Beliefs About Animal Assisted Interventions Among Medical Social Workers

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BELIEFS ABOUT ANIMAL ASSISTED INTERVENTIONS AMONG MEDICAL SOCIAL WORKERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Gyda Deahn Boyd
September 2016
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Approved by:

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ABSTRACT

Animal-Assisted Intervention (AAI) is used to significantly reduce pain, lower blood pressure, decrease anxiety, and help ease depression in people with a range of health problems; however, it is not readily used in the hospital setting. Research involving the Human-Animal Bond (HAB) is well established, yet most social workers receive no special training or coursework about this topic as it applies to working with patients or consumers. This study sought to understand the beliefs about AAI among medical social workers in healthcare settings in order to gauge what knowledge and degree of exposure they may have had to AAI. Eighteen randomly selected social workers, holding MSW, ASW, LMSW or LCSW credentials, employed from 6 months to 26 years in hospital or cancer clinic settings across the United States were interviewed by phone, recorded, and their comments transcribed. Nine specific themes were identified. Fifteen of the 18 medical social workers had no formal training, workshop or class discussion during undergraduate or graduate school training. No one had any on the job training, unless they purposefully sought it out, as three did. All participants agreed that they would like to know more about AAI to incorporate into their workplace in order to better inform patients, doctors, nurses and staff about the benefits of animals as a natural healing modality.
ACKNOWLEDGMENTS

This work and the preparation for my upcoming career have been inspired by many professors who are passionate about what they do. I would like to specifically thank the following:

Dr. Rosemary McCaslin, Professor Emeriti, for her interest and encouragement of my earlier study of in animals in gerontology, which led to my deepening interest in the human-animal bond, and its use in medical settings. I respect her compassion, her dedication to improving my work, and her succinct and brilliant suggestions;

Dr. Janet Chang, whose encouragement, empathy and enthusiasm for my educational journey through some tumultuous waters helped me to realize my dream of achieving my Master's Degree in Social Work;

Dr. Tom Davis, who delighted in watching this student journey from confusion and insecurity, to joy and relief as he scrutinized this project, making certain it conformed to proper standards. His sense of humor in the classroom and his jocularity made his no-nonsense approach to critique bearable;

Finally, to Dr. James Cody Kaufman, who allowed me the opportunity to study creativity research with the best in the field, whose guidance on a personal and professional level was invaluable, and whose originality, phrasing and wordsmithing on any subject were highly admired;

For this and much more, I count myself most fortunate.
DEDICATION

To my mother, Dorothy Gyda Ritter Boyd, who taught me the gift of loving all animals, and to my son, Michael Brandon Combs, who carries on her legacy.
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT ................. iii</td>
</tr>
<tr>
<td>ACKNOWLEDGMENTS ........... iv</td>
</tr>
<tr>
<td>LIST OF TABLES .......... viii</td>
</tr>
<tr>
<td>CHAPTER ONE: INTRODUCTION .................................. 1</td>
</tr>
<tr>
<td>Problem Statements ........ 4</td>
</tr>
<tr>
<td>Path to Finding Common Definitions .................. 5</td>
</tr>
<tr>
<td>Gap in Formal Training during Master of Social Work Training .............. 8</td>
</tr>
<tr>
<td>Hospitals and Cancer Clinics Missing Opportunity ............. 11</td>
</tr>
<tr>
<td>Micro Practice Context ................ 13</td>
</tr>
<tr>
<td>Macro Policy Context .............. 16</td>
</tr>
<tr>
<td>Purpose of the Study ........... 16</td>
</tr>
<tr>
<td>Significance of the Project for Social Work .............. 18</td>
</tr>
<tr>
<td>CHAPTER TWO: LITERATURE REVIEW .................................. 20</td>
</tr>
<tr>
<td>Introduction .............. 20</td>
</tr>
<tr>
<td>History of Animals Used in Healing .................... 20</td>
</tr>
<tr>
<td>Therapies Using Animals ................ 26</td>
</tr>
<tr>
<td>Theories Guiding Conceptualization .................. 27</td>
</tr>
<tr>
<td>Anthropocentrism .............. 28</td>
</tr>
<tr>
<td>Speciesism ................ 29</td>
</tr>
<tr>
<td>Ecological Systems Theory .................. 30</td>
</tr>
<tr>
<td>Attachment Theory .............. 30</td>
</tr>
<tr>
<td>Human-Animal Bond ................ 31</td>
</tr>
<tr>
<td>CHAPTER THREE: METHODS</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Introduction</td>
</tr>
<tr>
<td>Study Design</td>
</tr>
<tr>
<td>Demographics</td>
</tr>
<tr>
<td>Data Collection and Instruments</td>
</tr>
<tr>
<td>Procedures</td>
</tr>
<tr>
<td>Protection of Human Subjects</td>
</tr>
<tr>
<td>Data Analysis</td>
</tr>
<tr>
<td>Summary</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAPTER FOUR: RESULTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>42</td>
</tr>
<tr>
<td>Themes</td>
<td>42</td>
</tr>
<tr>
<td>Pet Ownership is Popular</td>
<td>42</td>
</tr>
<tr>
<td>The Value of the Human-Animal Bond</td>
<td>45</td>
</tr>
<tr>
<td>Medical Social Workers Have had No Formal Training about Animal Assisted Interventions</td>
<td>49</td>
</tr>
<tr>
<td>Most Master of Social Work Educational Curricula Does Not Include This Topic</td>
<td>50</td>
</tr>
<tr>
<td>Pet Use in Self-Care and Burn-Out Prevention</td>
<td>55</td>
</tr>
<tr>
<td>Animals Would Not Be a Distraction at Work</td>
<td>56</td>
</tr>
<tr>
<td>Medical Social Workers Don’t Feel Knowledgeable Enough</td>
<td>57</td>
</tr>
<tr>
<td>Spiritual Connections Are Possible with Pets</td>
<td>60</td>
</tr>
<tr>
<td>Examples of a Spiritual Connection</td>
<td>61</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1. History of Animals Used in Healing ...................................................... 32
CHAPTER ONE
INTRODUCTION

The purpose of this study was to examine the beliefs about Animal Assisted Interventions (AAI) among medical social workers concerning the use of animal visits with patients in the hospital and clinical settings. This chapter includes background information and history between animals and humans and the evolution of Animal Assisted Interventions (AAI) used in hospital settings. The study also introduces the importance of the Human-Animal Bond (HAB) by discussing how it serves the patients and staff in hospital settings.

This topic is currently re-emerging in interest as evidence that is more empirical has helped build credibility among those who demand scientific confirmation. This study seeks to discover if currently employed medical social workers have been taught or exposed to this healing modality. It is not frequently taught in the general curricula; however, “students who are earning their master’s in social work (MSW) may want to familiarize themselves with the various types of treatment available, and how it can be used in real-world scenarios to help people” (University of New England, School of Social Work, 2016). Animals have played an important part in history as man’s companion. Going back thousands of years, animals and humans’ lives intertwined in a very special and unique way. They were dependent upon each other for food, shelter, and companionship.
According to a famous anthropologist and expert on American Indian shamanism, Dr. Lowell Bean commented, “Talking to the animals was natural when Indians roamed the world. When religion [Christianity] came, it took away talking to animals” (L. Bean, Personal Communication, January 5, 2016). The last well-known shaman, Salvadore Lopez, a Cahuilla Indian, whose belief in spirits’ protection, as seen in his famous fire-eating dances stated, “Animals come near to help man. They are there because they know” [emphasis on “know”] (as cited in Znamenski, 2007, p. 189). This is a reference to their “sixth sense”, a visually imperceptible “presence” felt by sensitive humans. Humans once again are making an effort to rebuild that connection by identifying it and learning how to work with it as a formal therapeutic intervention in treating ill or discomforted human beings. Putting it into quantifiable evidence is something like trying to catch the wind.

This study builds on the connection between humans and animals, now formally called the Human-Animal Bond (HAB), a term first formally introduced in 1980 by McCulloch, Bustad, and Katcher, founders of the Delta Society, an international nonprofit organization dedicated to improving research about this phenomenon (Delta Society, 2005). These pioneers and visionaries included Dr. Leo K. Bustad, a veterinarian, two brothers, Dr. Michael J. McCulloch, a psychiatrist and Dr. William ‘Bill’ McCulloch, veterinarian, R.K. Anderson DVM, Stanley L. Dietsch DVM, Joe Quigley DVM, and Alton Hopkins DVM. Each had witnessed how pets seemed to be having a positive effect not only in their
own personal lives but also in the lives of those people in their practices in terms of their health and happiness. They decided that studies should begin in order to quantify their experiences so as to be more believable among their suspicious colleagues.

Other animals play important roles in HAB. Equine therapy - therapeutic horseback riding - has been recognized as having important benefits since Hippocrates in 460 BC. It evolved into a therapeutic style of riding as a result of a French neurologist in 1875 that discovered it was helpful in physical and emotional ways with his patients. Horses are also used with veterans who have emotional problems of reintegrating back to civilian life, as well as helping the disabled or autistic learn balance and emotional communication.

Dogs have an innate instinct to comfort and safeguard a family, but they also seem to have a quiet wisdom when it comes to detecting illness and discomfort in humans. Over the past decade, researchers have found that dogs are capable of detecting cancer in urine and blood samples, catching the illness even before the patient is aware, with about a 95% accuracy. One reason dogs excel at cancer detection is that their sense of smell is about 10,000 times as sensitive as a human's (Barth, 2014).

Patients with mental, emotional, and behavioral difficulties are very receptive to the inclusion of animals in their therapeutic treatment. In schools of clinical social work, veterinary medicine, nursing, and schools of psychiatric
medicine, this is an increasingly common practice and the use of animals in such situations is rapidly becoming a specialty in itself.

Service animals, such as seeing eye and hearing dogs used by people with sight or hearing difficulties are different than therapeutic animals used in AAI, and it is important for students enrolled in MSW degree programs to draw a distinction between these. It is also vital for students and social workers to be able to identify situations where Animal Assisted Therapy (AAT) is an appropriate treatment option.

This chapter includes uses of AAI in micro and macro settings, and concludes with addressing the significance of this study to social work.

Problem Statements

The research problem appears to be threefold. First, there has been confusion about a common definition of terms to discuss this work. This has been addressed and clarified to eliminate confusion. Second, nearly all social workers seem to be lacking in formal education or exposure during their MSW coursework about how effective this noninvasive technique can be in a therapeutic setting. Third, hospital administrators may be interested to know more about it when shown the ways Animal Assisted Interventions (AAI) may help improve patients' well-being during their hospitalization, and how they could capitalize on the “novelty treatment” to highlight something unique that sets their hospital apart from the other hospitals in community esteem.
Path to Finding Common Definitions

There must be an understanding between the reader and the researcher about a clarification of terms when discussing animals and their interactions with humans. Pet Facilitated Therapy (PTF), was first coined by Boris Levinson in 1962, in his journal article entitled “The Dog as a co-therapist” (Levinson, 1962). However, Kruger and Serpell (2006) identified 20 different definitions in the current literature currently described using animals as therapists and more than 12 keywords in database searching which have identified the concepts of Animal Assisted Therapy (AAT) and Animal-Assisted Activities (AAA). In an attempt to create standardized terms and definitions, the Delta Society (now PetPartners) published The Standards of Practice for Activities in 1999. Adding to the muddle, The American Veterinary Medical Association (AVMA) also adopted a set of terms.

In order to sort out all the varying and confusing terminologies, and in an attempt to provide clarity of terms from this point forward, a consortium of veterinarians, psychologists, and others who work specifically with animals assembled and finally in 2013, all agreed that a unity of terms was needed.

This group has taken a larger perspective in the field of the Human-Animal Bond, as acknowledged in its mission statement as follows: “The International Association of Human-Animal Interaction Organizations overwhelmingly embraces the concept of ‘One Health’. This asserts that the health and wellness of animals, people, and the environment are inextricably
linked” (The IAHAIO Definitions for Animal Assisted Intervention, And Animal Assisted Activity and Guidelines For, & Involved, W. O. (2013). At last, after nearly 50 years, the vision of the Delta Group evolved, and the value of animals in humans’ lives enjoys renewed interest and greater understanding. Here are the suggested definitions:

- **Animal Assisted Intervention (AAI)**
  
  An Animal Assisted Intervention is a goal-oriented intervention that intentionally includes or incorporates animals in health, education and human service (e.g., social work) for the purpose of therapeutic gains in humans. Animal Assisted Interventions incorporate human-animal teams in formal human service such as Animal Assisted Therapy (AAT) or Animal Assisted Education (AAE)” (Jegatheesan, 2013).

- **Animal Assisted Therapy (AAT)**
  
  “Animal Assisted Therapy is a goal oriented, planned and structured therapeutic intervention directed and/or delivered by health, education and human service professionals. Intervention progress is measured and included in the professional documentation. AAT is delivered and/or directed by a formally trained (with active licensure, degree or equivalent) professional with expertise within the scope of the professionals’ practice. AAT focuses on enhancing physical, cognitive, behavioral and/or socio-emotional functioning of the particular human client” (Jegatheesan, 2013).
• Animal Assisted Education (AAE)

“Animal Assisted Education is a goal oriented, planned and structured intervention directed and/or delivered by educational and related service professional. AAE is conducted by qualified (with a degree) general and special education teacher. Regular education teachers who conduct AAE must have knowledge of the animals involved. An example of AAE delivered by a regular education teacher is an educational visit that promotes responsible pet ownership. AAE, when done by special (remedial) education teachers, has also considered therapeutic and a goal-oriented intervention. The focus of the activities is on academic goals, prosocial skills, and cognitive functioning. The student’s progress is measured and documented. An example of AAE delivered by a special education teacher is a dog-assisted reading program” (Jegatheesan, 2013).

• Animal Assisted Activity (AAA)

“AAA’s are informal interactions/ visitations conducted on a volunteer basis by the human-animal team for motivational, educational and recreational purposes. There are no treatment goals for the interactions. AAAs are generally facilitated by individuals who do not have a health, education or human service degree. Human-animal teams have received at least introductory training, preparation and assessment to participate in informal visitations. Human-animal teams
who provide AAA may also work formally and directly with a healthcare, educator and/or human service provider on specific documentable goals. In this case, they are participating in AAT or AAE that is conducted by a specialist in his/her profession. Examples of AAA include animal-assisted crisis response that focuses on providing comfort and support for trauma, crisis, and disaster survivors, and visiting companion animals for ‘meet and greet’ activities with residents in nursing homes” (Jegatheesan, 2013).

The term Animal Assisted Intervention (AAI) will be used as an umbrella term for both AAT and AAA in this study. Now that the definition is clear, let’s move on to another problem.

**Gap in Formal Training during Master of Social Work Training**

This investigator and her peers who were enrolled in a southern California graduate school in between 2013 and 2016 got little to no exposure to AAI. In preparing for this study, other students who are earning their master’s in social work (MSW) shared that they did not receive information about the Human-Animal Bond in classes they just completed. A classroom discussion about the ways in which animals can help patients in the hospital, mental health or in long-term care facilities was noticeably missing. The failure to connect the importance of Human-Animal Bond with improving the patient outcomes within the formal education of MSW students may affect the beliefs and lack of the awareness of benefits of this form of therapy. This intervention
is considered a “soft science”, and was suspiciously not included in current coursework among the above cohorts. Is there truly a lack of time to insert this information in a space in the syllabus? Perhaps the faculty members who design the curricula lack exposure to AAI and the importance of the Human-Animal Bond and AAI. Perhaps the time has come.

At the University of Denver in Colorado, training of social workers who wish to specialize in AAI may take advantage of an insightful new organization that recognizes the connection with Earth and how our homes, lives, and communities are all connected. This Institute, housed in the Department of Social Work, has rekindled acceptance of animals and the natural environment as intertwined contributors to the wonder of our lives. The emergent thought is that social workers have an obligation to protect our living world, and to bring healing through AAI to their clients, patients and consumers (Institute for Human-Animal Connections-Vision and Values, 2016). Long forgotten traditions of alternative forms of healing are now resurfacing in the next generation of holistic nurses and social workers involved in human healthcare.

Currently, there are 519,740 social workers in hospital, child and family services, substance abuse, serving the mentally ill and older adults in long-term care and assisted living facilities, plus hospice (U.S. Department of Labor, Bureau of Labor Statistics, 2015). These front line people interface with large amounts of the public, and while some may have had exposure to AAI, many more social workers could be integrating this pleasant and comforting
therapy into their practice or clinic. Patients or consumers would benefit in numerous, non-invasive, inexpensive therapeutic ways if only the practitioner had some knowledge of it, and know whom to call. A large number of those employed in the field would seem to indicate that there are many opportunities for AAI inclusion if the hospital promoted it, and the staff, doctors and nurses became aware of it. Social workers could provide linkage to this valuable resource in the community and in some cases, with a properly trained animal, provide it themselves.

This investigator has noted through interview and research that a handful of institutions seem to be awakening to the growing trend of revitalizing the HAB. These include the University of Pennsylvania, the University of North Texas, Denver University and California State University, Fullerton.

The most remarkable program is at the University Of Denver Graduate School Of Social Work. The Institute for Human-Animal Connection (IHAC) provides in-depth curriculum support and experiential learning to enhance Master of Social Work (MSW) students who wish to have additional preparation in Animal-Assisted Social Work (AASW), examining the myriad facets of human-animal-environmental connection. Philip Tedeschi, a DU professor and executive director of the Institute for Human-Animal Connection, expounded on the program saying, “Students can train to work with therapy dogs, and may use their own dogs, which are also working toward certification
as therapy animals. These classes are nearly always full” (P. Tedischi, Personal Communication, January 2016).

The University of North Texas offers a distance-learning course in Animal Assisted Interventions, which is transferable to PetPartners for certification, and gives CEU’s to several Texas and national counseling organizations, according to their website, Consortium for Animal Assisted Therapy (Chandler, 2016).

Hospitals and Cancer Clinics Missing Opportunity

The third part of this problem is that hospital administrators are unknowingly missing the community goodwill and free publicity that the program could generate. It would be appropriate to welcome this healing modality usage routinely where patients do not need to be in isolation. It is a humane solution to the boredom, fear and loneliness patients feel during their stay. There is research to support this. Why hospital administrators do not encourage this form of modality is speculative and dependent upon the institution. Hospitals are indeed, businesses, so perhaps they need to see the benefit of their goodwill transferred to their balance sheet. This idea will be expanded upon in chapter four.

Patient satisfaction with Animal Assisted Interventions is wonderful for public relations and has empirical evidence to back it up. Visits from therapy animal teams can normalize days away from home for hospitalized patients. Research shows that positive interactions with animals “increased endorphins,
oxytocin, prolactin, and dopamine. These are the hormones associated with
blood pressure regulation, pain relief, stress relief and joy” (Pet Partners.
(n.d.a).

The social work profession as a whole, once properly informed, will be
better prepared to present these findings to their hospital or clinic
administrators. Furthermore, the visit of a gentle animal at a patients’ bedside
is excellent public relations. Stories passed by word of mouth from former
patients who recall how special their visit in that particular hospital was
becomes priceless. Families of patients in waiting rooms anticipating loved
one’s medical outcome, recall the moment the dog entered and how comforted
they were by a reassuring nudge of a warm muzzle. There can be no dollar
sign put on these experiences, but the positive goodwill generated about the
hospital is invaluable.

“An animal needs no formal training to sense when someone has a
worry or is sad. These ‘canine ambassadors’ brief, yet powerful encounters
may be remembered long after the patient is discharged” (Richard, Paws &
Hearts volunteer, personal communication, November 10, 2015). Letters of
gratitude by patients whose hospital stay was made brighter flow into the office
months and even years later to continue their wonderful work.

Hospitals put the fear of zoonotic diseases (those diseases may be
transmitted from animal to person and vice versa) at the top of the list for
denying AAI programs. There are 65 zoonotic diseases currently identified,
and only rarely have these concerns been confirmed according to the American Veterinary Medicine Association (AVMA, 2016). Simple care for the animals greatly decreases the risk of infections by using the recommendation of the Centers for Disease Control and Prevention (CDC, 2016). PetPartners and other animal certifying organizations teach the handler the proper way to avoid any transmissions of infectious diseases. Animals are susceptible to human transmitted diseases such as Methicillin-Resistant Staphylococcus Aureus (MRSA), so educated handlers are careful to protect their animals by providing sanitary conditions for them in the hospital and clinical setting.

**Micro Practice Context**

Being trained to look at the person’s requirements within his/her environment, as well as his/her immediate needs, the medical social worker’s value evolved as a “result of the physicians’ need for a member of the health care team who understood [the diagnosis] of cancer, treatment options, and the patients need to address their psychosocial needs” (Fobair, 2009). Social workers are uniquely taught a blend of psychotherapeutic skills in counseling with the individual, as well as to assess the practical, physical needs of a person in his environment.

In AAI, the animal, not the handler, is the therapist. A social worker, armed with the knowledge of how animals can help with the healing of spirit and soul, may help augment the medical team’s treatment plan pre-and post-
surgery and suggest pharmacological therapies to help heal the patient in body and soul.

Many social workers are trained using the generalist intervention model, which uses 6 steps to work successfully with a client. A comparison of the therapist and the animal’s similarities in patient care may be interesting. These include:

1. Engagement-greeting the client-using eye engagement -Focus on client thoughts and feelings -Use silence as necessary and builds rapport.

   With AAI, engagement occurs when the patient is asked if they wish to have a visit from the animal (greeting). The handler then introduces the dog, (uses eye-contact, focuses on clients thoughts and feelings without using words), who is brought to the bedside, and if the patient agrees, a fresh towel is placed on the sheets for sanitary reasons and the dog approaches the patient, matching the energy.

2. Assessment: Social worker acquires an understanding of a problem or issue, what causes it, and what can be changed to minimize or resolve it) Note: a common tool used is the Diagnostic and Statistical Manual (DSM).

   In the second phase, assessing the patient falls to the animal, who simply by instinct, knows what the patient needs-a big lick on the face or a tender nudge from a warm nose-or even just to lie down next to the patient and have its fur stroked and petted without conversation.
3. Planning: Work with the client to prioritize the problems, translate the problems into needs, establish goals, and develop action steps.

   With a trained therapy animal, there is no need to prioritize the problem. Planning is not needed in this case. The dog works only in the immediate present...the-here-and-now.

4. Implementing: Follow plan, monitor progress, revise plan (when necessary)

   This usually happens with long term care patients or those who come in for regular chemotherapy or radiation treatments. Again, the animals’ evaluation is instinctual and repeated.

5. Evaluation: Social worker and client evaluate progress by looking at goal attainment scaling, and how the client has progressed with the targeted problem.

   Again, the dog only cares about *this* moment and returns to give patient unconditional acceptance and compassion. The only goal on the dogs’ agenda is the patients’ comfort and happiness.

6. Termination: Decide when to terminate, evaluate achievement of objective

   For the dog, termination occurs when the patient leaves the room, or the dog moves on to the next person or room. Planning, implementing, evaluating and terminating all happen under the control of the animal, with the handler assisting in a subordinate role.
Macro Policy Context

Animal-Assisted Intervention had its scientific origins in the United States in the early 60’s and is based on the logic that the positive relationship between different species may have a therapeutic effect. Pharmacological breakthroughs began to help improve the quality of life and health. Medicine ameliorated some of the desperate searches for remedies to biological needs, and the pace of psychopharmacology in America picked up. Pills, to help with pain, anxiety and loneliness, replaced gentle animals. Animal-Assisted Therapy is gaining recognition not only in mental health and hospital settings but also in private practice, where insurance companies have been known to pay for this if it is proven necessary and outlines specific, measurable, milestones for patient treatment.

Purpose of the Study

The purpose of this study is to examine the beliefs and opinions among medical social workers about Animal-Assisted Interventions. Transformation in both the natural and the social sciences has evolved rapidly over the past few decades, according to an editorial in the *New York Times* (Christakis, 2013). Leaders backing this transformation are the National Institute of Health, Office of Behavioral and Social Sciences Research.

Consequently, social work schools and the investigators they produce must also embrace these advances as leaders and change agents for improving major public health problems. This study will help determine the
interest level about AAI among those social workers who are currently employed in the field of medical and/or oncology social work. The goal is to bring awareness to medical social workers not familiar with this treatment for patient (and staff) comfort and thereby empower them to take further action in their practice settings.

The qualitative research method was chosen so that the “depth, richness and complexity of the phenomena” (Grinnell & Unrau, 2014, p. 19) could be more completely understood. Qualitative research requires the use of words rather than numbers and allows for more of a “give and take” during the interview, opening up new lines of thought as the interview progresses. The comments that arise from a series of general questions provide the researcher with more insightful awareness and verbal texture as each interview is completed.

One conflicting statement appears in the text by Grinnell and Unrau (2014). According to table 24.2, one of the drawbacks of a phone interview was that there was “no opportunity to observe nonverbal gesture” (p. 503). Questions regarding the efficacy of face-to-face interviews versus telephone interviewing in a qualitative study were addressed in a study by Sturges and Hanrahan (2004) which was designed to be completely face-to-face interviews but was, of necessity, changed in the field. This adjusted the study to 50% face-to-face and 50% telephone interviews. When compared, the two types of interview transcripts showed no substantial difference. They concluded,
“Telephone interviews can be used productively in qualitative research” (p. 107). This study was conducted via telephone exclusively, and the investigators’ findings concur with the later study. The telephone interview allowed for a broad range of geographical connections, allowing the study to be more generalizable for all social workers.

Significance of the Project for Social Work

This study will begin the discussion and further encourage the world of academia to look at the interest level in AAI that these practitioners have, and to address the gap in their curriculum to determine if AAI has been overlooked within coursework of up and coming social workers. It will further advance the field of social work’s understanding of the interconnectedness of human bio-psycho-social-spiritual well-being to the use of animals on patients in the healing environment of hospital settings.

This study endeavors to provide a generalizable hypothesis that most currently employed medical social workers have had little to no formal training or orientation to the Human-Animal-Bond or Animal Assisted Interventions in undergraduate or graduate school programs, regardless of which school, state or institution they were trained in.

Social workers provide the unique contribution of being trained in behavioral, conceptual and systems evaluation and are able to work across lines of interdisciplinary teams. Patients could be suffering unnecessarily, and hospital administrators could be missing a valuable humanitarian opportunity
because the social worker had lacked exposed to this natural healing modality in hospitals, cancer clinics and other places of human distress. An enlightened social worker will be able to discuss the use of AAI to assist co-workers in aiding bringing relief to their patients.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter contains reviews of the literature that discuss the history of the bonds of humans and animals and the evolution of the discovery of animals use in healing humans in many ways. Current empirical research deepens the proof of AAI and its use in providing health benefits to patients in a variety of settings. The chapter concludes with theories guiding conceptualization from anthropomorphism, speciesism, the ecological systems perspective, attachment theory and the Human-Animal Bond.

History of Animals Used in Healing

Animals and humans have been intertwined in healing and helping relationships since humans’ first domesticated animals. More than 12,000 years ago, the first documented findings of skeletal remains, which were discovered in northern Israel, were of a human holding a puppy. During the ninth century, in Gheel, Belgium, animals were used in treatment plans with handicapped persons (Serpell, 2000). In York, England in 1790, documents were discovered indicating that rabbits and chickens were used in therapies with patients who were mentally ill to teach them self-control (Salotto, 2001). During the 1830’s animals were recommended by the British charity commissioner to be placed on the grounds of mental institutions “to create a
more pleasing and less prison-like atmosphere” (Serpell, 2006, p. 13). Serpell also records that Florence Nightingale in her Notes on Nursing observed that “a small pet is often an excellent companion for the sick, especially chronic cases” (p. 13). In 1867, epilepsy patients at Bethel in Bielefeld, West Germany, had farm animals and horses incorporated into their treatment plans (Bustad, 1980). In the mid-1920s, Sigmund Freud casually incorporated his daughter’s pet dog into his therapy sessions. Freud soon became convinced that “Jofi” calmed his patients and that they were more open and candid when she was in the room. “When Jofi got up and yawned, he knew the hour was up,” said Martin Freud, Sigmund’s eldest son (Beck, 2010, p. 36). Wall Street Journal. At the U. S. Army Air Corp Convalescent Hospital in Pawling, New York, in 1942, working with farm animals was considered “restful” for some patients in comparison to traditional medical treatments (Bustad, 1980). In 1944, in Mental Hygiene, the first scientific article about AAIs was written by sociologist James Bossard, titled “Mental Hygiene of Owning a Dog”, in which he discussed the beneficial relationships between pets and their owners.

In the 1960’s, Dr. Boris Levinson, a New York psychologist, incorporated his dog, Jingles, in the treatment plan of an adolescent and then discussed his findings also in the journal, Mental Hygiene. His paper was titled “The Dog as the Co-Therapist” (Levinson, 1962.) In 1970, Ethel Wolff, a Philadelphia psychologist, conducted a survey of health care institutions in the United States and concluded that 48% of institutions surveyed were using
animals in some way for psychotherapy (Wolff, 1970). In 1972, another survey conducted by Levinson in which he interviewed 435 psychotherapists discovered that one-third of them used pets as therapeutic agents (as cited in Arkow, 2004).

In the 1970’s, several other notable advances occurred in AAI. A visiting AAI dog named Skeezer became a permanent resident at Children’s Psychiatric Hospital in Ann Arbor, Michigan (Yates, 1973). The Humane Society of Pikes Peak region in Colorado started “pet mobile” program, bringing animals to nursing homes to visit (Arkow, 2004). Psychiatrist David McCulloch began “prescribing” pets as a therapeutic option for his patients to improve their quality of life (Salotto, 2001). Dr. Leo Bustad, the dean of the College of Veterinary Medicine at Washington State University, developed Animal-Assisted Treatments (AAT) programs at Pullman Memorial Hospital and Tacoma Lutheran Nursing Home (Salotto, 2001).

In the late 1970’s researching animal effects on human health and well-being began. In 1977, a research team from the University of Pennsylvania, headed by psychiatrist Dr. Dean Katcher and his assistant Erika Friedmann, observed the influence of pets on patient’s blood pressure. They found that study participants who interacted with pets had lower blood pressure compared to those interacting with people, including family members. Additional research revealed that patients who suffered “severe” myocardial infarctions had improved 1-year mortality rates if they had pets waiting at
home for them, compared to those patients with only family waiting at home or going home alone (Salotto, 2001).

In 1980, McCulloch, Bustad, and Katcher founded the Delta Society, an international nonprofit organization focused on the “human-animal bond” (Delta Society, 2005). The mission of this organization was to “to promote helping people improve their health, independence, and quality of life” (Salotto, 2001, p. 7). The goals of the organization include “expanding awareness of the positive effects animals can have on human health, removing the barriers that prevent the involvement of animals in everyday life; and expanding the therapeutic role of animals in human health, service and education”. The mission statement has now evolved to read simply “Improving human health through service and AAI animals” (Delta Society, 2005). After 34 years as Delta Society, the organization went through a rebranding in 2012 to Pet Partners, to reflect a new evolution in the role pets play in our life.

Animal-Assisted Interventions apparently had its scientific origins in the United States in the early sixties and is based on the hypothesis that the relationship between different species may have a therapeutic effect. Child psychotherapist Levinson (1962) shed light on the positive effects of a dog on an autistic child, and over the past fifty or more years, the validity of pet therapy has been supported by various studies. (Lundgren, 2004) conducted in different settings, with depressed subjects (Redefer & Goodman, 1989; Jessen et al., 1996), autistic children (Nathanson, Redefer, & Goodman, 1989;
Melezzi et al., 2000), psychiatric patients (Corson et al., 1975; McCandless et al., 1985; Beck et al., 1986; Bardill & Hutchinson, 1997; Barker & Davson, 1998; Hall & Malpus, 2000; Lann, 2003).

Animal therapy teams believe similarly as persons who work in body mechanics, such as massage therapists, mind-body practitioners, physical therapists and chiropractors…there is a “powerful association that exists between the mind, body and spirit, between stress and illness, and between health and hope” (Mind-Body Medicine, 2001, January 01). Teams who bring in “therapy dogs” to institutions, hospitals, and cancer clinics can provide improvements in depression, pain, stress reduction and well-being to patients. The link between the Human-Animal Bond (HAB) has been well established (e.g. Risley-Curtiss, 2010; Fine, 2015) yet public interest waned for several decades as the country faced recessions and wars. However, AAI quietly continued to grow as a result of the foundation placed by the Delta Group and other researchers of HAB and has been used for over 50 years to assist those critically ill, the elderly, hospitalized children and mentally unstable populations.

In the 1980’s pharmacological breakthroughs began to help improve the quality of life and health by use of medications. Medicine improved some of the desperate searches for remedies to biological needs, and the pace and funding to find more pharmaceutical solutions in America picked up. Pills to help with pain, anxiety, and loneliness replaced gentle animals.
The public’s interest had turned toward the fast-food mentality of healing, so a pill allowing immediate reduction of pain and suffering was well received. One unintended consequence of this pharmaceutical revolution was that they worked so well on brain chemistry that we are currently looking at some of the highest statistics in addiction and overdoses of opiate-based and benzodiazepine deaths in recent history in the current U.S. population.

It was not until the height of the war in Iraq in 2008 that a scraggly dog named “Ratchet” returned animals to the spotlight of public opinion. A young female soldier who petitioned her commanding officer to have the dog she had rescued from a burning trash pile return to the U.S. with her after her tour was over. The United States Military policy does not to allow the adoption of animals from foreign soil, but a public outcry occurred through a social media campaign as the soldier tearfully left the dog behind. With CNN behind her, the mainstream media picked it up, and soon the dog and soldier were reunited. The hearts of the public warmed, and once again were reminded of the healing power of the human-animal bond. (Ratchet the dog, 2008). Each year, demand for more information about how dogs work to help veterans with PTSD is requested by the public, and the VA now provides dogs to veterans who ask for them. This has further sparked the interest of the public as to what other comforts animals could provide.

Animal-Assisted Therapy is gaining acceptance not only in healthcare clinical settings, but also in private therapy practices, senior living facilities
specializing in dementia and Alzheimer’s, students with literary challenges, patients in recovery, people with intellectual disabilities, those approaching end-of-life, and in helping wounded military troops recovering from physical and emotional damage. Because it is non-invasive and holistic, Animal-Assisted Interventions may be provided in any setting, can be utilized with any person regardless of age or infirmity and may be used in individual or group practice.

Therapies Using Animals

Child psychotherapist Boris Levinson (1962) was first to shed light on the positive effects of a dog on an autistic child, and over the past fifty or more years, the validity of pet therapy has been supported by various studies. (Lundgren, 2004) conducted in different settings, with depressed subjects (Redefer & Goodman, 1989; Jessen et al., 1996), autistic children (Nathanson, Redefer, & Goodman, 1989; Melezzi et al., 2000), psychiatric patients (Corson et al., 1975; McCandless et al., 1985; Beck et al., 1986; Bardill & Hutchinson, 1997; Barker & Davson, 1998; Hall & Malpus, 2000; Lann, 2003).

Research has proven that AAT works with subjects with somatic disorders, such as cardiovascular pathologies (Friedmann et al., 1980; Odendaal, 2000) communication disorders (Lundgren, 2004) and the elderly (Gagnon, 1988; Fick, 1993; Howell-Newman, & Goldman, 1993; Jorgenson, 1997).
Being consumers and health care providers, nurses and medical social workers must have knowledge about emerging healing practices and their effects on health and well-being. Medical social work educators are challenged to review current syllabi to ensure integration within the formal education needed by professional medical social workers. Many complementary therapies (e.g., touch, massage, music, imagery, relaxation, and guided breathing) are taught as independent nursing interventions (Snyder & Lindquist, 1998) and have been practiced within the domain of holistic nursing (Dossey, 1998). Some of these interventions have become lost from nursing practice and nursing curricula as doctors turn toward a greater emphasis on biotechnical medicine (Meintz, 1995). To reflect these changes, Nurse Educators are currently re-introducing these earlier treatments to include AAI. Medical social workers need to know these also, to place clients “in the best possible state for healing to occur” (Nightingale, 1860).

Theories Guiding Conceptualization

Many different theories may be applied to this phenomenon. The investigator looked at many theories and decided these five theories, anthropocentrism, speciesism, the ecological perspective, and attachment theory and the human-animal bond best suit this research. Here is an overview of the arcane to the current thinking on animals and humans interconnectivity.
**Anthropocentrism**

Anthropocentrism defined as “regarding humans as the universe’s most important entity”, has dominated European and Western thinking since the middle Ages (Serpell, 2005). Within the medical community, the use of AAI does not appear to be a consideration in the patient treatment protocol. This leans toward the notion that medical doctors remain staunchly embedded in the strongly held belief of traditional treatment methods for patients. Concern for human interests, to the exclusion of nonhumans and interpreting the world in terms of human values can overshadow the rationale that many creatures are relevantly similar to humans and that other natural phenomena have value. Animals do not exist merely as a food source or as beasts of burden. This can be a difficult bias to overcome by a social worker.

The Middle Ages and the Renaissance imposed a rigid separation between human and nonhuman animals. So called “witches” had “familiars”, thought to be a supernatural being, often taking the form of a cat or other animal that supposedly acted as a witch’s assistant. At the close of the 17th century, and the dawning of the age of enlightenment, changes in the public perception of animals as well as orphaned or abandoned children were at last occurring.

This view was evident in some ancient Greek writings and has parallels in Islamic teaching. At last, the beginning of increasingly widespread moral intuitions was seen. According to Szűcs, Geers, Jezierski, Sossidou, and
Broom (2012), an earlier Judeo-Christian interpretation of the Bible was now being followed, which taught that dominion over animals meant that any degree of exploitation was not acceptable, and for most people meant that each person was responsibility for the welfare of children and animals.

**Speciesism**

‘Speciesism’ is another theory guiding conceptualization of this research. It is the idea that being human is a good enough reason for human animals to have greater moral rights than non-human animals...a prejudice or bias in favor of the interests of members of one’s own species and against those of members of other species. That is to say, the human animal is more important in the world than any other species because of their ability to speak and understand complex thought; Therefore, they are superior to all the others. This arrogant belief was prominent in the Middle Ages, and in some ways, is still with us today (Wolf, 2006).

This logic goes against the basic tenants of social work, which stands for serving the underdog, the underprivileged, the voiceless and the overburdened. Jane Addams, the first American social worker, established Hull House in 1889 and served a mostly immigrant community, providing programs for self-improvement, trade skills, and basic English and reading classes. She wrote about her experience returning from a bullfight where “five bulls and many more horses [were] killed” (Addams, 1934, p. 85). After she reflected on the gory scene later that day, she realized that animals needed
protection and a voice, just as underprivileged humans did. This moment provided her awakening to the greater scope of need within humanity. Reflecting on her lack of sensitivity toward the animals, she realized that her concern about other human beings must also extend to include the welfare of animals (p. 68).

**Ecological Systems Theory**

Risley-Curtiss (2010) found that there were several theoretical models to support the inclusion of the human-animal bond, including the ecological systems theory. The ecological systems theory is a strong model to use to support the animal therapeutic intervention approach with patients in the hospital setting because unlike most behavioral and psychological theories, the ecological theory focuses on interrelational transactions between systems, and emphasize that all existing elements within an ecosystem play an equal role in maintaining balance of the whole person. Animals are a part of this ecologic system and are a part of all the systems. Yet, they are seldom discussed in the literature.

**Attachment Theory**

Ainsworth’s attachment theory of the need for babies to have loving, stable, reliable, secure bases to form healthy relationships in later life, also illustrates the support of the bond between humans and animals (Jespersen, 2010). Human and animal bonding can be linked to childhood. This theory
applies to children who developed an enduring relationship with their animals (Anderson & Henderson, 2005).

**Human-Animal Bond**

According to Risley-Curtiss (2010), three dimensions of the Human-Animal Bond (HAB) which are highly relevant to medical social work include: 1) social support offered by companion animals for individuals and within family systems; 2) therapeutic benefits of companion animals; and 3) connections between violence toward animals and violence toward humans. Risley-Curtiss (2010) found that even though medical social workers appear to have the basic knowledge of the benefits of positive relationships with companion animals, only 25% of those studied include their companion dog or other animals in their intervention practice.

Dr. Aubrey Fine, an Animal-Assisted Therapy (AAT) innovator, who teaches at Cal State Fullerton, is an author and licensed psychologist states,

There are three theories on why we connect to animals. These include:

**LOVE.** The love we feel for animals makes us feel connected. They bring us to a level of social support. When we come home, animals greet you, making you feel wanted.

**ATTACHMENT.** Just as infants are attached to their parents, we turn to animals because we like to be caregivers.

**BIOPHILIA.** Our love for the living environment creates a biological predisposition to engage with the environment. This, in turn,
helps us to engage with another species and that make the bond incredibly strong. (Fine, 2015, p. 256)

Summary

This chapter focuses on the literature regarding AAI and the health benefits of Animal-Assisted interventions used in medical settings. The literature also indicates the benefits and limitations of AAI for patients and the medical social work practice and the value of the human-animal bond in healing. The chapter concludes with the theories guiding conceptualization of the project. Anthropocentrism, speciesism, the ecological perspective, and attachment theory were discussed in relation to how it applies to the human-animal bond using AAI in medical settings.

Table 1. History of Animals Used in Healing

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,000 years ago</td>
<td>Human skeleton, holding a puppy, was found in northern Israel</td>
</tr>
<tr>
<td>Ninth century</td>
<td>Animals were incorporated in treatment of the handicapped in Gheel, Belgium</td>
</tr>
<tr>
<td>1790</td>
<td>Rabbits and chickens were used in therapy for the mentally ill in York, England</td>
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<tr>
<td>1830</td>
<td>British charity commissioner recommended animals for mental institutions</td>
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<tr>
<td>1837</td>
<td>Queen Victoria’s rising to the throne of England and her intense interest in animals formed the Royal Society for the prevention of cruelty to animals.</td>
</tr>
<tr>
<td>1860</td>
<td>Florence Nightingale, in her Notes on Nursing, observed that “a small pet is often an excellent companion for the sick, especially for the chronic cases”</td>
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<tr>
<td>Year</td>
<td>Event</td>
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</tr>
<tr>
<td>1866</td>
<td>Henry Berg, Ambassador to Russia by Pres. Abraham Lincoln resigned his position after seeing the brutality of the Russians to their animals. After visiting a meeting of the Royal Society for the prevention of cruelty to animals during the spring of 1865 he actively publicizes the effects of cruelty to animals, petitioned the New York legislature for an act of incorporation and in the American Society for the prevention of cruelty to animals was formally organized in New York</td>
</tr>
<tr>
<td>1867</td>
<td>Farm animals and horses were used in treatment of epilepsy patients at Bethel in Bielefeld, West Germany</td>
</tr>
<tr>
<td>1875 to 1965</td>
<td>Albert Schweitzer stated “Man can no longer live for himself alone. We must realize that all life is available and that we are united to all life. From this knowledge comes our spiritual relationship with the universe.”</td>
</tr>
<tr>
<td>1920's</td>
<td>Sigmund Freud casually incorporated his daughter’s pet dog “Jofi” into his therapy sessions</td>
</tr>
<tr>
<td>1942</td>
<td>Patients at U.S. Army Air Corps Convalescent Hospital, Pawling, New York, worked with farm animals and considered treatment “restful”</td>
</tr>
<tr>
<td>1944</td>
<td>Sociologist James Bossad’s publication “The Mental Hygiene of Owning a Dog” discussed beneficial relationships between pets and their owners</td>
</tr>
<tr>
<td>1962</td>
<td>Psychologist Boris Levinson used his dog, Jingles, in treatment of an adolescent; he published his findings in “The Dog as the co-therapist” first to use the term “pet-facilitated therapy” (PFT)</td>
</tr>
<tr>
<td>1970</td>
<td>Ethel Wolff, a Philadelphia psychologist, conducted a survey of health care institutions in the United States and concluded that 48% of institutions surveyed were using animals in some way for psychotherapy</td>
</tr>
<tr>
<td>1972</td>
<td>Psychotherapist Boris Levinson conducts a survey in which he interviewed 435 psychotherapists, discovered that one-third of them used pets as therapeutic agents. Often considered pet- facilitated therapy (PFT)’s “founding father”</td>
</tr>
<tr>
<td>1970s</td>
<td>A visiting therapy dog, “Skeezer”, became a permanent resident at Children’s Psychiatric Hospital, Ann Arbor, Michigan</td>
</tr>
<tr>
<td>Year</td>
<td>Event Description</td>
</tr>
<tr>
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</tr>
<tr>
<td>1977</td>
<td>Psychiatrist Michael McCulloch prescribed pets to patients</td>
</tr>
<tr>
<td>1970’s</td>
<td>Veterinarian Leo Bustad started “Bustad Buddies” at Pullman Memorial Hospital and Tacoma Lutheran Nursing Home in Washington State</td>
</tr>
<tr>
<td>1972</td>
<td>Humane Society’s “pet mobile” program brought animals to visit nursing homes in Pikes Peak region, Colorado</td>
</tr>
<tr>
<td>1973</td>
<td>Therapy Dogs International (TDI®) was founded by Elaine Smith</td>
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<tr>
<td>1976</td>
<td>Leo Bustad in 1977 the Delta Foundation was formed in Portland, Oregon with Michael J. McCulloch, MD as the President</td>
</tr>
<tr>
<td>1977</td>
<td>Dr. Dean Katcher and Erika Friedmann conducted early research on effects of pets on blood pressure and mortality rates</td>
</tr>
<tr>
<td>1980</td>
<td>Delta Society, a nonprofit organization focused on the human–animal bond, was founded</td>
</tr>
<tr>
<td>2011</td>
<td>APA Empirical Evidence appears on AAI</td>
</tr>
<tr>
<td>2012</td>
<td>Delta Society, the organization went through a rebranding to Pet Partners, to reflect a new evolution in the role pets play in our life.</td>
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CHAPTER THREE

METHODS

Introduction

In this chapter, an overview is presented of research methods that were used for this study. Emphasis is on the study’s design, sampling methods, data collection process, procedures protection of human subjects and data analysis.

Study Design

The purpose of this study was to investigate the attitudes of medical social workers in about Animal-Assisted interventions in the workplace. The investigator in this study defines Animal-Assisted Intervention as the presence of an animal during a one-on-one interaction with patients. This research utilized a qualitative interview with 18 currently practicing medical social workers in various settings. The questionnaire was designed with the intention to be used as a prompt to keep the focus on the topic to be mindful of the participants’ time and to be certain all thoughts of research interest were explored.

Demographics

Demographics were completed for all participants. The sample consisted of 18 medical social workers who had been practicing for seven months to 28 years and are currently employed in hospital, cancer clinics or
other medical settings. Two males and 16 females were interviewed. The Medical Social Workers age ranged from 25 to 64 years of age. All participants held a Master of Social Work (MSW) degree. Eight were Licensed Clinical Social Workers (LCSW), 8 held Associate Clinical Social Worker (ASW) statuses, and two held the licensing designation of Licensed Master Social Worker (LMSW).

Ethnic identification was as follows: American Indian (1), Middle Eastern (1) African American/Black (1), Hispanic/Latino/Mexican (3), Filipino (1) and Caucasian/White (11).

Pets were kept by 17 of the 18 participants. The breakdown was as follows: dogs-26, cats-4, horses-2, and birds-1. Only one person did not own an animal and had never owned one in her life.

Data Collection and Instruments

The data for this study was collected using the free cellphone app called “Boldbeast”. This application was selected as it offered two way recording of the phone call, and created a file that could be sent to a transcription service via email. It also gave the length of time of the recording, provided a date stamp and categorized each interview by phone number only.

A professional transcription service (Rev.com) was used to expedite the study, due to the investigator’s lack of ability in speed typing. In addition, the investigator’s sample size for this study was more than double what most other cohort members used, and timeliness was essential.
This qualitative form of research was used to gain a more thorough understanding of each participant’s beliefs. This investigator is a student member of the Association of Oncology Social Workers (AOSW). A list of random names and emails of other active members of the association was provided to this investigator by the president of the association. In addition, former classmates of the investigator, and current social workers at Eisenhower Medical Center and the Lucy Curci Cancer in Rancho Mirage, California were identified as potential interviewees. Twenty-two social workers were emailed details of the study and invited to participate. Four did not respond, and two substituted themselves for someone else they felt would be more qualified. One was retired and felt her opinion would not be relevant, and so declined to be interviewed. The remaining 18 were interviewed over a three-month period in the spring of 2016.

Participants were provided a copy of the California State University, San Bernardino Internal Review Board acknowledgment and approval of this project (Appendix E).

They also were given a copy of the informed consent, (Appendix A) which addresses the protection of human subjects. Adherence to the National Association of Social Workers (NASW) code of ethics and the participants’ rights throughout the study was taken into consideration. Each participant was advised regarding their rights to take part, and to be allowed to stop at any time, and ensured that confidentiality and anonymity regarding the information
they share within this study will be protected, as the participant was assigned a number prior to the recording of the interview, to avoid the transcribers’ detection of names. Each transcribed interview was returned and referenced only by telephone number. No further identifying information was apparent within the transcription.

All transcribed and audiotaped files will be destroyed within six months from the date of completion. Each client’s files are stored on a password-protected server within the transcription company. The files are also deleted from the company’s server after six months. They are stored in a locked drawer in the investigators’ office, and all audio files are password protected and secured on a separate flash drive also kept in the locked drawer.

The questionnaire was used to remind the investigator of the sequence of questioning and was not supplied to the participant. A copy of this questionnaire can be found in Appendix B. The interview consisted of 20 questions upon which participants was allowed to elaborate. Questions were directed toward general beliefs of medical social workers about Animal Assisted Interventions (AAI) in their work settings.

Participants were then debriefed (Appendix C) and provided with contact information should they wish a copy of the study. Participants were advised to contact Dr. Rosemary McCaslin, faculty advisor on this project, at rmccasli@csusb.edu to discuss any concerns.
Procedures

The investigator was the only interviewer. The data was gathered in February, March and April 2016. An emailed request to identified participants was sent from investigators’ CSUSB email account. Each participant was offered a $10 gift card to Starbucks for their participation, to be mailed to an address of their choice. Fifteen accepted the card, and three refused to accept the card. The interviews lasted approximately one half hour, with date and time mutually agreed upon for the telephone interview. The interview was dated and time stamped for length by the “Boldbeast” application and was deleted once transcribed.

Upon completing the interview, all participants were thanked and debriefed. The address of the participant was asked and a thank you note was included with each gift card sent. Only one participant called to thank the investigator, so it is unknown if the cards reached the participants, because no one else notified the investigator.

Protection of Human Subjects

The protection of the study participants was addressed prior to the start of the interview. Participants were informed of the overview of the study they are being asked to participate in, who is conducting the study and under whose supervision the study was being conducted. They were advised of what would happen to the results of their survey and confirmation of the approval of this study from the Institutional Review Board of California State University.
San Bernardino School of Social Work. Additionally, the purpose of this study, the estimated length of time it would take to complete the survey, participant anonymity, and any foreseeable risks to the participant were addressed. Finally, the contact information of the investigators’ research advisor was given should the participants have any questions or concerns about the survey.

Data Analysis

Data was reviewed for any reoccurring information that the study offered. In order to accurately present the results, the data went through phases (Grinnell & Unrau, 2008). The data from the interviews was formatted within an excel spreadsheet based on reading the transcripts and reviewing the notes taken during the conversation with each participant. The answers were reviewed from the study, and participants’ theories were determined. These were developed based on reoccurring information from the questions. Information gathered within the literature regarding Animal-Assisted Therapy and interventions was also compared.

Summary

The chapter focuses on the study design and how data was gathered from study participants for this research project. The research was designed as a qualitative project, as interviews were conducted. The investigator spoke with 18 participants from a volunteer group of social workers in medical settings such as hospitals and cancer clinics across the United States.
Confidentiality was assured to the study participants as each was assigned a number in the recording and in the transcripts. Investigator biases were eliminated to the best of the investigator’s ability by asking a mentor to proof the questions given. Analyzing the information gathered from the interviews, the investigator became aware of reoccurring themes, phrases, and commonly used words and compared them to the literature gathered.

This data appears to be generalizable to the medical social work population, as the participants were employed nationwide, and were a random sample. The participants were employed in similar settings. Neither age nor the length of time employed in the field appeared to be a factor, as most all reported similar answers to the major probe of the study.

In addition, gender bias was considered, and the investigator determined that these ratios were in the correct proportion to the current medical social work field, and was balanced, as there were only 2 males and 16 females in this study. Finally, the racial makeup of the sample was as follows, and may be similar to actual current demographics in social workers, with 11 being of Caucasian decent, three being Hispanic and one being African American. One was American Indian, one was Filipino, and one was from the Middle East.
CHAPTER FOUR

RESULTS

Introduction

Chapter 4 is the presentation of the results from the 18 interviews that were recorded over the telephone between February, March and April 2016. Qualitative data analysis was categorized using charts. The charts were divided into categories based on the questions. The categories of words were narrowed into nine core themes. Nine core themes became apparent, which gave the researcher a variety of comments and further information about the interests that medical social workers have about Animal Assisted Interventions in medical settings.

Themes

Common threads of vocabulary and story became apparent as the interviews progressed. These nine areas became evident themes and are discussed in detail.

Pet Ownership is Popular

In America, a large portion of the population finds value in pet ownership. Pets are fed special diets, clothed, carried in purses, and pushed in carriages. They visit the doctor for regular checkups and teeth cleaning, perhaps being someone’s only family member. They are pampered and powdered at pet spas, taken to doggie daycare and, we dedicate portions of outdoor parks for their benefit. We show them off, we breed them. In addition,
when they pass, we grieve them. The strength of the human animal bond is most obvious when a person is faced with the heartbreaking decision of whether to euthanize a beloved dog or cat. This investigator has been through it on several occasions, and there are no words to explain this devastating decision.

In 2011, six-out-of-ten pet owners, or 63.2%, considered their pets to be family members. There are approximately 70 million pet dogs in the U.S. and 74.1 million pet cats. These statistics indicate the continued presence of a strong human-animal bond. This bond refers to an emotional, almost existential relationship between animals and people. (U.S. Pet Ownership & Demographics Sourcebook, 2012). Dogs are important to man’s daily life when used as service animals that are specially trained to help their owner with disabilities. There is a current understanding that dogs, especially, can provide emotional support to humans, and they, too can be registered and allowed to accompany their owners in public shops, restaurants and all other places humans gather.

Social workers in this study contributed their fair share to the statistics. Among the 18 medical social workers who participated in this project, 26 dogs, four cats, two horses and one bird were owned. Ten participants owned more than one animal.
Only one person did not own a pet, admitted it was mostly cultural, being from the Middle East.

I’ve never really had pets. I’m a little scared of animals in general. I don’t really like touching animals because I haven’t really had that experience. I’m scared of touching them… I can see them from far away and I like seeing them, but I’m not comfortable because I haven’t had that experience in the past. (Participant 13, Survey Questions, March 2016).

This is an important point to remember, as cultural differences exist in all experiences and settings. “In some Middle Eastern and South East Asian cultures animals are viewed as ‘unclean’… Caution should be used when introducing AAI into hospital wards where children and their families might have religious and other cultural taboos about animals” (Jalongo, Astorino, & Bomboy, 2004).

Those interviewed made clear that pet ownership does provide many positive and practical experiences and emotions for those who own them. Terms used to describe the participants’ reasons for pet ownership include being “a calming effect”(2), “stress reducer”(4), “providing happiness” (6), “companionship”(7), “protection”(1), “unconditional love”(7), “makes me exercise”(1), “helps me feel at peace”(2), “socialization” (1), “I don’t have children so they’re my family members”(3), “just coming home to them every day gives me purpose and meaning”(2), and “it’s the total acceptance I get
from them” (Participant 1, 2, 5, 6, 8, 12, 15, 16, 17, 18, Survey Questions, March 2016).

One practitioner stated, “I love dogs in particular because I feel like they’re loyal and they’re affectionate. Their whole day is made because you came home, you know. You don’t have to do anything…you just came home. It’s a good feeling” (Participant 12, Survey Questions, March 2016).

The Value of the Human-Animal Bond

When asked to describe a particular interaction that they may have witnessed, there were many touching stories.

Yeah, I think one that was really, really nice was, there was a patient going through chemotherapy, he had lost his dog six weeks before starting chemotherapy so when the therapy dog came in it was a great source of comfort for him and he wanted the dog with him every time he went through treatment. (Participant 4, Survey Questions, February 2016)

An oncology social worker in downtown New York City observed, In the city, dogs are almost a novelty, and patients thoroughly enjoy the dog visits. In the waiting areas, it’s very nice because they [the dogs] can take the patient’s mind off things that are probably annoying them, like the waiting times and just the stress of being at the doctors’, all that. In the treatment area, though, I think it can, in addition to taking their mind off the treatment, it just can really help relax them a lot and just
improve their mood. I think nothing really like super- improves the mood at the cancer center as when a dog comes in. I mean, you just see all the staff become attached to the dogs, the patients too. It is like seeing a friend coming in, you know? They are just a big hit. (Participant 4, Survey Questions, February 2016)

There was one lady who was very withdrawn but was really engaged when she was talking to the dog. In fact, she would ask about the dog and eventually changed her chemo appointments to be the day the dog was there. Never got very interactive with people, but being there when the dog was there was very important to her. I think having the dog there kept it easier not to have to interact with others. Not as demanding as interactions with people. (Participant 5, Survey Questions, February 2016)

In my first few days working in pediatrics, I would see these therapy Dogs, and I would try and incorporate them when I see patients. There was one particular patient, a 12-year-old girl who was recently diagnosed with cancer, and I learned that she had dogs at home she missed very much. I asked her if she would like to see one of the therapy dogs, to at least lighten up your mood every now and then, OK? Ever since then she kind of got close to one of our therapy dogs. I think it brightened up her mood, and considering her recent diagnosis,
just seeing her smile when the dog arrived, even for a few minutes, it was good. (Participant 17, Survey Questions, February 2016)

Even patients who are near taking their final breath are still conscious enough to respond to the comfort of a dog.

I remember once a critically ill patient was allowed to have a family member bring in this person’s pet. This person was on a ventilator and not responsive verbally, but we could see in their monitors, like the heartbeat and pulse, increase when his pets were brought in.

( Participant 9, Survey Questions, February 2016)

During a conversation with a handler, this story was related:

A patient was in a coma for 3 months, and a family member saw the pet therapy team in the hall. They asked us to come in and visit, as their father had a Golden Retriever he was very fond of at home. The dog immediately crawled on the bed and laid his silky body next to the man, and gently placed his head on the man’s chest. Miraculously, the man’s hand moved to the dog’s head, and he stroked it once. There were tears in all our eyes, just watching in amazement. (Greg, Paws and Hearts volunteer, Personal Interview, February 14, 2016)

A hospital social worker expressed another angle.

I believe personally that some people are not good at identifying their emotions…fear and confusion may be their immediate thoughts about what’s bothering them or hurting them, so talk therapy is not always the
first way to a person. In order to gain a relationship with a person, for instance, who has some trauma and who may not be ready to communicate, an animal (a dog or a cat or horse, but dogs and cats are easier to get into a building!) these animals will bypass that resistance in a second because they’re non-threatening. I know from personal experience that you can be calmed down by a pet and you didn’t know that you were anxious until you notice the calmness come over you when you’re around your pet. I think it’s more experiential than you can quantify with words. (Participant 11, Survey Questions, March 2016)

Another very interesting insight developed with this interviewee.

I do know that people who have health issues… when you’re in the hospital you’re asked a lot of questions about how you feel, whether you pooped today, you’re just asked a lot of things. You also might be in a lot of pain. I just think that, personally, between doctors and nurses, social workers or any kind of therapeutic person asked to intervene on a patient’s behalf in a hospital setting, well, people are not there to have therapy. They’re there for a medical reason. Sometimes they might appreciate some kind of therapeutic process but typically, they’re not really up for it at that particular point. It’s not typically appropriate when you’re not their therapist. You’re not their “person.” It’s a little invasive, but a time with a pet is a whole different kind of therapy. It’s just therapeutic, they like having that. That’s not invasive in any way, and it
doesn’t require a person exposing themselves in any kind of vulnerable
day and it still has the therapeutic value. Pet therapy can be very
helpful – I’ve just seen how people light up. If they could have their own
pets in the hospital, it would be great. (Participant 11, March 2016)

Medical Social Workers Have had No Formal Training about Animal
Assisted Interventions

All respondents stated that the best information they had gained about
animals in medical settings had been primarily because of watching the
handler and the dog with the patients as they interact. Some animal handlers
prefer to teach by observation from the handler himself or herself, but a
broader way to teach and inform social workers and staff could be more
effective.

The interviews revealed that three people are interested in becoming
handlers when they have the right dog, or when they retire. One observed,
“I’m trying to grow into my career as a pediatric social worker in the hospitals
and I see it first-hand. It’s proof enough for me that it’s a very effective
intervention” (Participant 7, Survey Questions, March 2016).

In addition, brochures or general information for the patients and
information about how they can ask about a visit from a therapy animal do not
seem to be available, except in one hospital, where the dogs come five days a
week for two shifts a day. Information explaining the purpose of animals
working in the hospital setting is not discussed. Education of the public is
substantially lacking to help grow this form of healing modality. As with any
popular product, it is always valuable to advertise the things that make your business unique and special. This could help in discussing demand for the services of animal assisted therapy to the hospital administration, and make the staff aware of the program.

**Most Master of Social Work Educational Curricula Does Not Include This Topic**

Fourteen respondents answered “no” to this question. Three respondents indicated that they had been exposed to the topic during college or graduate school. Two people indicated that they had been interested in the subject independently, and had done their own research at their own expense. Fifteen social workers responded, “Absolutely”. They felt that if CEU’s were given, the average price they would be willing to pay would be anywhere from $75-$150. This would be for a half-day hybrid class-part web-based learning, and part hands-on-training, that is, watching someone actually perform or explain about the experience in person. Emails or PowerPoints would be acceptable, also.

The reasons for wanting this training varied. Participants felt that they would be better prepared to communicate with others if they had this training. I think it would be good because like I said when you’re working with any population, it’s good to think outside of the box for other modalities and the thing is when you don’t know how to utilize that modality or even where to start it’s hard to even try it. I think that just having that
knowledge would benefit somebody’s future. (Participant 11, Survey Questions, March 2016)

In addition, from an oncology social worker, “Definitely, more general knowledge about how the animal is trained, and what requirements are used for animal-assisted therapy would be helpful for me in my work today” (Participant 16, Survey Questions, March 2016). The VA social worker pointed out …

Our veterans are struggling with a lot of mental and emotional glitches. We find that when they have this type of support from a service dog, therapy, medication management, and even positive outcomes are higher with veterans who have a service dog than when veterans don’t have the service dog. (Participant 13, Survey Questions, February 2016)

Another social worker, working with long-term mentally ill patients who are hospitalized for medical care presented another interesting point of view. Animals have this ability to do things that we as humans can’t necessarily do. I think if it’s going to benefit the patient then why not even at least try to include it in the treatment? It’s another option. The thing is that with my clientele, we keep running into roadblocks with every option that you have and there’s just barrier after barrier, so I think it’s important to think outside the box. My mental health patients, who are treated in hospitals, a lot of them have had therapist after
therapist after therapist. If they’re all trying the same modality and it’s not working, then why would you keep on repeating something that’s not working? (Participant 10, Survey Questions, March 2016)

Incorporating the systems theory into the question was another viewpoint: Because social workers are taught to assess the whole person, and holistically integrate the environmental, psycho, social, mental and physical condition, many times we do not do the patient justice by having a closed mind and seeing the patient in only one dimension because our caseload is so large. For me, therapy dogs, well … it’s another way of looking into ‘how can we best help our patients’? Our clients really go through difficult experiences in the hospital and it’s very overwhelming and stressful. (Participant 2, Survey Questions, February 2016)

One cancer center director reflected on his own curiosity and stated that he would be better able to endorse the use of AAI with more training and education. “In order to speak more knowledgeably to our administrative officials, some additional training or an orientation would prepare us to speak with more authority about the benefits to our patients” (Participant 1, Survey Questions, March 2016).

Another social worker reasoned more education would help “so that I can speak more intelligently about the value of having a pet visit” or, in terms of heart patients, “the value of owning a pet”. An oncology social worker found
the value of more education could help reassure a cancer patient, either
during infusion of chemotherapy, or radiation-when treatments can last for
several hours and go on for weeks in our cancer center” (Participant 4, Survey
Questions, February 2016). One participant revealed what is always on the
mind of healthcare administrators, that training would allow all the parties “to
help more accurately understand the possible health risks and allay the
patient’s and my own fears and concerns” (Participant 4, Survey Questions,
February 2016). This point seemed logical in the exploration of the resistance
to AAI in some hospitals. Contamination from the animal to the patient
commonly is cited as the blanket reason the environmental health or infection
control department in the hospital use to deny this program. However,
research proves differently, and education of the social worker could assist in
discussing this.

All 18 respondents stated that they wish AAI would occur more
regularly. However, there is a shortage of volunteer handlers and their pets in
many parts of the country. The more chatter that is generated among the staff
and patients or the public, the more calls will go out to the community pet
partner volunteers, who may not have realized their services were valuable or
needed. As the demand goes up, patient positive health responses and staff
morale are sure to improve.

The social worker is in the prime position to be able to educate
colleagues, nurses, and doctors about the importance of re-introducing the
human-animal bond through AAI. Some nursing schools teach AAI as part of alternative healing treatments, and may be welcome allies. A social worker can also introduce the research, which points to better outcomes for patients by more sustained healing, decreases in depression, less use of pain medications and even improvement in staff stress reduction. This would appear to be convincing logic for having deeper exposure during MSW training prior to graduating. Once in the work setting, the very busy schedule of the MSW makes taking further education difficult without the “reward” of a CEU.

The knowledge about the value of the human-animal bond has been reinforced by this study, which is informed by the fact that nearly every one of the respondents has a pet, and appreciates a deep connection and love for their pet. Training the social worker early in their educational or occupational journey will help them gain the knowledge and mechanics to be better able to share with others why they are recommending a visit by a trained animal and handler. The use of an animal to assist in calming, soothing, lessening pain, lowering blood pressure, lightening depression which allows patients to be more able to tolerate a hospital stay through the use of AAI is a powerful, non-invasive, free asset in the healing of a patient in the body and sometimes even in the soul. Demand will begin to increase, and the call will go out for more volunteers to help.
Pet Use in Self-Care and Burn-Out Prevention

All 18 respondents admitted this had happened to them. In answering the second part of the question, “What did you find helpful for your own self-care during this time?” (Participant 15, Survey Questions, March 2016). Nearly everyone had a story about how he or she incorporate his or her pets into self-care techniques. “My animals are my best release of tension, giving me unconditional love, and they just make me happy” (Participant 11, Survey Questions, March 2016). Another related,

I work pretty closely with several students in the school of social work and various different places, shadowing me. As a matter of fact, two students that are in the department of radiation oncology make it a point to come and visit with my therapy dog, Finn, my Bassett/Beagle...we call him a ‘bagel’, every week during their field placements as part of their own self-care technique. (Participant 2, Survey Questions, March 2016)

In another setting, one person related that after her town was hit by a natural disaster where massive destruction occurred, directly affecting some of her family members and work setting, her husband, “who was always resistant to getting a dog, had a change of heart, and one day came home with a shelter puppy” (Participant 3, Survey Questions, April 2016). The investigator took this to mean that, in his own way, he was trying to bring his family back to some sort of normal, happy, pre-disaster life.
A newly practicing ASW realized, “For the first few months I worked I would rarely engage in self-care. I know, it’s bad, but recently, I’ve been trying to engage more in taking care of myself. I play with my dog and I play with my cat, read books, drink tea, watch TV and not talk to anyone when I get home” (Participant 7, Survey Questions, March 2016). Finally, one social worker kept it simple. “I love to ride my horse as my self-care. Being out in nature, connecting with this giant animal—it just doesn’t get much better” (Participant 9, Survey Questions, March 2016).

**Animals Would Not Be a Distraction at Work**

Absolutely not, I don’t think it would be a distraction. I think it would be welcome. In my position, I just left a group of ICU nurses that were just about as raw as it gets in terms of moral distress. A sense of just the difficulty involved in their work, the emotional engagement that it takes, occasionally a sense of not being heard, I think that they would all want to benefit from something like that. I think they would need a nice introduction to it, and then it would be readily accepted. I think probably in our critical care and ER areas, that they’re already turning to different, less healthy things to relieve their stress. Having access to a living, loving dog for some comfort in these areas may be a healthier way for them to seek out ways to address the stresses they have. (Participant 3, Survey Questions, March 2016)
Another stated, “I would love to have an opportunity to pet an animal near me in my work setting. For me, I find it calming” (Participant 11, Survey Questions, March 2016). The hospital staff gets benefits from the comfort and total acceptance of a furry face and happy gaze of a dog. In many cases, this can help lighten a moment of crisis, sadness or just a reason to take a break. “Sometimes the staff uses up a third of the allotted time.” says one hospital social worker (Participant 11, Survey Questions, March 2016). One practitioner confided that in the city where she works, there is a pet shop nearby. The staff sometimes enjoys a little stroll outside to the pet shop to watch the puppies tussle in the window. She says it’s a way for them to take an emotional break and be able to observe the freedom and joy the puppies share for a few moments before returning to the intensity of their job (Participant 7, Survey Questions, March 2016).

Medical Social Workers Don’t Feel Knowledgeable Enough

Fifteen participants indicated that they knew of some of the evidence-based work, “but see it happen on the job” more. Another comment heard was, “I would love to learn more about it” (Participant 4, Survey Questions, February 2016).

From the pain angle, I really don’t have that much knowledge. But I have seen people who were extremely depressed because of their medical conditions, and were hospitalized for long periods of time, really snap out of their depression as soon as their pet comes around or
even if their pet is not able to be brought in, a support pet that can come in and take the place temporarily of their pet. (Participant 12, Survey Questions, March 2016)

I know a lot of therapy dogs are for anxiety and post-traumatic stress, and I think it just brings joy to a lot of patients to have something that brings them happiness. However, I have never heard of therapy animals helping patients who are in pain or suffering. I’d like to know more about that. (Participant 6, Survey Questions, March 2016)

Reflecting on his own experience with his pet, one social worker said, “I’ve heard about the depression and anxiety and just having, like, you know, a living de-stress ball come up and show affection to you. I know for me, personally, it can definitely lift spirits” (Participant 4, Survey Questions, February 2016). Another pointed out,

When you’re feeling depressed, having something that could need you and wants you, and feels like depends on upon you, can really add purpose and value to your life. So I think it could definitely be a good instrument for those who are depressed. (Participant 4, Survey Questions, February 2016)

Another participant who works in a regional veteran’s hospital related a very candid look at veterans and their service dogs.

There are times where therapy in sessions with another individual does not work as much as the therapy and the help that a service dog gives
a veteran, what I mean by this is, we have a lot of veterans who are not compliant with their medication or therapy sessions. However, we do provide the support they need. If they don't have time to go to their appointment, they do have time to care for their dog. They don't see it as an animal; they see it as a child, a person, their brother. They may be in a crisis where we might not be able to assist as much as this animal. This provides an opportunity for the veteran to care for a creature that is dependent upon him, giving him purpose and meaning to his life once again. That is the best job a battle-scarred veteran can have…having something in their life they can completely trust.

( Participant 13, Survey Questions, March 2016)

She continued,

In the setting where I work, we’re having a lot of returning combat veterans from the area of OEF, and they are coming home with the letter ‘severe mental health trauma, including depression, PTSD, and anxiety’ in their file. We also have coworkers, who, although they are working, they have been deployed because they are still active. A lot of them come back having flashbacks. I do see them with a service dog and the service dog protects them if they are having a crisis at work.

( Participant 13, Survey Questions, March 2016)

“There is one particular incident that I’ll never forget,” she said, speaking softly.
I watched as an individual was having one of those crisis moments in the hallway at work. The individual sat next to the dog and just looked at him, and it kind of helped the veteran distract from those feelings, to let him know that he had some sort of support. The veteran is taught to exercise breathing patterns and the dog then actually alerted the people around. The veteran was able to withdraw from the anxiety, then go into his memory, focus his senses on the dog, and know that everything was going to be okay. This gave time for other individuals who saw it to provide support or for the veteran to go into the emergency office or a crisis center. (Participant 13, Survey Questions, March 2016)

**Spiritual Connections Are Possible with Pets**

Awareness about spirituality and/or religiosity is important for the medical social worker to keep in mind. Being trained to integrate the bio-psycho-social-spiritual–environmental (BPSSE) perspective in evaluating patients; social workers sometimes need practical methods to connect with patients about their cultural beliefs. Animals can help bridge the divide between humans and nonhumans, and are impartial to such things. As part of everything that is viewed as part of the sacred Creative Spirit, animals show the most basic expression of spirituality in unconditional loving kindness.

Some social workers may be reluctant to bring up spirituality during a brief patient evaluation, yet the most effective practitioner is open to the inclusion of this in her assessment (Derezotes, 2000). This investigator
wanted to dig a little further below the surface of the respondents’ beliefs. A question about their own spiritual experience invited them to look beyond the surface of their relationship with their own pets and toward a deeper meaning if one existed.

Over 50% said “yes” to a feeling of spiritual, almost mystical connection or experience with their own animal. This feeling appears to be available to him or her in every time or place. The literature on spirituality and some research indicate this. Scientists and artists have shown that spirituality can contribute to the healing and highest well-being of people. (Brockman, 2003).

**Examples of a Spiritual Connection**

“I don’t know that I would say it was a spiritual connection, but I would describe it as a deep peace, and a deep level of trust” (Participant 3, Survey Questions, February 2016).

I would say so. I know I’ve read some articles where the dog in itself, certain types are able to detect certain conditions within your body, which I’m very interested to know more about. It’s so interesting that a dog can detect a pregnancy coming, or cancer, or sometimes conditions changing within your own body. I think that connection is coming from our spiritual source. (Participant 7, Survey Questions, March 2016)

A spiritual connection...That’s hard to describe. We can’t describe the wind, but we feel it. Right? Like an essence – like it’s hard to describe
love but you feel it... it’s really hard to describe. I’m just trying to come up with a word that makes sense. The connection I feel is so beyond what I’ve ever felt. I only recently got my first pet, as a gift from a neighbor who suddenly moved. I had no clue that I could be that connected with a dog. Had I known, I would’ve done it a lot sooner.

( Participant 11, Survey Questions, March 2016)

She continued,

I would say that I feel closer to my dog than I’ve ever felt to any person- it’s very nice and that’s why it feels so spiritual to me. It’s opened up a part of me hasn’t ever been before. It’s opened me up and made me more compassionate and made me more appreciative.

( Participant 11, Survey Questions, March 2016)

“Most definitely, and it’s a little “out there”. I currently have five miniature schnauzers-had them all my life. I would say with my newest addition – she’s four now – but when I got her as a puppy, it probably sounds really strange to say but I totally believe that she was a reincarnation of one of my dogs that I had had when I was young because of some of the mannerisms she had. She is attached to me at the hip, first of all. Some of the looks that she gives and the behaviors that she does are so reminiscent of this dog that I was crazy about when I was young that there is definitely a different connection with her than there is with my other (Participant 9, Survey Questions, March 2016).
Yeah, I feel the closest to my current pet almost as – sometimes I wonder if I could like any other animal as much as I like the cat I have now. She’s been very comforting, endearing – like trusting moments and emotional moments, so yeah I would say that it might feel like we’re really connected in that way. (Participant 16, Survey Questions, March 2016)

Based on these comments, it would seem understandable that patients will relate and be comforted by the presence of an animal in sterile, hospital settings for many reasons.

Theory on Approaching Hospital Administration

From one of the most senior of those interviewed comes the most practical evaluation. Her viewpoint was very direct and to the point.

It’s important to remember that pet therapy has to be regarded as important by an institution. But maybe my institution doesn’t want to allow pet therapy, so if I can’t utilize it, I can talk about it – I mean the reason we have the pet therapy is not because some department had thought of it, it’s because the physicians here in radiation ask for it.

That’s why we have it. Otherwise, we would not have it is my sense. (Participant 17, Survey Questions, April 2016)

She continued,

It’s imperative to get buy-in from the institution. Believe me, it’s easier to say no then yes. That’s the issue. The issue is the conversation
between the patient and the CEO’s, or to the board members, whatever it takes, to get the institution’s attention about the need for the patients and staff’s well-being before things will improve. Then the research can be done to see what other organizations do. But I think always hearing about the patient’s experience from the patient directly produces the strongest information and these suggestions weigh heavily… if a donor would do that, (meaning money and power)… making the suggestion, whether it’s a donor who has experienced AAI in some way in the organization and is making the suggestion or someone who loves animals and therefore asks that some of their donation to be put to use in that manner for pet therapy, that’s when it happens in my experience.

(Participant 17, Survey Questions, April 2016)

Further, she stated,

You see, everything in an institution is power and financially related. You have to address those two items and then the touchy-feely can be expressed. However, without the other two, the touchy-feely doesn’t mean anything, so however, you can sweeten the bottom line you will be more able to get the idea through to help the patients and staff. When you start bringing things [to the table] that are not bringing in money, like support groups and things that are very, very helpful to patients, but they don’t have a dollar [of income] beside them, then you have to give some voice to the fact, ‘how can it make money?’ ‘How
can it make things different’, ‘how can it make the institution stand out, so that the power and the money will come?’, ‘so that the patients will come…’, ‘that is what will make the difference in the view of those decision makers in the hospital administration. (Participant 17, Survey Questions, April 2016)
CHAPTER FIVE

DISCUSSION

Introduction

Animal Assisted Interventions such as therapy, education, and activities have been shown to be valuable in the intrinsic and unconditional love they provide to patients in hospital settings and cancer centers.

Better communication between the social workers, nurses, physicians, and volunteer organizations and the hospital administrators could provide an extraordinary amount of positive public relations, as well as healing of the staff and patients. This practice will promote health equity and improve psychosocial nursing and oncology care.

Having been dormant for nearly 20 years, researchers are currently discovering more empirical revelations about the talents of canines. Dogs helped look for victims following the September 11, 2001, terrorist attacks on the U.S. because dogs have an astounding sense of smell, or olfaction, which allows them to excel at search-and-rescue operations. Research has also proved that this innate ability also enables them to detect bombs. They can even sniff out chemical changes resulting from certain medical conditions, like cancer and diabetes by sniffing a vial of blood or urine from a patient even before a biopsy or MRI can detect it. Therefore, the study of how animals can help humans should be encouraged and nurtured.
Discussion

The researchers’ original hypothesis was that most medical social workers do not fully understand the concept or the value of the human/companion animal bond, nor have they had very much exposure to Animal Assisted Interventions, commonly termed Animal Assisted Therapy, in the work environment of medical and clinical settings. This hypothesis was correct. With the exception of three of the 18 social workers, none had received any formal training, coursework or was exposed to it in a textbook or course that they could recall during their educational experiences in university settings.

A second hypothesis, that hospital administrators are generally not aware of the benefits of this type of “unconventional” helping modality, and are therefore missing an excellent public relations opportunity for coverage by not completely embracing the concept. This researcher was not able to investigate as thoroughly as hoped on this hypothesis.

On the subject of spirituality in an animal, almost 50% of the participants indicated that they did believe there was something intangible, intuitive, and possibly even mystical about their own pets. Two persons indicated that a new dog who just joined the family was bearing very similar features and personality to one’s favorite, however deceased, dog. This question did produce some confounding for the participants, as most had
never been asked about it directly, and therefore struggled to put it in words, yet did not seem uncomfortable in their answering.

When offered the opportunity to learn more about Animal Assisted Interventions and the use of dogs (the most commonly used in facilities), without exception each of the 18 participants were enthusiastic about the opportunity, especially if it were presented as a hybrid, using a webinar for part of the workshop and a hands-on experience for the second half. Participants believed that an average of $75-$100 would not be unreasonable to ask if continuing education units (CEU’s) were offered by an accredited institution.

Biomedical creations have done wonders for patients in pain and healing, yet pain, depression, loneliness, and fear still lurk inside of the patient. The introduction of an animal can help ease that tension, especially if the patient has a pet waiting at home.

All social workers surveyed except one owned animals, because of the unconditional love, protection, bonding, and companionship that they get when they arrived at home. To deny patients in hospitals and cancer centers these same emotions, as many have animals waiting for them at home, seems cruel and heartless. During the initial evaluation of the patient, and later, it would be wise to ask about the status of the patient’s pet. Worry about the well-being of their pets while they are away can cause patients unidentified anxiety if not addressed. Social workers are in a unique position to inspire change in their own institutions.
Limitations

Admittedly, this researcher does have a great bias toward animals, having had an assortment of creatures throughout her lifetime surrounding her, especially while she was going through her own life-threatening illness.

It does appear that fear of patient contamination by animals and subsequent litigation may be partially responsible for the reluctance to use Animal Assisted Interventions more frequently. Proper veterinary care and grooming must be provided. All animals participating in AAI or AAA must be checked by a veterinarian during the selection process and on a regular basis. Therefore, familiarization of current knowledge of scientific research outlining the preventative measures taken to prevent zoonosis should be passed on to the proper departments, as well as the guidelines required of both animal certifiers, PetPartners and Therapy Dogs International as well as the CDC, to help them create their own hospital guidelines for volunteer therapy dogs and their handlers.

Another limitation is that while there appears to be a strong interest in integrating Animal Assisted Interventions at more hospitals and cancer centers, getting the information to all of the participants and their cancer centers or hospitals appears to be daunting in creating and implementing a training program. While the idea sounds exciting, investment in time and volunteer hours to create this program seems impractical to this investigator at this time. Governmental funding streams and grants would be necessary.
Another limitation to seeing this program grow is that there is no financial assistance given to volunteers for regular veterinary checkups and grooming, such as the Veterans Administration offers to their veterans. The addition of a free lunch or a stipend for gas would be generous, considering most handlers volunteer their services because of the love and the heartfelt feedback that they get from helping patients by brightening their day with a visit from a furry friend. The maintenance of these animals can add up quickly, and volunteers can experience burn-out if not shown appreciation.

When implementing AAIs, the cost of the care of the animals’ owners needs to be considered. This includes food, shelter for the animals, grooming, and toys, veterinary costs for health maintenance and incidental events. At this time, there is no reimbursement code for AAIs. Some of the cost could be decreased through donations to the program and then passed on to the volunteers.

This study did not address the possibility of insurance billing for AAI, as only one person interviewed had an additional private practice. However, it should be noted, according to the Delta Society (2005), “AAT conducted by a credentialed therapist (e.g., occupational therapist, physical therapist, master of social work) may be a third party billable service”. For AAT to be a billable service, the credentialed therapist must develop an individualized treatment plan incorporating an animal, with goals, interventions, and anticipated outcomes. The credentialed therapist must also provide documentation of the
plan, progress, and outcomes. AAT is a modality used by a therapist to help achieve a set of established goals that remain whether the animal is involved or not” (Morrison, 2007, p. 59). AAIs may be considered a modality that is incorporated into treatment plans. Arkow (2004) reported “a nursing home in Missouri was reimbursed by health insurance companies after citing evidence that AAIs improved outcomes of occupational and recreational therapy interventions.”. Similarly, “A rehabilitation hospital in New Hampshire bills third-party payers for AAIs as a modality. Documentation that includes progress notes with measurable goals and outcomes has led to reimbursement by health insurance companies” (Morrison, 2007, p. 59).

In contrast, Animal Assisted Activities (AAA) would be included in routine patient care plans and therefore would not be a separately billable service.

Conclusions

Social workers who work in medical settings are the most likely resource a nurse would call when a patient is in distress if no regular volunteer organizations are available. Nurses, social workers, the dog handlers and the volunteer office at the hospital should work together to design a workable system to address better patient exposure. Improved communication needs to happen between all the interdisciplinary teams of professionals, and a system put in place to help with patient care.
Social workers can be helpful in assisting in the implementation of creating an in-house team, as several leading hospitals have done or out-source this need by collaborating with an already established Animal-Assisted Therapy organization.

Forward-thinking hospitals such as Mayo Clinic and Mt. Sinai in New York City have included this holistic form of therapy for some time. More than a dozen dogs with trained handlers provide a welcome distraction as they visit specific floors and a visit can even be requested. Their presence helps reduce stress and anxiety that can accompany hospital visits. Lowering blood pressure, reducing pain levels, and helping to overcome depression seems to occur with patients who get to interact with an animal.

If social workers had more knowledge and understanding of the unconditional love and healing that a visit from a nonjudgmental, completely loving animal can do to a patient who is in pain, or depressed, or perhaps even noncompliant with medication or treatment, they could be an even greater asset to the therapeutic team. By becoming familiar with the different volunteers and their animals, the medical social worker would be able to assist in the patient’s recovery beyond simply providing resources and occasional calming, therapeutic conversations.

In the coming years, as the baby boomers are graying and demands on the healthcare system increase, there are bound to be frustrations and disappointment in modern healthcare. The burdens on the system will exceed
the ability to properly comfort every patient. There will be an increased need to find adequate measures for the relief of pain, depression, loneliness, and other medical issues, rather than turning to the easy alternative - addictive pain medications. Social workers must be educated about AAI in order to offer non-invasive solutions backed by empirical evidence-calling on the dogs, so to speak, and letting the four-legged therapists go to work.
APPENDIX A

INFORMED CONSENT
INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the beliefs about Animal-Assisted Interventions (AAI) among medical social workers in hospital settings. This study is being conducted by Gyda Deahn Boyd, a social work graduate student from California State University, San Bernardino, under the supervision of Dr. Rosemary McCaslin. The results will be conveyed to the California State University San Bernardino School of Social Work. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

PURPOSE: The purpose of this study is to explore beliefs among medical social workers about Animal-Assisted Interventions in hospital settings.

DESCRIPTION: You will be asked a set of questions about Animal-Assisted Interventions and your perceptions about this method as a healing modality. Your opinions will help expand understanding of Animal-Assisted Interventions and medical social work practice.

PARTICIPATION: Your partition in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at time without any consequences.

ANONYMITY: Your response will remain anonymous and data will be reported in group form only.

DURATION: It should take no more than one half hour.

RISKS: There are no foreseeable risks to the participants by taking part in the study.

BENEFITS: Each participant will be offered a $10 gift card for their contribution.

CONTACT: If you have any questions or concerns about this study, you may contact Dr. Rosemary McCaslin at 909-537-5507 or email: rmccaslin@csusb.edu.

RESULTS: Please contact the Pfau Library on Scholarworks at California State University, San Bernardino website: http://library.csusb.edu/ after December, 2016.

The audiotape can be studied by the research team for use in the research project. YES NO

This is to certify that I have read the above and I am 18 years or older.

Place an X mark here Date

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393
APPENDIX B

QUESTIONNAIRE
BELIEFS ABOUT ANIMAL ASSISTED THERAPIES
AMONG MEDICAL SOCIAL WORKERS

**For office use only: Investigator_________________________ Participant #_____________________

1. Can you please describe the setting/job description in which you work?

2. What are your duties?

3. Do you now or have you ever owned a pet?

4. If so, what kind?
   a. Can you please tell me why you own a pet?
   b. How long have you owned it?

5. Can you please tell me about any contact or experiences you have had with animals in a medical setting?
   a. Please describe the interaction.
   b. Was it with the animal and yourself? Or the animal and the patient?
      Or something else?
   c. Can you please describe this interaction?

6. Were you given information regarding animal-assisted therapies during any time that you have been in your profession?
   a. What type?
   b. For what purpose or specific therapy?

7. Have you ever been curious about what kind of therapy animals provide to patients?
   a. Why?

8. What do you know about this method of helping patients who are in pain, who are suffering from depression or who are non-compliant?
   a. Please describe.

9. Are you aware of any particular charting procedures used to indicate whether a patient wished to have an animal visit during their stay?
   a. What are they?
BELIEFS ABOUT ANIMAL ASSISTED THERAPIES
AMONG MEDICAL SOCIAL WORKERS

10. According to some sources, health care workers are susceptible to burnout due to compassion fatigue, or a generalized professional trait of empathy and a desire to help.
   a. Have you ever had an experience like this?
   b. What did you find helpful for your own self-care during this time?

11. Would having an animal petting opportunity near you be helpful for your own personal self-care?
   a. Why?
   b. Why not?

12. Think back to your days of social work schooling. Did you have any classes that involved discussions about animal-assisted interventions?
   a. What were they?
   b. Where they positive?
   c. Negative?

13. Would general knowledge about the training requirements and uses for animal-assisted therapy be helpful to you in your work today?
   a. Why
   b. Why not?

14. Would an orientation on this method of patient treatment be important to you at this time?
   a. Yes
   b. No
   c. Why

15. What would be the best way to get information to you regarding education on explaining this training and use of animal-assisted therapy?
   a. Email?
   b. Direct contact with a person who works in this field?
BELIEFS ABOUT ANIMAL ASSISTED THERAPIES
AMONG MEDICAL SOCIAL WORKERS

c. An online video explaining training and uses of animal-assisted therapy?
d. Other ideas?

16. Would you be willing to pay for a course in this intervention?
   a. Why or why not?

17. If it included Continuing Education Units, would you be willing to pay for a course?
   a. What do you believe would be a fair cost for this course?

18. The human-animal bond is known to feel very powerful and comforting to humans. Regardless of your religious preference, have you ever felt a spiritual connection with an animal in your life? Can you please explain?

19. Are you trained to perform this type of therapy?

20. Would pet therapy be a distraction to you in your place of employment?
   a. Describe any type of describe these?
   b. Do you think this would interfere with your ability to do your job?
APPENDIX C

DEBRIEFING STATEMENT
DEBRIEFING STATEMENT

Thank you for your participation. The information you provided will be used to evaluate the beliefs of medical social workers with regards to animal assisted interventions and its use in hospitals. Also, it may be used to help inform hospital administrators of the need that is seen from the viewpoint of the medical social worker. Additionally, this research may help to enlighten curriculum developers and educators that there is a demand and a need for exposure to the human-animal bond and how it translates to the effectiveness of animal assisted therapy in many settings. If there appears to be an interest in learning about this intervention, the investigator will provide an information session on this topic at a later time.

Confidentiality is a priority; the participants’ names will not be released, and each participant will be assigned a number. This session has been audiotaped and will be used to listen for key words and themes. All recordings will be transferred to a flash drive, all files shall be password encrypted, and the flash drive will be kept in a locked drawer in investigators office. The files will be deleted after one year.

If you have any questions about this study, please contact Dr. Rosemary McCaslin @ 909-537-5507 in regards to the research which was conducted by Gyda Deahn “Dee” Boyd. Results will be available at California State University, San Bernardino campus located in the Pfau Library after December, 2016.
Instructions

For office use only: Investigator ___________________ Subject # ___________________

This survey is designed to study your beliefs about animal-assisted interventions and medical/hospital settings. Your identity and answers will remain completely anonymous. The investigator will be audiotaping this session to gain an understanding of your answers.

Demographics

1. Where are you currently employed? ____________________________

2. What is your current job title? _________________________________

3. How many total years have you worked as a medical social worker? ___ Years ___ months

4. How many total years have you been a social worker? ___ Years

5. Do you have a private practice? __________

6. Do you incorporate animals in your therapy? ______

7. Are therapy animals used in your current setting? _________

8. If yes, how often are they there? ________________

9. What is your gender? _____ Female _____ Male _____ Other

10. What is your current age? ____ Years

11. What is your highest level of formal education? (Circle)

   a. Some College  b. Associates Degree  c. Bachelor’s Degree  d. Master’s Degree  e. PhD

12. Do you hold a licensed or hold a particular designation?  LCSW  LMSW  OCSW

13. What is your ethnicity?

   a. American Indian or Alaska native____
   b. Asian or Asian-American____
   c. Black or African American____
   d. Hawai’i and or other Pacific Islander____
   e. Hispanic or Latino____
   f. Caucasian____
   g. other: (specify) ________

ADDRESS for Gift Card?
APPENDIX E

INTERNAL REVIEW BOARD APPROVAL
Proposal is:

[ ] approved
[ ] to be resubmitted with revisions listed below
[ ] to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

[ ] faculty signature missing
[ ] missing informed consent [ ] debriefing statement
[ ] revisions needed in informed consent [ ] debriefing
[ ] data collection instruments missing
[ ] agency approval letter missing
[ ] CITI missing
[ ] revisions in design needed (specified below)

Committee Chair Signature

Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student
REFERENCES


home-study


United States of America, U.S. Department of Labor, Bureau of Labor


