

Animal-Assisted Therapy in Medical Settings: Benefits and Limitations

Introduction

Millions of Americans have their own pets, and this bond fosters safety and security for humans, while reducing anxiety and other negative thoughts (Vakrinou, et al. 2020). Animals in medical settings can help patients to be more social and communicative with their medical staff, and they provide a focus point for patients who may experience anxiety when hospitalized (Tielsch, et al. 2015). Animal-assisted interactions (AAI) combines the use of animals for the positive benefit of humans (Winkle, et al. 2020). A form of AAI known as animal-assisted therapy, or AAT, is a therapeutic treatment that utilizes animals for the functioning of the physical, emotional, social, or cognitive goals of humans (Bert, et al. 2016). There is a multitude of research and meta-analysis studies about the positive health effects of AAT, and how this field is greatly expanding in the medical world, especially in the last decade (Glenk, 2017; Fine, et al. 2019). However, there are several concerns within the field, such as the welfare of the therapy animals themselves, which is often overlooked. (Fine, et al. 2019). To counteract these issues, there have been various programs in effect to resolve these problems and make AAT more beneficial (Hardin, et al. 2016; McCune, et al. 2017).

Methods

All resources are from the Sacred Heart Library and Google Scholar databases

Keywords: Animal-Assisted Therapy, Animal-Assisted Interventions, Pet Therapy, Hospitals, Elder Care Facilities, Occupational Therapy

Several of these articles are syntheses and literature reviews of more specific articles concerning AAT; also, most of these studies focus on therapy dogs specifically

Literature Review Themes

1. Benefits of AAT in Medical Settings
2. Limitations and Ethical Concerns
3. Improvements in the AAT Field

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Research Question

Do the benefits of AAT outweigh the risks, and what changes can be made to improve the field?

Literature Review Findings

For hospital patients, AAT can reduce pain and lower respiration, as well as improve their nutritional intake and weight gain (Bert, et al 2016). AAT can decrease heart rate and blood pressure (Vakrinou, et al. 2020), and even fix insomnia and sleep patterns in the short-term (Veilleux, 2021). AAT is linked to a decrease in excitatory hormones, as well as the stress hormone cortisol (Bert, et al 2016; Glenk, 2017). In rehabilitation and occupational therapy centers, AAT can improve patients' motion disabilities, range of movement, muscle strength, proprioception, and fine/gross motor movement (Andreasen, et al. 2017), as well as assisting in ambulation (Veilleux, 2021). AAT has been linked with mood improvements (Linder, et al. 2017), increased happiness and comfort (Veilleux, 2021), and even higher self-esteem (Bert, et al. 2016). It can reduce violent behaviors, depression, anxiety (Bert, et al. 2016), aggression, and loneliness (Veilleux, 2021). In rehabilitation centers, AAT can aid in improving memory, attention, knowledge, vocabulary, and even self-care habits (Veilleux, 2021). AAT can also improve socialization and social communication as well (Bert, et al. 2016). AAT can even give patients feelings of independence and autonomy, as well as company, entertainment, and physical contact (Tielsch, et al. 2015).

Mistreatment and improper contact with the therapy animals can cause stress (Glenk, 2017), as well as poorly-timed retirement of the animal (Fine, et al. 2019). Animals may be stressed by unfamiliar hospital environments, or by having to act calm when under stress (Glenk, 2017). There's a risk to the patients as a result of fear or allergies (Tielsch, et al. 2015). There's also the risk of zoonotic disease transmission, being given to the animal or even carried to other patients (Fine, et al. 2019). Also, many AAT certification agencies don't conduct proper background checks, or aren't standardized in their



training procedures (Linder, et al. 2017). Other agencies don't properly train handlers on how to respond to their animal (Bert, et al. 2016). Medical institutions also vary widely in their requirements for visiting therapy animals (Veilleux, 2021). There are also issues in overgeneralization of research (Winkle, et al. 2020) and experimental inconsistencies (Fine, et al. 2019), as well as improper measurements of animal stress (Glenk, 2017). **To improve AAT, animals can be given their own resting places and secure water availability, as well as time to familiarize with the environment and their patients before sessions occur (Glenk, 2017).** Physicians should be involved in deciding if AAT is suitable for their patients, and evaluate them after for any infections (Hardin, et al. 2016). Therapy animals should also be frequently bathed by their handlers, and hospital environments should be cleaned thoroughly to prevent zoonotic risks (Bert, et al. 2016). Handlers should be taught about animal communication and be able to respond if their animal is stressed (Winkle, et al. 2020). Also, studies must start including more details about the nature of their sessions, as well as the animals' backgrounds (Fine, et al. 2019). If animal welfare is improved, the patients who undergo AAT will feel cared for as well (Winkle, et al. 2020).

Conclusion

The benefits of AAT have been determined to outweigh the risks (Glenk, 2017). However, improvements must be made to ensure the concrete results and effectiveness of the therapy (Winkle, et al. 2020). Future research should focus on the effects of AAT for both therapy animals and patients, as well as longitudinal studies to determine its long-term effects (Glenk, 2017).

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