Animals in Pet Therapy

Final Report

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“Until one has loved an animal, a part of one's soul remains un-awakened” (Anatole France).

“We can judge the heart of a man by his treatment of animals” (Immanuel Kant).

1. Project aims and preliminary remarks on pet therapy

2. Legislative framework

3. Methodology

4. Pet operators’ profile

5. Results: structure and process
1. PROJECT AIMS AND PRELIMINARY REMARKS ON PET THERAPY

ATE is a two-year co-financed project in the frame of Lifelong Learning Programme, Grundtvig sub-programme. The project aims at giving new impulse to a field – the interaction between people and animals in the process generally known as pet therapy – which is rising in importance in the three involved countries (France, Italy and Turkey) but which lacks for comparative and systematic studies on its structures, processes, implementations and results. The ATE project tries to plug a part of this gap by providing a preliminary survey that aims at underlining who, how, where and what does pet therapy mean in France, Italy and Turkey. In particular, the project wants some examples of good practices to be collected in order to define pet therapy implementation on aged people.

To talk about pet therapy means to take into account the presence of several different definitions within literature. The general definition AAI (Animal-Assisted Interventions), is a broad term that includes what we have traditionally either called AAT (Animals-Assisted Therapy) and AAA (Animal-Assisted Activities) (Fine, 2010). The main difference between the two terms is the following:

- Animal-Assisted Activities are basically the casual "meet and greet" activities that involve pets visiting people. The same activity can be repeated with many people, unlike a therapy program that is tailored to a particular person, group or medical condition.

- Animal-Assisted Therapy is a goal-directed intervention oriented and/or delivered by a health/human service professional with specialized expertise, and within the scope of practice of his/her profession. AAT is designed to promote improvement in human physical, social, emotional, and/or cognitive functioning.

To many authors (Chandler, 2005), it is important to comprehend the difference between AAA and AAT. Most people tend to lump AAA and AAT into one category, however, technically speaking, AAA involves mostly social visits with a therapy animal, whereas AAT strategically incorporates human–animal interactions into a formal therapeutic process. Our research takes into account the specific features of AAT directed to only aged people in the three country involved. Pet therapy in ATE is seen as an effective tool to support aged people in the process of recovering the capability of learning and being involved into something that can be also a motivational challenge.

After having defined the particular sector of pet therapy we are dealing with, it is useful to
say a few words about the history and the future frontier of the therapy according to literature.

Long before the formal term “pet therapy” was first coined by Levinson (1969), a mental asylum in England, founded in 1792 by the Society of Friends, selected animals to offer its patients an opportunity to peacefully interact with other creatures and focus on something outside of themselves. Almost a century later, in 1867, pets became an important part of the therapy regimen at a residential treatment centre for epileptics in Bielefield, Germany. Later the facility enhanced this program to accommodate an expanding resident population afflicted with either physical or mental disabilities (Altshiller, 2011).

As Fine (2010) writes: the actual AAT began in the U.S. in 1919 when Franklin Lane suggested using dogs with psychiatric patients at St. Elizabeth’s Hospital in Washington, D.C. (Burch, 1996). In 1942, the U.S. military used pet therapy at the Pawling Army Air Force Convalescent Hospital at Pawling, New York; this was primarily a working farm for recovering veterans (Hooker, Freeman, & Stewart, 2002). Although the Child psychologist Boris Levinson was the first professionally trained clinician to formally introduce and document the way that animals could hasten the recovery of a client in counselling.

Since then, AAT has grown in popularity in the United States as well as all over the world in the late 1990s and early 2000s and many applications and scientific reports have been produced.

As said by Chandler (2005), despite over 30 years of history AAT is still considered a new frontier in promoting client welfare, growth and development and new researches have to be carried out in order clarify the different AAT procedures and methods to make the tool be implemented especially in those counties – as France, Italy and Turkey are – where pet therapy is still considered a “specialized practice” known by a little part of the civil society or, on the other hand, a everyday process that can be implemented by everyone. The reason why pet therapy is still not so “popular” can be found in the difficult communication system experts of the sector have to deal with. This attitude gives rise to the phenomenon according to which pet therapy can be “everything” or “nothing” and everyone carries out its own “pet therapy”. The fact that there is no clear legislation framework in the considered countries makes the situation even worse.

Starting from these preliminary remarks, what we tried to do was to question French, Italian and Turkish experts of AAT about pet therapy, focusing attention on common elements and differences in their answers.
The main short-term output of the project was trying to understand how AAT can be defined and described in the three involved countries by “listening” to the voices of AAT experts. The project reveals also two long-term outcomes which are: 1) to help aged people – and in general people with social and health issues – offering them better assistance strategies and methods; 2) to facilitate innovative training in the adults education and to transfer them at the European level by identifying professional know how and job titles requested for future developments.

Before speaking about the results obtained by the research, it is necessary to say some words on the ongoing legislation both at the European and at each national level even because the first phase of the project was dedicated to collect juridical information.
2. LEGISLATIVE FRAMEWORK

In the first phase of the project the main aim was a review of legislation at European, national and regional level. The rationale behind this strategy of enquire is to understand under which (if any) institutional frameworks and constrains pet-operators work, whether they need formal certificate, whether they must have specific degrees, what species of animals are suitable for pet-activities and so on. The legislation or other forms of regulation at all levels delineate what kind of legal borders pet-operators as well as patients have to deal with.

So far, none of the aspects of pet-therapy has been regulated at European level creating problems of coordination and uniformity across the borders. Moreover, member states are not stimulated to implement public policies regulating the pet-therapy world if they mustn't comply with European Union legislation. In spite of this, with regard to the Italian national level faint steps forward have been done. Since the mid-1980s pet-therapy has begun to widespread without any regulation or institutional constrains: anyone could deliver pet-therapy lacking professional skills and this creates serious risks for patients as well as for animals involved in therapies and activities. In order to narrow the use and abuse of pet-therapy a legislation or, at least, a regulation has become strictly necessary. Only in 2003 Italy produced its first legislative piece – “Framework Agreement among Health Ministry, Regions and Autonomous Provinces of Trento and Bolzano”\(^1\) – where particular attention has been focused to liability and duties of animals owners and pet-therapy has been recognized as full treatment for elderly and young people by the National Health System. On the basis of this document and of the so called “Carta Modena”\(^2\) four Regions have implemented some laws in order to regulate pet-therapy and (especially) to make clear the professional skills required to deliver it. These Regions are: Veneto (n.3/2005), Piemonte (n.11/2010), Puglia (n.11/2008) and Friuli (Bill n. 154/2011). Even if the different laws are not identical in regulating pet-therapy dimensions, some common principles and provisions can be found:

1. A shine definition of pet-therapy and in particular a clear distinction between Animal Assisted Activities (AAA) and Animal Assisted Therapy (AAT);

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\(^1\) The decree has been published in “Gazzetta Ufficiale” N. 52 del 04 March 2003.
\(^2\) “Carta Modena” (2002) is a lists of values and principles about both pet-therapy and involvement of animals in medical treatment and activities.
2. The creation of a Technical Commission in order to implement the provisions contained in the laws;
3. The professionalization of pet-operators through specialized courses delivered by national or regional institutions;
4. The selection ruled of animals involved in therapies and activities.

All these requirements are thought of to increase at national level the right use of pet-therapy and to prevent that anyone can define himself as pet-operators. The importance of having a legislation is self-evident (even if in only four regions): in this way pet-therapy, on one hand, is shielded by negative activities performed by unskilled operators which penalize good and aware operators and, on the other hand, pet-therapy can grow as professional and skilled treatment within the health system. Moreover, it is also possible that the regulation in some regions and the following widespread of pet-therapy within them create a “snowball effect” involving also other regions as well as national government. Finally, the endeavour to regulate pet-therapy at regional level has also another “positive externality”: it can start a self-increasing process. In fact, if pet-therapy activities are regulated at regional level, they can grow in terms of operators and performed activities (because bad activities performed by unskilled operators are forbidden) and, consequently, it can become big enough to make pressure to be formally recognized at national level.

In France, pet therapy or animal mediation are most specializations of initial occupation. Indeed, there is as yet no profession recognized by the state of "zoo therapist" or otherwise. Because of this lack of "official" recognition the word of zoo therapist was rejected.

The International Federation of therapy and helping relationships brings together through mediation, particularly through animal meditation, professionals and health associations to offer assistance to people with delicate health. The Federation aims to ensure the quality of this type of therapy at European level and was recognized as an NGO in the Council of Europe in 2007. This is actually the only organization which had obtained a supra-state recognition. Until today, no other agency is recognized.

The French Institute of Pet therapy has established a Code of Ethics and Conduct specifically tailored to the needs of stakeholders in animal mediation: respect of human
rights; respect of animal rights; aptitude responsibility; integrity; scientific value; respecting of the objectives; consciousness; autonomy.

For as to concern the Turkish situation, it is worth noting that a detailed report on the demographic features of age people was prepared to define distribution of population and to define the target groups in TR.

According to the 2009 results of Turkish Statistical Institute, only 7% of Turkish population is over 65. The results show that the population of Turkey is younger than the European ones related to cultural, social and demographic aspects. Therefore the implementation of pet therapy for aged people is not applicable in TR.

Apart from the statistical research on demographic features of age people in TR, a research on the laws and internal regulations related to the animal assisted therapy in Turkey was made by the project team. It was found that the animal assisted therapy is implemented in patients with chronic disease and to help in the treatment of the diseases which have negatively impact on mental health to support quality of life but at the moment there is no specific legal regulation for the implementation of animal assisted therapy on people in Turkey. Accordingly the research on internal regulations on animal rights in Turkey was made to come to a conclusion about the consciousness and awareness of people. During the research only the article 7 was found in European Convention for the protection of pet animals accepted in 2009 in TR. This article is related to the violation of rights of pet animals during their training for health and welfare.

Article 7; Training: “No pet animal shall be trained in a way that is detrimental to its health and welfare, especially by forcing it to exceed its natural capacities or strength or by employing artificial aids which cause injury or unnecessary pain, suffering or distress”.
3. METHODOLOGY

The second phase of the research process was dedicated to collect information about pet therapy operators/associations/institutions. A huge database has been created to collect this piece of information and to facilitate the beginning of the third step as well as the final dissemination actions.

The third phase corresponded to the actual survey by interviewing about 150 pet therapists (50 in each involved country). Before starting the inquiry, we had to evaluate the more adequate tool to be used in this particular situation. We decided for a qualitative analysis according to two reasons. For as to concern the first one, since it was not possible to create a representative sample, a quantitative method through using questionnaires was not suitable. The second reason concerns the fact that the partnership starting knowledge of the “pet therapy world” – both in empirical and theoretical terms – was not deep enough to permit a quantitative analysis. In consequences of these facts, a good research strategy could be to question actors involved in the pet therapy about their own activities. The chosen tool was identified in the semi-structured interview that allows a fairly open framework of two-way communication. Unlike the questionnaire framework, where detailed questions are formulating ahead of time, semi structured interviewing starts with more general questions or topics. Relevant topics are initially identified and the possible relationships between these topics and the issues such as availability and effectiveness become the basis for more specific questions which do not need to be prepared in advance.

Not all the questions are designed and phrased ahead of time. The majority of them are created during the interview, allowing both the interviewer and the interviewee being flexible to probe for details or discuss issues. Semi-structured interviewing is guided only in the sense that some form of interview guide is prepared beforehand and provides a framework for the interview. Such a way offers the possibility of discovering new issues of the phenomenon which could be unknown at the beginning of the research path.

Who has been interviewed? In the very first phase of the research we decided that at least three actors are involved in the pet therapy process: patients, animals and pet therapists. Since it was very difficult to define healthcare professional figures (a lot of them are involved into the process), since it was very difficult to interview patients within this
particular project, since it was not possible to speak with animals for obvious reasons, we decided to divide the involved actors into two main groups of professional figures:

- professionals who are mainly involved in the animals' training (veterinaries, dog trainers etc…);
- professionals who are mainly involved in patients' care (psycho-motion therapists, geriatricians, psychologists, physiotherapists etc…).

For as to concern the starting questions, we started from 4 topics as in the follow:

**Healthcare professionals**

- According to your experiences, do particular patient features exist which are helpful for a successful pet-therapy?
- What is in your experience a good pet therapy?
- When and under which conditions is it not suitable to use pet therapy?
- What must it be avoid in implementing a good pet therapy?
- Are there some problems in relation to national/regional legislation in your country/region?
- Have you been involved in specific training courses about pet therapy's operators?

**Animals**

- What types of animals are better for pet therapy with aged people?
- What features must animals show?
- Which environmental conditions do reduce stress factors for animals?
- Do some tools exist to verify if an animal is in stress condition?
- What is in your experience a good pet therapy?
- Are there some problems in relation to national/regional legislation in your country/region?

Since there is a great difference between Italy and France on one side and Turkey on the other, we decided to analyze the obtained data using two different ways. The French and Italian results seem to be very similar from a qualitative and quantitative points of view, so that they are here presented as a whole. On the contrary the Turkish findings are to be read apart because of their great difference from the other two countries’ ones. As a matter of fact, in Turkey data have been collected in a different way from the one used in France and Italy and as a consequence it is not possible to read them as a whole.
4. PET OPERATORS’ PROFILE

4.1 Italy

For as to concern the Italian interviews, 52 operators have been questioned about their activities. The interviews have been implemented during two phases. In the first one researchers have done a preliminary testing session of 15 interviews to control the tool and to be sure it can be used for the whole process. During the second phase, other 38 interviews have been implemented by gaining a new awareness of the phenomenon which made researchers able to add new questions or to improve the existing ones. People have been interviewed according to 2 main variables: 1) types of actors involved in the therapy process which means the already defined distinction between professionals for “animals” and professionals for “patients”; 2) a geographical distribution which provides three main areas within Italy: Northern, Central and Southern part. According to the first variable, we have collected 38 opinions by professionals for “animals” and 14 by professional for “patients”.

Figure 1: Types of actors.

Within the healthcare professional group, we distinguished 3 main categories: social assistants (29%), experts in retirement home (28%) and medical staff (43%). Within the group of animal experts, we found veterinaries (21%), animal trainers (13%) and pet operators (66%).
According to the second variable, the data refers to 33% of answers from Central and Southern areas and 34% form Northern area.
4.2 France

Also the 50 French interviews have been done according to two main variables: 1) **types of actors involved in the therapy process** which means the distinction between professionals for “animals” and professionals for “patients”; 2) **a geographical distribution** which provides four main areas within France: North, South, East and West.

For as to concern the first variable, an equal percentage of professional for animals and professional for patients have been interviewed (50%).

Within the healthcare professional group, we distinguished 3 main categories: psychologists (22%), experts in retirement home (42%) and medical staff (36%). Within the group of animal experts, we found veterinaries (4%), animal trainers (2%) and pet operators (94%).

According to the second variable, the data refers to 37% of answers from the North, 22% from the South, 24% form the East and 17% from the West of France.
Figure 5: Categories within healthcare professionals.

- Medical staff: 36%
- Psychologist: 22%
- Vet. home: 42%

Figure 6: Categories within animals.

- Pet operators: 94%
- Veterinarians: 4%
- Animals trainers: 2%

Figure 7: Geographical distribution.

- North: 37%
- South: 22%
- East: 17%
- West: 24%
4.3 Turkey

The number of rest homes in Marmara Region were surveyed and a database was formed. There are 86 rest homes in total; 29 public, 50 private, 7 rest homes for minorities.

Figure 8: Rest homes in Turkey

Out of 86 rest homes 72 of them are kept in touch and questionnaires were sent to the authorities in these nursing homes via mail, fax and mutual meeting in order to measure the awareness of these centers on pet therapy on aged people. We got feedback 56 of them. Out of 56 rest homes there aren’t any pet therapy and experts on it. There are pet-assisted activities on aged people in 20 of the rest homes.
5. RESULTS: STRUCTURE AND PROCESS

5.1 General remarks

After the conclusion of the interviewing step, the research team started the data processing phase trying to find a good way to present results both at theoretical and methodological level. According to the theoretical matter, it was decided to return the analysis by using a well known conceptual tool which is very important within the social sciences. The tool refers to distinguishing between structure and process.

1) The structure can be thought of as having tangible and static elements such as the pet therapy actors (animals, patients, professional staff); the used methodology to achieve the therapy aims; the external environment where the actions take place and which implies giving importance to factors as furniture, clothing, lights in the room and so on).

2) The process is something more dynamic, based on the relationships that happen among the structural elements. A process involves steps and decisions in the way work is accomplished, and may involve a sequence of events. In our case, process has to do with the kind of project implemented (which are the relationships among the involved actors?); each actor’s reaction to the project implementation (expected reactions, level of stress for both animals and patients); the composition of the working team an so on.

According to the methodological problem, we decided to use the content analysis tool. Content analysis is a methodology used in the social sciences for studying the content of communication; it is a research tool used to determine the presence of certain words or concepts within texts or sets of texts. Traditionally, content analysis has most often been thought of in terms of conceptual analysis where a concept is chosen for examination and the number of its occurrences within the text recorded. Because terms may be implicit as well as explicit, it is important to clearly define implicit terms before the beginning of the counting process. Even if the method suffers from some limits, it also offers several advantages to researchers who consider using it like providing insight into complex models of human thought and language use. In particular, this type of enquiry allows to researcher to pick-up from a huge amount of information only the most (probably) important one or, in this case, the most quoted during the interviews. In fact, content analysis used here is a
“simple” counting of words used during the interviews: the more a word is used during an interview, the more (probably) that word and the related concepts are important (both in positive or in negative sense). Moreover, collecting several interview reports (Italian sample is composed of 52 interviews, 50 for the French partner) and using content analysis we can both underline the most relevant aspect in each interview and identify the shared problems among operators.

5.2 Findings in Italy and France

Figure 9: The interview content analysis.

From figure 9 is quite clear that the most important aspect in pet-therapy is the “animal” involved during the activities. This finding is rather impressive if we take into account that pet-therapy is a goal-oriented activity towards human health. But this result assumes a different meaning if we consider two aspects: the first one related to the type of interviewed operators; the second one concerning the specific treatment on which we are focusing. First of all, the 73% of interviewees has to do with animals (they are veterinarians, pet-instructors and so on...) and, consequently, their attention was (principally) devoted to animals rather than to patients or to other not related to animals aspects of pet-therapy. But it is our conviction that type of operators is not the unique explanation of animals centrality emerging from our interviews. In fact, we argue that the
result is a consequence of the pivotal role performed by animals in AAA and AAT: *animals are the pet-therapy* in the sense that without them we have only “therapy”. Animals are the actors through which pet-therapy is delivered thus they are the main object of judgment by patients and operators. Moreover, either how pet-therapy is organized and if it works in a good way are strictly and directly related to animals. In sum, animals are the central actor in pet-therapy and consequently in our interviews too.

An important aspect emerging from interviews is that animals must not be considered as an instrument used by pet-operators. Animals cooperate with humans in delivering health treatments in a relationship which plays the actual leading role of the therapy. «*In Italy, according to Carta Modena, a new approach has been developed which is based on zooantropology and no more on zootechnics. According to the first approach, the product comes from the animal (… and to choose the right animal is the most important thing to do); in the second one the product comes from the relationship*» (Ethologist).

Another interesting result is the “relativity” in pet-therapy showed by the recurrence of the term “depend”. All the interviewed operators argue that there is not a best strategy in performing AAA or AAT but a good pet-therapy *depends* on a series of things such as target patients, animals, expected results, environment and, most important, on the relationship among all these dimensions. According to our interviewees, the only compulsory thing requested to have a good pet-therapy (or better not to have a bad one) is to involve only experts and professionals. They only can choose the right patient, the right animals and the right environment: «*a good therapy is (principally) delivered by a team of professionals*» (Psychologist/ Psychotherapist).
From figure 10 three conclusions can be done and they are linked to pet-therapy structure:

1. All interviewees agree that, to be in working order, pet-therapy needs a team composed by experts in human health treatments as well as pet operators (such as veterinarians, dog handler, animal trainers and so on...). Experts do not agree on the kinds of professionals requested for the interaction as well as on the number of them to be involved during the process. The relationship is on an average carried out by a minimum of 3 people to a maximum of many more (even 10-12 people). According to someone the perfect number is 3 (patient, animal handler and psychologist); for others the involved people can reach 5-6 operators (the 3 operators mentioned above can be flanked by other specific professionals, especially with particular pathologies such as autism); for others the team can be composed by 10-12 people. The most important thing to stress is that according to someone, the number can be a problem: too many people can give rise to a confusion situation where pet-therapy becomes difficult to be carried put. To others, the number is not a problem or is an adding value to the relation.

2. People involved in pet-therapy must be experts and professionals. Using the words of an interviewee: «allowing to unskilled and non-professional operators to perform pet-
therapy is the worst way to do pet-activities» (Psychologist/ Psychotherapist) and, furthermore, it is «the worst possible dissemination strategy» (Pet-operators);

3. Another important issues that emerges from interviews is the problem of legislation. According to Italian interviewees, a piece of legislation is necessary in order to prevent whoever from doing pet-therapy activities but, at the same time, legislation must not standardize pet-therapy process. Treatments have not to be enclosed within a specific framework or methodological approach: «legislation should be restrictive about the specific know-how requested to operators and it should be more permissive on methods and treatments» (Dog breeder); «guidelines are requested to rule pet-therapy and they have to make explicit 1) who does what; 2) animal certification must be compulsory; 3) professional certification must be compulsory; 4) no specific rules are requested for methodologies and processes that have to be left as free as possible» (Psychologist/ Psychotherapist); «professional certification is requested but it’s a good thing that a restrictive legislation doesn’t exist» (Ethologist).

The majority of the French interviewees consider there is no problem in legislation but someone underlines the fact that the lack of rules gives rise to problems in animals protection and hygiene within health institutions.
Related to pet-therapy process three elements emerge from interviews:

1. Animals have to be suitable: the right animal with the right patient. From interviews it seems to be quite proved that it doesn't exist an ideal-type of animal but rather the right animal have to be selected from time to time and the right selection is linked to pathology, patient characteristics and environment. In other words «there aren’t neither good or bad animals for pet-therapy, the central point is the pathology. The psychotherapist says what are the problems shown by the patient and what kind of aims are hoped to be achieved by pet-therapy. The pet-operators will select, on one hand, the best animal related to the pathology and, on the other, the animal suffering lesser costs from treatment activities» (Dog breeder). Related to this latter point, it is important underline that «one of the most significant axioms in pet-therapy is that what creates unease in animals as well as in patients have to be rejected at all, because it is against the founding reason behind pet-therapy, that is to behave expressively» (Ethologist). There are of course particular features that the animal has to possess (such as behavioural attitudes: meekness, well-training, reliability, they have to be calm, sociable, sweet and in good health) but these are all the prescriptions experts ask
for. By the other side, patients to be stimulated through pet therapy have not to suffer from allergies and must enjoy animals.

2. Environment is a fundamental element in order to deliver a “good pet-therapy” but, even in this case, the best environment doesn’t exist. Location must of course be clean and comfortable both for patients (in particular if they are disables) and animals (i.e. polished floor is not good for animals), In general, «it is better to deliver pet-therapy outdoor both for patients and animals but if animals involved in treatments are, for example, cats or rabbits it could be better using indoor places because this kind of animals prefer closed spaces» (Dog breeder). According to some interviewees, the place has to be set in such a way to focus attention on the instructor by the animals. There must be food and a place to have rest. Sessions have to be short and not too many during the same day.

3. The performed activities must not permit animals and patients to get stressed. All the interviews underline this last point as very important even if there are different methods to understand whether the animals are under stress and to measure to what extent: for example, someone suggests that it is enough observing the animal behaviour (i.e. dogs that scratch themselves, yawn or run away); some others think that it could be better quantifying the level of stress using medical technicalities (i.e. to analyze animal feces in order to measure the amount of a specific hormone showing the stress degree). French interviews, in particular, underline the fact that animals should receive a frequent veterinary control.

5.3 Findings in Turkey

In Turkey, experts tended to focus their attention mainly on the effects of pet therapy. The effects observed on aged people can be summarized as follows: aged people who are dealing with these animals are happier and more easy-going. They feel that they are still alive and energetic. Dementia and alzheimer patients become calmer whenever they touch cats; moreover, an interesting result was observed on one of the patient suffering from alzheimer. There is an increase on the words that he utters. Moreover, patients who show no reaction can smile. On the other hand, the authorities in these centers gave some reasons not to apply pet-assisted activities, they reported that although pet assisted activity is effective they have insufficient physical conditions to have a pet indoor or
outdoor in terms of shelter, in addition, not all aged people like animals and patients are mostly perplexed and bound to bed.
6. BIBLIOGRAPHY


