Dementia Behaviour Management Advisory Service (DBMAS) Vic.

1800 699 799
24 hour Freecall™

Animal Assisted Therapy
(Pet Therapy)
in Dementia Care

2012
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(Pet Therapy)
in Dementia Care

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Includes: ‘Animal Assisted Activity’
‘Simulated & Robotic Pets’ for Therapy
These guidelines were developed by the Dementia Behaviour Management Advisory Service (DBMAS) Vic, under the auspices of St Vincent’s Ltd (Melbourne).
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CLINICAL PRACTICE GUIDELINES FOR THE USE OF ANIMAL ASSISTED THERAPY AND ANIMAL ASSISTED ACTIVITY:

Definition:
Animal Assisted Therapy (AAT) or Pet Therapy refers to interactions with therapeutic goals between a person or group of people for whom the therapy is intended, and a trained animal facilitated by its handler (Barker and Dawson 1998). Animals commonly used in Animal Assisted Therapy include cats, dogs and/or birds, but horses and other animals can also be used depending on personal client needs.

AAT is reported to improve the physical, social, emotional, motivational and cognitive functioning of elders involved in the therapy (Greer et al 2001, Kowamura et al 2007, Richeson 2003). Some evidence demonstrates AAT can ameliorate Behavioural and Psychological Symptoms of Dementia (BPSD) (Filan 2006). Common therapeutic goals for AAT are to provide relaxation and pleasure but AAT can also reduce mood disorders such as anxiety, and/or depression (Barker and Dawson 1998).

AAT has also been applied to physical therapy or rehabilitation contexts such as brushing a dog with a stroke affected limb to improve co-ordination or muscle strength (Filan and Llewellyn – Jones 2006). AAT support dogs are trained to assist individuals with physical disabilities such as mobility and balance issues or epilepsy (Delta 2009).

Interactions with animals without particular therapeutic goals are described as Animal Assisted Activities (Kazuyoshi 2004). AAA provides similar health benefits as pet ownership or other involvement with animals. It can provide an opportunity to foster nurturing behaviour in persons with dementia (Laun 2003). An example of an AAA that can be organised at a residential care facility is a visit by a Mobile Animal Farm.

Therapeutic goals for Animal Assisted Therapy or Activities
- To provide an opportunity for people with dementia to express their emotions
- To provide meaningful communication opportunities through interacting with and talking about the animal
- To provide a sense of validation, role and purpose by taking care of and communicating with the animal
- To provide opportunities for reminiscence about past pets, stimulating long and short term memory
• To provide tactile/sensory experiences that elicit a sense of comfort and security
• To promote expression of positive social behaviours including smiling, laughing and eye contact

**Indications for the use of Animal Assisted Therapy:**

• Animal Assisted Therapy has often been applied effectively as a non pharmacological intervention for people that have diminished life skills due to dementia, for example:
  - Social withdrawal
  - Poor short term memory
  - Poor long term memory
  - Reduced communication skills
  - Impaired spatial concepts
  - As well as reducing BPSD such as:
    - Apathy
    - Vocalising
    - Aggressive behaviour
    - Restlessness
    - Wandering and Intrusion
  - These therapies can contribute to the reduction of use of medications including psychotropic medications for behavioural problems (Schols and Van der Schriek-van Meel 2006)

**Individuals most likely to benefit:**

• Individuals who have previously enjoyed looking after domestic pets or being around animals
• Individuals with early stages of dementia may express interest or enjoy looking at, walking, stroking or brushing the pets.
• Those who have no known allergies to animals
• Those who have some vision and hearing and are in need of tactile stimulation
• Those who have no known fear or intense dislike of domestic pets or animals
• Those who have no history of having been abusive toward animals
GUIDELINES FOR ANIMAL ASSISTED THERAPY VISITS

- Engage or utilise only accredited pet therapy programs (such as Delta Society Australia) that provide trained animal handlers who have been police checked for criminal records, and have tested the temperament of the animal and found them to pass requirements for sociability and cooperation with their handler.
- Visiting animal handlers are responsible for the care of the pet and the safety of the residents and staff during their visits.
- The animal handler will introduce the animal to the individual who has been identified as eligible for AAT and will monitor and report responses to the therapy to care staff for documentation of the efficacy of the therapy. If the handler identifies a stress response from the animal or the person with dementia they are responsible for ensuring safety by for example, separating them so there is no potential for aggression from the animal.
- Ensure the pet therapy program you engage has adequate insurance cover for public indemnity and liability.
- Ensure the animal handler understands and complies with facility protocols, policies and procedures.

GUIDELINES FOR PETS RESIDING IN RESIDENTIAL CARE FACILITIES AND VISITING ANIMAL ASSISTED THERAPY PETS

The positive benefits of pets have been demonstrated to stimulate social interaction, reduce anxiety, combat depression and overcome some of the negative aspects of living in care but selection of suitable animals and appropriate care protocols need to be implemented.

For instance, all staff should be aware of the possible risk of cats and dogs as a source of infection with Salmonella sp. and Campylobacter fetus.

Infections that can pass between animals and people are known as Zoonoses. Khan and Farrag (2000) discourage animal visitation to people infected with or colonised by tuberculosis, salmonella, campylobacter, shigella, streptococcus group A, MRSA, ringworm, giardia and amoebiasis.

Infection control considerations:

- Provide hand-wipe cleansers or antiseptic hand rub to ensure that staff and residents are able to wash their hands before and after handling animals.
• Public health regulations stipulate animals are not permitted within food preparation areas, near or on dining tables, nor within clean areas used for dressing wounds

• Provide appropriate care and toileting facilities for animals such as drink bowls, “pooper scoopers”, cat litter trays or disposable lining paper for bird cages

Risk Management:

To minimise risk of harm or injury related to pets residing in the care facility and/or Animal Assisted Therapy (AAT), it is recommended that Pet Program protocols consider the following:

• Pets purchased as residential animals for care facilities are sourced from reputable breeders or animal welfare shelters such as the RSPCA

• The pet is assessed for suitable attractiveness, personality, temperament and training prior to engagement with residents. RSPCA recommend adoption of dogs over 7 years of age for the elderly as they have already been socialised and are less energetic than younger dogs

• Cats can be more suitable as residential facility pets as dogs are at risk of becoming overweight, burnt out and depressed (Ormerod 2005)

• Responsibility for the care of the residential pet is allocated to designated permanent staff members who monitor the needs of the animal and document care performance daily in a pet register

• Documentation of the registration, veterinary schedule for immunisation, worming, feeding program, housing of the pet, pet hygiene and any special care needs of the animal is kept up to date

• The pet is housed in an appropriate area away from clinical procedures and food service areas in accordance with public health regulations

• The pet is fed, has a fresh supply of water, is exercised, bathed and treated against fleas and worms regularly as per veterinary advice

• The pet is confined to an agreed designated area, and not permitted to stray

• The pet is not to be subjected to abuse or neglect by residents or staff

• Ensure there are rules for therapy animals and family pets that visit so that the possibility of conflict between the visiting animal and the residential therapy dog is avoided (e.g. that they be kept on a leash for the duration of the visit or kept in separate areas within the facility or muzzled)
Special Notes and Precautions:

- Person centred assessment is needed prior to the introduction of an animal. A personal history of physical injury, allergy, phobia or animal abuse would mean AAT is contraindicated to ensure that therapy is not a stimuli for negative feelings or affect
- AAT should never be forced on individuals with dementia who show no interest
- Be mindful of individual or cultural preferences for particular animals – i.e. cat lovers may not engage with dogs and vice versa, whereas some people love all animals
- Not everyone will respond to this therapy, depending on their background and previous beliefs/interactions with animals. If they didn’t like pets before, they are less likely to respond in a positive and therapeutic way

TIPS FOR SUCCESSFUL MOBILE FARM VISITS

- Plan the mobile farm visit for a time when family and friends of residents can be involved such as weekends
- Encourage involvement of volunteers to supervise and assist residents during the farm visit
- Be mindful that community members will also be attracted to the animals so expect additional guests
- Schedule mobile farm visits during seasons of mild weather
- Have the farmer identify any animals to be wary of and ensure safety at all times
- Establish expectations about set-up and clean-up activities with the farmer prior to the farm’s arrival
- Ensure the farmer has some understanding of the resident’s functional and/or cognitive abilities
- Set up the farm enclosure in a paved area such as a car park
- Provide plenty of safe seating around the animal farm enclosure
- Ensure the secure animal enclosure accommodates wheelchair access and has clearly labelled entry and exit points
- Provide adequate shade for residents, visitors and the animals and provide hats, sunscreen and drinks as necessary
- Provide containers for water for the animals
- Supervise all residents during involvement with animals
- Contain the length of the visit to a couple of hours to avoid over stimulating the residents and the animals
• Ensure interested residents who are bed ridden have opportunity to engage with smaller animals in their room
• Be mindful of risk of allergy, skin tears and sad or negative memory associations in the elderly
• Take lots of photos to have a visual record to stimulate discussion afterward

GUIDELINES FOR SUPPORTING PETS IN THE COMMUNITY

The person with dementia may need assistance to continue to care for their pets in their own home. The effects on cognition and memory that occur in the person with dementia can adversely impact on the quality of care that their pets receive. Ensuring that pets are well cared for is complex, with needs such as:

• Food and fluids
• Regular vet checks including worming, flea treatment and vaccinations
• Grooming, opportunity for exercise and positive interactions including petting
• Appropriate arrangements for toileting and adequate cleaning of surfaces and items that may be soiled

These needs are necessary for a healthy pet and owner and to optimise the human/animal relationship. The person with dementia who is unable to meet any of these needs may be simply manifesting symptoms of their condition rather than neglecting the animal. The pet is most likely a much loved companion, a reference point and a source of familiarity and as such, an important part of the person’s daily routine. Therefore, removal of the pet may be traumatic and exacerbate their BPSD. If possible, supports to help sustain the relationship may include:

• Pet health insurance starting at ~$10 per month to reduce veterinary costs
• A roster of family/friends or neighbours to help with care
• Engagement of volunteers or paid service providers
• Assistance from HACC providers

Where a person with dementia is reluctant to receive care services themselves in their own home, having carers coming to the home on the pretence of assisting with the animals can be a useful and discreet way of keeping others involved and engaged in the person’s life.
If the person needs to move into permanent care where pets are not able to accompany their owner animal adoption options should be identified.

**Special Notes and Precautions:**

If supportive interventions to maintain the pets in the community with the person with dementia are unsuccessful, Concerns about animal welfare should be raised with the local RSPCA (see useful web links for contact details).
PET HEALTH INSURANCE LINKS

Medibank Pet insurance
T: 132 331

Real Pet Insurance
T: 1300 106 465

1300 Insurance
T: 1300 467 872

Pet Insurance Australia
www.petinsuranceaust.com.au
T: 1800 043 552

Pet Plan Insurance
www.petplan.com.au
T: 1300 738 225

Pet Sure
www.Petsure.com.au
T: 02 9842 4800
USEFUL WEB RESOURCES:

Animals Australia Inc.  
www.animalsaustralia.org  
A national not for profit animal protection agency that investigates and exposes animal cruelty

Anthrozoology  
www.anthrozoology.org  
Features:  
• Access to multidisciplinary research into human animal interaction.

Topics include:  
• Dog ownership and human health-related physical activity  
• investigating the link between companion animals, physical health and psychological health  
• use of animals in therapy for human illness (Animal Assisted Therapy)  
• animals, allergies and zoonoses  
• the concept of "attachment"  
• companion animals and childhood immune function  
• identifying the link between pet ownership and reduction of cardiovascular risk factors  
• cruelty to animals and the link to domestic violence  
• companion animals as social facilitators

Australian Directory of Human Animal Interaction Programs  
www.humananimalinteraction.org.au/category/therapy  
This directory provides a central portal to access links and contact details for specialist companion animal services helping people in need around Australia. Browse by categories and/or States and Territories for services related to animal assisted therapy, pet loss and grief, research and education and international services.

Delta Society Australia Ltd  
www.deltasociety.australia.com.au  
A non profit organisation aiming to promote positive human animal interactions.  
Programs offered:
• Therapy dogs program: Animal assisted therapy teams visit Aged Care facilities for recreational, diversional and play activities to enhance the quality of life of residents
• Dog training and Canine education program
• Dog safe program

Don’t Fret Pet
www.dontfretpet.com.au

National holiday care service for pets. T: 1300 307 021

Oz Doggy

Features:
• Links to numerous pet rescue and animal adoption agencies and dog sitters or dog walkers from around Australia

Pet Care Information and Advisory Service Australia Pty Ltd
www.petnet.com.au

Features:
• Selection criteria for suitable pets for pet adoption: try the select a pet quiz to choose the right animal for you and your environment.
• Information about responsible pet ownership
• Pet sitters and dog walkers

RSPCA: Royal Society for the Prevention of Cruelty to Animals
www.rspca.org.au

Features:
• Location of animal adoption sites and animal shelters
• Companion animal information related to:
  o Choosing a new pet
  o Pet ownership
  o Caring for a new pet
  o Dogs, Cats, Fish, pocket pets, birds and exotics
  o House and Garden dangers
  o Pet grief
ANIMAL ADOPTION

Re-homing pets on person’s admission to residential care:

- Lort Smith Animal hospital has a Heart and Home program that finds new homes and carers for pets of people who can’t keep them because of frail health or death. T: (03) 9321 7213.

Adopting an animal for a residential care facility:

Animal adoption through RSPCA (Royal Society for the Prevention of Cruelty to Animals) helps re-home abandoned animals that are healthy, friendly and suitable for adoption. Costs to adopt include a pre-adoption health check, vaccination; worming and flea treatment and proceeds go to continuing the services provided by the RSPCA. An adult dog costs $210 or dogs older than 7 years that are recommended for the elderly are discounted to $155, a cat costs $85.

Support is provided by animal behaviourists at the adoption centre throughout the process of settling the animal into their new home. The cost of animal adoption from the RSPCA is less than prices of animals from pet stores or some breeders.
THE LOSS OF A COMPANION ANIMAL AND THE GRIEF OF THE PET OWNER

Pet owner’s sense of grief at the loss of a companion animal is often underestimated but the grief is real. The depth of the human animal bond can equal or in some cases surpass the bonds that exist between people (Durkin 2009). It is important to understand the significance of the pet to the bereaved person and the emotional attachment to the pet that may have been considered a child substitute or best friend.

The process of grieving a pet can be very similar to that of a human but it can be complicated for older adults by:

- The painful decision about the need for euthanasia if the animal is suffering.
- Awakening concerns about one’s own mortality and evoking memories of previous losses causing increased sense of sorrow and loneliness.
- Additional losses related to the role of the pet in the person’s life such as
  - providing a sense of security and companionship
  - opportunities for interactions with others,
  - tactile affection
  - a focus for one’s life, a reason to get out of bed and exercise
- Financial limitations influencing the ability to afford medical care for the ailing pet, thus forcing decisions about euthanasia.
  - Access to support services can be costly.
  - Inability to acquire a new pet maybe due to financial constraints or restrictions imposed by their place of residence or fears they will predecease the pet.

Parallels with the stages of grief identified by Elizabeth Kübler Ross have been made related to pet loss. They are shock and disbelief, anger, alienation and distancing, denial and guilt, depression and resolution. The stages do not occur in linear sequence.

- The initial stage is one of intense suffering; the person may feel overwhelmed, unable to comprehend the loss, numb, helpless and heartbroken.
- The second stage the person feels the animal has been taken from them leading to anger and irrational blaming of self and others.
- Delayed denial may mean the person senses the presence of the pet or fantasises it is still alive. This is why vets allow viewing of the deceased pet’s body.
- The fourth stage people can feel remorseful believing they could/should have done more for the animal to prevent its death. They may feel guilt regarding euthanasia.
- Depressive feelings can exist throughout the grieving but the most intense feelings usually subside within a few days.
Resolution is a sign of healing and moving forward incorporating memories of the pet and embracing the love while getting on with life. Resolution is complete when the person can recall without tears, time spent with the pet and may contemplate bonding with another pet (Sife 2005 cited in Durkin 2009).

Helping the bereaved person with dementia:

- Acknowledge the loss: despite cognitive changes the person with dementia may sense something is amiss. Compensate for the person with dementia’s memory deficits by setting up a visual reminder in the form of a display of sympathy cards and a photo of the deceased pet.
- Gently inform them once the pet has died and assure them that (s)he and the deceased are fine
- Allow time for the person with dementia to process the information and react (e.g. by crying)
- Provide a comfortable safe /familiar setting for the person with dementia to express their grief freely
- If the person with dementia continues to ask “where’s my pet” respond by avoiding traumatising the person with dementia who will react each time they are told, as though it is the first time they’ve heard the death news. Say “the pet is not here now” and ask where (s)he thinks the pet might be. Check their recollection of the death and/ or current reality.
- Redirect the person with dementia from thinking to feeling. E.g. if (s)he asks “is the pet dead? Respond by saying “yes, but it is OK, (s)he’s no longer suffering- what does it feel like for you now that the pet is no longer here?”
- Explore what memories the person with dementia may have of the pet.
- Encourage reminiscence about the deceased animal using pictures of the pet
- Listen empathically
- Reassure that decisions made relating to euthanasia were the best that could be made at the time
- Some people might like to hold a semi-formal graveside ceremony
- Some may memorialise the pet by listing cherished memories or writing a letter to the pet (Durkin 2009).
- Artwork or music can be alternate ways for the person with dementia to express their feelings of grief and loss (Patterson 2010).

NB: Prolonged grieving may require grief counselling or professional help
CLINICAL PRACTICE GUIDELINES FOR THE USE OF SIMULATED AND ROBOTIC PET THERAPY:

Introduction:

Simulated and Robotic Pet Assisted Therapies are both recreational therapeutic interventions for people whose stage of dementia progression is moderate to severe. Both therapies involve facilitating the development of a caring relationship between a person with dementia and an interactive toy or robotic pet.

A simulated pet can be a low cost, low maintenance substitute for a real animal when the person with dementia perceives it as a real pet. Robotic pets are expensive (although they do not require on-going care such as feeding, vaccinations, etc) but have the advantage of being more interactive and more durable. The other advantage is that they can be used with people who are sensitive or allergic to pet hair/fur. Individuals with moderate to severe dementia or Alzheimer’s type or mixed Alzheimer’s/Vascular pathology who display social isolation, reduced communication, apathy or agitation may be more suited to simulated pet therapy as they are more likely to perceive the toy as real and there is less risk of their involvement with the toy causing potential problems.

GUIDELINES FOR SIMULATED AND ROBOTIC ASSISTED PET THERAPY

Introducing the simulated or robotic pet:

It is recommended that all carers and family involved with the person with dementia are informed of the goals of these therapies. Some people may perceive it as being condescending or patronising toward the person with dementia if they do not understand the nature of dementia or the therapeutic values of this intervention. Moreover, the effect of the intervention can be undermined if there is inconsistency in how others interact with the simulated or robotic pet.

The way the simulated or robotic pet is introduced to the person with dementia is important to the success of the therapy. The approach used may differ for each individual but suggested approaches could include:

- Enter the person’s room, greeting them whilst drawing their attention to the simulated/robotic pet and then sitting down with them
- Observe how the person responds to the simulated/robotic pet. If they have not noticed it, bring it to their attention and invite their feedback. If the person appears interested and engaged, then ask if they would like to pat it or hold it
• Make general comments about the simulated/robotic pet, (e.g. comment on ‘his/her’ eyes/colour/coat/temperament) taking care not to identify it as a toy at this stage
• Observe how the person interacts with the simulated/robotic pet and whether they appear to be identifying with it as a real animal
• As an adjunct to simulated pet therapy, care facilities could construct a ‘Pet Corner’ by providing a dog/cat bed, kennel and pet accessories to provide an environment that facilitates the therapy and provides residents with opportunity for spontaneous engagement with the therapy

Special notes and precautions:
• Simulated and Robotic Pet Therapy should never be forced on individuals with dementia who show no interest
• Be mindful of individual preferences for particular animals – i.e. cat lovers may not engage with dogs and vice versa, whereas some people love all animals
• Not everyone will respond to this therapy, depending on their background and previous beliefs/interactions with animals. If they didn’t like pets before, they are less likely to respond in a positive and therapeutic way
• Person centred assessment prior to the introduction of this therapy may identify history of bad experience with animals (physical injury, allergy, abuse) to ensure that therapy is not a stimuli for negative feelings or affect
• Do not interfere with the image that the person with dementia has of the simulated or robotic pet if they are observed to be responding positively to the therapy. For example, if they perceive it as a real pet, avoid referring to it as a toy and handle it as you would a real pet; do not pick it up as you would a toy, for instance, by the leg or head
• Simulated pets are not a cure for BPSD but have been shown in research literature to diminish the frequency and severity of BPSD in some individuals with dementia when used in an informed way (Fritz et al 1995, Churchill et al 1999, McCabe et al 2002, Richeson et al 2003, James et al 2006, Perkins 2008)
• Animal representational toys should be interactive and as life-like as possible in terms of appearance, weight, sound emitted, smell and texture
• The type of representational pet selected should match the person’s cultural background and social history where possible. For instance, it may be more meaningful for the person to interact with a dog/cat/bird that approximates the breed and size of the pet they previously owned
• If the person is continually looking for their pet, it may also be beneficial to match the type/breed and size of the representational pet that the person is seeking, for instance do not substitute a Labrador toy pet if the person with dementia is looking for their Chihuahua
• It is critical to monitor the person’s engagement with representational pets and if the person is in a care facility or receiving support from multiple carers, to document and handover how other carers can most successfully apply this strategy.

• The success of animal assisted therapy, simulated and robotic pet therapy is often contingent on a ‘window of opportunity’ where the person’s stage of dementia and previous social role merges to create an altered reality. Thus, if this therapy does not work initially due to the progressive nature of dementia, it is possible to reintroduce the pets/toys for trial, (e.g.: 6-month) at a later stage.

Interaction and use of these therapies:

• Mirror the person’s response in how you respond to the simulated pet/robot i.e.: only act as if it is a real animal if the person themselves appears to exhibit that belief.

• Ask if they would like to look after the pet whilst you attend to other duties, reassuring them that you will return to pick up the pet.

• Leave the dog lead/cat bed/bird cage with the person with dementia and reassure them that the pet will sit quietly in your absence.

• Explain that the pet has already been fed but have a supply of dried pigs ears or denta-bones on hand in case the person with dementia attempts to feed the pet, these treats can be substituted.

• Monitor and evaluate the success of the intervention in providing the person with pleasure, meaningful activity and diversion from the BPSD you are trying to target.

• Determine the best times to use this form of therapy in terms of patterns in the person’s BPSD and incorporate this into the person’s routine/care plan.

• At times it will be necessary to remove the simulated/robotic pet from the person, i.e. for meal times/showering etc. This will need to be done thoughtfully as some individuals may become anxious, threatened or extremely protective and defensive in their reactions. Offering to take the pet outside or to get some water maybe be used as feasible reasons for why you are taking the animal away.

• Always reassure the person that you will bring their pet back.

Cleaning instructions:

• Follow washing instructions stated on the toy pet – many are surface wash only. For example, the “FurReal” product instructions state: “To clean your FurReal Friend, brush it’s fur with a soft brush and wipe it down with a damp cloth. To prevent staining, clean any dirt off the FurReal pet as soon as you notice it. Never put a FurReal pet in the washing machine. If the FurReal pet gets wet, remove the batteries immediately and allow it to dry. Replace the batteries when it is completely dry.”
• Never leave the pet in direct sunlight or near a strong heat source, as high temperatures can damage the pet”. See http://www.hasbro.com/customer-service/
• Wash hands before and after handling the simulated/robotic pets for infection control concerns and to minimise soiling the toy
• Clean plastic surfaces on simulated/robotic pets with bactericidal wipes after use

TOYS AND SUPPLIERS FOR SIMULATED PET THERAPY

‘FurReal Friends’ (a range of interactive animals, including different breeds of dogs, cats and birds) are available for purchase from department stores such as Toys ‘R’ Us, K-Mart, Target or internet purchase on: www.hasbro.com/furreal or www.amazon.com. These interactive pets vary in price from $20.00 to $200.00.

Interactive medium sized dog Cookie My lovin pup (pictured) is available from Toy Xperts in Sydney for ~$50. For further details, please contact Vanessa on: (02) 9702 7266 or via email at: vanessa@toyxperts.com.au.

A range of small dogs such as Shih Tzu, Maltese, Papillion, Schnauzer, Yorkie, and ‘Tea Cup Pup’ are also available for between $20.00-25.00 These are less interactive.
Realistic non-interactive stuffed toy dogs can also be an alternative to trial as a therapeutic option.

Toys close to real life size are available from:

**Paws Point Pet Deli & Boutique**
T: (02) 9360 6463 (Prices range from $22.95 - $70.00, dependent on size)
A: 50 Macleay Street, Potts Point, NSW 2011

**PARO: THE ROBOTIC SEAL**

Paro is a therapeutic robot baby based on Canadian harp seals. It is designed to calm and elicit emotional responses in patients of Japanese hospitals. The robot has tactile sensors and can respond to petting by moving its tail, opening and closing its eyes or showing surprise, happiness or anger. It responds to sounds and can learn a name. It sounds similar to a real baby seal and is active during the day.

First designed in 1993, handmade versions of Paro have been sold commercially since 2004. Paro the seal is available from:

**Intelligent System Co. Ltd**
4316 – 1, Johhana, Nanto, Toyama
939-1865 Japan
E: [sales@intelligent-system.jp](mailto:sales@intelligent-system.jp)
Cost: approx $5,000.00
*NB:* Members of St Vincent’s Leisure Resource Library can borrow Paro for a number of weeks. For further information on borrowing and membership, please contact the Leisure Resource Library, (located at St George’s Hospital, Kew) on (03) 9816 8643.
DOCUMENTATION AND EVALUATION

Regardless of whether the person with dementia is in a care facility or living at home and receiving care from multiple caregivers, it is important to provide ongoing documentation, handover and evaluation for other carers to replicate and provide a consistent approach to the therapeutic goals. Documentation should include:

- The rationale and behaviours that are being targeted by the therapy
- The best times to apply the therapy in terms of the person with dementia’s known triggers and BPSD patterns
- Strategies that have been successfully used for introducing:
  - A simulated pet, engaging with it and for removing it
  - Animal assisted therapy
- An evaluation of the impact of the particular therapy on the incidence/severity of the BPSD

THE EVIDENCE BASE: A Literature Review

Contact with other kinds of living things enables us to be healthy. People come to terms with their own animal nature by feeling the rest of the living world around them (Beck and Katcher, 1996: xiv).

Wilson (1984) coined the term “biophilia”, meaning “love of living things”. He believed we are human largely due to our innate affinity with other organisms and the natural environment. Wilson’s controversial theory was based originally on the study of insects, but researchers started to seriously explore the connection between nature and human health. Studies by Ulrich (1991) showed that patients recuperating from heart and abdominal surgery in rooms that overlooked trees recovered more quickly and needed less pain relief than patients in rooms facing a brick wall. He demonstrated that just looking at a picture of trees or water can help lower blood pressure and release muscle tension.

The lowering of blood pressure and an increase in neuro-chemicals associated with relaxation and bonding is thought to be the physiological reaction responsible for the efficacy of pet therapy. These effects are evident in humans and pet dogs after quiet interaction (Odendaal & Meintjes 2003).

Laun (2003) claims pet therapy is a centuries old treatment that is only now being validated by scientific and anecdotal data. He recommends its use in care planning for persons with dementia to reinforce or teach cognitive and memory skills, daily living skills, spatial and comparative skills, sequence of events, motor skills, and social skills.
William’s and Jenkins (2008) reviewed literature around the effectiveness of dog visitation in dementia care settings and found anecdotal evidence that it brings benefits such as relaxation, reduction in apathy, agitation and aggression and lowering of blood pressure. They warn that multidisciplinary planning is required to ensure stringent health and safety protocols and procedures are in place.

However there is increasing evidence that supports the use of animal assisted therapy. Researchers report statistically significant findings of reduced agitated behaviour and increased social interaction in older adults with dementia who were involved in animal assisted therapy over a period of weeks or months (Kowamura et al 2007, Richeson 2003 and Sellers 2005).

Martindale (2008) found passive behaviour and mood were significantly improved in nursing home residents involved in animal assisted therapy. In the same way, Baun & McCabe (2003) reported caregivers also benefited from reduced physiological stress by petting the companion animal.

More specifically, a study by Motomura et al (2004) found that residents with dementia regarded dog therapy positively and found it stimulated their interest. They concluded animal assisted therapy has the potential to influence the mental state of person with dementia. McCabe et al (2002) reported that the presence of a residential dog in an Alzheimer’s special care unit decreased the occurrence of behavioural disturbance of people with dementia during the daytime.

Perkins et al. (2008) reported that research suggests that dog contact ameliorates BPSD in people with dementia regardless of the degree of disease progression. The tactile comfort, companionship and facilitation of social interaction of dog contact were beneficial for older people. AAT induced a positive mental attitude and reduced the negative impact of living in a residential aged care facility. The non-verbal communication of dogs were reportedly “more friendly, non-judgmental and conducive to social behaviours than those of the best intentioned staff members” (Perkins et al. 2008 p.177).

Filan & Llewellyn-Jones (2006) argue that the duration of the effect of animal assisted therapy on BPSD has not been explored and the relative benefits of a resident pet versus visiting pet is not clear.

Research findings about animal assisted therapy that used other animals are also promising. Edwards & Beck (2002) studied the effect of the presence of fish aquariums in the dining room on nutritional intake of individuals with Alzheimer’s disease and found intake improved significantly and need for dietary supplementation reduced leading to cost savings over the period of the study.
SIMULATED PETS

The therapeutic benefit of simulated or robotic pets has not gone unnoticed. Greer et al. (2001) studied the effect of the use of toy cats compared to live animals on the communication patterns of patients with Alzheimer’s type dementia. The live cats had the greatest influence on the total number of words used, more meaningful communication and more initiation of conversation.

Nakajima (2001) introduced a therapeutic program for people with severe dementia using animal shaped toys (a dog, a tiger and a gorilla) and found that most of the participants were interested in the toys, especially the dog, and that they seemed happier and less agitated.

Kramer S et al. (2009) compared the effects of human interaction, animal assisted therapy and robot assisted therapy. They found that all three stimulated residents with dementia to initiate conversation, touch and look at other individuals, and provided contacts with the outside world. Both the live dog and the robotic dog (ABIO) stimulated the resident social interaction more than just the visitor. The ABIO induced longer looks and more resident initiated conversation than the live dog and provided a positive source of social interaction. Production of the AIBO was discontinued by Sony in 2006; however promising results have been obtained from other robotic toys.

Guizzo (2009) reports a long term study of the effects of cybernetic pets on dementia is under way in Denmark using ‘Paro’ a robotic seal. Artificial intelligence software changes the robot’s behaviour based on a host of sensors that monitor sound, light, temperature, and touch. Paro learns to respond to words its owner uses frequently. If it’s not getting patted, it cries. The researchers distributed 30 robotic seals to residents of nursing homes with various levels of dementia. The study will continue for several years but early reports are that Paro makes people feel better and promotes communication with caregivers and others: “You see people who had lost language pronouncing words or talking to Paro as if it was a pet they had in the past,” she says. “You even see very debilitated people who can’t take care of themselves but want to take care of Paro” (Guizzo 2009, p. 1).
REFERENCES/FURTHER READING


APPENDIX 1.

VICTORIAN CONTACTS:

ANIMAL ASSISTED THERAPY PROVIDERS-

Melbourne Pet Partners Branch
T: (03) 9654 8000
E: melbourne@deltasocietyaustralia.com.au

Delta Society Australia Ltd - (NSW)
T: (02) 9797 7922
E: hollee@deltasocietyaustralia.com.au

Bendigo Pet Partners Branch
T: 0419 875 899 (Lisa Dewhurst)
E: Lisa.Dewhurst@bendigobank.com.au

Righteous Pups (Bendigo)
www.righteouspups.org.au
T: (03) 5435 4108

Geelong /Bellarine Pet Partners Branch
T: (03) 5255 5888
E: petpartners_geelong@iinet.net.au

Ballarat Pet Partners Branch – (sub branch of Geelong/Bellarine)
T: (03) 5345 1117
E: kathyannel@bigpond.com

Mildura Pet Partners Branch – (sub branch of Sydney)
T: (03) 5025 7456
E: bronwyn.welsh@bogpond.com

ALTERNATIVE PROVIDERS

Victorian Canine Association
DOGS Victoria Therapy Team
T: (03) 9889 4415

Lort Smith Pet Therapy Program – PALS: Pets Are Loving Support
T: (03) 9328 3021
E: wlake@lortsmith.com
Wesley Do Care Pet Pals
T: (03) 9762 5211
E: docare@wesley.org.au

Dogs Victoria
www.dogsvictoria.com.au

TRAINING FOR ANIMAL ASSISTED THERAPY

Lead The Way
Provides professional networking and training for therapy dogs and handlers, enhancing knowledge in AAT.
T: 0417 376 531 – Melanie Jones

Alpha Dog Training and Boarding Complex
T: (03) 5968 8101 – Greg Fonatana
E: enquiries@alphadogboardingkennels.com.au

ANIMAL ASSISTED ACTIVITY PROVIDERS

Farmyard Friends
Animals available: Jersey calves, kids, lambs, guinea pigs, poultry and a border collie
Cost: 2 hour visit - $400.00, each additional 30 mins - $100.00
Marquee available
T: (03) 5998 2203/0419 049 264
W: www.farmyardfriends.com.au

Tracey and Steve’s Mobile Farm
Melbourne and districts, within 100km radius
Cost: 2 hour visit - $330.00 Geelong area/$380.00 Melbourne area
T: (03) 5250 4753
A: PO Box 48, Leopold, VIC 3224
W: www.traceysmobilefarm.com.au

Zoo Hire
Northern and Western Metropolitan suburbs
Cost: 2 hour visit - $480.00 (price may vary according to travel time/distance)
T: (03) 9740 1345
A: 190 Duncan’s Lane, Diggers Rest, VIC 3427
W: www.animalland.com.au
Jamieson’s Run
Will travel throughout Victoria
Animals available: Llamas, calves, goats, rabbits, piglets, chickens, ducks, turkeys
T: (03) 5473 3340/0432 603 606
W: www.jamiesonsrunonline.com.au

Animals On The Move
T: 1300 760 354
W: www.animalsonthemove.com.au

Brown’s Farm
T: (03) 8742 3490
E: browns.farm@bigpond.com

Jule’s Pony Rides and Mobile Animal Farm
Animals available: selection of baby animals
Travel throughout Victoria
Cost: 2 hour visit - $550.00 (price may vary according to travel time/distance)
T: (03) 9740 0543

Farmer Darryl’s Mobile Animal Farm
Animals available: Deer, goats, wallaby, pigeons, dogs, parrots, geese, ducklings
Travel 1-2 hour radius of Kyneton – Ballarat, Bendigo and Melbourne
Cost: 4 hour visit - $500.00 (price may vary according to travel time/distance)
T: (03) 5422 1668/0419 514 103
W: www.farmerdarryl.com

Kiribindi Mobile Animal Farm
Animals available: Lambs, kids, ducklings, chickens, bunnies
Travel throughout Victoria
Cost: 2 hour visit $220.00 – plus $55.00 per hour of travel, $55.00 per each additional hour of visit
T: (03) 5968 4705/0407 346 230

Regional RSPCA shelters are located in Ballarat, Bendigo, Castlemaine, Echuca, Epping, Peninsula, Portland, Sale, Swan Hill, Wangaratta, and Warrnambool.
W: www.rspca.org.au or E: rspca@rspcavic.org.au

Australian Animal Protection Society
10 Homeleigh Rd, Keysborough VIC 3173.
T: (03) 9798 8415

Pets Haven
6/130 High Street, Woodend VIC 3603
T: (03) 5427 363
E: shelter@petshaven.com.au
Companion Dog Club Adoption Directory
Cranbourne VIC
T: (03) 9788 2509

SUPPORT GROUPS:

Companion Animal Social Events
Held at KCC Park - 655 Westernport Highway, Dandenong-Hastings Rd,
Skye VIC 3977

Companion Animal Loss Support Group
Bereavement Counselling & Support Service
T: (03) 9265 2111
E: support@grief.org.au
Meet at RSPCA Burwood East, 2nd Saturday of the month

DOG WALKERS IN MELBOURNE (VIC)

Some dog walkers also offer pet minding, pet taxi, holiday care for dogs and microchipping.

Lonely Pets Club
Melbourne all areas, fully insured
T: 1300 283 353

Pet Pals
T: (03) 9773 0469/ 0427 544 497
W: www.petpalspetcare.com.au

Bark In The Park
T: 0410 418 372
W: www.barkinthepeak.com.au

Dog Lovers Dog Walking
Melbourne Eastern Suburbs
T: (03) 9878 0397
W: www.dogloversmelbourne.com.au

The Pet Nannies
T: (03) 9884 8024/0433 150 250
W: www.petnannieshomealone.com.au
Woofers Animal Care Services
Inner South and South Eastern suburbs of Melbourne
T: 0424 376 950
W: www.dogminding.com.au

Pawsitive Dogwalks
Melbourne and South Eastern suburbs, fully insured and police checked
T: 0406 002 870
W: www.pawsitivedogwalks.com.au

Pet Paws Australia
Inner Metropolitan areas
T: 0412 749 345
W: www.petpaws.com.au

Dog Walking Melbourne
Northern and inner suburbs
T: 0422 476 345
W: www.dogwalkingmelbourne.com.au

Jog The Dog
Bayside and Kingston area
T: 0408 571 813

Melbourne Pet Minders
South East suburbs
T: (03) 9015 9899
W: www.melbourne-petminders.com.au

On Site Pet Care Services
Melbourne area
T: 0403 060 716
W: www.onsitepets.com.au

Pet Lady Melbourne Pet Care
T: 0423 561 393
W: www.petlady.com.au

Walk My Buddy
Northern suburbs
T: 0410 427 969
W: www.walkmybuddy.com
HOME BASED CARE FOR ANIMALS:

Companion Animal Volunteer Service:
Balwyn Welfare provides a service to help older people in the City of Boroondara to keep their pets if they’re struggling to look after them. The volunteers can help with walking the dogs, washing them or taking the animal to the vet. T: (03) 9836 9681

Petlinks
City of Port Philip volunteers are matched with frail elderly pet owners to provide support in caring for their animals.
T: (03)9646 6362.

Other councils said to be considering implementing these types of services are Wyndham, Manningham, Ashburton, Yarra and Wodonga.

NB: A recent survey revealed 60% of HACC agencies will provide support if asked (Moore 2010).
# Resident Cat Care Plan

**Preferred name:** “Moggy”  
**Plan by committee:** Membership comprised of RN1 & Lifestyle Coordinator, Infection Control Consultant, OHS Officer, in consultation with Vet.  
**Responsibility:** RN1 and Lifestyle Coordinator

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<th>Date &amp; Signature</th>
<th>Care Issues / Problems</th>
<th>Objectives/Goals</th>
<th>Interventions Including frequency</th>
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| Feeding and hydration | Ensure that Moggy receives adequate food and fluid intake to maintain optimal health, as per recommendation of Vet. | • Moggy has 1/3 cup of dried cat food with approximately 100gms lean meat or 1/3 tin cat food once daily before 8am (or allocated time)  
• Minimise risk of human contact with pet food by locating food and drink bowl where it is inaccessible to residents  
• Vet recommendation: No snacks are provided to minimise risk of weight gain  
  NB. especially No Chocolate: it can be highly toxic or fatal to cats & dogs  
• Wash food bowl daily, replenish fresh water daily  
• Environmental Services staff check water supply throughout the day,  
• Food supplies are re-ordered PRN by completing designated order form from Supply Department  
• Allocated staff initial check sheet each day to confirm the cat has been fed |
| Flea Treatment | Ensure that Moggy receives regular flea treatment as recommended by Vet to prevent flea infestation | • Monthly application of ‘Advantage’ applied on the first day of each month (initial to confirm administration) |

**Allergies:** Nil Known  
**Date Created:** 15/03/2012  
**To be reviewed:** 3 monthly & PRN
### Worming
Ensure worming treatment attended as recommended by Vet

- Worming tablet to be administered 3 monthly, on first day of each season.

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(initial to confirm administration)

### Vaccinations
Ensure all vaccinations are recommended by Vet to prevent contraction of various conditions
Note: reminders from Vet have been arranged

- Please see separate Vaccination Record which is kept with Moggy’s medications in separate, designated locked cupboard.
- If Moggy becomes unwell, treat promptly to minimise complications and protect residents
- Transport Moggy in a ‘cat cage’
- Infection diagnosed, infection control nurse to be notified if deemed necessary
- VET: Dr J Smith, ‘Vets ‘R’ Us’
  T: (03) 7654 3211

### Grooming and identification
Inspection of ‘Moggy’s’ fur is recommended by Vet To check presence of her ID collar indicating address

- ‘Moggy’ is a short haired cat so does not require combing or brushing.
- Daily check of her coat for irregularities or abnormalities including growths, presence of grass seeds, etc.
- Staff to ensure presence of ID collar and sign off alongside daily feed chart.

### Exercise, play and sleep
Moggy is to be provided with adequate opportunity to roam outside in yard or cat pen. Toys to be provided as stimulation and exercise

- Staff supervise structured “play time” activities to minimise harm to residents
- Staff replace cat toys in storage i.e. a separate, designated cupboard
- Although bedding provided, staff may find that “Moggy” sleeps elsewhere in the facility.
- Staff to check that residents are comfortable with this.

### Toileting and hygiene arrangements
To provide toileting opportunities (outside) throughout the day

- Moggy has been toilet trained so no longer requires cat litter tray
- Ensure daytime access to enclosed outside area
- Any pet soiling to be cleaned up promptly and appropriately as per Environmental Services guidelines
| Security and safety issues | To minimise risk of “Moggy” going astray. To monitor any on-going behaviour concerns, should any bites or scratches of residents, visitors or staff occur. | • “Moggy” to be locked inside by Evening Staff by 8pm at night, and can be released in morning by Night Staff.  
• “Moggy” has an ID collar in situ (see “Grooming and Identification”) and also a microchip. She has also be spayed.  
• Any bites or scratches reported by residents or staff are to be investigated by staff member in charge of that shift, with outcomes documented and reported as per Incident Reporting policy.  
All new residents and their families are provided with a brochure concerning Pet Therapy, including a request that they notify staff of any intentions to bring in another pet to visit (see ‘Visiting Pet Policy’). It is important that visiting pets be contained for their own safety (ie on a leash or in a suitable pet container) and that “Moggy’s” whereabouts be noted. |