

# **Animals in Elderly and Assisted Living Housing: Policies and Attitudes**

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## Summary

The following is a final project regarding the role and presence, if any, of animals at elderly and assisted living facilities within the greater Boston area. The animals in question include companion animals (or pets), physical assistance animals (i.e. seeing-eye dogs), and emotional support animals (i.e. therapy animals). The participants were employees of the facilities and residents of the facilities. The project includes a review of relevant literature, a proposed methodology, a presentation and analysis of data, as well as public policy implications.

Data was collected by conducting interviews of facility employees and residents. Research showed that three out of five assisted living facilities allowed animals in their facilities under various circumstances. All three of the locations allowed animals to visit residents at the facilities. These animals included family pets as well as therapy animals. One location allowed residents to have pets as long as they were able to care for them independently. All three of the locations required dogs to be leashed at all times and none allowed animals near areas where food was stored or prepared. The process required to bring an animal to one of the three facilities varied in their thoroughness from very lax to very thorough. All three of the locations reported increased physical and emotional well-being as a result of the animal visits.

Two of the facilities did not allow animals at the facility. One location thought human – animal interactions could benefit the patients but that incorporating an animal program was not feasible. This was due to brief residencies by patients as well as time constraints. The second facility did not allow animals on the premises because they

believed animals posed an additional health risk to already very ill patients. It was also mentioned that management at this facility did not believe therapy animals were beneficial to humans.

Analysis of the data also revealed that individuals who lived in independent style retirement communities were more likely to be allowed companion animals since they are able to care for them. Individuals who relied more on the assistance of nurses and other medical personnel tended to benefit from the visits of animals and people from outside the facility.

Public Policy implications include an increased awareness of the benefits of human – animal relationships, a better understanding of and regard for animals themselves as well as the possibility of a positive change in society when animals act as a catalyst for social interaction. Additionally, specific policies for individual facilities should be determined on a case by case basis since residents vary depending on the type of location in which they reside.

## Literature Review

Over the past few decades, the presence of assistance animals for individuals with physical disabilities has become common. It is not out of the ordinary to see a guide dog or a service dog for a disabled person in a wheelchair or for people with other conditions that can be categorized as disabilities as well, which include, but are not limited to: caring for one's self, performing manual tasks, seeing, walking, hearing, speaking, and being deaf or epileptic (*Americans with Disabilities Act (ADA)*. 1990). Specifically, the ADA defines a person with a disability as having (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such impairment. (ADA. section 12102 Definitions. 1990). If an individual is disabled they have the right to an assistance animal. An assistance animal is defined by the ADA as

any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability... regardless of whether they have been licensed or certified by a state or local government.

Service animals perform some of the functions and tasks that the individual with a disability cannot perform for him or herself... Some examples include:

- Alerting persons with hearing impairments to sounds.
- Pulling wheelchairs or carrying and picking up things for persons with mobility impairments.
- Assisting persons with mobility impairments with balance.

A service animal is not a pet.

By comparison and for the sake of this paper, a pet is typically defined as “an animal kept for pleasure or companionship” (Webster's II, U.S. Government Dictionary, 1984).

More recently, the idea has emerged that disabilities include psychiatric conditions and can include conditions ranging from bipolar disorder to anxiety to Alzheimer's. Developing in conjunction with this idea is the concept of emotional support/ therapy animals. Similar to assistance animals, these "working animals" are part of a treatment process and are usually prescribed or approved by a mental health professional (Brigham Young University, 2005). Therapy animals are generally thought of as animals "...who work with human service and health care professionals to serve those in need." ([www.therapyanimals.org](http://www.therapyanimals.org)). There are certain characteristics that should be representative in therapy animals. These characteristics include

- Animal demonstrates behavior that is reliable, controllable, predictable, and inspires confidence in the person s/he is interacting with
- Animal actively solicits interactions with people and is accepting and forgiving of differences in people's reactions and behavior
- Animal demonstrates relaxed body posture, moments of sustained eye contact (dependent upon species and breed), and relaxed facial expressions
- Animal is more people-oriented than animal-oriented
- Animal likes being petted, touched and hugged
- Animal is able to remain calm with people doing such things as speaking loudly, clumsy movements and clapping
- When approached from the rear, the animal may show curiosity, but does not startle, growl, jump up, bark, eliminate, act shy or resentful
- The animal can walk on various surfaces reasonably comfortably, including carpet, concrete or asphalt, tile, linoleum, rubber matting and wooden floors
- Animal can be held by another person than its owner for several minutes, continuing to demonstrate good manners with no vocalizing or extreme nervousness
- Animal is outgoing, friendly and confident in new settings

It is important for a therapy animal to display these characteristics but therapy certification is not always required for an animal to visit a facility.

Therapy animals are different from assistance animals in that they do not usually perform physical tasks for the individual but are used to help alleviate some of the symptoms of the

disability. However, in some cases these animals can be trained to remind their owners to take their medication on time or even give the owner a warning if they sense a chemical change indicative of manic episodes (Hunt, Linda Boone. *Service Animals – Barking up the Right Tree*. Ability Magazine). Depression, for example, is related to chemical levels in the body. This can range from the average person being upset about having a bad day to someone who is diagnosed with severe, chronic, depression. The more extreme the case of depression is, the more severe the alteration of chemicals is in the brain. Only recently is society learning to accept depression as a disability. In the past people who suffered from depression or other mental illnesses were outcasts. There was, and to a certain extent still is, a negative stigma attached to mental illness and therapists (Hall, 2003).

There are signs that an individual is going into a bout of depression or is depressed. Some of the symptoms include excessive fatigue, sleep disturbances, aches and pains, changes in appetite and energy, social withdrawal, and a general feeling of low self-regard (Cussack, 1988). Since many of these symptoms are physical and an animal can learn to predict seizures and warn their owners, why aren't more animals being trained as emotional assistance animals to detect an onset of depression or other mental illnesses in people who experience recurrent relapses?

Issues like these are relatively new in receiving attention and while some research has been done into the subject of emotional support animals, it is still a fairly new topic. There has been some research done over the past thirty years but little of it has been appropriately shared with the lay public. To date, people have generally accepted the idea of assistance animals under the guise of guide dogs and even service monkeys, but society is having a difficult time accepting animals as an official form of *emotional* well-being and stability. I think this is largely attributed to the idea of mental illness and being “crazy” since mental illness is not always

visible to the public. Some people may think that unless a person is physically disabled, they really do not need an assistance animal. The most basic evidence of this is the dispute between “no pet” housing managers and tenants. In a personal experience working for HUD (Department of Housing and Urban Development), I saw many cases where landlords had no problem allowing guide dogs but had a hard time accepting emotional support dogs. Many landlords did not take the concept seriously and extra steps were required for the animals to be allowed in the homes. In some cases it was not just a matter of taking the concept seriously; sometimes the landlord just did not want a “crazy” person living on their property. In some cases they feel that letting one person have a pet for mental well being would open the door for more people to claim their pets were emotional support animals (Brewer, 2005). According to the Fair Housing Amendments Act, landlords of federally funded dwellings are required to make exceptions to “no pet” policies, provided (among other things) the tenant fulfills the requirements of being disabled, the animal in question fulfills the requirements as set forth by the ADA (1990) and it is a reasonable accommodation to be made by the landlord (Brewer, 2005; [www.hud.gov](http://www.hud.gov)).

The problem with acceptance of assistance and emotional support animals extends beyond the realm of public housing and the disabled. For example, there is growing awareness of a connection between emotional support and companion animals and the general well being and good health of the elderly (Suthers – McCabe, 2001). According to Suthers – McCabe (2001)

Many long-term-care facilities for elders prohibit personal pets even though a growing body of research attests to the health benefits of interaction with...animals...A number of studies have provided evidence of the positive effects of the programs in healthcare settings with older adults. Reports of reduced anxiety levels and distress in stressful situations, reduced behavioral problems, and increased socialization and participation are among the many benefits reported. (pg. 93-95)

She goes on to discuss the importance of animals in the lives of the elderly and even states that human – animal bond is stronger and more prominent later on in life than during any other age (Suthers – McCabe, 2001). Many times, the animals are considered members of the family and provide security while going through significant life changes such as the loss of a spouse or retirement (Cussack, 1988). Many elderly people refuse medical treatment because they believe that hospitalization or placement in a retirement or assisted living facility may result in the separation from their animals. Suthers – McCabe explains that there has been research showing the positive effects of animals in the lives of the elderly. These effects include everything from helping with arthritis exercise, to reduced instances of cardiovascular disease. Additionally, individuals who have been forced to leave their animals behind “...experienced more problems in social integration with other residents, reported a higher incidence of sleep and appetite disturbances and...worsening of existing ailments or the onset of new illness” (Suthers – McCabe, 2001). While these symptoms might not seem serious they can often lead to undue stress which can lead to more serious illnesses. There is also significant evidence highlighting the importance of relieving loneliness in the elderly, especially for those in retirement homes where they have to receive assistance for everyday activities and might not be close to or have family around. In most studies reviewed, while there was evidence of medical benefits the underlying theme always returned to the alleviation of loneliness among the residents (Suthers – McCabe, 2001; Banks, Marian and William. *The Effects of Animal Assisted Therapy on Loneliness in an Elderly Population in Long-Term Care Facilities*; Roth, 1999). Bustad (1983) makes this point in a 1983 publication as well.

Many older people have discovered that animal companions satisfy some of their greatest needs. Pets restore order to their lives; provide a more secure grasp of reality; and link

their owners to a community of caring, concern, sacrifice and intense emotional relationships. (Bustad, 1983)

Alleviating emotional distress is one of the positive affects the presence of animals can have on the elderly and the disabled. As previously mentioned, relieving the emotional problems can often help with relieving, and even avoiding, the physical problems.

There are individuals who argue research does not show a connection between animal companionship, in any form, and increased health of the elderly (McNicholas, et al, 2005). Instead, they argue that individuals who tend to be in better health in the first place are the ones who have animals in their lives because they are in situations that enable them to care for the animals (McNicholas, et al, 2005). They do acknowledge other benefits of animals in the lives of the elderly, such as increases in social interaction in lives that might otherwise be very isolated. It is also stated that “studies have shown that the support from pets may mirror some of the elements of human relationships known to contribute to health” (McNicholas, et al, 2005). As previously mentioned positive mental health and reduced stress can contribute to overall good health.

In the past few decades there has been a steady increase in the elderly housing industry and this increase is expected to continue. Kastenber and Chasin (2004) attribute this growth to “...the aging of Baby Boomers and to the advances and improvements in medicine and health care resulting in longer life spans.” (Kastenber, et al, 2004) and define the elderly as people 65 years or older. In 2002 the U.S Department of Health and Human Services Administration of Aging released a report stating in 2000 12.4% of the American population was elderly; by 2030 the elderly population will constitute almost 20% of the population which is around 70 million

(Kastenberg, et al, 2004). The steady growth of the elderly population has resulted in even more people residing in elder care facilities.

In general, entering elderly and/or assisted living facilities can mean a life away from family and friends. For some of these people, especially the elderly, the only remaining family they might have is a companion animal and leaving that animal behind can be very upsetting. This upset can then lead to physical problems and even refusal of medical treatment. (Suthers – McCabe, 2001). In addition to this growth in the elderly population, there are a significant number of elderly people who are legally disabled, many of whom may have shared their lives with assistance, therapy or companion animal until being placed in some type of care facility and certainly this will be no different in the future. Therefore the question arises, why are these people being prohibited from bringing their animals with them, especially if they are still able to care for the animals reasonably? What is happening to their animals once they enter the facilities?

My final project explores the role and presence of animals in elderly and assisted living facilities. More specifically I compare assistance animals and companion animals and their presence, if any, in the different types of living facilities as a way of gathering first-hand accounts of the current role of animals in elderly and assisted living facilities. These findings will be used with the current literature to make recommendations for future policy.

## Methodology

For the purpose of this final project assistance animals included physical assistance animals as well as emotional assistance animals. Companion animals were defined as pets the residents may have or had prior to entering the facility. Therapy animals were defined as animals who assist health professionals to work with individuals in need.

In order to gain a better understanding of the role of animals in elderly and assisted living facilities, I planned on locating 5-6 retirement, rehabilitation and assisted living facilities in the greater Boston area. With the exception of two facilities (convenience samples), the facilities were chosen at random from an internet search. The final selection of facilities depended on location (within a forty-five minute drive from Mattapan, MA.) and by their willingness to participate. To assure anonymity, each facility was assigned a number (Facility 1, Facility 2, etc.) and each interviewee was assigned a number and letter to correspond with their facility (Interviewee 1a, 2a, etc.). Prior to the initial interview, the interviewee was given an explanation of my final project (Appendix A) and asked to sign a consent form (Appendix B). I expected each interview to last from one to three hours. I also expected I might have to contact the interviewees after the interview with possible follow up questions, which was explained in the consent form.

In gathering data for my final project I planned to gain as much information as possible by doing exploratory studies. As stated in *The Practice of Social Research*, exploratory research

...is most typically done for three purposes: (1) to satisfy the researcher's curiosity and desire for better understanding, (2) to test the feasibility of undertaking a more extensive study, and (3) to develop the methods to be employed in any subsequent study. (Babbie, 2001:92)

I intended to use the idea of exploratory studies to conduct in person interviews of facility managers about the policies on animals of their specific facilities. The interview topics included, but were not limited to, questions about whether and under what circumstances animals are allowed on the premises and about the use of therapy animals in the facility and answers were open-ended (Appendix C). I also intended to administer a brief questionnaire to a select group of residents regarding their general feelings about animals (Appendix D). The number of residents from each facility depended on their ability to complete the questionnaires (to be determined by the facility nurses, managers, etc.) but I planned to include 4 - 5 residents per facility. I intended to gather statistics (anonymously), if possible, regarding the number of residents that qualify as disabled (as defined by the Americans with Disabilities Act, 1990) and have assistance animals and those that do not.

In addition to the above mentioned methods, I researched literature about human relationships with assistance and companion animals, more specifically about the elderly and disabled.

Upon completion of my research, I used the information to distinguish the role of animals in various types of living facilities. I was able to address the pros and cons of allowing animals in the facilities on a temporary and permanent basis, the effects on the residents of having and not having assistance and companion animals in their lives and possible steps that can be taken by facilities to successfully incorporate animals into the lives of the residents if they do not already do so.

All of the interviews and quotes are from interviews conducted during July 2007 unless otherwise stated.

## **Presentation and Analysis of Data**

I initially contacted the six proposed facilities and left messages at all the locations. Five out of the six facilities responded to my inquiries. I was able to interview one employee at each facility and 2 – 3 residents at two of the facilities. Due to either liability procedures or management decisions, I was unable to speak with residents at the other facilities.

### Facility 1

The first location, which will be referred to as Facility 1, is actually a hospital and the residents are only there while sick, not for permanent residency. It is a moderately sized location that houses just over 200 residents. All of the residents are adults who range in age from mid thirties to the elderly. I was able to conduct a brief phone interview with one of the employees. The employee who contacted me, who will be referred to as Interviewee 1a, explained that since patients were only there for short periods of time animals were not allowed on the premises. He did, however, inform me, that he used to work at a facility that incorporated animals into their rehabilitation program but that this facility is no longer in business. Therapy animals were regularly brought into the previous facility to visit with the residents. This individual stated that it was an enjoyable experience for everyone involved. Interviewee 1a thought incorporating animals into the lives of people at rehabilitation and retirement facilities was always beneficial. At the location of previous employment, residents were allowed to have their family members bring in family pets for visits and there were also individuals who would bring their therapy animals in for visits throughout the week. As far as he knew, there were no specific policies regarding the presence of animals except that they had to be on a leash if it was a dog and the animals were not allowed near food preparation areas. I inquired as to the feasibility of

incorporating animals onto the premises where he worked. Even though he did not think it was a bad idea he did not think it would be feasible because the residency is short term. He explained that the patient turnover is so high and the treatment so intense it would be difficult, if not impossible to introduce such a program at his facility. He mentioned that some of the residents would talk about their companion animals and how much they missed them but, to his knowledge, those comments never evolved into requests for having animals visit the location (Interviewee 1a).

### Facility 2

The second facility to respond, Facility 2, was willing to set up an appointment for me to interview an employee in person but explained that because of their liability policies, I would not be able to speak with any of the residents. If a resident approached me and began a conversation about animals I would be allowed to use that information, but I was not allowed to approach and engage any of the residents in a conversation for research purposes. The individual I spoke with is a senior staff member who has been employed at the facility for approximately two years and confirmed that animals had always been allowed on the premises as visitors.

Facility 2 is a large elder care facility with approximately 700 residents. These residents range from those who need very little, if any assistance, to those who are terminally ill and need constant care. Interviewee 2a explained that when the facility was first opened it functioned mainly as a retirement community. Until recently residents were very independent. Some of the residents owned cars and would come and go from the facility freely. With the increase in accessibility of at-home care there has been a change in the condition of the residents. Most residents now enter the facility because they require much more care and supervision than a part

– time nurse can provide. There are a wide variety of services that are provided; everything from a full service hospital with full time staff to a beauty salon.

This facility does allow therapy animals and family pets to visit in some of the wards. However, because some of the residents are very sick with very weak immune systems, animals are not allowed on certain floors. For this reason as well, residents are not allowed to have pets on the premises, however if any of the residents required an assistance animal, they would be permitted to have one. There is one exception to this rule in the ward where the most independent residents live. There are a few parakeets that stay in one of the offices, in a bird cage. When asked why the birds were allowed to stay on the premises, Interviewee 2a assumed it was because they were kept in a cage in someone's office but could not say for sure. The individual I spoke with explained that the therapy animal visits are organized by a member of the Delta Society (an organization that certifies therapy animals) and come to the location two or three times per week. These animals are usually dogs but occasionally cats and small mammals such as rabbits and guinea pigs. Family members are also allowed to bring family pets to visit some of the residents who are not immunocompromised. These animals are also usually dogs. When I inquired about the policies regarding having animals on the premises, Interviewee 2a replied that she did not believe there were any official rules but all dogs are expected to be leashed at all times and be "well behaved." Cats and other small mammals are kept in carriers until time for their visits. She also explained that approximately 90% of the residents look forward to the animal visits; those that do not like animals simply remove themselves from the room when the visits take place. Interviewee 2a explained there are many instances where a new resident is brought to Facility 2 and is very depressed because they are not able to live the life they are accustomed to. Bringing in the animals or the family pets gives these residents a sense

of normalcy. She referred to this as the “normalcy concept.” Having children visit the facility also has the same effect. She has noticed that having animals visit the premises is an effective method of stress management and helps to calm agitation in the residents. This is especially true of the larger dogs that sit with the residents and lean against them. Interviewee 2a explained that this form of contact between the larger dogs and the residents seemed to have a very positive effect just because of the “...intensity of the physical contact” (Interviewee 2a). She did not notice any negative impacts of having the animals’ visit, even after the animals left. Most of the residents would express how much they enjoyed the experience and how they looked forward to another visit. I expected some of the residents to report experiencing some upset at the end of the visits but Interviewee 2a said this was never the case, as far as she could tell. The visits always leave the patients in a better mood than before.

The company that oversees Facility 2 also manages eight other facilities throughout Massachusetts. Some of the facilities are senior living apartments and condominiums, some are assisted living communities and others are subsidized housing. Since most of the facilities are primarily independent living, small pets are allowed on the premises’ (Interviewee 2a). Given the company’s willingness to allow small live-in pets at other facilities of theirs, I was curious as to the feasibility of a companion animal unit at Facility 2. Interviewee 2a explained that the idea was not very feasible due to health and cleanliness concerns. The Department of Public Health does not allow residency of companion animals at this facility due to previously mentioned health concerns. It also was not feasible due to the configuration of the facility. There would have to be a completely separate building constructed. Additionally, most residents would probably not be able to provide adequate care for their pets since they are so dependent on the assistance of staff members for daily activities.

### Facility 3

Facility 3 is much smaller, housing only 100 residents. It is a retirement center and most of the residents live very independently. Some even own cars and leave for weekend vacations. Activities are offered everyday and meals are provided for the residents. The only extent to which medical treatment is administered is to make sure daily medications are given to those for which they are required. Occasionally a resident will need supervision while showering, but that is very rare. The individual on the management staff I was supposed to meet with did not appear for our meeting but I was able to speak with the individual responsible for recreation and activities. This person will be referred to as Interviewee 3a.

Interviewee 3a explained that people at the facility love having animals visit. There is no official visitation program, like the Delta Society program at Facility 2. Anyone can call and arrange to bring their pet to the facility. There was a family that used to bring their Saint Bernards to visit along with homemade food for the residents. Occasionally they would bring their cat, but usually it was just the two dogs. Interviewee 3a went on to explain that the family has not visited recently and the residents miss the visits. She also explained that there is one resident who has a Miniature Poodle that she takes everywhere. The dog is thought of and referred to as the facility mascot. Every resident and all of the staff "...know and love him" (Interviewee 3a). Interviewee 3a went on to explain that the only regulations regarding animals on the premises are that the animals have to be leashed and cannot be in the vicinity of food. There is no explicit policy explaining that animals are or are not allowed at the facility, both as pets and as visitors; animals simply are accepted at the location. Similarly to the other interviewees, Interviewee 3a also has noticed a positive effect on the residents when the animals

come to visit, or when they see the Miniature Poodle. She explained that spending time with the dogs that visit tends to relieve stress for the residents as well as boost the morale of those that have a difficult time adjusting to life in a retirement home. She has worked at Facility 3 for over fifteen years and she has never noticed any residents that do not like and appreciate the animal visits. Interviewee 3a also referred to the visits by animals and children as "...giving back a sense of normalcy" to the residents (Interviewee 3a) which is a similar explanation given by Interviewee 2a. Residents often express feelings of isolation to staff members, despite being able to come and go as they please, and that having the visits reminds them "...they are still active members of society" and gives them comfort (Interviewee 3a).

I had the opportunity to speak with two of the residents at Facility 3. The first resident I spoke with, Interviewee 3b, came in to the room where Interviewee 3a and I were. Interviewee 3a told her we were talking about animals and Interviewee 3b pulled up a chair and joined the conversation. Interviewee 3b is among the more independent residents, as she often leaves with her husband during the weekends. Her husband is also a resident at Facility 3. She explained that she grew up with dogs and had pets until the time she moved to the facility. Her dogs now live with her daughter so she enjoys having people bring in their animals, as well as being around the resident Miniature Poodle. During our interview I asked why she did not bring any of her pets with her to the retirement facility and she stated that even though she was not one of the more "needy" individuals, she still would not be able to provide adequate care for her pets. If a resident decides to have a companion animal at the facility, the pet is the responsibility of the resident; staff does not provide any assistance in caring for the pet. She went on to explain that her decreased ability to care for her pets was one of the determining factors in her decision to move to the facility. When she first moved in, she was depressed because she had come to the

realization that there were some things she was not able to do for herself anymore. Having what she felt were positive interactions with animals and children that came to visit “...always seems to lift my spirits” (Interviewee 3b).

My third Interviewee at Facility 3 was the owner of the Miniature Poodle. She will be referred to as Interviewee 3c. Interviewee 3a saw her sitting outside and asked if I would like to meet her. This individual did not grow up with pets or have much interaction with animals. It was only after her husband passed away later in life that she sought companionship in the form of a pet. Interviewee 3c is very self sufficient and explained that she only moved into the facility because she did not have any family left and the cost of living was more affordable for her. When asked what procedures were required for bringing her dog with her to the facility, she briefly explained that she called before moving in and informed management she would be bringing a dog with her. She was not required to provide any vaccination records nor was she bound by any size limitations prior to moving in. Interviewee 3c brings her dog everywhere with her (except to meals) and said she can not imagine life without him. Since she has no children, caring for her dog gives her a sense of “...responsibility and confidence” because he relies on her to survive and she is still able to provide for him. She also explained that she liked bringing happiness to other residents by allowing them to interact with her dog. She has seen residents depressed to the point they became ill and they always “light up” when they see her dog. (Interviewee 3c) Interviewee 3c felt strongly that interactions with animals had a positive impact on people, specifically the residents at Facility 3.

Even though residents of Facility 3 stated that they miss the visits from the Saint Bernards, there was never any mention of feeling sadness or any form of upset as a result. According to Interviewees 3a and 3b, the residents either did not mention the visits or talked

about the past experiences in a positive manner. Interviewee 3a believed this may be due to the fact that there was daily interaction with a dog on site so the residents probably do not experience an intense feeling of loss over the Saint Bernards not visiting anymore.

#### Facility 4

I conducted a brief interview over the phone with an employee at Facility 4; she was not willing to schedule an in person interview. Interviewee 4a is a social services staff member at this facility. It is a relatively small facility that houses approximately 200 retirement age and elderly residents. Most of the residents are victims of debilitating illnesses and accidents and therefore require constant care from doctors and nurses. Their services include bathing, dressing and feeding patients, administering medications as well as physical therapy in varying degrees. Facility 4 does not incorporate animals into any of their treatments or activities nor are animals allowed on the premises. Interviewee 4a stated this was for a variety of reasons. The first reason is that it is believed that bringing animals into the facility produces an unsanitary and potentially hazardous environment for the residents which may compromise their health. Another reason was that management did not think the use of therapy animals would provide any real benefit to the residents and therefore never looked at the possibility in depth. Interviewee 4a also mentioned that most of the residents suffered from mental and/or psychological impairments and she did not believe any of the residents that were “competent” would be interested in having animals visit. Given her statement regarding “competent” residents, I am left to assume she felt other residents were incompetent and had no opinion either way regarding animals. While she has been employed at Facility 4, Interviewee 4a has never received any requests for animal visits nor has she heard any mention of pets from any of the residents. She felt that using therapy

animals was more of an emotional experience and the focus of Facility 4 was "...not about the emotions of the people, but about their physical well-being" (Interviewee 4a). When asked if residents who required assistance animals, such as guide dogs, are allowed to have them on the premises, Interviewee 4a explained that she supposed they would be since it is against the law to deny individuals that accommodation. She went on to explain that issue has never presented itself since those are not the types of disabilities the facility deals with. I inquired about the possibility of allowing therapy animals at the facility and Interviewee 4a again stated that the facility management did not think the presence of animals at the facility would help the residents and they had no interest in incorporating animals into their activities.

#### Facility 5

The last facility to respond was a moderate sized facility, housing just over 300 residents. Facility 5 is a combination of various living situations for adults of all ages. Some of the wards are for retirees who require occasional assistance from nurses. Other wards house individuals with physical and mental handicaps and require more frequent or constant assistance. Lastly, there is a ward for individuals recovering from debilitating illnesses and accidents who now require constant assistance and/or medical care. I was able to interview a staff member in the activities department, who will be referred to as Interviewee 5a. She explained that animals were allowed on the premises and the facility used to have a Greyhound that visited on a regular basis. The visits were not offered to all of the residents, only those patients the staff felt would be able to "handle and understand the activity" (Interviewee 5a). Upon further questioning, she explained that most of the residents suffer from some sort of mental disability and did not understand how to interact with an animal without hurting it. Employees of Facility 5 do not

want to risk injury to the visiting animals. She compared it to toddlers who attempt to play with cats and dogs by pulling on their ears and tails. The individual does not intend to hurt the animal but they do not quite understand how to interact in a gentle manner. This was one of the reasons she did not think a companion animal ward would ever be constructed. Other reasons related to most of the residents inability to care for themselves without assistance (Interviewee 5a).

Facility 5 had the most regulations and thorough process for allowing animals to visit. In order for an animal to be allowed into the facility, the owner must first bring copies of all of the animal's vaccination records. These records are to be kept on file at Facility 5. Once the records have been submitted, the animal must be introduced to some of the staff so they can get an idea of the animal's temperament. These members usually include the Director of the facility, the Director of Activities as well as some of the doctors and nurses. When I asked about this group's ability to judge an animal's temperament, Interviewee 5a explained this step was simply to see how active or calm the dog was in public and around people. This was not an official behavioral determination. The individuals who participate in this step do so because they have an experienced understanding of the personalities of the residents who would be invited to such an activity. Once the animal is approved by the staff, a block of time is set aside once a month for the animal visits. Interviewee 5a explained that they would have liked for the Greyhound to visit more often but time constraints did not allow more visits.

As with most of the other facilities, the residents at Facility 5 enjoy having animals visit. Interviewee 5a stated that residents would look forward to the visits all month and it was all they could talk about the day before the actual visit. She did not think most of them grew up with animals due to their handicaps but knew some of them did although this difference does not seem to determine if one resident will enjoy the visit more than any other resident. Interviewee 5a

admitted that while the residents were very excited about the visits and stayed in very high spirits after the visits, some residents become very upset at the end of a visit. She mentioned two residents in particular. One resident would cry at the end of each visit and the other resident would get mad because he thought his pet was being taken away from him every month. This resident would also refuse to eat for the rest of the day. This became such a problem and had such a negative impact that these two residents were no longer allowed to attend the animal visits (Interviewee 5a).

Interviewee 5a explained that she definitely noticed some of the positive impacts the visits had on the residents as well. In addition to the excitement that preceded the visits she noticed that participating residents were more willing to cooperate with doctors and nurses with respect to following directions and taking medications. This change in attitude is noticeable for approximately 2-3 days after an animal visits the facility. Interviewee 5a also explained that the participating residents tended to have a more pleasant attitude in general. They were more polite to people they might otherwise argue with. These people were not necessarily participants in the animal visit but they too were more pleasant after having positive interactions with the residents that did participate. While Interviewee 5a did not think there was a direct correlation between the animal visits and improved health, she believed it did cause a chain reaction of positive events, as previously explained.

I attempted to administer a questionnaire to some of the residents that were pre-selected for me based on their willingness and ability to participate. Interviewee 5a selected 3 residents she thought would be willing to talk with me. The first, Interviewee 5b, seemed very interested when I asked if I could talk to her about animals. This individual is bed-ridden and usually has a very negative attitude towards people. When I first walked into her room, her back was turned

towards me. I asked if it was ok to come in and talk to her and she simply nodded her head. I proceeded to tell her I wanted to talk to her about animals and she turned over smiling. I began the conversation by asking her if she liked animals and she explained that she did. I asked her what kind and she stated “little fluffy ones” (Interviewee 5b). I then asked her if she had ever had any pets growing up. At this point she began talking about her childhood, friends she had when she was little and how the people who worked at the facility were “so stupid” (Interviewee 5b). She continued to talk in this manner for 10 – 15 minutes. I tried to refocus her attention on animals but all of my questions from that point were answered with “I like little fluffy ones.” Periodically she would ask if I liked animals too. I would say yes and she would ask what kind. I told her I liked all kinds of animals but I really like cats and dogs. We repeated this conversation three of four times.

Interviewee 5a determined that this interview was not going any further and I probably would not get any other answers out of her. She also explained as we left the room that this resident must like me because she usually does not talk to people politely and she definitely does not smile regularly.

Interviewee 5c was not as coherent or talkative as the previous interviewee. When I asked if it was ok to sit and talk with him he looked at the chair next to him. Interviewee 5a explained that was his way of inviting someone to sit down. I began by asking him if he liked animals. He simply nodded his head and grunted once. I tried to proceed through the questions on the questionnaire but Interviewee 5c would not answer. The only response he would give was an affirmation that he liked animals. Once I determined that he was not going to answer any other questions I thanked him for talking to me and told him I enjoyed talking to him. At this remark he gave one nod of his head.

Interviewee 5d was the most focused of the three residents, although she only gave brief responses. When I asked if I could sit and talk with her about animals she asked “what for?” I briefly explained my project and she agreed to talk to me. I asked if she liked animals and she said she thought they were o.k. I continued to ask her the questions on the questionnaire. She wound up telling me that she never had any pets growing up because her parents did not like animals. Interviewee 5d explained that she did not like or dislike animals but she did enjoy when they came to visit. Some of the other residents would act silly around the animals and she thought it was fun to watch but she did not actually interact with the animals. At the conclusion of our discussion, she said it was nice talking to me because not a lot of people come to talk to her.

I inquired about talking with other residents but Interviewee 5a informed that most of the other residents probably would not be as cooperative and/or as coherent.

### Summary of Findings

In all, I was able to speak with at least one person from five different retirement, rehabilitation and assisted living facilities in the Greater Boston area. Of these five facilities, three incorporated animals into the residential activities and all three observed a positive impact on the residents. The interviewees I spoke to expressed similar benefits for those involved. Two of the interviewees specifically mentioned regaining a sense of normalcy and how this was also achieved when children would visit the facilities. All stated that the residents seemed happier and were more pleasant after an animal visit. They believed that this happiness helped to alleviate stress, aggravation and depression from residents, which helped improve their overall health.

One facility also acknowledged that some of the residents had a difficult time when the visits were over.

Of the facilities that do allow animals, all had some type of procedure or rules that had to be followed while an animal was on site. Some of the facilities were more lax in their procedures, while one facility had a very involved acceptance procedure. All three facilities required that dogs be leashed at all times and none of the facilities allowed animals near food.

Two of the facilities did not incorporate or allow animals on the premises. One of the facilities did not think residents would be interested nor did they think the presence of animals would be beneficial. The other facility thought therapy animal visits would be beneficial but due to patients' short stays and time constraints during their stay it was not a feasible idea.

Of the three facilities that allowed animals, I was able to speak with a total of five residents. Two of the residents lived in a retirement community and were self-sufficient. Both enjoyed their experiences with animals and one resident had a pet on site. The other three residents I spoke with at a different facility were more dependent on assistance from nurses and suffered from debilitating illnesses. My attempts at administering the questionnaire at this facility led me to conclude that two of the three residents liked animals and enjoyed having animals visit the facility. The third resident did not feel a particular way about animals but does enjoy animal visits because of how the other people act around the animals. I was also left with the impression that the final three residents enjoyed our conversation despite getting off topic or not having a very in depth conversation. While the interviewees from Facility 2 also seemed to enjoy our conversation, they had more freedom and contact with people outside of the facility.

As mentioned in my literature review, there are individuals who argue that interaction with animals does not lead to an increase in the health of the elderly. They argue that those that

are in better health are the individuals who are able to interact with animals because they are more self-sufficient (McNicholas, et al, 2005). There was evidence of this at Facility 3. This was the only facility where residents were allowed to have companion animals on site. This was also the only facility where residents did not require much assistance from nurses or other medical personnel. As long as they were able to provide adequate care for their pets, they were allowed to have them at the facility. McNicholas (2005) acknowledges that interactions between elderly people and animals can lead to an increase in social behavior that can benefit a person's mood; others agree (see literature review). There was evidence of this in all of the facilities that allowed animals but most prominently in Facility 5 with Interviewee 5d.

Due to liability reasons I was not allowed the access to specific statistical information regarding the disability status of residents that I had originally hoped to obtain. I also hoped to gather statistics regarding how many residents did and did not have companion animals prior to entering the facility but none of the facilities kept such information on file.

In addition to finding answers to my initial questions regarding the pros and cons of having animals at various types of facilities I also was able to answer questions regarding why companion animals are not allowed at most assisted living facilities. Most assisted living facilities house individuals who are incapable of taking care of themselves on a day to day basis. These individuals rely on nurses and other medical personnel to assist them on a routine basis. With this in mind, they would be unable to care for a companion animal as well, which is one of the reasons why some facilities have therapy or other animals come to visit the residents. At the facilities where residents lived independently, most allowed residents to have companion animals as long as they were able to care for the animals. I found that the individual who was forced to

give up companion animals upon entering an assisted living facility relinquished her pets to her children and other family members.

All staff interviewees felt that the idea of a companion animal ward did not seem to be a feasible idea for any location, even at the facilities that enjoyed having animals. It was unanimously believed that a companion animal ward would require too much maintenance and too much money in addition to the above-mentioned reasons against companion animals residing permanently at the facilities.

## **Public Policy Implications**

Animals are an important aspect of our society and the relationships humans have with them impacts their lives on a daily basis whether they are aware of it or not. These relationships can be varied in their roles and in their significance.

I found this relationship to be particularly important with respect to the elderly and the disabled. I found that the presence or absence of animals may have an effect on people's physical and emotional health, especially for individuals who have been placed in an elderly or assisted living facility. I was able to explore this topic further throughout my final project in an effort to gain more knowledge on the subject by interviewing employees and residents regarding facility policies as well as their general opinions about companion, assistance and therapy animals.

My literature review suggested that understanding the benefits of human – animal relationships provides additional and/or alternative methods for improving the lives and general well-being of residents at assisted living facilities. Therefore, it was also my intent to suggest methods of integrating animals into the lives of residents where it is not already done. Upon completion of my research, I found this was not necessary. Based on the findings of this study, I would suggest that the policies and practices regarding the presence of animals at various assisted living facilities be determined on a case by case basis. Although there are some general benefits, the best policy will be determined by the conditions of the residents at a given location. It might be better for some residents to be allowed companion animals, for some to only interact with animals during specified visits or for others to not interact with them at all if the animals may be harmed or separation from the animals proves to be overwhelming, as was the case for two of the residents at Facility 5.

Many facilities already incorporate visits from therapy and other animals into the activities for the residents. This is done because residents tend to benefit from the experience. This is especially the case with residents who are highly dependent on others. The high level of dependency among residents is also why companion animals are not usually allowed; the residents would not be able to care for pets independently.

In some cases concerns about sanitation and the health of residents prohibited animals from visiting certain locations but at most facilities, attempts were made to have animals visit. Most importantly, none of the facilities that allowed interaction had to cancel their programs. It is my opinion that as long as appropriate measures are taken to ensure sanitation as well as the health and safety of the residents and animals, the benefits outweigh potential risks and therefore assisted living facilities should incorporate animals into the activities of the residents.

Facility 2 and 5 are good examples of some of the measures that should be taken. Visiting animals are not allowed near residents who have weak immune system; this includes allergies to animals at Facility 2. Facility 5 requires the visiting animals be up to date on vaccinations. Measures to maintain control of the animals should also be enforced (i.e. leashes and carriers) as well as making sure the animals behavior will not be disruptive or cause harm to anyone. Policies such as these can provide useful guides for other assisted living facilities interested in allowing animals.

These benefits can also be used as a guideline for people in similar situations such as drug or alcohol rehabilitation programs and prisons. There are already some prisons that incorporate assistance dog training into the in-mates activities which not only trains the animals, but likely helps rehabilitate the people.

The constructive interactions between the animals and the residents at various assisted living facilities could potentially have a positive impact in society if the benefits were made more public. Awareness that animals can help the elderly and the disabled increase their social interactions, have more pleasant dispositions, and a greater willingness to cooperate with others are all benefits that can be applied to society in general.

These social dynamics and interactions can be applied to everyday life and to people of all ages and situations as well. A willingness to find common ground, like a fondness for animals, can lead to a willingness to associate and even listen to the ideas and opinions of someone who may initially appear completely different from oneself. If the common ground centers on an interest in companion animals this can be used as a mechanism to change attitudes and opinions regarding all animals and offers the potential for better treatment of animals as well as other humans in all aspects of society.

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## Appendix A: Letter of Intent (Facility)

To Whom It May Concern:

My name is Elizabeth Kaigler and I am a Masters student at the Center for Animals and Public Policy at the Tufts – Cummings School of Veterinary Medicine. I am currently conducting a research study on the role and presence of assistance and companion animals in various types of assisted living facilities in the greater Boston area. In this study, I hope to gain a more informed understanding of the advantages and disadvantages of having animals present in the facilities; of the effects on the residents of having or not having assistance and companion animals in their lives; and, if desirable, what steps facilities might take to successfully incorporate animals into the lives of the residents if they do not already do so.

Your facility has been randomly selected along with five other facilities in the Greater Boston area. Facility staff who agrees to participate will be interviewed by me regarding the facility's regulations and policies regarding animals on the premises. Residents of the facility who volunteer to participate will be asked to answer six open-ended questions regarding their experience with and interest in animals. The identities of all participants and participating institutions will be kept confidential.

Attached you will find a consent form which participating residents must read and sign before any interviews are conducted.

If you have any questions please feel free to contact via phone at 617 980 2193 or via email at [Elizabeth.Kaigler@tufts.edu](mailto:Elizabeth.Kaigler@tufts.edu) Thank you for your time and I look forward to working with you.

Sincerely,

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**Appendix B: Consent Form for Facility Residents**

I, \_\_\_\_\_, agree to participate in an interview conducted by Elizabeth Kaigler as part of a Master of Science project in animals and public policy at the Tufts-Cummings School of Veterinary Medicine. The study is examining the role of pets and assistance animals in assisted living facilities in the greater Boston area. It is hoped that this study will inform the managers of assisted living facilities about the costs and benefits of bringing pets and assistance animals into their facilities, and to help facility managers better understand resident concerns and interests regarding animals.

I understand that questions will focus on my experience with and feelings about animals, that the interview will last no longer than one hour, and that I might be contacted after the initial interview for brief follow up questions. I also understand that all records linking my responses to my identity will be destroyed after interviews are completed, and my identity will be kept completely confidential in the analysis and reporting of the results of the study.

I also understand that my participation is completely voluntary and that I may discontinue my involvement at any time for any reason. Should I withdraw from the study or refuse to participate, I will not suffer any penalty or loss of benefits or privileges.

---

(Participant's Signature) (Date)

## **Appendix C: Informational Interview Guide for Facility Staff**

### Topic 1 – The facility

What type of facility is this?

What is your role at the facility?

What are the services provided?

How many residents are there?

### Topic 2 – Facility regulations about animals on the premises

Are animals allowed?

If yes, when and what kind?

Under what conditions are they allowed?

Are there any assistance animals or companion animals on the premises?

If not allowed, why not?

Have they ever been allowed on the premises?

If yes, what led to the change in rules?

Does the facility participate in animal assisted therapy?

If yes, what types of animals participate?

What types of residents participate (generally speaking)?

Would/does having animals on the premises require extra employees, space, funding, or other resources?

