

Healing Paws & Tails

The Case for Animal-Assisted Therapy in Hospitals

BY ANDREA LEIGH PTAK AND ANN R. HOWIE, ACSW

To an animal lover, it would seem obvious that the presence of a pet would encourage healing. We all know the comfort that the touch of warm fur and a cold nose can bring in times of pain and suffering. When, however, did this “obvious” treatment become a part of traditional medicine?

A BRIEF HISTORY

Florence Nightingale wrote that a small pet “is often an excellent companion for the sick, for long chronic cases especially.” History tells us that animals were included in the therapeutic activities of a residential facility for people with disabilities during the ninth century in Gheel, Belgium, and also in the 1790s in York Retreat in England. However, in these instances, caring for animals was more incidental than an integral part of treatment.

In AAT, an animal meeting specific criteria is an integral part of the treatment process. AAT is delivered and/or directed by a health or human service provider, and is designed to promote improvement in human physical, social, emotional and/or cognitive functioning.

AAA provides opportunities for motivational, educational, and/or recreational benefits to enhance quality of life delivered in a variety of environments by specially trained handlers in association with animals that meet specific criteria.

By 1867, animals were being used as a part of therapy at Bethel in Bielefeld, Germany. Yet in the U.S. it wasn't until 1942 that we find the first recorded instance of animals being part of therapy (at an Army Air Corps Convalescent Hospital in Pawling, NY).

In the early 1990s, Delta Society began a resource list of hospital animal-assisted activities and therapy (AAA/T) programs. According to Delta Resource Librarian Michelle Cobey, the first list included approximately 40 programs in about 25 states and Canada. Those programs included visiting and residential animals, household pets, farm animals, visits from patients' own pets, and “petting zoo” type programs. Those early lists did not distinguish between AAA and AAT, so it is impossible to guess the programs that actually included animals as part of the therapy patients were receiving.

As Delta's Pet Partners Program grew, so did the number of hospitals who welcome visiting animal teams into their treatment facilities. Today, Delta Pet Partners Teams provide AAA/T to hospitals across the United States. (see sidebar for a partial listing, page 10). AAA/T has become, in many hospitals, an accepted method of treatment benefiting everyone on a variety of levels—from patients and their families to the hospital staff.

This would not be the case if it weren't for a number of dedicated pioneers in the field—nurses, doctors, administrators and Pet Partners—who believed in the concept and worked long and hard to make it a reality (see sidebar, page 12).

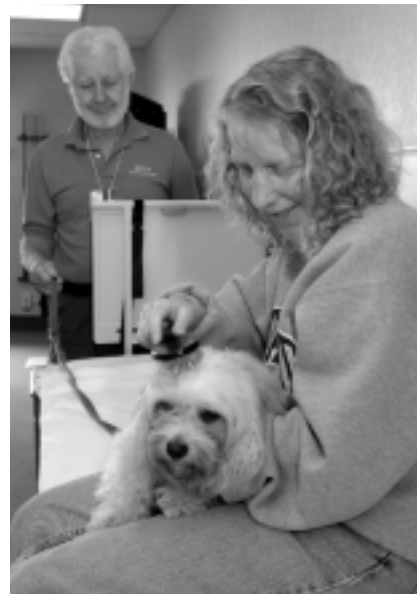
The work, however, is far from over, as there are still numerous hospitals (or areas within hospitals) that do not allow visiting animal teams into their facilities, or have never been asked.

DEVELOPING A PROGRAM

So what has to happen before an AAT program can begin? Pet Partners who are interested in adding a therapy component to their activities program, or who want to form a therapy program from the outset, can learn from the work done by those who came before them. Anyone beginning or enhancing a program must have a copy of *Standards of Practice for Animal-Assisted Activities & Therapy* in their library. Delta Society offers a kit, *Introducing Visiting Animals Programs*, that includes a short video suitable to show to administrators. Another good resource is the book *Starting a Visiting Animal Group* by Ann R. Howie (available through Delta Society) which will help a facility or group of volunteers develop a solid, enduring program. A third resource is a two-video set in Primedia's Viewpoints staff continuing education series titled *Animal-Assisted Activities: The Planning Phase (part I)* and *The Implementation Phase (part II)*. This set outlines the details essential in implementing an AAA or AAT program (available through Primedia Healthcare, 800-777-5826).



The softness of an animal's fur can do a lot to ease the discomfort of an IV or other medical treatment.



The act of brushing a dog is often much more enjoyable than physical therapy that does not use animals.

PHOTO BY BRIAN BRANSON, COURTESY NIH

It is important to remember that each facility is unique in culture and services provided. The specific steps that end in success in one facility may not work as well in another. This can be because of the perspectives of individuals who fill key administrative positions, patient care models, or because of the criteria used in funding programs within the facility. The types of patients being served by the facility can also have an impact. Even though institutions differ, fundamental principles found in the resources mentioned here remain constant.

A “TAIL” OF THREE HOSPITALS

The National Institutes of Health (NIH), Warm Springs Rehabilitation Center, and Summa Health System have all been incorporating AAA/T into their treatment modalities for at least ten years. Their roads to developing a program were all slightly different, as is their approach and utilization of AAA/T—but they can each claim unqualified success.

The National Institutes of Health, Washington, DC

Recreation Therapist Holly Parker has coordinated the AAT program at NIH since it began in 1989. Working with Pet Partners teams from National Capital Therapy Dogs (NCTD), Parker developed a program that would satisfy concerns about disease transmission from dog to patient—especially for those who were neutropenic (having a low white cell count and suppressed immune system). Parker notes that at the time many patients with HIV and cancer were encouraged to get rid of their pets. “There wasn’t a lot of research on the subject back then,” says Parker, “. . . and Delta didn’t have the resources it has now.”

NIH itself had some experience with animals in a hospital setting. Guinea pigs lived in the Pediatric playroom for two years. They had been deemed safe because they came from a sterile environment and were constantly monitored by one of the staff veterinarians. Since NIH is a research facility, it has veterinarians who care for the research animals, giving it a distinct advantage over most hospitals.

At the time, Parker was a Recreation Therapist (RT) on the Pediatric Oncology Unit and formed an alliance with the head of the department and the head nurse—both very interested in bringing animals into the facility. They developed a six-month pilot program and never looked back. Parker credits the support from the head of Pediatric Oncology with getting the program going. “He felt that humans were often a greater risk than any of the dogs coming in,” said Parker. “Without him and his influence we may have eventually started a program, but he was able to move us through the hospital channels quickly.”

Today Pet Partners visit in every unit of the hospital except Bone Marrow Transplant. About a dozen teams from NCTD work with ten Recreation Therapists at NIH to provide treatment that benefits specific patients. Besides the usual Delta protocol, the dogs are checked over by one of the NIH staff veterinarians before each visit as an extra precaution. Right now, only dogs visit at NIH because the hospital requires that visiting cats be declawed to avoid accidental scratching, and they believe birds still pose too much of a disease threat to their immunocompromised patients.

Warm Springs Rehabilitation Hospital, San Antonio, TX

When Nancy Dragotta, MS, PT, began working for Warm Springs Rehabilitation in 1992, their visiting dog program was stalled. The five-month-old program had run into the concerns of the infection control nurse. The dogs were allowed only on the entry floor in the main lobby.

Dragotta, an experienced dog trainer and handler, teamed up with another physical therapist, Liz Shively, and the facility’s Activities Director (another very dog-oriented person) to persuade the facility to allow in-room visits. The two therapists quickly worked to incorporate the dogs into real therapy work. They were also a member of Delta Society of San Antonio, one of Delta’s earliest affiliates, and used the limited resources they found to start writing policies. Dragotta and her team went to Dallas to observe a well-established program at Baylor Medical, and attended a workshop there. The experience encouraged them to expand their concept of what policies should include so that they alleviated many concerns. Warm Springs originally required a doctor’s order and a liability release for AAT. Within a year, those restrictions had loosened, and physicians viewed AAT as just one more effective treatment modality for patients with physical disabilities.

One of their biggest problems in the beginning was explaining to patients and visitors why their own pets could not visit. Now, prominent identification (vests/bandannas for the dogs, badges, special polo shirts for the handlers) makes it clear that AAA/T dogs are here as part of their job.

With the addition of Certified Therapeutic Recreational Therapist Erin Stinson to their team in 2002, the program has surged ahead. Dubbed “TheraPAWS,” (Therapeutic Paws at Warm Springs) by Dragotta, the program has nine teams in the AAT program and seven exclusively in the AAA program, including three cats. The teams provide a half-day of AAT every week on the in-patient unit, plus an additional half-day every other week in the out-patient unit. Out-patient AAT programs are rare in the U.S.

Summa Health System, Akron, OH

In 1990, Bonnie Dillon founded a visiting animal program called Rx: DOG LOVE, Inc. at Summa. Though the program started with AAA in less critical areas, it quickly spread to other units in the hospital where patients suffered from more acute illnesses or injuries. Linda Racher, RN, BSN, and Unit Manager for Intensive



Two Socks, Pet Partner teammate to Carmel Oberdorfer, brings comfort to patients in ICU at Summa Health Care Systems.

Care Unit (ICU) at Summa, recalls what it took to get animals into the ICU. She noted that at first there was resistance from specific physicians who felt that ICU was not a place for dogs. Finally, one infectious disease physician decided that animal visits could benefit a certain patient population—though probably not people with a strong immune deficiency. Once this particular physician began to support AAA, others also began requesting AAA for their patients. Now the program reaches all areas of the facility except for Maternal Medicine Units, same day surgical vascular ICU, and certain patients who may be inappropriate for visits for other reasons.

“We were selective with the first few patients to ensure success,” notes Racher. “We would ask alert patients if it was OK with them. Once we started with a few patients, others would see the dogs and ask why the dogs couldn’t come and visit them.”

Racher attributes their success to finding an advocate in the facility willing to push for the program—and people in a unit who were willing to try it. “There were people who were hesitant, but once it started, it became one of our most loved and valued programs.” The dogs at Summa work in both AAA lifting spirits and in AAT helping a therapy patient work on gross motor skills, for example.

Delta Society guidelines have also been a big help. “Using Delta’s criteria keeps you from making mistakes and having the wrong type of animal here,” notes Racher. She praises the dedication of the volunteers who always come when they are needed and especially Beth Fink who manages Rx: DOG LOVE.

Rx: DOG LOVE currently has seven Delta Society Pet Partners Evaluators, four Pet Partners Instructors, and three Site Assessors, as well as 27 Pet Partners teams. They screen candidates for the programs at Summa as well as seven other facilities—five in Ohio and two in Indiana. Their policies have been the model for 16 other health care facilities in six states and Brisbane, Australia.

Keeping a Program Strong

As in any business, programs and procedures can always use some fine-tuning to keep them functioning at optimum performance. This holds true for the three facilities mentioned above. Each noted that even though their programs are well-established, they constantly educate new staff members and occasionally have to convince others.

STAFF AND POLICY CHANGES

Holly Parker at NIH relies on other physicians to help convince their new associates. “The physicians are not always going to listen to me, but they may hear, on some level, what another physician in the hospital is saying.” Parker works to prep nurse managers before they come in to a unit and does what she can to accommodate specific objections. One unit has a nurse who is highly allergic to dogs, so the nurse isn’t scheduled on the days the dogs visit.

Parker recalls only two visits that required an incident report. In both cases, children went to take the toy out of the dog’s mouth and made contact with the dog’s teeth. Now they are certain to emphasize that only the handler may take something out of the dog’s mouth. She credits the well-trained volunteers and experienced staff with keeping their incident level so low.

TheraPAWS’ Nancy Dragotta notes that it’s important to do “PR” with changing staff so they understand the program and policies and know what’s going on. She maintains that they have few, if any, barriers to the program today because the benefits are so evident. She also points out that the program is constantly working to improve its policies. An example is when they made a policy that all treats had to be suitable for human consumption—after a young man who had a head injury popped a treat meant for one of the dogs into his own mouth. So instead of Milk Bones®, their handlers use dry cereal, cheese crackers, carrots—even cut-up cooked hot dogs.

WORKING WITH VOLUNTEERS

All three groups work hard to be sure their volunteers meet the skills and qualifications for AAA/T in their setting. Each facility allows only animal-handler teams who belong to a specific organization. Summa Health System works exclusively with Rx: DOG LOVE who stipulates that participants must be registered Pet Partners and follow all Delta guidelines when visiting.

Warm Springs Rehab Center does not specifically require Pet Partners registration, but does require certification/registration by a recognized organization. However, since Delta Society has such a strong affiliate in San Antonio, it happens that all of the visiting teams for TheraPAWS are indeed Pet Partners. Coordinator Nancy Dragotta comments, “There is another regional group [in their area] but we do not allow them in since their testing procedures are not as stringent [as Delta’s] and they are not all trained for AAT. I am particular about our therapy teams because we’ve been in the program for so long...and a lot of our dogs need to have more advanced skills (more advanced obedience and agility) because we do a lot of creative things with them.”

Another Delta affiliate, National Capital Therapy Dogs (NCTD), is the group NIH uses for their visits. They originated with NIH and have a strong partnership in place. NIH Coordinator Holly Parker points to their ongoing training throughout the year as a big plus. Michelle Cohen of NCTD credits their mentor program with their success “...to help new volunteers learn the ropes.” The handler (without dog) accompanies a veteran team for



Pet Partners Judi Johnson and Harriet visit a patient at a hospital in Colorado.

the first visit as an observer. On the second visit, the mentor (without dog) accompanies the new team as a guide. It's a good approach that has kept NCTD strong with 45 working teams.

Rx: DOG LOVE has a similar mentor program—though their's covers the first six visits (three without the dog and three with). Team Member and Delta Evaluator Carmel Oberdorfer offers some of their mentoring tips, "What do you do with the dog when you wash the patient's hands [with the facility's permission]? (Put it on a sit-stay).

Holly Parker at NIH also talks about the importance of socialization of new dogs in the "pack." "The dogs gather together (up to 11) when they are being checked by the vet and at the end of the day when we meet to review the program. We are very careful about introducing new dogs slowly and giving all the dogs their space. One of our best therapy dogs doesn't particularly like other dogs in her space. So we don't send her to areas where there are going to be three-four dogs working in one space."

PET PARTNERS MAKE IT HAPPEN

Besides the strict guidelines set by each of these groups and the corresponding facilities, it is the Pet Partners themselves who really make it all work. Volunteering at a hospital is a big time commitment—not only while the team is on the job, but also in preparing for their visit. All three hospitals require visiting animals to be bathed at least 48 hours prior to a visit—this includes brushed teeth and clipped nails. Shot and health records have to be kept on file and updated as needed. And many volunteers drive great distances (some as long as an hour+ commute) to visit at these critical care facilities because they want to be more involved. This commute is as hard on the dog as it is on the driver. Linda Solano says she and her whippet Jessie love visiting at NIH because "...I am a nurse in another life and I am fascinated by the dynamics of AAT. I like the challenge of the training and finding the right facility for the teams' talents."

Handlers keep their dogs' training current and constantly work to add new skills. Warm Springs' Nancy Dragotta notes that many of their experienced teams work for 3 1/2 hours with breaks in between—visiting up to five patients for a half hour each. If the dog does not have a variety of skills, "...it can get pretty bored doing the same thing over and over again all morning."

It's important for handlers to know their dogs and what type of work is best for them. Harvey Eisen, of NCTD, visits with his lab/shepherd-mix Suchie. "You realize that all dogs have likes and dislikes in situations where they work well. Suchie doesn't like to be in a confined space such as between a bed and a wall and is not allowed on furniture at home—including the beds." Suchie prefers interacting with the patients (having them throw a ball for her, etc.).

Solano's Jessie is just the opposite. "Jessie doesn't like to do the active stuff," says Solano. "But if you find a bed and a sick kid, she's a very happy dog. She'll nuzzle the patient...she's very quiet...you almost can't get her to move. She has even gone to the Operating Room (OR) with a patient on the stretcher."

Carmel Oberdorfer has a similar experience with her Welsh corgie/basset-mix Two Socks. The team's work in the ICU and other units requires a higher skill level. "It amazes me as to how perceptive they [dogs] are as to what people need. He's not a pushy dog, but he will keep butting a hand if the patient can't pet him," says Oberdorfer.

At Warm Springs, Dottie Harrison's dogs don't do agility *per se*, but Coordinator Dragotta utilizes their "neat skills" in developing therapy programs for patients. "They do high-fives, waves, retrieve toys by name, say their prayers...cute things you can have all of your patients do," say Dragotta.

BENEFITS TO ALL

The final word on AAA/T in hospitals is that it benefits nearly everyone involved: the patients and their families, the hospital staff and the visiting teams.

Linda Racher, RN, BSN, and Unit Manager for ICU at Summa, sums up how the patients react to the visits. "It's somebody different that's not going to cause pain. It's a breath of fresh air—they talk about the dogs...for a few minutes they don't have to worry about being a patient. You see people close their eyes and you know they're sitting in their living room reliving a moment. You just can't give them a pill or a shot or anything that replaces that. They just lie there and their hand rolls over and down the dog's back over and over again."

As an RN, Racher can see the full benefit to the patients. She recalls an early incident with a young man who had been in an accident. "One of the initial AAT patients with a head injury was working on gross motor movement in physical therapy. He could not follow instructions (big gap between brain and hand). We brought the dog in [to his treatment sessions] and the natural movement of petting the dog was exactly what we needed—though he couldn't follow our verbal cues to do the very same thing in his therapy [without the dog]. Head injury patients might give no response to a human (parents/physicians/nurses) but will immediately respond to the dog. You could see that he was inside there, but just could not get out. But you could see that response to the dog. We worked it into his therapy to have AAT with the dogs every other day."

Sometimes patients benefit even when it's not always evident. Carmel Oberdorfer tells of one of her most moving experiences. "A woman in her 20s in the ICU had suffered a stroke after having

a baby—she was in a coma. Two Socks and I visited her daily for about two weeks. Her eyes would open and close—that’s a big response. Two Socks would lie on her bed, and I would tell her ‘This is Two Socks,’ as I put her hand on his fur. The woman was Puerto Rican, so I spoke in Spanish [Carmel is a high school Spanish teacher in her other life].

“Then, one day we went in and she wasn’t there. I asked where she was. ‘She’s gone,’ said the nurse. ‘Gone!’ I was worried. ‘She’s been moved.’ She had come out of her coma. Two Socks and I went up to visit and asked, ‘Would you like a visitor?’ She said yes (though she obviously did not recognize us). I put Two Socks on the bed and she said ‘This is Two Socks isn’t it? I remember him (from the touch). I remember you talking to me.’

“Even though people don’t see, they perceive. The feel of the dog under the hand is something familiar. The Occupational Therapist (OT) will say ‘Do you think you can get them to open their hand?’ You’ll ask ‘Can you open your hand to put it around the dog’s ear?’ They’ll do it for the dog but not always for the OT.” This is a poignant example of how AAA sessions were meeting therapeutic goals. No therapists were including Two Socks in treatment planning for this woman – but they could have!

Harvey Eisen and Suchie recount their favorite encounter. “A young in-patient, a boy of about eight, told the recreational therapist that he would like a visit by the biggest dog there that day. By luck, Suchie (a lab/shepherd mix) turned out to be it. When we got to his room, he was curled up in a fetal position, obviously in great distress. He was on oxygen and had at least one IV. He had his arm over his eyes and would not look or speak to me or to the Recreational Therapist. Suchie licked his leg and the boy peeked out. The RT got him to put one hand over the side of the bed and Suchie then licked his hand. The RT tried unsuccessfully to get the boy to sit up over the edge of the bed and get more involved. But he was unresponsive to any of our requests.

“His mother came in and was able to get him to sit up. That way he was able to pat Suchie and scratch her ears and get more kisses from her. I asked him if he would like to walk Suchie down the hall and he said that he would. He held a short tab leash while I held the main leash. We went out of the room and down the hall, with someone (the RT) wheeling along his pole with his IV medication and his portable oxygen.

“After we walked down a ways, I asked him if he would like to throw the ball to Suchie and he said ‘yes.’ He threw a tennis ball to Suchie, who, after mouthing it for a moment, dropped it back at his feet. He continued to throw the ball down the hall and Suchie retrieved it for him each time. A smile came onto his face as he saw how she liked chasing the ball and bringing it back. He walked Suchie back toward the day-room where he visited with Jessie, another of the NCTD dogs.” [*NIH breaks from Delta policy and allows some off-leash work in controlled supervised situations. The facility assumes liability in these instances.*]

Sometimes the stories have a more somber note, like this one from Linda Solano and Jessie. “Jessie visited in ICU with a little

boy of seven or eight who way dying. He became more and more depressed, and wouldn’t talk to volunteers at all, but he would talk to the dogs. He was in so much pain that Jessie couldn’t touch him, but he just wanted her there. He had such a great visit with her. I let him use our Polaroid® to take pictures of her. He wouldn’t talk at all, but said ‘Goodbye, Jessie,’ when we left. I knew it would be the last time we saw him.”

Solano counters that sad memory with a more cheerful one. “There was a young girl—about 16—doing therapy for her heart and was supposed to walk up and down a hall. She didn’t want to; she had two to three IV poles and it was awkward. We would all dance around the poles with the dog, making it down the length of the hall. Finally she would laugh. I saw her a few years later when she was in for a check-up, and she asked if she could dance with Jessie. And, of course she did.”

Solano continues, “It’s neat to see progress that you, your dog and the therapist and the patient create. That’s the really rewarding thing about it. Even if it’s for the patient to be pain free for an hour, or to walk when they need to walk. It doesn’t sound like much, but it’s a lot to see.”

A Win-Win Situation

Nancy Dragotta, MS, PT, and AAT Coordinator at Warm Springs, notes that everyone benefits when the dogs are around. “Besides the individual patients getting the therapy, the other people working in the gym get to benefit. The whole atmosphere changes; it lightens up the mood for everyone. Anything that can bring you away from the pain and the fact that you are in a hospital makes a difference. It works for guests, patients, families—just about everybody.”

Summa’s Linda Racher, RN, BSN, says that the program has been so successful with the patients that the physicians are its biggest supporters. “The docs bend down now to pet the dogs just like everyone else.” She continues, “For staff it’s a great stress reliever—particularly in critical care where it’s a high-stress environment. The staff are really the first ones to run up to the dogs when they come into the unit—you’ll see a big group in the hallway. One floor has a drawer with treats and the dogs know the treats are in that drawer. The staff really take good care of them.”

Rx: DOG LOVE team member Carmel Oberdorfer notes that even the staff needs some therapy at times. “Sometimes they’ve lost a patient and they really need that wagging tail.”

Linda Solano speaks warmly of the staff at NIH and their appreciation for the teams. “We’re treated like royalty in many of these places we go. The volunteer office brings us cookies every week. It’s nice that people recognize that. The planning on the staff’s part lets you know that you are accomplishing something special.”

Perhaps Carmel Oberdorfer says it for all, “It is very addictive for us as volunteers — bringing smiles, working with people and sharing our animals with people. Even if for some reason the dog can’t go—it has a cut or some such—we’ll go in and volunteer just to be with the people.”

Animals helping people, people helping people... that’s what it’s all about.

AAA/AAT Programs in Hospitals

DELTA SOCIETY AFFILIATES HAVE PROGRAMS IN 22 STATES

ALABAMA

Hand-In Paws

Birmingham
Sheila Cavallo, Program Manager
205-322-5144

www.handinpaw.org

Children's Hospital of Alabama
St. Vincent's
UAB Hospital
Baptist Montclair Medical Center
Brookwood Hospital

Therapy Partners, Inc.

Huntsville
Margie Wiesmann, Executive Director
256-536-7123

Huntsville Hospital
Women and Children, Huntsville Hospital
Crestwood Hospital
HealthSouth Rehabilitation Hospital
of North Alabama

ARIZONA

ABC (Animal Benefits Club)

Phoenix
Edie Moore, Program Manager
602-971-0839
animalbenefitclub@art.net

Banner Good Samaritan-Medical Center
John C. Lincoln Hospital, Deer Valley and
North Mountain branches
Phoenix Children's Hospital
St. Joseph's Hospital

Flagstaff Medical Center Caring Canines

Flagstaff
Cristine Henry
928-214-3926
henryc@nahealth.com
www.flagstaffmedicalcenter.com

PAWS - Pets Are Warm Support

Prescott
Yavapai Regional Medical Center
Lynnel Walters, Director of Volunteer Services.
928-771-5552.
ljwalter@yrmc.org
www.yrmc.org

CALIFORNIA

PAT at Huntington Hospital

Pasadena
Priscilla Gamb.
626-397-5208.
priscilla.gamb@huntingtonhospital.com
huntingtonhospital.com

Sutter Medical Center Pet Partners

Sacramento
Kathy Montgomery or Diane Rhodes.
916-454-2222
kathymontgomery@comcast.net
rhodesd2@sutterhealth.org

Paws 4 Healing

Santa Ana
Donna Martin
714-542-9433
dmartin178@aol.com
www.paws4healing.info
Mammoth Hospital, Mammoth
Barbi McCoy, 760-872-9272;
Bonnie Gregory, 760-934-2616
Northern Inyo Hospital, Bishop,
Barbi McCoy, 760-872-9272
Long Beach Memorial, Long Beach
Keith & Claudette Adkins, 562-425-6850
St. Mary's Hospital Long Beach
Keith & Claudette Adkins, 562-425-6850
Valley Presbyterian Hospital, Van Nuys
Lynn & Sheila Abernathy, 805-231-7616
Henry Mayo Hospital, Santa Clarita
Dave and Diane Valentine, 661-250-1675

Paws 4 Healing continued

Tri-City Hospital, Oceanside
Susan Harris, 760-434-7724

Intermountain Therapy Animals of Salt Lake City, UT

Truckee
Tahoe Forest Hospital

COLORADO

Denver Pet Partners

Denver
Jean McGuire, RN, BSN, DPP
Medical Programs Advisor
303-770 4564
jeanm@denverpetpartners.org
Exempla Good Samaritan Medical Center
Lafayette
Medical Center of Aurora – South Campus,
Aurora
Platte Valley Medical Center, Brighton
Swedish Medical Center, Englewood

Heeling Friends™

Steamboat Springs
Lynette Weaver, Director
970-871-0021
Yampa Valley Medical Center

CONNECTICUT

Tails of Joy, Inc.

Coventry
Terri Carpenter, 860-742-8611
Sue Gagnon, 860-487-0001
Connecticut Children's Hospital, Hartford
Hartford Hospital, Hartford
Johnson Memorial Hospital, Stafford Springs
Manchester Hospital, Manchester
Rockville General Hospital, Rockville
Windham Hospital, Willimantic

DISTRICT OF COLUMBIA

National Capital Therapy Dogs, Inc.

Highland, MD
Mark Cohen
301-585-6283
info@nctdinc.org
www.nctdinc.org
Sibley Memorial Hospital
NCTD Facility Coordinator:
Mezzy MacKenzie, 301-262-0766

FLORIDA

Pet Therapy of South Florida

Delray Beach
Tom DeCicco
561-703-1614
Boca Raton Community Hospital,
Boca Raton
North Broward Medical Center,
Pompano Beach

“It probably goes without saying that the staff of our clinic receives great benefit from the visits. It can be very stressful to work in an environment with chronically ill children. The hospital staff always looks forward to their “Ben fix.” He provides staff with a means to relax from their daily work. They realize how important it is to relax and enjoy then they can go back to work. [Pet Partner] Ben enjoys the time and is ready to get back to work with the patients.

The Pet Partners program has provided our clinic with a relaxing, engaging and motivating program for our families. Cynthia and Ben have taught families that there are friends at the hospital. That not everything has to hurt or have a negative connotation attached to it. Our hospital is a better place because Cynthia and Ben have taken the time to touch our patient's lives.”

Lori Takauchi, Child Life Coordinator, St. Joseph's Hospital and Medical Center, Children's Rehab Services, AZ



Photo
courtesy
Boca
Raton
Cmty.
Hospital

GEORGIA

Paws Patrol, Inc.

Albany
Marty Harris, President and Program Director
229-883-9411, or 229-395-9604
pawspatrol@att.net
Palmyra Medical Centers

IDAHO

Heart to Heart, Pets with a Purpose, Inc.

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Eastern Idaho Regional Medical Center
(EIRMC), Idaho Falls, ID, Marian Twitchell
208-529-6703

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Bloomington Hospital

Northern Indiana Pet Partners

Goshen
David Morgan
574-533-7174
Goshen General Hospital

KANSAS

Mo-Kan Pet Partners

Overland Park
Joyce D. Maas
816-942-6890
Mid America Rehabilitation Center,
Kansas City

MARYLAND

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301-585-6283

info@nctdinc.org
www.nctdinc.org

Holy Cross Hospital, Silver Spring
NCTD Facility Coordinator:
Rosemary Bennett, 301-946-2277
Kessler Adventist Rehabilitation Hospital,
Rockville
NCTD Facility Coordinator:
Burton Goldstein, 301-548-9555

National Capital Therapy Dogs, Inc. continued

National Institutes of Health, Bethesda
NCTD Facility Coordinator:
Holly Parker - 301-496-0147 (at NIH) or
301-948-3170 (home)
Shady Grove Adventist Hospital, Rockville
NCTD Facility Coordinator:
Burton Goldstein, 301-548-9555
Sheppard Pratt at Ellicott City
NCTD Facility Coordinator:
Harriet Meyers, 410-381-4755

MASSACHUSETTS

Massachusetts Pet Partners, Inc.

North Andover
Christiana Melton
cmmelton@comcast.net
Berkshire Medical Center, Pittsfield
Terry Cormier, 413-447-2114 Ext. 3657

MISSOURI

Mo-Kan Pet Partners

Overland Park, KS
Joyce D. Maas
816-942-6890
Baptist—Lutheran Medical Center,
Kansas City

NEBRASKA

Lincoln Pet Partners

Lincoln
Sara J. Byorth
402-423-3596
lincolnpetpartners@yahoo.com
www.geocities.com/lincolnpetpartners
St. Elizabeth Hospital
Bryan /LGH East and Bryan/LGH West
Madonna Rehabilitation Hospital

NEW HAMPSHIRE

ELDERPET

Durham
Jerilee Zezula
603-862-1014
jerilee.zezula@unh.edu
Exeter Hospital, Exeter
Wentworth Douglas Hospital, Dover

St Joseph's Hospital

Nashua
Debi Jones
djones9571@aol.com

OHIO

Doggie Brigade

Akron
Akron Children's Hospital
Brenda Johnson Brown, Director,
Volunteer Services
330-543-8424
bjohnson@chma.org

Rx: Dog Love, Inc.

Akron
Beth Fink, Coordinator
330-835-4079
bfink@neo.rr.com
Summa Health System

Paws for Care Fairview Hospital

Cleveland
Nancy Butler, Activities Coordinator
216-476-PAWS
Nancy.Butler@FairviewHospital.org

Angel Paws

Newark
Patti Shanaberg, Founder/Director
740-364-0824
AngelPawsAAT@earthlink.net
Licking Memorial Hospital

SOUTH CAROLINA

Prescription Paws

Lexington
Jenny Prather
803-951-7285
jlprather01@yahoo.com
prescriptionpaws@aol.com
www.prescriptionpaws.org
Palmetto Richland Children's Oncology Unit,
Columbia

TENNESSEE

Therapy ARC

Nashville
Dee Mathues
615-519-0719
Centennial Hospital, Nashville
Middle Tennessee Mental Health, Nashville
St. Thomas Hospital, Nashville
Tennessee Christian Medical Center, Madison
Vanderbilt Children's Hospital, Nashville

TEXAS

GCCHS - Paws Up

Corpus Christi
Laurie Douglass, RVT, Program Director
Cynde Mendieta, Assistant
361-225-0845
Driscoll Children's Hospital
Christus Spohn Hospitals

TEXAS

SPCA of Texas Compassion Connection Program

Dallas
Melissa Martin, LPC, MEd,
Social & Therapeutic Services Manager
214-651-9611 Ext. 165
mmartin@spca.org
Parkland Health and Hospital System
North Texas Hospital for Children
at Medical City

Delta Society of San Antonio

San Antonio
Joann Hatch
210-614-6734
email@deltasa.org
Warm Springs Rehabilitation Hospital

RESOURCES FOR BEGINNING AN AAA/AAT PROGRAM IN A HOSPITAL

- ▲ *Animal-Assisted Therapy and Activities*, Phil Arkow. 9th ed. (2004).
- ▲ *Handbook on Animal-Assisted Therapy: Theoretical Foundations and Guidelines for Practice*, Aubrey Fine, Ed. San Diego, CA: Academic Press (2000).
- ▲ *Introducing Visiting-Animal Programs*, Ann Howie, Seattle, WA: Delta Society (2000).
- ▲ *Standards of Practice for Animal-Assisted Activities & Therapy*. Seattle, WA: Delta Society (1996).
- ▲ *Starting a Visiting-Animal Group*, Ann Howie. Olympia, WA: Providence St. Peter Foundation (2000).
- ▲ *Animal-Assisted Therapy, a Guide for Health Care Professionals and Volunteers*, Shari Bernard. Whitehouse, TX: Therapet L.L.C. (1995).
- ▲ *Animal Assisted Therapy – Therapeutic Interventions*, Bellevue, WA (1997).

UTAH

Intermountain Therapy Animals

Salt Lake City
Kathy Klotz or Karen Burns
801-272-3439 or 877-485-1121 (toll-free).
karen@therapyanimal.org
Davis Hospital, Layton
HealthSouth Rehabilitation Hospital, Sandy
LDS Hospital, Salt Lake City
Lakeview Hospital, Bountiful
Logan Regional Hospital, Logan
McKay-Dee Hospital, Ogden
Payson Hospital, Payson
Pioneer Valley Medical Center (Iasis),
West Valley City
Primary Children's Hospital, Salt Lake City
St. Mark's Hospital, Salt Lake City
South Davis Community Hospital,
Bountiful
University Neuropsychiatric Institute,
Salt Lake City
University of Utah Hospital, Salt Lake City
Utah Valley Regional Medical Center, Provo

VERMONT

Pet Partners of Vermont

Johnson
Ben Edwards
802-635-2054
benedwards@pshift.com
Copley Hospital, Morrisville

WASHINGTON

Providence Animal Assisted Activity/Therapy Program

Olympia
Providence St. Peter Hospital
Danni Sabia
360 493 7629
360 493 4631 (fax)
danni.sabia@providence.org

Valley Medical Center

Renton
Jean Basaraba
425 228 3440, ext. 2568
Lauren Adams, PT, Family Resources
425 656 4215

Children Hospital and Regional Medical Center

Seattle
Rosalie Frankel
Art Therapist and Therapeutic Play
Coordinator
206 987-1827
rosalie.frankel@seattlechildrens.org

“Simon [a Pet Partner dog] is here to lift the spirits of patients. But he does so much more than that. His visits are anxiously anticipated by the staff.

Caring for the ill and dying as we do on the oncology unit is a most serious responsibility. Simon lifts the spirits of the staff.”

Amy Yadon, RN, Sharp Chula Vista Medical Center Oncology Unit

SOME NOTABLE PIONEERS DURING THE EARLY YEARS OF AAA/AAT INCLUDE :

- ▲ Baylor Institute for Rehabilitation, Dallas, TX, led by Shari Bernard.
- ▲ Children's Hospital, Denver, CO.
- ▲ Huntington Memorial Hospital, Pasadena, CA, led by Holli Pfau.
- ▲ The Institute of Animal-Assisted Therapy, San Francisco, CA, led by Debra Fila, R.N.
- ▲ Fitzsimmons Army Medical Center, Littleton, CO, led by Mary Woolverton.
- ▲ Hennepin County Medical Center, Minneapolis, MN, led by Mary Meacham.
- ▲ Human-Animal Bond in Tennessee, Knoxville, TN, led by Ben and Georgia Granger.
- ▲ Kings View Center Psychiatric Hospital, Reedley, CA, led by Patricia Harper.
- ▲ National Capital Therapy Dogs, Inc., Clarksville, MD, led by Shari Sternberger.
- ▲ Oakwood Forensic Center, Lima, OH, led by David Lee.
- ▲ Texas Institute of Rehabilitation and Research, Houston, TX, led by Jamie Morgan.
- ▲ Tree House Animal Foundation, Inc., Chicago, IL, led by David E. Kay and Dawn Haney.
- ▲ Paw-to-Paw Visitation Program, Mahomet, IL, led by Linda Case.
- ▲ St. Peter Hospital, Olympia, WA, led by Ann Howie.
- ▲ Wags to Smiles, Inc., Henrietta, NY, led by Pearl Salotto Lester

We owe a debt of gratitude to these leaders, and to others whose names we accidentally missed.