Volunteers, Animals, & Butterflies

Equal Good Therapy

A home care agency should facilitate agency programs to meet patients' physical and psychosocial needs. The Animal-Assisted Therapy program described in this article has been in place for almost 13 years and has become an important aspect of the volunteer program that contributes to patients' wellness and recovery.

The Animal-Assisted Therapy (AAT) program at Abington Memorial Hospital Home Care (AMHHC) was initiated in May 1990 as one part of the volunteer program to meet a special need of many of our home care patients. AAT uses companion animals to help people negotiate their life stages. Studies show that homebound elderly who have pets care for themselves better, more regularly feed themselves and their pets, keep their homes warmer, and take their medications more regularly.

Companion animals actively seek care and physical closeness, allowing exchanges of affection and nurturing and positively impacting people of all ages and abilities. Companion animals can be a distraction from one's own problems. Their behavior can be comical and inspire laughter. They can stimulate thinking, provide emotional and physical security, and help compensate for memory loss.

Program Characteristics
The AMHHC program is recognized as a unique AAT service, distinct from animal visitation or demonstration activities. We view the human-animal interaction and bond as therapeutic. The agency first obtained administrative approval, then wrote and approved policies and procedures, and selected a qualified coordinator. One home care staff nurse with AAT experience was hired as the program coordinator. In addition to addressing the psychosocial needs

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of patients, a research component was included to document the effects of AAT on homebound individuals to:

- determine changes in vital signs,
- describe interactions between pets and homebound older persons,
- provide stimulation for homebound persons, and
- improve the quality of life of homebound persons (Harris & Gellin, 1990).

The home care staff identified patients who could benefit from AAT. The coordinator visited the patient, explained the program, and obtained a signed informed consent form. Criteria required participants to be homebound, age 60 or older, with no pets in the household. Although there were no physical or mental criteria for inclusion in the research program, participants were classified by use or nonuse of antihypertensive medications. The coordinator and a volunteer and his/her therapy dog made weekly visits for 8 weeks.

The program research was conducted with the director of the graduate nursing program at a local college (Harris, Rinehart, & Gerstman, 1993). The research instruments used included a personal adjustment scale, the Beck depression scale; measurements of vital signs (blood pressure [BP], heart rate, and respirations at the beginning and end of each 30-minute visit; and descriptive and anecdotal data recorded on each visit. A standard statistical package was used for data analysis. Patients and volunteers also completed satisfaction questionnaires.

The initial research program began in December 1990. Sixteen patients completed the 8-week program. The initial data indicated that a visit by the nurse alone did not significantly change the client’s BP; however, a visit with a pet did. The pulse rate was significantly lowered in both types of visits, and the respiratory rate increased with a nonpet visit but not with a pet visit (Harris et al., 1993). Many patients chose to continue with the volunteer and pet visits at the end of the 8 weeks. This sometimes included visits to a nursing home if the patient’s place of residence changed.

Since its inception the program has expanded to various departments of Abington Memorial Hospital (AMH) (See Table 1). Feedback from the patients, clients, and staff who have either participated in the groups or observed them continues to be extremely positive. Requests for visits to unscheduled areas have increased.
The coordinator facilitates all groups and requires semiannual evaluation forms from the hospital staff members who cofacilitate the groups. Individual teams of human/canine volunteers, initially accompanied by the coordinator, continue to visit the homebound, including hospice patients, upon request.

The Monarch Butterfly Program
The Monarch butterfly program was introduced into our existing AAT program in summer 1998, after administration approval. The program is low maintenance and the time from caterpillar to butterfly is relatively short (4 weeks) (Levicoff, 1993, 1994, 1995). The first butterfly habitat and demonstration project occurred in the executive director’s office, using a tray and two small mesh food tents held together with clothespins. The coordinator started the butterfly garden with milkweed (for food) and three caterpillars purchased through the University of Kansas. All we had to do was watch and wait.

The traffic into the director’s office increased as staff came in daily to assess the progress of the metamorphosis. It was interesting to note the rapid, sometimes hourly, changes that occurred. When the butterflies emerged, they were released, and everyone wished them a safe flight to Mexico.

The Monarch Butterfly Program, developed to expand AAT’s scope, continues to grow. Stationary live butterfly habitats are now located on several hospital units and the Safe Harbor unit. A mobile unit, which can visit individual rooms, was installed in the pediatric unit. Butterfly releases with the assistance of patients, clients, and staff occurred in September 2003 at the Rehabilitation Unit’s Annual Picnic (with television news coverage), the outside lounge of the Oncology unit, and Safe Harbor. Before the butterflies are released in late summer, the coordinator tags each one in order to follow its migration flight pattern to Mexico through a national network.

Volunteers
The AAT program at AMHHC continues to maintain a dedicated volunteer staff of 60, along with its 65 enthusiastic, certified canine companions. The volunteer corps includes several hospital staff and employees as well as citizens from throughout the Delaware Valley. Our volunteers include teams of family members, both human and canine: two teenagers with their moms, a husband and wife team, and an adult mother and daughter team and their dogs—also a mother and daughter!

My Partner, Lacey
A hospice social worker said to me: “Judi, I have a patient, Mrs. B., who would benefit from pet visitation. She is a 78-year-old widow with five grown, attentive children, diagnosed with Alzheimer’s disease and on hospice care. A paid caregiver lives with her 24 hours a day. She appears to have little enthusiasm. Please call her daughter to set up an appointment.”

Lacey and I arrived at the lovely, well-kept home on Tuesday morning. The caregiver, the social worker, and Mrs. B. were in the living room. Mrs. B. was relaxing in a recliner, observing everything, but not speaking. Lacey greeted everyone with her normal tail wagging, body wiggling, friendly exuberance. Lacey then approached Mrs. B., gently placed her front two paws on the edge of the seat, leaned forward and gave Mrs. B. a kiss on her cheek. Everyone held their breath until Mrs. B. began to smile, and then laugh. The bond had begun to form.

Lacey, a 6-year-old apricot cock-a-poo, and I visit Mrs. B. every Tuesday morning. In the months that we have been visiting, we have met each of Mrs. B.’s children and their families. They all agree that Lacey has made a significant difference in Mrs. B.’s life. When the family united for a festive occasion, Lacey and I were invited to help celebrate. A special place had been set for Lacey’s bowl and treats. Lacey even gets invited to sleepovers at J’s house.

When Mrs. B. had to be hospitalized for 1 week, Lacey and I visited almost daily. Dressed in her official red scarf and hospital identification tag, she would often lie in bed with Mrs. B., helping her to rest and relax. Now that Mrs. B. is home again, we are back to regular visits. Lacey is sure that she is the best medicine for Mrs. B.
Dogs participating in the program must first pass an evaluation of their temperament and level of obedience; their health is also monitored. Each therapy dog has a hospital identification/name badge and wears an AAT scarf. Human volunteers must complete the hospital’s orientation program and wear identifying tunics and badges.

Ten volunteers and their canine companions, accompanied by the program coordinator, spoke with students at a local university. Groups of volunteers joined AMH’s Poppy Bear Program for children ages 4 to 6 to welcome these young children to the hospital as part of the “orientation to the hospital” tour.

Holidays offer the opportunity for special “dress-up.” At Halloween, 12 teams in costume attended a party with the staff of the Special Care Nursery. Twenty teams, some accompanied by members of their own families, visited throughout the hospital during Christmas Eve and Christmas Day. During the annual AMH Christmas dinner, a special table was set in a private dining room for AAT volunteers and their canine companions. A “thank you” dinner, just for the AAT human volunteers, ushered in the spring season. This past summer, 25 teams attended a picnic for the pets and their owners, hosted by one of the volunteers, and AAT representatives regularly attend community events.

During fiscal year 2003, more than 2800 volunteer hours were devoted to the program. Volunteers are recruited through word of mouth, dog clubs, brochure distribution, speaking with hospital visitors, and publicity, which includes television exposure and a full-page newspaper picture story. To learn more about AAT, college and high school students either volunteer or observe for a specific period of time. Twenty new teams were certified in AAT by the coordinator during the current year at a local retirement/extended care facility. Certification testing is scheduled to occur four times throughout the year.

Pet Loss Support Group

Given the success of the program, and in response to community requests, new program areas were added this year. The coordinator worked closely with a grief support counselor from a local veterinary school, a private veterinarian, a veterinary nurse, and a social worker to establish the framework for a Pet Loss Support Center. AMH now offers a free monthly support group that provides a caring, understanding, and supportive environment for pet owners.

Pet Emergency Preparedness/First Aid Workshop

A veterinarian and veterinary technician also host a workshop to help individuals prepare for pet emergencies and provide the necessary tools to survive disaster. In March 2002, 38 individuals registered and attended the course offered at our site.

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<tr>
<th>AMH Departments</th>
<th>Visit Schedule*</th>
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<td>Psychiatry</td>
<td>2 (includes one evening)</td>
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<td>Rehabilitation</td>
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<td>Pediatrics</td>
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<td>Special Care Nursery Lounge for Staff and Visitors</td>
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<td>Outpatient Speech Therapy for Children</td>
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<td>Laboratory—for Staff</td>
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<td>Maternity</td>
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<td>Mom’s Unit—Extended Confinement</td>
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<td>Hospice Unit</td>
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<tr>
<td>Safe Harbor Program</td>
<td>Weekly</td>
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<tr>
<td>Home Care/Hospice Visits</td>
<td>As requested</td>
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<th>Stationary Butterfly Habitat Locations</th>
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<td>Oncology—Outdoor Patio</td>
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<td>Rehabilitation Department</td>
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<td>Safe Harbor</td>
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<td>Special Care Nurses Lounge</td>
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<td>Mobile Butterfly Habitat</td>
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<td>Pediatric Department</td>
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*Number of visits per month, unless noted.

AMH = Abington Memorial Hospital.
At another time, pet first aid and cardiopulmonary resuscitation were offered through the American Red Cross.

Abington Memorial Hospital’s Safe Harbor program is modeled after the well-known Dougry Center in Portland, Oregon, and provides free, ongoing grief support groups for children, teens, and their parents or caregivers. Specially trained bereavement facilitators and a core professional staff meet in comfortable surroundings, including private rooms featuring inspiring murals painted by local artists and students.

Group circles, games, toys, art, and other activities help bring the children closer together to express feelings and share experiences with one another and their facilitators. Accommodating up to 10 participants, four separate groups are arranged for ages 3 to 5, 6 to 8, 9 to 13, and 14 to 18, plus a group for their parents or caregivers. Each group meets every 2 weeks for 2 hours.

The AAT coordinator completed training for grief support for children, and joined the team of Safe Harbor as an Animal Therapist with her partner, Lacey, a cock-a-poo. In May 2002, this program was awarded the Hospital and Health System of Pennsylvania’s Achievement Award for Community Stewardship.

Funding
This AAT program is funded by grants and individual contributions. The paid program coordinator works part-time. All other personnel are volunteers. The cost to set up an individual butterfly habitat varies, depending on the size. A simple habitat for the home can be done for approximately $20. More elaborate habitats range from $50 to $500.

Evaluation/Summary
The AAT program continues to expand services within the therapeutic community. The initial program established for home care patients was introduced into the hospital setting to benefit patient well-being. The program now serves a wider audience. Staff and employees continue to report anecdotes about the benefits they receive. Supervisors request AAT visits for their staff, which also affirms the positive effects of human/animal interaction. Requests for expanded visitation to already visited departments indicate a need for additional program hours.

Many of the goals for the past year have been met, including expansion of the program into new departments, receipt of funding, and the continued addition of new volunteers. A new 12-minute video about the program is used to share the program throughout the community and is also available for purchase.

We receive notes of appreciation about the expansion of the Butterfly Program throughout the hospital community. Visitors as well as patients and staff are attracted to and fascinated by the idea of bringing nature indoors. AAT at AMH is unique in its approach to demonstrating what research is finally beginning to prove: the interaction of people, animals, and nature is essential to the well-being of the natural world.

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Judith Levicoff is the Animal-Assisted Therapy Coordinator, Abington Memorial Hospital Home Care; and is employed in the education department of the Philadelphia Zoo.

REFERENCES

ADDITIONAL READINGS AND RESOURCES
Association of Professional Humane Educators (APHE), c/o Latham Foundation, 1826 Clement Avenue, Alameda, CA 94501.
Habitat Helpers Club (Judith Levicoff), P.O. Box 212, Jenkintown, PA 19046; (215) 576-1359 (the butterfly-lady@uno.com).
Therapy Dogs Incorporated (TDI), P.O. Box 5868, Cheyenne, WY 82003.