is protection under this act so that no agency can take retaliatory action against the person who issues a complaint.

Abuse is described as intentionally doing any of the following:

- 1) Causing bodily harm by actions such as hitting, slapping, kicking, pushing, burning, striking or any inappropriate force used to restrict a client's movement.
- 2) Causing emotional harms by such actions as threatening, humiliating, harassing, coercing, ridiculing, yelling, swearing or isolating from regular activities or social contact or preventing access to adaptive aids used by the client.
- 3) Results in the administration, withholding or prescribing of medication for an inappropriate purpose causing serious bodily harm
- 4) Subject an individual to non-consensual sexual contact, activity or behaviors.
- 5) Involves misappropriating or improperly or illegally converting a significant amount of money or other valuable possessions.
- 6) Results in failing to provide adequate nutrition, adequate medical attention or another necessity of life without valid consent, resulting in serious bodily harm.

Please refer to "A Guide to Understanding the Protection for Persons in Care Act"

[www.health.alberta.ca/document/PPC-understand-PPCA.pdf](http://www.health.alberta.ca/document/PPC-understand-PPCA.pdf)



## STANDARDS OF PRACTICE

**Volunteers and facilities have responsibilities to each other, to the visiting companion animals and to those being visited.**

- Volunteers will ensure visiting companion animals are clean, well-groomed and in good health with immunization up to date.
- Volunteers will not place visiting companion animals in a situation that could endanger the animal or the person being visited.
- Volunteers will observe and abide by the policies and procedures of the facility visited.
- Volunteers will respect the confidentiality of the persons visited.
- Volunteers will present themselves in a professional manner.
  
- Facilities will recognize the value of a pet therapy program by committing the necessary resources (human, financial, etc.) to support it.
- Facilities will provide volunteers with an orientation to the facility prior to visiting.
- Facilities will ensure appropriate residents/clients for visitation are identified.
- Facilities will ensure that the welfare of the companion animal is considered by providing a safe exercise area, access to water, etc.
- Facilities will ensure that an individual is responsible for the pet therapy program and is available to provide support to the volunteers including those who volunteer outside of regular hours.
- Facilities will share appropriate information regarding residents/clients with volunteers.
- Facilities will ensure that the commitment to and information about the pet therapy program is shared with all staff involved (unit, rehabilitation, housekeeping, etc.).

## CODE OF ETHICS

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- Volunteers will fulfill their commitment to the Pet Therapy Society and to their assignment to facilities, programs, etc. in the community to the best of their ability.
- Volunteers will not accept remuneration for their visits. Volunteers may provide information about the Pet Therapy Society to individuals, families or groups interested in making a donation to the Society.
- Volunteers will refrain from the use of alcohol and/or recreational drugs the day of the visit.
- Volunteers will not use 'therapy animal' status to gain access to areas or special treatment designated for 'service animals.' This includes access to public buildings and flying on commercial airlines.
- Only companion animals who are active in animal-assisted therapy or activities are to be represented as a 'therapy animals.' Only companion animals who have not served as therapy animals for a minimum of one year are to be considered as 'retired therapy animals.'
- Completion of the Pet Therapy Society's Pet Education Program does not imply that a companion animal is a 'therapy animal.' Completion of the Pet Education Program does not entitle an individual to use a 'therapy animal' designation in advertising for breeding purposes or promotion of an individual animal, breed or kennel.

## Document & Evaluating your Visit

If you are a registered volunteer making regular visits to a facility, you will likely be asked to record your time spent for statistical and grant purposes by the facility. The method of recording, whether it be by volunteer log book (sign in), a system of time cards or by logging in on a computer, should be covered in your orientation to the facility. Most of the larger facilities will have a facilitator from PeTS that will be able to help you in this process. In smaller facilities that have less than 3 teams, you will have a volunteer co-ordinator from the facility that you will be able to discuss any concerns that you may have. In the smaller facilities there is often no formal orientation but a walk through with the individual that you report to.

It is very rare that you will be asked to document patient visits, but if you are asked to do so, remember that anything you write must be kept in the strictest of confidence. Fill in your report and hand in to your facility supervisor. Never leave any personal information regarding patients lying around where others may see it.

All teams must remember to document and report any incidents (even the ones you think are minor) that may happen during your visit. A minor scratch on an elderly person skin can easily turn into a raging infection. One copy of the incident report must be sent to [info@pettherapysociety.com](mailto:info@pettherapysociety.com) to keep as a permanent record of the incident. Even if the facility has its own reporting system for incident PeTS requires their own forms used. (This should be in everyone's doggie bag). Follow the instructions on the incident report form and fill it out as soon as possible after an incident (within 48 hours of the incident). Depending on the seriousness of the incident once you have advised the board (through the info@ email) you will be advised as to whether you should terminate your visits until after the incident has been investigated by the Board of Directors and it grants permission for you and your companion animal to resume visitations.

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## Self-Care

No matter how enjoyable and rewarding your visits may be, it is still “work”. If you have decided to visit in long term or nursing care facilities, it can be distressing to see your favorite patient/resident condition deteriorate and he/she become less responsive as time goes by. Unfortunately most of the patients/resident that you visit in these facilities will not be improving in spite of the professional expertise of the facility staff and your caring concern. Your visits may become more of an obligation and less of your “joyful experience”. It is ok to be friendly with residents but do not become friends. Visiting will become difficult for teams that become emotional vested in all of their patients/residents. Remember you are there to add to their comfort by visiting.

The death of a resident or several deaths over a short period of time by be overwhelming as a handler team. Although you cannot be totally prepared to handle such a loss, seasoned volunteers and healthcare professionals often feel a strong personal belief and external support can be useful in dealing with loss and grief. You can talk to your team lead for support during this difficult time and s/he may have some input as how to move forward.

Identify and use your other support systems. What kind of support can you count on from your supervisor and staff at the facility in which you volunteer? Family support is always something to appreciate but what about connecting with other volunteers who may share your feelings or concerns. Your team leads are always there to listen to your concerns and help you through dealing with this especially during the early times of visiting. Make sure that you take care to not take on all of the burdens of losing patients/residents without engaging your support network.

An important part of self-care is setting limits and saying “no”. “NO” is an answer and you do not necessarily have to elaborate or give excuses. Do not take on more residents/patients or more visits if you feel you have all that you can handle. Most of us find it difficult or feel guilty if we must turn down a request but you must do what is right for you and your companion animal.

Another practical and often difficult strategy in self-care is “taking a break”. A significant loss, increased responsibility in your personal or work life of any other factor may mean that you need to be absent from visiting for a while. Although you may enjoy your pet therapy work and feel it is important and meaningful, a short respite may be needed so that you may return to your commitment energized and refreshed. If you stop visiting for more than 6 months, PeTS requires that you and your companion animal take a short refresher course such as the minimum CGM testing. After 12 months of no visitation a companion animal is considered “retired” and if you want to resume visiting you would have to go through the entire recertification process.

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### **When you are unable to visit anymore:**

If the time comes when you are unable to visit anymore, whether the person has been taken off your list or you are resigning, make the effort to tell your patients/residents that you will not be coming again. It may not be necessary to give them a reason, just let them know that you have enjoyed meeting them but you will not be coming to see them anymore. This will let them know that you value them and respect them as a person with feelings.

If you are unable to visit for a time because of sickness or other reasons and cannot let your patients/residents know beforehand, ask the relevant staff at your facility to inform them.

### **When you pet can no longer visit:**

Your companion animal may be finding visits have become too stressful for any number of reasons, - aging, sickness, sore bones, hearing or vision loss, etc. In this case, it is important to let your residents/ patients know and be honest with them. You may tell them that he/she is old and his arthritis is too painful for her/him to continue to work. If you and your animal have a relationship with a client, the client will appreciate knowing and will understand.

The death of a companion animal and friend is very traumatic and we all deal with it differently. You will need to decide how to let you clients and your facility know what has happened. Staff at your facility can be very helpful in determining the most appropriate way to tell your clients that you will no longer be visiting. Maybe you would like to tell your residents/patients yourself or maybe you want the staff too you decide the best way to handle this.

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## Troubleshooting – What if...?

There are many situations that we may face as Pet Therapy Visitors. We have thought of some but there are going to be many more you will encounter in your volunteer career. Often there is no right or wrong way to deal with them. Each facility has different expectations and each team member is individual so reactions will vary. We can give you very few definitive answers but discussing possible scenarios and possible responses will help prepare you for some of the situations you may encounter.

- a person refuses to let others interact with or pet your companion animal
- a person won't let go of the leash
- a person is afraid of your companion animal
- your companion animal is misbehaving
- a person is teasing your animal
- you hear the food cart coming
- several people are calling your animal at the same time
- you find yourself in a room with an aggressive resident
- the person already has visitors
- your dog has a housebreaking accident
- your dog does not get along with another dog that is visiting at the same time
- you come across a cat/rabbit//ferret/guinea pig
- your companion animal has injured a person you are visiting
- another person is telling you to "get that animal out of here!"
- staff question your presence
- your pet is being squeezed too hard
- a person won't let go of your companion animal
- a resident falls
- a person gives you money to buy something for your dog
- your companion animal is not comfortable with a person
- a staff member wants to take your companion animal down the hall to a resident's room
- the fire alarm rings while you are in a resident's room
- a resident feeds your companion animal candy or chocolate

## V. Resources

**Terms to help you.** Adopted from, *What's in a name?* 1990, December. *CONNECTIONS*, Information Newsletter of Bridge Ministries for disability Concerns, Kirkland, WA

<b>Inappropriate Terms</b>	<b>Appropriate Terms</b>
Disabled person	Person with a disability
Disabled victim, unfortunate victim, poor, pitiful, abnormal, deformed, invalid	Person who has mental or physical disabilities
Wheelchair bound, restricted to a wheelchair, or wheelchair victim	Person who has mobility impairment, or a person who uses a wheelchair
Quad, quadriplegic, paraplegic	Person with quadriplegia, paraplegia, person who is paralyzed, or person who uses a wheelchair
Cripple, gimp	Person who uses crutches or cane
Victim of, suffers from, afflicted with, stricken with	Person who has, person who experienced, person with
Invalid, victim, afflicted with	Person who has a disability resulting from or caused by
Stroke victim, suffered from a stroke	Person with a stroke characteristic, person who has had a stroke
Birth defect	Person with a congenital disability
Mental deviant, crazy, mentally deranged, insane, nut, former mental patient, wacko, one brick short of a load	Person with mental illness or disability, Psychiatric disability
Brain damaged	Person with brain injury
Traumatically brain injured victim	Person with traumatic brain injury
Closed-head injured victim	Person with a closed-head injury
The arthritic	Person with arthritis
The epileptic	Person who has epilepsy
Deaf mute, deaf and dumb	Person who is deaf, hearing-impaired, hard of hearing, has partial hearing loss
Mute	Person who has a speech disorder, a person without speech, or a person with a speech impairment
Midget, dwarf, little person	Person of short stature. Person who is vertically challenged.
Blink, blur, bluff, squint, or hard of seeing	Person who is blind, vision-impaired, has partial vision, or loss of vision
Mongoloid	Person with Down's Syndrome
Palsied or spastic	Person with Cerebral Palsy
Retard, lazy, stupid	Person with learning disabilities
Drunk, addict, crack head, junkie, alcoholic	Person with chemical or alcohol dependency
Retard, moron, feeble-minded, mentally deficient or defective, elevator doesn't go all the way to the top	Person with developmental disabilities





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## TERMS & DEFINITIONS

There might be some terms that you hear while you are in your facility that you do not understand. You might be asked to visit someone for a specific reason, and it helps to have an understanding of what the terms mean. The following definitions are very basic; if you would like to know more please ask your facility, or consult a reliable reference book.

**PT** – Physiotherapist

**OT** – Occupational Therapist

**RT** – Recreational Therapist

**RN** – Registered Nurse

**LPN** – Licensed Practical Nurse

**ADL** – Activities of Daily Living; functions such as dressing, feeding, grooming

**AIDS** – Acquired Immune Deficiency Syndrome; depending upon the stage of the disease, an individual might be ambulatory and have mild appearance of weakness. In the later stages severe physical deterioration occurs, and can include visual, auditory and mental dysfunction. Depression is not uncommon.

**ALS** – Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease); the person might present in a physically weakened condition, with difficulties breathing and speaking;

**Alzheimer's Disease** – A form of dementia or mental impairment resulting from a progressive irreversible brain disorder. The disease is frequently presented by memory loss, disorientation, speech and language difficulties.

**Ambulatory** – Being able to walk without assistance.

**Amputee** – Refers to a person who is missing one or more limbs through congenital defect, accident, or surgery.

**Anxiety** – Apprehensive expectation about life circumstances; the individual might present as jittery, shaky, restless, or express worry about matters. He or she might experience panic accompanied by shortness of breath, heart palpitations, sweaty & cold, clammy hands. The person might seem 'keyed up' or 'on edge', could appear irritable. Some persons with an anxiety disorder are particularly afraid & anxious in social situations.

**Aphasic/Dysphasic** – Clinical terms used when the individual has impairment of either expressive or receptive language; the person might have difficulty understanding what is said (receptive), or have problems expressing themselves verbally.

**Arthritis** – Degeneration and inflammation of the joints resulting in pain and stiffness

**Autism** – A severely disabling condition marked by an extensive withdrawal from reality; characteristics include bizarre behaviour, aggression, and little use of language

**Catheter Bag** – A container that collects fluid from a person's body (usually urine by a catheter tube).

**Cerebral Palsy** – A disability resulting from damage to the brain before or during birth; a range of impairments might result, including lack of muscle coordination and speech impairments.

**C.O.P.D.** – Chronic Obstructive Pulmonary Disease, emphysema; the individual has difficulty breathing and might wear nasal tubing attached to an oxygen supply; perfume sprays and other chemical sprays should not be used when visiting a person with COPD.

**Cognitive Impairment** – An impairment of the thinking process; altering a person's perceptions, judgements, etc.

**Compulsive Behaviour** – Behaviour which is repeated over and over, without the person's ability to control it; this might include hand-washing, opening & closing doors, moving papers or other materials about, etc.

**Confusion** – A mental state in which thought, memory, and orientation might fluctuate or be disordered as a result of physical or psychological conditions.

**Congenital** – Refers to a condition or defect occurring at birth.

**CVA** – Cerebral Vascular Accident; more commonly referred to as a stroke; might result in paralysis of limbs and/or impaired speech.

**DATS** – Disabled Adult Transportation System; provides transportation usually in vans which have been modified to accommodate persons who use wheelchairs. The vehicles have ramps for access, and are equipped to secure the chairs for an individual's safety during travel.

**Delusion** – A belief which is maintained despite factual evidence to the contrary; the person might believe they are God, or that someone is trying to poison them, etc.

**Dementia** – Loss of intellectual abilities affecting social and occupational functions. It is sometimes treatable; might be drug induced or caused by tumour or infection, related to emotional, metabolic, or nutritional reasons.

**Depression** – A mental state or disorder characterized by sadness, loneliness, lack of energy, inactivity, feelings of hopelessness and despair, difficulty with concentration and thinking; can be caused by physiological, biological, or social factors.

**G-Tube** – A tube which may be through the mouth or nose; usually used for feeding; can also be used for lavage or cleaning out the stomach (e.g., toxic overdose).

**Hallucination** – A false perception, which can be auditory (hearing sounds that are not there), or tactile (sensing the touch of something which is not there); hallucinations might be part of schizophrenia, alcoholic withdrawal, or drug induced.

**Frail** – A term used to describe a condition where physical strength and/or senses have declined as a result of aging or illness.

**Immune Suppressed** – An inability of the body's natural defence system to fully fight off diseases.

**Incontinent** – Unable to control bladder and/or bowel functions.

**I.V.** – Intravenous; the introduction of a fluid substance into a vein.

**Manic-depressive/Bipolar Disorder** – A form of mental illness characterized by alternating hyperactivity and depression.

**Multiple Sclerosis** – A neurological disorder of unknown cause, affecting various parts of the nervous system; most notable signs might be tremor, poor muscle coordination or jerky movements, ataxia (poor balance, problems walking), speech impairment (slurring or drawn-out speech), and visual impairment.

**NPO** – Nothing by mouth.

**Orthopedic** – Pertaining to the spinal cord or bones.

**Palliative** – Refers to efforts to relieve or soothe, not curative; a person with a terminal illness or a condition for which there is no known cure, might be in a palliative care facility.

**Paranoid** – A pervasive and unwarranted tendency to interpret the actions of people (or pets) as deliberately demeaning or threatening; might be easily slighted and quick to react with anger, bear grudges, read hidden meanings into benign remarks or events, expect to be exploited or harmed by others, and question without justification, the loyalty or trustworthiness of friends or others around them.

**Psychosis** – A severe emotional illness in which there is a departure from the norm in terms of patterns of thinking, feeling, and acting.

**Schizophrenia** – A psychotic, complex brain disorder affecting feelings, thought, and behaviour; symptoms include delusions, hallucinations, disturbances of thinking, odd habits, and deterioration in daily functioning.

**Sensory Loss** – The loss of one or more senses, such as sight, hearing, taste, touch, smell.

**Socially Isolated** – An individual who is psychologically separated from others, either by not having visitors, or not being psychologically accessible, having a tendency to withdraw from others, not inviting nor participating in social conversations or activities.

**Spastic** – Pertaining to or characterized by recurrent and continuous spasms; e.g., persons with cerebral palsy might have spastic paralysis.

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## Directory of Resources

*The following is provided for informational purposes only; inclusion in this Directory of Resources does not represent endorsement by the Pet Therapy Society of Northern Alberta or its Board of Directors individually or collectively. Every effort has been made to ensure that this Directory of Resources is complete and accurate; however, the Pet Therapy Society assumes no responsibility for errors or omissions.*

### ORGANIZATIONS – CANADA

**BC Pets and Friends**

contact: unknown

Box 190, 106 – 1656 Martin Drive  
Surrey, BC V4A 6E7

Phone: (604) 523-1557

Fax: (604) 538-8707

Website: [www.petsandfriends.org](http://www.petsandfriends.org)e-mail: [info@petsandfriends.org](mailto:info@petsandfriends.org)**Canadian Alliance for Animal-Assisted Services (CAFAAS)**

Phone: (613) 774-436 contact: Joanne Moss

Website: [www.enablelink.org/animals/Alliance/Home.htm](http://www.enablelink.org/animals/Alliance/Home.htm)e-mail: [jmoss@cyberus.ca](mailto:jmoss@cyberus.ca)**Human Animal Bond Association of Canada** contact: Joan Colbourn

1 Stafford Road, Ste. 182

Nepean, ON K2H 1B9

Phone: (613) 502-3676

Fax: (613) 502-3676

Website: [www.home.istar.ca/~habac/](http://www.home.istar.ca/~habac/)e-mail: [habac@istar.ca](mailto:habac@istar.ca)**Ottawa Therapy Dogs (Therapy Dogs International, Chapter 156)**

1859 Ferncroft Crescent

contact: Marilyn Benoit

Ottawa, ON K1H 7B4

Phone: (613) 731-5733

e-mail: [marilyn.benoit@sympatico.ca](mailto:marilyn.benoit@sympatico.ca)

**PALS (Pet Access League Society)**  
3019 21<sup>st</sup> Street N.E.  
Calgary, AB T2E 7T1

contact: Sandra Johnston

Phone: (403) 250-7257  
Fax: (403) 250-9273  
Website: [www.palspets.com](http://www.palspets.com)  
e-mail: [pals@nucleus.com](mailto:pals@nucleus.com)

**PATS (Pacific Animal Therapy Society)**  
9412 Laurie's Lane  
Sidney, BC V8L 4L2

contact: Sadey Guy

Phone: (250) 656-4283  
Website: [www.island.net/~patspets](http://www.island.net/~patspets)  
e-mail: [patspets@island.net](mailto:patspets@island.net)

**Pet Therapy Society of Northern Alberta**  
330, 9768 170<sup>th</sup> Street  
Edmonton, AB T5T 5L4

contact: Marilyn Melnychuk

Phone: (780) 413-4682  
Fax: (780) 413-8805  
Website: [www.pettherapysociety.com](http://www.pettherapysociety.com)  
e-mail: [paws@connect.ab.ca](mailto:paws@connect.ab.ca)

**St. John Ambulance Therapy Dog Program**  
400 – 1900 City Park Drive  
Ottawa, ON K1J 1A3

contact: Don Lapierre

Phone: (613) 236-7461 ext. 263  
Fax: (613) 236-2425  
Website: [www.sja.ca](http://www.sja.ca)  
e-mail: [dlapierre@nhq.sja.ca](mailto:dlapierre@nhq.sja.ca)

**Therapeutic Paws of Canada**  
2886 Front Road  
Hawkesbury, ON K6A 2R2

contact: Judy Sauvé

Phone: (613) 632-6502  
e-mail: [mikejudysauve@sympatico.ca](mailto:mikejudysauve@sympatico.ca)

**ORGANIZATIONS – NATIONAL/INTERNATIONAL****Delta Society**

Ste. 101, 875 124<sup>th</sup> Avenue NE  
Bellevue, WA 98005

Phone: (425) 226-7357

Fax: (425) 235-1076

Website: [www.deltasociety.org](http://www.deltasociety.org)

e-mail: [info@deltasociety.org](mailto:info@deltasociety.org)

**Intermountain Therapy Animals**

Box 17201  
Salt Lake City, UT 84117

Phone: (801) 272-3439

FAX: (801) 272-3470

Website: [www.therapyanimals.org](http://www.therapyanimals.org)

e-mail: [info@therapyanimals.org](mailto:info@therapyanimals.org)

**Latham Foundation**

Latham Plaza Building  
Clement & Shiller Streets  
Alameda, CA 94501

contact: Hugh Tebault III

Phone: (510) 521-0920

Website: [www.latham.org](http://www.latham.org)

e-mail: [info@Latham.org](mailto:info@Latham.org)

**Pet-Assisted Therapy Facilitation****Certificate Program**

State University of New York  
USA

contact: Pearl Salotto

Phone: (401) 463-5809

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**PET THERAPY SOCIETY OF NORTHERN ALBERTA**  
**ANIMAL ASSISTED THERAPY AND ANIMAL ASSISTED ACTIVITIES**

**Suggested Reading**

Abdill, Margaret N. and Juppe, Denise **Pets in Therapy** Idyll Arbor Inc., Ravensdale, WA, 1997

Adell-Bath, M. et al **Do We Need Dogs: A Study of Dogs' Social Significance to Man** University of Gothenburg Press, Gothenburg, Germany, 1979

Anderson, R.K., Hart, B.L. and Hart, L.A., eds. **The Pet Connection: Its Influence on Our Health and Quality of Life** CENSHARE (University of Minnesota), Minneapolis, MN, 1984

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Bergler, R. **Man and Cat: Benefits of Cat Ownership** Blackwell Scientific Publications, Boston, MA, 1988

Burch, Dr. Mary R., Ph.D. **Volunteering With Your Pet: How to Get Involved in Animal-Assisted Therapy with Any Kind of Pet** Howell Book House, New York, NY, 1996

Bustad, L.K. **Animals, Aging and the Aged** University of Minnesota Press, Minneapolis, MN, 1980

Butler, Kris **Therapy Dogs Today: Their Gifts, Our Obligation** Funpuddle Publishing Associates, Norman, OK, 2004



Calmenson, Stephanie **Rosie, A Visiting Dog Story** Clarion Books, New York, NY, 1994

Caras, R. and Secunda, S. **The Bond** Simon & Schuster, New York, NY, 1997

Cusack, O. and Smith, E. **Pets and the Elderly** The Haworth Press, New York, NY, 1984

Cusack, O., Ed. **Pets and Mental Health** The Haworth Press, New York, NY, 1988

Davis, Kathy Diamond **Therapy Dog** Howell Book House, New York, NY, 1992

Davis, Virginia **Animals in Residential Facilities: Guidelines and Resources for Success** Delta Society, Renton, WA, 2003

Eames, Ed & Toni **Partners In Independence** Howell Books House, Simon & Schuster, New York, NY, 1997

Fine, Aubrey **Handbook on Animal-Assisted Therapy** Academic Press, San Diego, CA, 1999

Fogle, B. **Pets and Their People** The Viking Press, New York, NY, 1982

Garber, Marjorie **Dog Love** Simon & Schuster, New York, NY, 1996

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Lee, Ronnall L., Ph.D., Zeglan, Marie E. Ph.D., Ryan, Terry, Gowing, Clover B., Ph.D., Hines, Linda M., MA **Guidelines: Animals in Nursing Homes** Delta Society, Renton WA, California Veterinary Medical Association, Sacramento, CA, Rev. 1987

Levinson, B. **Pet-Oriented Child Psychology** Charles C. Thomas, Springfield, IL, 1969

Levinson, B. **Pet and Human Development** Charles C. Thomas, Springfield, IL, 1972

Mcllroy, Susan Chernak **Animals as Teachers and Healers: True Stories and Reflections** New Sage Press, Troutdale, OR, 1996

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Urichuk, Liana, B.Sc., Ph.D., Anderson, Dennis **Improving Mental Health Through Animal-Assisted Therapy** The Chimo Project, Edmonton, AB, 2003

Waltner-Toews, David and Ellis, Andrea **Good For Your Animals, Good For You: How to Live and Work with Animals in Activity Programs and Stay Healthy** The University of Guelph, Guelph, ON, 1994

White, B. and Watson, T.J. **Pet Love** William Morrow and Company, New York, NY, 1983