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A “Pawsitive” Influence of Animals in Long-Term Care Facilities: Animal-Assisted Therapy at St. Peter Regional Treatment Center

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Statement of Purpose

The St. Peter Regional Treatment Center (SPRTC) provides secure, residential, multi-disciplinary treatment services, including psychosocial rehabilitation and skill enhancement, to individuals civilly committed as Mental III and Dangerous by the State of Minnesota. Since the treatment process is so comprehensive at SPRTC, patients may spend several years receiving in-patient treatment.

Since SPRTC does not currently have an animal-assisted therapy (AAT) program, the purpose of this project was to research existing AAT programs being implemented with similar patient populations as a way to inform SPRTC staff of possible programs they could implement on their campus. The overall goal of this project was to collect information about these other programs, compare these to the criteria SPRTC specified they wanted in their own AAT program, then recommend possible programs that SPRTC could successfully implement with their population.

Relevant Literature

Animal-assisted therapy, specifically when used in long-term psychiatric hospitals, such as SPRTC, has been shown to have a significant effect on patient symptomatology. Research has shown that AAT, when used with people residing in long-term care facilities have lower rates of anxiety (Barker & Dawson, 1998); had increased rates of socialization with other residents (Barak et al., 2001); reduced levels of anhedonia (Nathans-Barel, Feldman, Berger, & Modai, 2005); increased levels of self-efficacy, coping abilities, and quality of life (Berget et al., 2008); increased stability of motor movements (Bernstein, Friedman, & Malaspina, 2000); higher levels of reported happiness (Marr et al., 2000); improved verbal and nonverbal communication (Banks & Banks, 2005); and reduced levels of fear before electroconvulsive therapy (Barker, Pandurangi, & Best, 2003).



Methodology

A literature review was completed to review the effectiveness of AAT with individuals receiving treatment in psychiatric hospitals. Next, in collaboration with SPRTC staff, AAT program criteria was developed as an indicators of elements SPRTC wanted in their AAT program. This program criteria included: being cost effective, having an infection control policy, having certified handlers and therapy animals, having clearly identified program staff, and using AAT as a treatment modality. Using these criteria, contact was made with state hospitals in all fifty American states, and one other country, via email or through phone calls. Upon contact, information was gathered based on the SPRTC criteria.

Out of the fifty states whom attempted contact was made, twenty-seven states returned the email or phone call with further information about their treatment program. Out of these, twenty-seven states, eight were found to have functioning AAT programs that met or partially met SPRTC's criteria and were used for final comparison. These states included: Minnesota (Anoka Metro Regional Treatment Center), Hawaii (Hawaii State Hospital), Tennessee (Lakeshore Mental Health Institute), Mississippi (Mississippi State Hospital), Colorado (Colorado Mental Health Institute, Pueblo), Virginia (Western State Hospital), New Hampshire (New Hampshire State Hospital), and Scotland (The State Hospital of Scotland). Data was collected and organized into a table in order to compare these programs to SPRTC's program criteria.

A presentation of the findings was presented to SPRTC's Social Service Department, and information regarding each program was organized into a resource manual for SPRTC to use when implementing their own AAT program.

Key Findings Table

Program	Cost	Staff	Certification	Infection Control	Treatment Modality
Minnesota	X	X	X	X	X
Hawaii	X	X		X	X
Colorado	X	X	X		
Tennessee	X	X	X	X	
Virginia	X	X			X
New Hampshire		X		X	X
Mississippi	X	X	X	X	X
Scotland	X	X	X	X	X

Discussion & Recommendations

Based on the key findings, it is recommended that SPRTC implement an AAT program similar to Minnesota, Mississippi, or Scotland, due to the high compatibility rate of program criteria. Despite the fact that other programs did not match as consistently to SPRTC's criteria, it is worth noting that elements of these programs may be beneficial for an AAT program at SPRTC. In the end, it is recommended that SPRTC implement some AAT program in order to offer one more evidence-based treatment modality for their patient population.

Implications for Social Work Practice

This project has several implications for the social work profession. It is consistent with the NASW *Code of Ethics* (2008), specifically in regards to the ethical standard of commitment to clients, which states that “social workers’ primary responsibility is to promote the wellbeing of clients” (para. 15). Adding an AAT program would be another form of evidence-based treatment SPRTC would be offering to their patient population, ultimately to help them move through treatment and be reintegrated into the community.

Limitations for Rural Communities

Many AAT certification programs are located in the urban communities surrounding Minneapolis/St. Paul, with very few programs located in rural Minnesota. Also, many of the AAT therapists are located in these urban areas, meaning that it may be more difficult to find AAT therapists in rural communities, or ones willing to commute to St. Peter to provide services. Thus, the biggest barrier of this project is finding an AAT program with certified handlers that can be implemented in a rural setting, such as St. Peter. The hope is that with more research, a program using local handlers can be found that can be adapted to such a location. Despite this barrier, however, at least one program from Minnesota was found (Anoka Metro Regional Treatment Center) and was found to be highly compatible with the program criteria SPRTC was looking for in their own AAT program. Thus, it may be possible to have a successful AAT program at SPRTC, despite the rural setting.

