

PSYCHIATRIC/MENTAL HEALTH (ADULTS)

Locked and Unlocked Hospital Units • Outpatient Facilities • Transitional Units Offering Mental Health Programs

General Characteristics of these Patients:

- adults range from 19 to the elderly.
- many often suffer from clinical depression, alcohol or substance abuse in combination with emotional or psychological illnesses such as bipolar (manic-depressive) disorder, schizophrenia, psychotic behavior, or post-traumatic stress disorder.
- some cannot work or live in the community on a permanent basis, requiring assisted-living situations or on-going treatment from mental health units.
- some suffer from periodic illness and can return to the community for extended periods or full time.
- most require drug therapy, which can cause drowsiness, slowness, perception or equilibrium impairment, and lack of concentration.
- some may be hearing impaired.
- some may be HIV positive

Canine Considerations:

- all dogs that qualify for CAT are suitable for this challenging and highly rewarding work.

Special Challenges:

- many suffer from clinical depression, are withdrawn and may be suicidal or have attempted suicide.
- some have few social skills and may speak or act inappropriately.
- most are very needy for attention, reassurance and kindness but do not understand personal boundaries and appropriate ways to engage others to satisfy those needs.
- some may have eating disorders.
- some may be hyperactive or agitated.
- some may leave a group meeting intermittently, returning later.
- some will not be grounded in the present and will have difficulty distinguishing reality from hallucinations or internal voices.
- some can be violent and unpredictable and may have served jail or prison sentences.
- some can be verbally and emotionally abusive.

Working with the mental health population is one of the most rewarding volunteer opportunities for CAT. If you would like to help this adult community, please ask our staff about resource articles that show how and why a canine therapy can be therapeutic.

Handling Considerations:

- the safety of your pet is foremost; maintain leash control at all times.
- NEVER allow a patient to have control of the dog's leash or leave a dog alone with a patient.
 - in group situations and in a secure room with staff present, your canine may be permitted off lead, IF YOU APPROVE.
- have soft toys for play if appropriate.
- touching, petting and playing with the canine is very healing, but tiring.
- you and your teammate may encounter tension and lots of emotions. Always be aware of your canine's stress and energy levels.
- carry treats that patients may give your pet. Often food is freely available on these units and patients often feel the need to give and nurture. Let it be with a dog biscuit that is both safe and healthy. Don't allow patients to overfeed or monopolize your canine's attention with food.

CAT Techniques for the Challenges

- staff MUST accompany you on visits and pre- and post-patient evaluations are required.
- be clear about your canine's and your own boundaries. Don't take anything personally. The secret is: don't react. Most want to be with your dog and will enjoy enormous benefits from the visit.
- encouragement and acceptance is critical. Avoid judgmental reactions to views that clash with your beliefs. Learn positive ways to listen and respond. Defuse with "I don't know" or "That might be." Avoid political, religious and sexual/ moral issues.
- your canine won't see scars, signs of attempted suicide, bandaged arms. Try to use the same eyes.
- communicate with staff regarding your pet's abilities, training and the topics you're interested in discussing, such as unconditional love, pet loss and grief, "dog talk," animal boundaries, benefits of pet ownership, and pet care.
- socialization is important but some patients may be hesitant to speak at first. Use pet anecdotes, pet information and non-intrusive questions to begin conversation. Then let patients direct discussions.
- don't assume anyone not participating in a discussion is not listening or benefiting from the visit.
- when appropriate, explore pet ownership with interested patients as a means for successful integration into society or family.

PSYCHIATRIC/BEHAVIORAL DISABILITIES

(CHILDREN AND ADOLESCENTS)

Locked and Unlocked Hospital Units • Outpatient Facilities • Residential Homes • Specialized Schools or School Programs

General Characteristics of these Patients:

- children and adolescents to age 18.
- most are severely emotionally disturbed.
- most cannot learn in a traditional public school environment because of learning disabilities.
- some are autistic with severe speech and language disorders.
- some are extremely quiet and withdrawn.
- some are diagnosed as psychotic, others are neurologically impaired.
- some may be hearing impaired.

Canine Considerations:

- dogs must be comfortable and calm with children. Neutralizing fear and promoting confidence requires a patient, well-behaved, and gentle canine.
- canines should be easily controlled and obedient for their own safety as well as for the children's.
- CAT teams can do some of their best work in the field with children with a confident handler and a well-trained teammate.

Special Challenges:

- some children can only repeat what they hear (echolalia).
- many will ask difficult questions and test you with their behavior, unkind comments or abusive speech.
- the environment may seem chaotic at times, especially in group settings with different levels of ability.
- most are emotionally fragile, needing attention, reassurance and self-esteem but have little or no skill for satisfying those needs.
- some may be a danger to themselves.
- some may be hyperactive, agitated, and have great difficulty in controlling their impulses. Be prepared for quick actions, such as squeezing, grabbing or startling movement in the canine's face.
- some will have phobias or deep-seated fears regarding animals.
- some will have difficulty distinguishing reality from hallucinations or internal voices.
- some can be violent and unpredictable.

Working with behaviorally disabled children is one of the most challenging but rewarding volunteer opportunities for CAT teams. If you would like to help these very needy patients, please ask our staff about resource articles that show how and why a canine's attention can be enormously therapeutic.

Handling Considerations:

- the safety of your pet is foremost; maintain leash control at all times. Demonstrate appropriate touching and play to the children and repeat directions for this with each visit if necessary.
- NEVER allow a child to have control of the dog's leash or leave a dog alone with a patient.
 - any off-lead therapy must be entirely safe for your canine. Generally, it is not recommended.
- have soft toys for play if appropriate.
- touching, petting and playing with the canine is very healing, but you must carefully monitor all interaction between children and your teammate.
- you and your teammate may have tense, emotional encounters. Always be aware of your canine's stress and energy levels.
- any treat-giving should be strictly monitored and done only with staff direction.
- involve staff with canine interaction whenever possible or appropriate.

CAT Techniques for the Challenges

- staff MUST accompany you on visits and pre- and post-patient evaluations are required.
- be clear about your canine's and your own boundaries with staff and children. Be consistent in language and enforcement. End any visit immediately in which your teammate is at risk.
- encouragement and acceptance is critical. Your canine won't see or react to a child's problems. Try to develop the same ability.
- communicate with staff regarding your dog's training and the topics you're interested in discussing such as unconditional love, pet loss and grief, "dog talk," animal boundaries, benefits of pet ownership, pet care and needs.
- socialization can be chaotic. Work with staff to gently but firmly control environment by reinforcing appropriate behavior such as raising hands to speak, waiting for a turns to pet the canine, or rewarding appropriate behavior with grooming the dog or special attention.
- be patient, resourceful and gentle with those who are withdrawn and quiet.
- encourage children to tell their own stories about their contact with animals and understand some accounts will be exaggerations or untrue.
- be prepared for personal challenges but don't react defensively or personally.

COMPANION ANIMALS AS AN OPTION IN THE CARE OF PATIENTS IN MEMORY CARE OR WITH ALZHEIMER'S DISEASE (AD)

Excerpted from "Alzheimer's patients and their caregivers: The role of the human-animal bond." By Wendy Manor, MSN, MS, RNC and published in *Holistic Nursing Practice*, 1991; 5 (2):32-37 *The advice from this article comes from a an experienced nurse who has seen how canines and their handlers can alleviate the suffering for AD patients and their caretakers.*

COMPANIONSHIP

Persons with Alzheimer's Disease are prone to loneliness and emotional isolation because of:

- fear, anxiety, language difficulties, and limited access to social stimulation
- physical and emotional exhaustion of caregivers

The companion animal can provide:

- consistent, unconditional love
- giving and acceptance of affection
- immediate intimacy and acceptance of the patient's limitations
- a natural and easy means for more complete human emotion

COMMUNICATION

In the early stages of AD, animals stimulate the patient's long-term memory, providing a means for recalling happy memories and participating in conversations. A companion animal can stimulate:

- reminiscence therapy (promotes morale, reality orientation, enhance intellectual feelings)
- social interaction (preserves dignity, self-esteem by reinforcing social skills; motivation)
- verbal response (elicits verbal response when other interaction no longer does)
- nonverbal expression (a CAT visit may provide the only means for a relationship at this stage)
- sensory stimulation (reinforces affectionate touching and stimulates senses)

Not only having a pet during a visit, but by using photos of previous pets or a visitor's pet can create an opportunity for many of these therapeutic interactions.

SENSE OF RESPONSIBILITY AND INCREASED ACTIVITY

Feelings of uselessness can lead to depression and loss of self-esteem. An animal can alleviate or lessen these emotional responses to the disease by providing:

- motivation to physically care for and care about another being.
- stimulation of motor activities

Pets can be incorporated into the patient's daily activities:

- grooming and exercising
- breaking down the jobs into smaller, but no less important, tasks: buckling or unbuckling collars, putting on leashes
- feeding treats or giving water out of a cup/bowl
- reinforcing canine's behaviors (Sit, Come, Stay, Down, etc.)

RELAXATION & NON-THREATENING ATMOSPHERE

Pets can counteract the anxiety that cognitively impaired individuals are vulnerable to.

- reduction in heart rate
- reduction in blood pressure
- increase of physical comfort and warmth
- reduction of fear and painful thoughts
- relaxant in evening hours when patients are agitated and confused

A pet's presence helps to create a more home-like atmosphere that promotes peaceful feelings.

ENTERTAINMENT AND HUMOR

Despite cognitive limitations, patients still can laugh, smile and play, which can promote alertness, enjoyment, and happier moods and perhaps the only opportunity for genuine play behavior.

- ball tossing, fetching, and reinforcement of other learned behaviors
- stories, pictures, costumes

RELIEF FOR THE CAREGIVER

What companion animals can do for patients is also what they can do for the staff and family members who cares for a person with AD. Taking time with staff or family is an important part of canine-assisted therapy, too.