TECHNICAL BULLETIN

DOD HUMAN-ANIMAL BOND PRINCIPLES AND GUIDELINES

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DOD HUMAN-ANIMAL BOND PRINCIPLES AND GUIDELINES

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PREFACE

The U.S. Army Veterinary Corps, Department of Defense (DOD) Executive Agent for Veterinary Services, has long been actively involved in human-animal bond (HAB) programs throughout the DOD. Based upon that experience, this publication has been prepared to provide guidance for others interested in utilizing HAB principles and programs in their own areas of operation.

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*This technical bulletin, medical supersedes TB MED 4, 14 February 1992.

CHAPTER 1

BACKGROUND

1-1. Introduction

a. Animals' partnership with man predates written records. Earliest petroglyphs show man and beast hunting together. Mummified cats found in Egyptian pyramids provide evidence of the sacred role played by animals in this ancient culture.

b. The animal's role in the military has a long history, from cavalry mounts to modern day military working dogs. But in today's modern military, does animal facilitated therapy (AFT) have a place in our military treatment facilities (MTFs)? Evidence strongly supports those that believe that there is.

1-2. Historical perspectives

a. Over the years we have seen an ever rising popularity of the animal as a companion of man. Increasing numbers of individuals consider their pet animal to be their best friend and/or helper and many families consider their pet to be an integral part of their family.

b. Recently, animals have found their place in assisting the human healthcare professional. Such interspecies teamwork has been referred to as "animal facilitated therapy," "pet assisted psychotherapy," "pet therapy," or variations thereof.

c. The first documented example of an animal facilitated therapy program in the United States occurred in a military setting. This was in the 1940's at Pawling Air Force Convalescent Center in Pawling, New York. The center's farm and the nearby forest provided numerous animals for the veterans to interact with during their convalescence. This interaction was purposefully encouraged as a part of the treatment milieu. In 1942, a planned program involving dogs began at the facility.

d. Following World War II, the next documented contribution to the human-animal bond (HAB) field occurred in the mid-1960's when Boris Levinson, a PhD psychologist, used his own dog as a "cotherapist" during individual counseling sessions. His results were so remarkable that he publicized his findings to what was then a skeptical group of colleagues. In the mid-1970's Drs. Sam and Elizabeth Corson initiated animal visitation programs in hospital psychiatric wards and in geriatrics facilities. Their results were also published to an audience that, although still skeptical, was slowly seeing the possibilities being presented by a promising new treatment modality.

e. During the late 1970's a few notable professionals, led by Dr. Michael McCulloch, organized a group dedicated to the better understanding of the interactions between people, animals, and the environment. Interest then expanded to the point that in 1981 the group became the Delta Society with Dr. Leo K. Bustad as its first president. Since then, its international membership and influence have expanded dramatically; the benefits of human-animal interaction have become increasingly better known and accepted by the healthcare community.

f. The U.S. Army Veterinary Corps, DOD Executive Agent for Veterinary Services, has taken the lead in gaining a better understanding of human-animal relationships and in actively pursuing ways this knowledge can contribute to the military community. (See app B.) Since 1984, their efforts in the HAB field have resulted in the following:

(1) Legal opinions have been given that AFT presents no greater liability concern than does any other form of treatment when "delivered in such a manner that it meets the prevalent standard of care." (See fig 1–1.)

(2) "Exploration of HAB applications to the Army Medical Department (AMEDD) mission" has been an official part of the AMEDD study program since 1985.

(3) A Veterinary Corps officer has been designated as the HAB Adviser to The Surgeon General of the U.S. Army in 1986.

(4) Numerous HAB programs are now in various stages of implementation throughout the DOD.

REFERENCE OR OFFICE SYMBOL	SUBJECT
HSVS-P	Legal Implications of Animal Facilitated Therapy (AFT) Utilization in AMEDD and Related Military Health Care Programs

TO SJA
ATTN: COL Dudzik

FROM DVS

DATE 9 Sep 85

CMT 1
CPT(P) Anderson/mo/6522

1. During the meeting between yourself and CPT Lynn J. Anderson of this office on 6 Sep 85 the referenced subject was discussed. The conclusions reached are summarized as follows:

a. Treatment in any form, including medicines, if improperly utilized can do more harm than good, but when utilized properly, the treatment becomes therapeutic.

b. As established by civilian studies, Animal Facilitated Therapy (AFT) has proven to be in fact therapeutic.

c. When reasonable veterinary professional precautions are taken to ensure that animals utilized in AFT are both behaviorally and medically appropriate, there would be no more negative legal implications with this than with any other form of treatment.

2. Request your comments on the above summary relative to its accuracy. Any elaborative comments would also be welcome.

/S/George H. Wyckoff, Jr.
GEORGE H. WYCKOFF, JR.
Colonel, VC
Director of Veterinary Services

TO DVS

FROM SJA

DATE 17 Sep 85

CMT 2
COL Dudzik/al/3400

Once you determine the appropriateness of the treatment, then furnishing that treatment has the same legal implications and liabilities as any other treatment, namely that it must be delivered in such a manner that it meets the prevalent standards of care. Thus, while one treatment may have a higher risk factor than another, the liability is neither more or less when the standard of care is met.

/S/Joseph A. Dudzik
JOSEPH A. DUDZIK
Colonel, JA
Staff Judge Advocate

Figure 1–1. Legal opinion correspondence

CHAPTER 2

MODERN MILITARY APPLICATIONS OF HUMAN-ANIMAL BOND PRINCIPLES (THREE MAIN CATEGORIES)

2–1. Therapy

a. These programs involve the use of animals to facilitate the recovery from physical, mental, or social illness. For patients suffering from terminal illness, these programs can increase the quality of the patient's remaining life. A few examples of therapy programs are—

(1) Animal visitation to MTF patients. (See fig 2-1 for one example of a working local regulation. This example may serve as a template for a local regulation. Other facilities may require a different format or greater or lesser attention to certain details.)

(2) Animal residents in appropriate MTF wards.

(3) Animal utilization in facilitating intake interviews and individual and/or group therapy sessions.

(4) Therapeutic horsemanship for handicapped family members or disabled military members.

b. Regular animal visitation to pediatric wards can decrease anxiety among children who are worried, anxious, and fearful. In many instances the animal can function as a "social lubricant" easing the child's fears and providing the staff with a "bridge" to reach the child.

c. It may be beneficial for the patients' own animals to visit them in the MTF during their stay. These visits are often beneficial not only to patients but also to pets, the patients' families, and the hospital staff. The requirements for this type of visit are essentially the same as for those involving an ongoing regularly scheduled visitation animal; however, they must be managed on a case-by-case basis.

d. Therapy, as defined in Dorland's Medical Dictionary, is "the treatment of disease." Dorland's defines treatment as "the management and care of a patient for the purpose of combating disease or disorder." Experience gained by military health-care treatment teams strengthens the premise that AFT is, in many cases, a potent kind of therapy and/or treatment that is unavailable through any other source.

2–2. Family and individual

a. A survey of military personnel showed that about half of the U.S. military families owned pets. The vast majority of these families considered their pet to be "a part of the family." (See app C.) This being the case, it becomes apparent that it is impossible to conceptualize the family as a whole without including the family pet. This factor should always be considered when family disruptions occur. A family pet has the potential to be either a cause of, or a cure for, problems. To illustrate, a young boy was diagnosed by a military psychiatrist as having an extremely disruptive behavioral disorder. It was determined that "the boy had lost his best friend," having been forced to leave his pet behind when the family had been transferred to Hawaii. In this instance, replacing the boy's best friend with another helped the boy cope with his loss.

b. The impact of pets on families at transfer time is frequently significant. One survey demonstrated that 30 percent of all military families in Hawaii in 1984 had left a pet behind when transferred. Of these, 96 percent expressed that they had experienced at least some degree of disruption or saddening as a direct result of this separation. (See app C.)

c. Many military families utilize day care services. AR 608-10 provides for the direction of these facilities in the U.S. Army. One section addresses the "use and care criteria" of pets in these facilities. The U.S. Army veterinarian should play an important role in ensuring that these criteria are met. Paragraph B-1*c* summarizes the applicable principles of AR 608-10 and discusses the implications for military veterinarians. Although the referenced regulation is of U.S. Army origin, the principles are similar for all branches of service and should be implemented DOD-wide.

d. Pets in a family or with an individual have been shown to provide unconditional affection, stimulus for exercise, humor, security, companionship, and constancy to mention only a few of the positive benefits. However, pets in a family can also contribute to increased financial burdens, unhappy neighbors when owners are irresponsible, unfriendly competition for the pet's attention,

increased potential for exposure to zoonotic disease, and family and individual disruption at the death of the pet. Military veterinarians and community agencies should work with pet owners to help them maximize the benefits, while minimizing the liabilities, of pet ownership.

2–3. Utility

a. Many animals possess certain abilities that far exceed those of their human counterparts. People have been able to team up with these animals and put their abilities to great use, as for example the military working dog's ability to locate explosives, drugs, and other contraband. Other examples include seeing eye dogs, hearing ear dogs, and service dogs that can be invaluable aids for individuals with physical disabilities. In each case there is great utility value of an animal in increasing people's abilities, and in minimizing their disabilities.

b. Mascots, when utilized properly, can greatly enhance the functioning of individuals and groups. General Eisenhower once said of his Scottish Terrier mascots that were with him during part of World War II, "I especially appreciate my Scotties because they are the only 'people' I can turn to without the conversation returning to the subject of war." Obviously, we see therapeutic relief for an individual in this instance.

c. It has been documented that many units have utilized a mascot to help build a sense of pride and unity. An Air Force unit in Thailand during the Vietnam conflict tells of a mascot that accompanied them to the airfield at the beginning of each mission. There the dog stayed until each of the men had returned. When tragedy occasionally occurred and a plane failed to return, the dog displayed obvious signs of sorrow for the loss of a friend. During those times the animal gave extra attention to each of the mourning aviators and they responded back to the dog in the same way. This mascot did much to help a group of men to know that they were important as individuals and it helped to draw them together as a unit with common interests and goals.

DEPARTMENT OF THE ARMY
Headquarters, U.S. Army Medical Department Activity
Fort Blank, VA, 22193-0000

MEDDAC Regulation
No. 40–4

Date
20 September 2002

Medical Services
ANIMAL VISITATION POLICY

SAMPLE

1. PURPOSE. This regulation outlines the necessary provisions that must be taken to allow animal visitation within the medical activity (MEDDAC) for the purposes of animal facilitated therapy, reducing isolation and loneliness of patients, and assistance to handicapped visitors and/or patients or visitors requiring seeing eye dogs, hearing ear dogs, or other certified handicap assistance animals.

2. APPLICABILITY. This regulation applies to Smith Army Community Hospital, Fort Blank , VA and its satellite medical treatment facilities.

3. REFERENCES

a. *Required publication.* A Guide for Involvement in Human-Animal Bond (HAB) Programs in the Department of Defense (DOD). This publication may be obtained from the U.S. Army Veterinary Command, ATTN: MCVS, Fort Sam Houston, TX 78234–6000.

b. *Referenced form.* DD Form 2209, Veterinary Health Certificate.

4. RESPONSIBILITIES

a. *Medical staff.* The patient's attending physician must approve the visitation to the patient.

b. *Nursing staff.* The ward nurse will verify that the owner or handler has a current DD Form 2209 (Veterinary Health Certificate) for the visiting animal and will also identify any patients on the ward that should not be exposed to the animal due to allergy or fear related problems.

c. *Veterinarian.* The veterinarian must certify that at the time of examination the animal is healthy, free of apparent infection or contagious disease, immunizations are current, and it is free of apparent parasites, such as fleas, ticks, and worms. The animal's temperament must also be evaluated and certified to ensure that it is a suitable candidate for visitation (that is, not excessively shy, nervous, aggressive, or overly sensitive to other people) . This certification should be scheduled as close as possible to the time of the actual visit but will not be more than 15 days prior to the first visit. A DD Form 2209 will be issued at that time. The animal must be recertified annually. In the event that any question exists as to whether a handicap assistance animal is from a recognized certification program, the veterinarian will ascertain the validity of the claim.

d. *Owner or volunteer animal handler.* The owner or volunteer animal handler must maintain a current DD Form 2209 in his or her possession while the animal is present in the MEDDAC. However, it must be remembered that a health certification is actually only valid at the exact moment that it is performed by the veterinarian; that is, disease conditions can occur at any time. Therefore, it is critical that the owner or handler *retain primary responsibility* of ensuring that the animal is clean, groomed and in good health. If there is *any* reason to suspect otherwise, the animal must be cleared by a veterinarian before further visitations can occur.

5. PROCEDURES

a. Animals may visit in the patient's room, the lobby, the courtyard, or other predesignated areas. Animals are not permitted in food preparation and storage areas, clean or sterile supply storage areas, nursing stations, or any areas where exceptional sanitary precautions are necessary.

Figure 2–l. Example of a pet visitation regulation

b. Visitation (excluding certified handicap assistance animals such as seeing eye and hearing ear dogs) will be scheduled ahead of time with the ward nurse and attending physician.

c. Visitation within the MEDDAC should not exceed 1 hour or as so designated by the ward nurse.

d. The visitor or handler is responsible for any elimination by the animal.

e. Animals will be under constant control by the owner or handler. All dogs must be on a leash when visiting any area of the facility. All cats and other small animals must be carried in suitably clean pet carrying devices.

f. The nurse, physician and/or other involved healthcare professional should document the animal's visit and the patient's reaction in the patient's medical record.

6. HANDICAP ASSISTANCE ANIMALS. (This includes seeing eye dogs, hearing ear dogs and other certified handicap assistance animals.)

a. The owner has full responsibility for the handicap assistance animal while visiting the MEDDAC.

b. DD Form 2209 is not required for a handicap assistance animal to enter the MEDDAC. However, if either the owner and/or the MEDDAC staff have *any* reason to question the good health of the assistance animal (that is, vomiting, diarrhea, coughing, dirty, ungroomed) it should not be allowed to enter the MEDDAC until cleared by a veterinarian.

MCFB–AVP 19 Sep 02
(Office symbol and abbreviated date)

FOR THE COMMANDER:

/S/ John J. Doe
JOHN J. DOE
COL, MS
Deputy Commander for Administration

Distribution:
A

Figure 2–1. Example of a pet visitation regulation—Continued

CHAPTER 3

PROCEDURES FOR IMPLEMENTING HAB PROGRAMS AND APPLICATIONS

3–1. Diagnosis and referral, family and individual, and utility HAB applications

(See paras 2–2, 2–3, and 2–4.)

a. "Diagnosis and Referral" refers to the knowledge that veterinary services personnel are playing an increasingly important role as members of the human healthcare team. "Family and individual" refers to the concept that a pet animal plays a powerful role in the lives of pet owning families and individuals and must be considered when meeting their needs. "Utility" refers to the fact that animals' abilities have been extremely useful in helping people to function better than would have otherwise been possible; that is, seeing eye dogs, hearing ear dogs and other handicap assistance animals.

b. Although not as clearly identifiable as actual "programs" as is the therapy application, these aspects make up a significant portion of the HAB field. Commanders, families, individuals, allied healthcare professionals, and in some cases, even veterinary personnel are not always aware of the positive or negative impact that animals can have on the well-being of the military family or individual military member. All can benefit from a better understanding of these concepts.

c. The key to providing this better understanding is an organized education program. (See para B–1.) Staff meetings, inservice presentations, newspaper articles publicizing the programs, and the circulation of applicable articles to appropriate key personnel are only a few of the numerous avenues open to accomplish this objective. The HAB Adviser to The Surgeon General of the U.S. Army is one resource for suggestions or as a speaker at inservice presentations when his or her schedule permits. The Adviser can be contacted through Office of the Chief, U.S. Army Veterinary Corps, ATTN: DODVSA, 5109 Leesburg Pike, Falls Church, VA 22041–3258 (DSN 761–3056).

3–2. Therapy programs

(See para 2–1.) In common with all other HAB applications described above, the therapy program's success depends first upon the proper education of all personnel that have potential for involvement in or association with the program. Additional specific guidelines are necessary since many of these programs occur in the hospital setting. The following procedural outline is provided:

a. Present early concepts of a proposed therapy HAB program to the local military veterinarian who will *coordinate the proposal* through the chain of command. This will minimize duplication of efforts and help to ensure that a high professional standard is maintained for the program in anticipation of it becoming an officially sanctioned HAB therapy program. (See app E.)

b. Educate personnel as to the applications of HAB programs in their own areas of operation.

c. Identify interested or committed persons from appropriate departments or organizations. Obtain their help and leadership in developing and maintaining the HAB program.

d. Assess needs.

(1) *Consider all people-related factors.* Determine specific desires and needs of each department (patient, staff, and administration) expressing .interest. Determine what is to be accomplished by involvement in the program and how this is to be done. Is there enough staff and administrative support to enable the program to work?

(2) *Consider all animal-related factors.*

(*a*) What species is best and how many should be utilized?

(*b*) Should the animal be on a visiting or resident basis? Where will the animal be acquired and where will it stay?

(*c*) What are the physical facility's limitations relative to an animal being present?

(*d*) How will the good health and welfare of the animal be maintained?

e. Prepare a written plan.

(1) *If a research project:* Prepare the plan in the protocol format required by the individual MTF or installation. (See app D.)

(2) *If a nonresearch program:* Prepare a detailed written plan for implementation and followup in accordance with local requirements.

f. Obtain approval to implement the plan.

(1) *If a research protocol:* Follow the protocol approval procedure required by the individual MTF or organization. (See app D.)

(2) *If a non-research written plan,* obtain approval of—

(*a*) The infection control officer.

(*b*) Department and MTF or organization administration.

g. Clear selected health assistance animals for use. They must be both physically and behaviorally acceptable. (See app F.)

h. Implement the plan or protocol.

i. Provide ongoing monitoring and followup. (See app G.) This should include altering the program as indicated by results, revising the protocol if indicated (for example, see the protocol amendment in app D), and publicizing results for the benefit of future programs. (Results should be reported by various news media and published in applicable journals when appropriate.) Also, the continued health and well-being of the animal must be monitored and ensured.

APPENDIX A

REFERENCES

A–1. Army Regulations

AR 40-905/SECNAVINST 6401.1/AFR 163-5 ..... Veterinary Health Services
AR 608–10 ..... Child Development Services

A–2. Unnumbered Publications

Lee, Zeglam, Ryan, Gowing, and Hines, *Guidelines: Animals in Nursing Homes* (Revised edition), Delta Society, 1987. (This publication is available from The Delta Society, P.O. Box 1980, Renton, WA 98057–1080. Phone (206) 226-7357.)
Marriage and Family Review, Vol 8, Nos. 3/4, Summer 1985, pp 205–22.
Pets and the Family, New York, Haworth Press, 1985.

A–3. Form

DD Form 2209 ..... Veterinary Health Certificate

APPENDIX B

THE U.S. ARMY VETERINARY CORPS—PROVIDING DIRECTION, LEADERSHIP, AND COORDINATION FOR HAB PROGRAMS IN THE DOD

B–1. Education

The U.S. Army Veterinary Corps has the responsibility to—

a. Educate military personnel at all levels on the important roles of animals in the lives of military members and dependents. Those to be educated should include all mental and physical healthcare providers, line commanders and supervisors, policymakers, public affairs personnel, animal handlers and owners. Among those important items to be taught are the—

(1) Role of animals in providing a form of therapy (AFT).

(2) Utilitarian contributions of animals (military working dogs, handicap assistance animals, mascots, etc.). Guide dogs for the blind, hearing dogs and other specialty handicap assistance animals can be valuable assets to many specially challenged military family members. The U.S. Army veterinarian provides leadership in gaining proper recognition, acceptance, and support for these animals throughout the DOD.

(3) "Family Member" role of animals. (Approximately 50 percent of all military families have pets, and over 98 percent of these families consider their pets to be a "part of the family.")

(4) Importance of pet animals to many single military members.

b. Educate owners on responsible pet ownership and on the role their pets play, or have the potential to play, in their lives.

c. Assist as required in educating child day care providers on proper animal care and control where animals are involved or owned (AR 608–10).

(1) Assist in providing education to individual home day care providers prior to certification of the home, and at least annually thereafter when animals receive "required" vaccinations and a health check.

(2) Assist in providing education to the personnel of installation day care centers where animals visit or live.

d. Educate volunteers involved in DOD pet visitation programs. This should be done at least every 6 months during the required semiannual examination for privately owned animals involved in these programs.

e. Educate veterinary personnel on HAB principles. These principles include euthanasia issues, death and dying, proper client relations, animal behavior, etc.

B–2. Management of Health Assistance Animals in the Military

Veterinarian Corps officers will ensure that all requirements for health assistance animals in the military (HAAMs) are followed. (See app F.)

B–3. Research on HAB

Veterinary personnel will act as resource or support to other DOD personnel involved in HAB research.

APPENDIX C

THE PET IN THE MILITARY FAMILY AT TRANSFER TIME: IT IS NO SMALL MATTER*

C-1. Statement of the Problem

a. Disruption of friendship and associative bonds occurs every time a military transfer occurs. It was suspected that one constancy amidst this otherwise changing and stressful situation could be the family pet. But what if these pet-owning military families decided to leave this "member of the family" behind at transfer time?

b. It was an assumption of this study that many families were faced with decisions about pets at transfer time and that many were actually forced to leave them behind due to factors such as expense, health of the animals, etc. This would be especially so in the case of this study in which the families had been transferred to the State of Hawaii with its lengthy and expensive rabies quarantine. It was also assumed that such disruption of bonds could further contribute to family problems at an already disruptive time. Conversely, it was suspected that when the pet goes with the family it could be beneficial to the family. Finally, it was suspected that the number and proportion of military families directly affected by pets during transfer time was not small.

c. The purpose of this research then was twofold—

(1) To determine whether the pet factor was pertinent for a substantial number of military families, and

(2) If it was, to provide information that could inform families, human-services professionals, and also military policymakers of the impact of pet involvement in the lives of military families.

d. Families could better weigh their decisions regarding whether or not to take their pet knowing how similar decisions had affected others, human-services professionals could better consider the pet factor as it affects their client's and/or subject's mental health, and military policymakers could be better informed when making decisions concerning care and assistance allowable for these nonhuman "family members."

C-2. Methods

During February and March of 1984, 184 military families currently living in Hawaii were surveyed in person and their pet involvement at transfer time and shortly thereafter was ascertained. Comprising the 184 families were 3 stratified random samples made up of 93 junior enlisted families, 48 officer families, and 43 senior enlisted families. As a very early study in this specific subject, a major portion of the study explored and identified by rank, frequencies relating to type of pet involvement, species of pet, reasons for pet ownership, reasons for leaving the pet behind, and effects noted from either leaving, bringing, and/or acquiring a pet. Secondly, weighted and speculative tables were presented giving an idea of the large numbers of pet involved families that exist in the population from which the samples were drawn. Finally, early hypothesis testing using chi-square was used in establishing differences and/or similarities between the rank groupings in their pet involvement and effects derived therefrom.

C-3. Findings and Conclusions

a. A substantial number of military families in Hawaii were involved with pets at transfer time (45.7 percent) Further, an overwhelming majority of those families with pet involvement at transfer time considered their pet to be a part of the family (98.8 percent). Even so, many of these families left their pets behind for various reasons that were often beyond their control. Those families leaving their pets behind constituted a substantial portion of the entire population with or without pets (29.9 percent) . Of these, 96.4 percent had experienced or were still experiencing notable saddening effects directly related to leaving their pets behind.

b. All rank groupings (junior enlisted, senior enlisted, and officer) were similar in effects noted from leaving the pets behind, and in the status given by the family to their pets. Also significant was the finding reached that confirmed the

*This summary includes only a sampling of the findings available in the complete study. The complete study by MAJ Lynn J. Anderson is published in *Marriage and Family Review*, Volume 8, Nos. 3/4, Summer 1985, pp 205–22. It is also published as a chapter in the textbook *Pets and the Family*, New York: Haworth Press, 1985.

expectation that junior enlisted families far more often than the other groups leave their pets behind as a result of the expense factor. Senior enlisted also left a great many of their pets behind but for them it appeared that the effects on their animals were being considered more than the effects on their pocket books.

c. Finally then, for those concerned with military families at transfer time, this study presents significant evidence that the pet as a factor is pertinent to a great many families in Hawaii and that its impact is no small matter to these families.

APPENDIX D

HAB RESEARCH PROTOCOL PROCEDURES

D–1. Initial Stage

Accomplish planning, coordination, education, and recruitment and needs assessment. (See paras 3-2*a* through 3-2*d*.)

D–2. Protocol Preparation

Prepare a written protocol for the proposed research program. (See fig D–l.)

a. Identify and use existing protocols when possible (local, command, branch or defense-wide) that would encompass the scope of the proposed research program.

b. If an existing protocol covers most of your program, but not all of it, an amendment to the existing protocol is a possibility. (See fig D-2.)

c. If no applicable guidelines exist, originate a new written protocol. It should be specific enough to define the proposed research but general enough to allow for expansion and/or flexibility in the future.

D–3. Obtain Approval to Implement

a. If it is possible to utilize an existing protocol, approval may be obtained by routine staffing of the proposal through the involved departments and the MTF's main administration office.

b. If a new protocol is required, then follow the procedures required by the MTF. In most cases, this will first involve obtaining approval of the MTF infection control officer. Then the protocol must be approved by required committees that may involve all or part of the following or their equivalents: Animal care and use committee, human use committee, and the institutional review board. This final committee approved protocol will then be staffed through the MTF main administration office for final approval.

c. If an amended existing protocol is used, the clinical investigation activity (or its equivalent) will determine which committees, if any, need to reconsider the amended protocol.

D–4. Clearance

Clear the selected HAAM for physical and behavioral acceptability through the military veterinarian. (See app F.)

D–5. Implement Protocol

Provide assistance, management, and ongoing education as needed.

D–6. Followup

Provide ongoing followup to include the publishing of findings as appropriate. (See app G.)

D–7. Example of a Local Protocol

Figure D-1 is an example of a local protocol. This protocol is not necessarily to be used as a model protocol, but is an example of an excellent one that was approved at one location. Other facilities may require a different format or greater or lesser attention to certain details.

APPLICATION FOR CLINICAL INVESTIGATION PROJECT

ANIMAL FACILITATED THERAPY (AFT) IN THE BROOKE ARMY MEDICAL CENTER PEDIATRICS DEPARTMENT

SAMPLE

7 February 2002

1. Principal Investigators: Ch (CPT) Michael D. Mantooth, BAMC, Hospital Chaplain; and MAJ Lynn J. Anderson, Veterinary Directorate.

Associate Investigators: COL Terry B. Pick, BAMC, Pediatric Hem/Onc; MAJ James R.Hillard, BAMC, Pediatric Nursing; and MAJ Janetta R. McFarland, BAMC, Pediatric Nursing.

2. Project Title: Animal Facilitated Therapy (AFT) in the Brooke Army Medical Center Pediatrics Department.

3. Objectives: (1) Determine patient and staff opinions of animal facilitated therapy before and after such therapy has been utilized, (2) educate staff, subjects, and subjects' families of the potential values of AFT to them, (3) evaluate specifically: (a) the distractive value of an animal to a child during a stressful examination or test, and (b) the value of an animal as a cotherapist in mental health counseling sessions, and (4) identify other potential studies for future evaluation.

4. Medical Application: In the civilian medical community, animals have been found to facilitate psychotherapy. Additionally, the ability to distract from the discomforts of medical treatment and hospitalization has been demonstrated. These applications have yet to be evaluated for military feasibility.

5. Status: *Literature Review.*

Pets and children go together as naturally as do peaches and cream. Although there are certainly exceptions to this statement, they are, in fact, exceptions rather than the rule. The advertising industry gives ample evidence that the public accepts this premise, as we see a great emphasis of the child-pet relationship, not only in pet food advertising but in the selling of numerous other products and/or concepts.

In spite of this "common sense" acceptance of the idea that there is something special between children and pets, the scientific community has been slow to evaluate its potential. Not until the late 1960's did the first such effort occur. The late Dr. Boris Levinson stumbled upon the power of the pet-child relationship in his clinical psychology office when a mother and a child patient arrived early for an appointment. Fortunately, Dr. Levinson had not yet removed his pet Jingles from his office. The young patient's interaction with the dog eventually aided in his recovery, and Dr. Levinson knew he had something of value. His subsequent works with pets, people, and psychology (1969, 1972), although primarily anecdotal in nature, have provided the foundation for all that has followed in the modern study of the human-animal bond.

In 1973, Yates reported a resident pet at Children's Psychiatric Hospital, University of Michigan Medical Center. Skeezer, the resident pet, provided an unlimited source of unconditional love and acceptance for the disturbed children residing at the hospital. The assigned mental health professionals credited Skeezer with great value in speeding the recovery of many of their patients (Yates, 1973).

Robin et al., 1983, described a questionnaire study of 507 adolescents in which they were asked to identify and/or describe the role of pets in their lives. Their findings revealed that pets helped to meet the needs of these youth for unconditional acceptance, and for someone to be around who does not make excessive demands and does not criticize. The following quote was typical of many received in this study: "My favorite pet was my dog Bell...Sometimes she was the only person I could talk to."

Condoret (1983), a French scientist, reported a research project on the relationship between children, companion animals and speech therapy in a nursing school in Bordeaux, France. As compared with performances before the introduction of the companion animals into the therapy, the children showed marked improvement in speech following the intervention.

Figure D–1. Sample written research protocol

The autistic child has long posed an extremely difficult challenge for therapists. With the advent of animal utilization in therapeutic situations, the question naturally arises concerning the value of animal facilitated therapy in these cases. Smith (1984) began a study in 1981 in which she used dolphins to facilitate the development of appropriate communicative behavior from a diagnosed autistic adolescent boy. The study demonstrated that greatly improved communicative skills were not only learned, but were also retained over a significant period of time in a variety of settings.

It is apparent from this brief literature review that there is much potential for human-animal bond utilization in the pediatric field. However, to date there has been no attempt to explore this potential in the military medical system. The purpose of this proposed study would be to begin to fill this void.

The first phase will be to survey staff, patients, and families to determine their fears and/or expectations of such a program. After the program is implemented, the same subjects will be surveyed and the results compared with the pretest to determine any change in opinion occurring over the course of the study.

The second phase will introduce the concept of animal assisted therapy to the staff, patients, and families. This will be done at staff meetings, parent support groups, and at individual meetings with the patients and parents as needed.

The third phase will look at two questions: (1) Can an animal provide a worthwhile distraction to pediatric patients involved in repetitive and painful procedures? (2) Can an animal effectively function as a cotherapist with chaplains or other mental health professionals in helping the young patients and their families?

The final phase will identify potential studies for future evaluation. As an animal becomes available for utilization by the staff assigned to and/or associated with the BAMC Pediatrics Department, it is felt that many suggestions for studies will surface. Each of these will be screened and those with the greatest potential will be further evaluated.

6. Plan:

Objective 1 is to determine patient and staff opinions of AFT before and after such therapy has been utilized. To accomplish this, a staff and patient expectation survey (annex A) will be administered prior to the arrival of any animals on the premises. Then at the conclusion of the study, the same survey will be administered, but in this case will be adjusted to measure realization of expectations. Differences will be measured for statistical significance.

Objective 2 is to educate staff, subjects, and subjects' families of the potential values of AFT. This will be accomplished through group presentations wherever possible. The majority of the parents of children in the Pediatric Oncology Ward attend a regular support group. This will provide an excellent opportunity to educate the parents of the children. The staff will be educated during a regularly scheduled staff meeting. MAJ Anderson, one of the principal investigators of this study, will be available to provide these briefings. As the Adviser to the U.S. Army Surgeon General on Human-Animal Bond issues, MAJ Anderson is the logical and optimal person to make such briefings.

Objective 3a is to evaluate the distractive value of an animal to a child during a stressful examination or procedure. An example of one such procedure is the repeated withdrawal of blood samples from young patients being evaluated for diabetes. It is hypothesized that the presence of an animal during those times would distract the patient from the procedure, thus making the procedure easier for the patient and also for the staff involved. The patients selected for this study would be those children that have responded negatively (crying, pulling their arm away, etc.) during previous administrations of the procedure. In this way the patients would serve as their own controls. An instrument will be standardized that can be used to obtain the staff's and parents' evaluation of the patient's responses. Additionally, the patients themselves will be asked to provide their subjective evaluation of their experiences with and without the animal.

Objective 3b is to determine if there is any value in having an animal as a cotherapist in mental health counseling sessions. It is hypothesized that an animal's presence can, in fact, facilitate the efforts of the mental health professional in certain instances with some patients. To test this hypothesis, it is proposed that on an individual basis, Chaplain Mike Mantooth will select those patients for whom counseling is indicated and who have proven to be somewhat resistant to other forms of counseling. Following the establishment of a 2-weeks' baseline for each subject, using an anxiety and/or depression index yet to be determined, Chaplain Mantooth will implement weekly AFT with these subjects that will last 4 to 6 weeks. Since this study is a first in the military medical field and will serve primarily as an indicator for future studies, a single systems approach with a repeated measures methodology was chosen as being most feasible in that it allows for each subject to serve as his or her own control (Bloom & Fischer, 1982) . The repeated measures will be the weekly measurement using the same index used to establish the baseline. If analysis of these repeated measures, compared with the baseline, indicate a positive value of AFT, groups of subjects will be selected and larger controlled studies will be proposed for future implementation.

Objective 4 is to identify other potential studies for future evaluation. It is strongly felt that during the accomplishment of objectives 1 through 3 above, the presence and visibility of a therapy animal will stimulate much interest and discussion concerning AFT. Consultation expertise will be provided to supplement this interest resulting in valuable future studies and/or programs.

The subjects will be selected from children currently being treated by BAMC Pediatrics Department. They will be chosen on the basis of their desire to be involved in the program. "Pet Partners for Kids" (annex B) is an information and release form that must be signed by the child's parent or legal guardian before the child is allowed to become involved. Additionally, the child's pediatrician must approve of the child's involvement.

Figure D–1. Sample written research protocol—Continued

To ensure that any animal that is utilized is behaviorally and medically appropriate for this program, it will first be examined by a U.S. Army Veterinary Services Officer using the well-established criteria of Lee et. al. (1983) . Maintenance of the animal will be at the same high standard.

Since at this time any animal will be a privately owned pet, the pet owner must sign a release form acknowledging that (1) he or she is aware of and accepts responsibility for liabilities involved in his or her participation in this program, and (2) that while in the program the owner agrees to maintain the pet in accordance with guidelines established by the U.S. Army Medical Command (annex C). The pet will continue to live with its owner during and after the study. At the present time only one animal is planned for utilization in this early program. However, more volunteer animals may be carefully recruited according to the above criteria if program expansion so indicates.

7. References:

Bloom, M., & Fischer, J. *Evaluating Practice: Guidelines for the Accountable Professional.* Englewood Cliffs, NJ: Prentice Hall, 1982.

Condoret, A. Speech and Companion Animals: Experience with Normal and Disturbed Nursery School Children. In A.H. Katcher & A.M. Beck (Eds.), *New Perspectives on Our Lives with Companion Animals.* Philadelphia: University of Pennsylvania Press, 1983.

Lee, R.L., Zeglen, M.E., Ryan, T., & Hines, L.M. *Guidelines: Animals in Nursing Homes.* Booklet published by California Veterinary Medical Association, 1024 Country Club Dr., Moranga, CA, 1983.

Levinson, B.M. *Pet-Oriented Child Psychotherapy.* Springfield, IL: Charles C. Thomas, 1972.

Levinson, B.M. *Pets and Human Development.* Springfield, IL: Charles C. Thomas, 1972.

Robin, M., ten Bensel, R., Quigley, J.S., Anderson, R.K. Childhood Pets and the Psychosocial Development of Adolescence. In A. H. Katcher & A. M. Beck (Eds.), *New Perspectives on Our Lives with Companion Animals.* Philadelphia: University of Pennsylvania Press, 1983.

Smith, B.A. Using Dolphins to Elicit Communication from an Autistic Child. In R.K. Anderson, B.L. Hart & L.A. Hart (Eds.), *The Pet Connection.* Minneapolis, MM, 1984.

Yates, E., *Skeezer, Dog with a Mission.* New York: Harvey House, 1973.

8. Facilities to be used:

Pediatric Intensive Care Unit (42–C), and Pediatric Ward (42-D).

9. Time Required to Complete:

Expected Start Date: March 2002.
Expected Completion Date: March 2003.

10. Personnel to Conduct Project:

Chaplain (CPT) Michael D. Mantooth; BAMC Chaplain; ext 7105/6334
CPT(P) Lynn J. Anderson, DVM, MSW; C, Vet Med Br, HQ VETCOM; ext 6519/6522
LTC Terry E. Pick, MD; C, Pediatric Hem/Onc, BAMC, ext 3047/5007
MAJ James R. Hilliard, RN; Head Nurse, 42-D Pediatrics, BAMC; ext 4230/3838
MAJ Janetta R. McFarland, RN, Pediatric Clin Nurse Spec, BAMC, ext 3047/3832

11. Funding Implications:

a. Personnel: None.
b. Equipment: None.
c. Consumable Supplies:
Feed for one 16-pound dog for 1 year ..... $ 50
Veterinary support for one 16-pound dog to include heartworm preventative, medical/surgical support during illness and injury, required laboratory support and vaccinations. (This will be on a cost basis at the BAMC Veterinary Treatment Facility.) ..... $ 40
d. Travel: None.
e. Modifications of Facilities: None.
f. Other: Reprints $200
TOTAL $290

Figure D–1. Sample written research protocol—Continued

12. Date Prepared: 7 February 2002.

13. Sponsors:

/S/ Janetta R. McFarland
JANETTA R. McFARLAND
MAJ, AN
Pediatric Clinical Nurse Specialist
BAMC

/S/ James R. Hilliard
JAMES R. HILLIARD
MAJ, AN
Head Nurse, 42-D Pediatrics
BAMC

/S/ Terry E. Pick
TERRY E. PICK
COL, MC
Chief, Pediatric Hem/Onc
BAMC

/S/ Michael D. Mantooth
MICHAEL D. MANTOOTH
Ch(CPT), USA
Hospital Chaplain
BAMC

/S/ Lynn J. Anderson
LYNN J. ANDERSON
MAJ, VC
C, Veterinary Medicine Branch
HQ VETCOM

/S/ James L. Moody
JAMES L. MOODY
Ch(LTC), USA
Chief, Department of
Ministry and
Pastoral Care
BAMC

/S/ George H. Wyckoff, Jr.
GEORGE H. WYCKOFF, JR.
COL, VC
Director of Veterinary Services
HQ VETCOM

Figure D–1. Sample written research protocol—Continued

ANNEX A

PRE-SURVEY FOR STAFF CONNECTED WITH PET VISITATION PROGRAMS

SAMPLE

Personal Pet History

1. Do you currently have a pet/s? Yes If yes, what kind/s? Dog—Cockerspaniel and Cat—Domestic Shorthair.

2. Other than at present time, have you had other pets in the past? Yes. If yes, what kind/s? Dog—Standard Poodle, Miniature Poodle and Cats—Domestic Shorthair (2). If not due to the death of the pet/s, what are the reasons you no longer have these pets? Was due to death.

3. If you currently own a pet/s, what are your reasons for having it/them? Companionship in both cases—The cat was adopted after finding her on our doorstep.

4. If you do not own a pet, what are your reasons for not having one? NA.

Institution Pet Opinion Survey

5. I think we should consider having a pet visitation program.
   (a) Strongly agree ~~(b) Agree~~ ~~(c) Neutral~~
   ~~(d) Disagree~~ ~~(e) Strongly disagree~~
   If you agree, what animal/s? Dog.
   If you disagree, list major objection/s. NA.

6. I think we should consider having a permanent resident pet.
   ~~(a) Strongly Agree~~ ~~(b) Agree~~ ~~(c) Neutral~~
   ~~(d) Disagree~~ (e) Strongly disagree
   If you agree, what animal/s? NA.
   If you disagree, list major objection/s. No adequate facilities.

Questions 7 to 23 relate to a pet visitation program. Answer these questions using the following choices:

1 = Strongly agree
2 = Agree
3 = Neutral
4 = Disagree
5 = Strongly disagree

7. I think a visiting pet would be too noisy. 4
8. I think a visiting pet would provide company and friendship. 1
9. I think a visiting pet would provide love and affection. 1
10. I think a visiting pet would be too messy. 3
11. I think a visiting pet would cause bad smells. 4
12. I think a visiting pet would provide enjoyment and fun. 2
13. I think a visiting pet would frighten people. 4
14. I think a visiting pet would provide outside interest. 3
15. I think a visiting pet would provide experiences to share. 1
16. I think a visiting pet would damage property. 3
17. I think a visiting pet would be cruel to the pet. 4
18. I think a visiting pet would be a talking point between patients, staff, and volunteers. 1
19. I think a visiting pet would make the ward more like home. 3
20. I think a visiting pet would cause many complaints. 2
21. I think a visiting pet would cause more work. 2
22. I think a visiting pet would get in the way. 4
23. I think a visiting pet would decrease staff workload. 2
24. Please list other problems not described above. Transportation and kenneling.
25. Please list other benefits not described above. Publicity for the installation and hospital.

Figure D–1. Sample written research protocol—Continued

ANNEX B

PET PARTNERS FOR KIDS (BAMC)

SAMPLE

The BAMC Pediatrics Department has embarked on a new and innovative pilot program called "Pet Partners for Kids" which involves the use of animals that have been screened for behavioral and physical acceptability. The pets are allowed to visit and interact with children confined in the hospital. The program is designed to assist the child in adjusting to the stress of hospitalization by having a familiar object such as a family pet in the environment.

A visit from one of the pets requires prior written approval from the patient's parent or legal guardian. Below is the authorization for your child's participation in the program. The interaction between the child and the pet will last approximately 10 to 20 minutes and may include petting and holding, playing fetch with a ball, or having the animal perform tricks.

CONSENT FOR PARTICIPATION IN PET PARTNERS FOR KIDS (BAMC)

I understand that participation in the Pet Partners for Kids program means—

1. My child will be holding or petting the pet.
2. The resident pediatrician on my child's ward must approve of my child's participation in the program.
3. All pets used in the program have received physical and behavioral examinations by a doctor of veterinary medicine.
4. My consent does not guarantee my child will receive a pet visit due to scheduling limitations.
5. Photographs may be taken of my child with the visiting "Pet Partners."
6. The results of this program, including photographs, may be reported in military and/or civilian news media and/or professional literature.

I also understand that the BAMC Pediatrics Department has taken all reasonable steps to minimize the risks that may arise from participation in this program, but there are still potential risks (for example, scratching and biting). I feel the benefits of my child's participation in the program outweigh these risks and hereby release U.S. Army DOD and/or participating Government personnel from any and all responsibility and liability from any and all related injuries or damages arising from my child's participation in this program.

I have read this consent, understand its content, and give my permission as the parent or legal guardian of Jane for his or her full participation in all aspects of the Pet Partners for Kids Program as described above.

/S/ John Q. Jones
JOHN Q. JONES, Father
(Parent or Legal Guardian)

23 Jul 02, 10:00 AM
(Date and Time)

/S/ Mary C. Helper
MARY C. HELPER, Pediatric Nurse
(Witness)
Brooke Army Medical Center
Dept of Pediatrics
Ft Sam Houston, TX 78234-6200

(Medical Card Imprint)

Figure D–l. Sample written research protocol—Continued

ANNEX C

RELEASE STATEMENT FOR VOLUNTEERS IN U.S. ARMY MEDICAL COMMAND APPROVED HUMAN-ANIMAL BOND PROGRAMS

SAMPLE

You and your pet are greatly appreciated by the residents and staff of Womack Army Hospital. We acknowledge your sacrifice of time and resources in volunteering for our pet visitation program. Thank you very much!

The following release is required for participation in this program:

On initial evaluation by a U.S. Army Veterinary Services Officer, my pet Fluffy was found to be acceptable for participation in the pet visitation program at Womack Army Hospital. I agree to abide by the ongoing requirements set forth in "Requirements for Volunteer Pets in MEDCOM Approved Human-Animal Bond Programs." (See attached list.)

I also understand that Dr. Know, Commander, has taken all reasonable steps to minimize the risks to the hospital patients that may arise from participation in this program. Nevertheless, the minimal risks of incidental bites or scratches still exist. These patients are willing participants of this program and it is extremely unlikely that any law suits would result from these very rare incidents; however, I have been informed of this risk and am either covered by personal liability insurance or have elected not to be.

I further release Womack Army Hospital, the U.S. Army, the Department of Defense, or any of the personnel participating in this program from any and all responsibility and liability arising from my pet's and/or my participation in this program.

/S/ John L. Person
JOHN L. PERSON, Catowner
(Pet Owner's Signature)

23 Jul 02, 11:00 AM
(Date/Time)

/S/ Mary C. Helper
MARY C. HELPER, Pediatric Nurse
(Witness)

Figure D–l. Sample written research protocol—Continued

ANNEX C–Continued
REQUIREMENTS FOR VOLUNTEER PETS IN MEDCOM APPROVED HUMAN-ANIMAL BOND PROGRAMS*

A. On initial evaluation (and at least annually thereafter**) animals must be found acceptable according to the following criteria as determined by a military veterinarian:

1. Behavioral characteristics (obedient, friendly, nonaggressive)
2. Physical examination.
   a. Size acceptable for purpose.
   b. Skin should be free from fleas, ticks, lice, mites, and dermatitis.
   c. Teeth should be clean and healthy.
   d. All immunizations must be current. The military veterinarian will inform volunteer pet owners of the vaccinations required for the species of pet being considered.
   e. Fecal examination must be performed to demonstrate that animal is free from intestinal parasites.
   f. Annual heartworm check must be negative and animal must be on a heartworm preventative as recommended for local area.
   g. Animal should be free from any other medical problems (diarrhea, oculo-nasal discharge, etc.).
   h. Other tests as indicated for the particular program.

B. On *each and every* visit, institution staff involved in the animal visitation program will monitor participating animals' acceptability for the program as follows:

1. The animal must have a Veterinary Health Certificate (DD Form 2209) certifying that the veterinary examinations noted in paragraph A have been performed within the past year.**
2. The animal must be acceptable to residents.
3. The animal must be obedient, friendly, nonaggressive and in all ways behaviorally acceptable for the program.
4. The animal must be clean and groomed.
5. The animal must be free of *any* kind of illness. If there is *any* question, it should not be utilized until it has been examined and cleared by a veterinarian.

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*To be an approved Human-Animal Bond Program, it must have been so designated by MEDCOM.

**The annual examination is a *minimal* requirement. Frequency may be increased depending upon the particular MEDCOM approved Human-Animal Bond Program.

Figure D–1. Sample written research protocol—Continued

PROTOCOL AMENDMENT

SAMPLE

TO: Department of Clinical Investigation, ATTN: Clinical Research Protocol Coordinator, BAMC, Ft Sam Houston, TX 78234–6200

SUBJECT: Proposed Modification of Protocol Entitled, "Animal Facilitated Therapy (AFT) in the Brooke Army Medical Center Pediatrics Center."

1. It is proposed that the current protocol entitled "Animal Facilitated Therapy (AFT) in the Brooke Army Medical Center (BAMC) Pediatrics Department" (pages _____ to _____ of the protocol) be expanded to include other selected departments. This would be done only upon receiving the approval of appropriate department heads and of the BAMC Infection Control Officer. The new title of the protocol would then read "Animal Facilitated Therapy (AFT) at Brooke Army Medical Center."

2. Objective 4 of the original proposal was to "identify other potential studies for future evaluation." Such is the case with Chambers Pavilion (2nd floor) Psychiatric Ward. LTC Jesse Delacruz, head nurse on that ward, has expressed an interest in a resident animal on his ward. He has received tentative approval of the department heads involved. The BAMC Veterinary Service will be involved in the selection of the animal, in the provision of its health care, in the education of personnel and patients in proper animal care, and in monthly sanitary inspections of the ward where the animal will be staying. With these provisions, MAJ Jeanne Chudy, BAMC Infection Control Officer, has also given her approval for the Chambers Pavilion involvement in the BAMC AFT program.

/S/ Norman G. Whiz
NORMAN G. WHIZ, MD, PhD
Chief, Pediatrics
Womack Army Hospital

(Signature blocks of principal investigators)

Figure D–2. Sample protocol amendment

APPENDIX E

REQUIREMENTS FOR OFFICIALLY SANCTIONED HAB THERAPY PROGRAMS

To be an officially sanctioned HAB therapy program in the DOD, the program must meet *all* of the following conditions:

a. Utilize only certified HAAMs. (See app F.)

b. Be directed by a team comprised of at least one Veterinary Corps officer and one other person so designated by the department or organization that is being served by the certified HAAMs—a specific program director with overall responsibility for each HAB program will be designated by the team from its membership.

c. Meet all of the standards as set forth in the tri-service regulation AR 40-905/SECNAVINST 6401.1/AFR 163-5.

d. Have been coordinated through the MACOM veterinarian for final sanctioning. This will minimize duplication of efforts and maintain a high professional standard for all officially sanctioned military HAB therapy programs.

APPENDIX F

REQUIREMENTS FOR HEALTH ASSISTANCE ANIMALS IN THE MILITARY

F–1. General Requirements

a. A U.S. Army veterinarian will ensure that all animals utilized in officially sanctioned HAB therapy programs are selected and maintained at an appropriate level of physical and behavioral acceptability. Such animals are certified as HAAMs by the local military veterinarian. (Requirements for certification must be coordinated through the MACOM veterinarian.) This certification will remain in effect only as long as the animal is in one of the following categories:

(1) *Category 1*: Owned by the Government for use as a HAAM.

(2) *Category 2*: A privately owned animal that meets minimum standards of participation (as determined by the MACOM veterinarian) in officially sanctioned HAB therapy programs. (See app E.)

(3) *Category 3*: A specialty animal that is owned by and essential to the improved functioning of a military family member that is enrolled, or eligible for enrollment, in the Army Exceptional Family Member Program (or its equivalent in other branches of service). These animals include guide dogs for the blind, hearing dogs, and other handicap assistance animals that have been specially trained and certified by an approved organization. (A list of these approved organizations will be maintained by Office of the Chief, U.S. Army Veterinary Corps, DODVSA, ATTN: Adviser to the U.S. Army Surgeon General on Human-Animal Bond Issues.)

b. Animals in Category 1 are entitled to the same veterinary medical and surgical care as provided for other Government owned animals.

c. Routine medical care (vaccinations, wormings, heartworm checks, flea control, etc.) for animals in Category 2 will remain the responsibility of the owner. However, any extra testing, procedures, or treatments incidental to certification as a HAAM will be provided through the U.S. Army Veterinary Treatment Facility, utilizing appropriated funds from the involved MTF, as time and resources permit.

d. Animals in Category 3 may be provided the same medical and surgical care as provided for Government owned animals but only as time and resources permit. Charges for supplies and services will be at the same fee schedule as for privately-owned animals.

F–2. Specific Requirements for HAAMS that Regularly Visit or Reside in an MTF as a Part of an Ongoing HAB Program

a. On initial evaluation (and at least semi-annually thereafter) animals must be found acceptable according to the following criteria as determined by a U.S. Army veterinarian:

(1) Behavioral characteristics (obedient, friendly, nonaggressive). Utilize guidelines provided in paragraphs F–4 through F–9.

(2) Physical characteristics.

(*a*) Size should be acceptable for the purpose.

(*b*) Skin should be free from fleas, ticks, lice, mites, and dermatitis.

(*c*) Teeth should be clean and gums healthy.

(*d*) Immunizations should be current.

(*e*) A fecal examination should be performed to demonstrate that the animal is free of intestinal parasites.

(*f*) An annual heartworm check (dogs only) must be negative and the animal must be on a heartworm preventive as recommended for the local area.

(*g*) An annual feline leukemia test (cats only) must be negative.

(*h*) The animal should be free of any other medical problems (diarrhea, oculo-nasal discharge, etc.).

b. On *each and every* visit by a HAAM to any MTF utilizing them in one of their regularly scheduled visitation HAB programs, specifically designated MTF staff (so designated by the program's director (see app E)) will monitor the participating animal's acceptability for the program as follows. The animal must—

(1) Have a Veterinary Health Certificate (DD Form 2209) certifying that the veterinary examinations noted in *a*(2) above have been performed within the past 6 months.

(2) Be acceptable to residents and patients.

(3) Be obedient, friendly, nonaggressive, and must always be behaviorally acceptable for the program.

(4) Be clean and groomed.

(5) Be free of *any* kind of illness. If there is *any* question, the animal should not be allowed into the MTF until it has been examined and cleared by a veterinarian.

c. In addition to all of the above described requirements, *resident* animal programs should also meet the following criteria:

(1) An Army veterinarian will perform sanitary inspections of the facility where the HAAM resides. Monthly inspections will be required only as long as it takes for the Veterinary Corps officer to determine that the sanitary procedures being followed are adequate. Then the inspections should continue on *at least* a quarterly basis. (For animals, birds, or fish permanently confined to cages or aquariums, the ongoing frequency of inspection may be more or less than quarterly, as determined by the veterinarian.)

(2) The program director will ensure that a specific individual or individuals are designated to be responsible for feeding, exercising, and otherwise meeting all of the needs of the animal. Appropriate follow-up should be maintained also by the program director and will be an item of interest when the sanitary inspections are performed by the Army Veterinary Corps officer.

(3) Residents, patients, and staff of institutions where resident animals live must be educated on animal health, sanitation, and HAB principles. This will be performed no less than semiannually by a military veterinarian. In cases where there is a frequent turnover of staff and/or residents and patients, the frequency of education sessions should increase accordingly.

F–3. Specialty Animals in the DOD

Certain specialty animals are essential to the improved functioning of some military family members. These specialty animals include guide dogs for the blind, hearing dogs, and other handicap assistance and/or service animals. The military medical departments of all branches of service should provide leadership in gaining proper recognition, acceptance, and support of these animals throughout the DOD.

F–4. Temperament Evaluation for Dogs to be used in HAB Programs

**a.* For dogs to be placed in resident HAB programs, the program director should obtain and follow the guidance in *Guidelines: Animals in Nursing Homes*. See appendix A.

**b.* For dogs to be utilized in visitation HAB programs, the following tests (1 through 9) are provided. They are especially applicable for animals with unknown backgrounds but are also valuable in evaluating other dogs as well. The great variances in therapy use and animal behavior do not allow these tests to guarantee a correct selection. In fact, the response categories that are listed with the tests do not include every possible behavior that might occur. Tail and ear positions are not listed in the responses since they have many interpretations. A wagging tail does not always, for example, indicate a friendly dog. It is therefore absolutely necessary to utilize an experienced consultant, such as an animal behaviorist, trainer, or veterinarian when assessing the final animal candidates for an animal facilitated therapy program.

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*From *Guidelines: Animals in Nursing Homes*, A JOINT PROJECT OF THE DELTA SOCIETY AND CALIFORNIA VETERINARY MEDICAL ASSOCIATION.

(1) *Test 1: Initial Observation.* A room or fenced yard with minimal distractions is an appropriate testing area. The dog should not be familiar with the area nor should anyone the dog knows be in the vicinity. Allow the dog to investigate the testing area for a few minutes without the tester present. The tester, previously unknown to the dog, should then enter the area, stand still at a discreet distance and observe the dog for approximately 15 seconds. Record on figure F-1 below the very first response.

Holds ground Approaches tester Hackles normal Flews (lips) normal Sniffs tester Retreats	Acceptable
Crouches Hackles up Flews (lips) "puffing" Moves about "stiff-legged" Growls Barks Avoids eye contact Stares at you Whines	Questionable

Figure F–1. Chart 1, Initial Observation

No response Is dog housebroken (for indoor test site)	Other observations

Figure F–1. Chart 1, Initial Observation—Continued

(2) *Test 2: Approaching the Dog.* After initial, brief observations, approach the dog with a level hand extended at dog's nose, palm and fingers pointed downward. Do not "rush" in, but do not approach the dog in a cautious or apprehensive manner. Walk up to the dog in a normal stride until your hand is within 6 to 12 inches of the dog's nose. Say nothing, and wait for the dog to make the next move.

Extends head or steps forward to sniff hand Seeks attention by nudging or leaning into tester Acts playful by barks or actions Licks hand	Acceptable
Turns head away or tries to ignore hand Pulls back or retreats Growls Raises hackles Barks (not to be confused with playful barking) Flews (lips) "puffing" Overly exuberant Bares teeth (don't confuse with grin)	Questionable
Stares at you No response	Other observations

Figure F–2. Chart 2, Approaching the Dog

(3) *Test 3: Handling the Dog.* If the dog has not been eliminated by Tests 1 and 2, attempt to pet the dog, starting with the top of the head. Use the same attitude described in Test 2. Then pet and brush the dog to determine its overall response on especially sensitive areas, such as ears and mouth.

Enjoys the attention Tries to make friends Becomes playful Enjoys brushing	Acceptable
Pulls back or retreats Growls Flews (lips) "puffing" Raises hackles Quivers Barks Cowers Rolls over on back Submissively urinates Snaps, bites Overly exuberant (jumps up; not calm by end of test) Shows whites of eyes Overly sensitive to grooming of certain areas Aloof	Questionable

Figure F–3. Chart 3, Handling the Dog

Meets you, but with head lowered, averted eyes Attempts to lick your face	Other observations

Figure F–3. Chart 3, Handling the Dog

(4) *Test 4: Interacting with the Dog.* If the dog has not been eliminated by Test 3, interact with him for a few minutes and record your observations. This interaction could include the following:

(*a*) See if it will retrieve a ball (a good test of future trainability). Walk away briskly, sit on the floor and call the dog (a good test of social attraction)

(*b*) Lay the dog down, then roll it over, rub its belly. (Will it allow this subordinate position?)

(*c*) Have an assistant place a novel stimulus such as a large stuffed animal or mirror close behind the dog when it is distracted. Encourage the dog to investigate. (Does it have self-confidence?)

(*d*) Attempt to play tug-of-war with a rag. (Does it play this game aggressively?) How does the dog react to sudden arm movement?

(5) *Test 5: Sound Sensitivity.* While casually interacting with the dog, have an assistant make a very loud noise without warning; for example, hitting a metal pan with a spoon.

Notices, but continues previous activity Notices and investigates Startles, but recovers quickly	Acceptable
Flees Cowers Freezes Trembles Urinates Moves as if to attack	Questionable
	Other observations

Figure F–4. Chart 4, Sound Sensitivity

(6) *Test 6: Pain Threshold.* While playing with the dog, briefly pinch the webbing between its toes or pull a hair from its side to determine pain tolerance. (You will want to know a dog's reaction to sudden pain if its tail is accidentally rolled over by a wheelchair, for instance.)

Tries to pull away, but shows forgiveness Yelps, but is not aggressive Trusts you and allows further petting	Acceptable
Growls Snaps Acts fearful Acts distrustful	Questionable
	Other observations

Figure F-5. Chart 5, Pain Threshold

(7) *Test 7: Reacting to Unexpected Events.* (Choose (*a*) or (*b*).)

(*a*) Have the assistant hide around a corner, out of sight, with a noisy utility or shopping cart. Walk with the dog toward the intersection, as the assistant rolls the cart in front of the dog as close as possible. Record the dog's reactions.

(*b*) While the dog is playing with you and distracted, have the assistant hide in a closet or behind a door. Lead the dog to within 6 feet of the hiding place and have the assistant suddenly jump out at the dog and open an umbrella. Record its reactions.

(8) *Test 8: Manners.* No attempt is made in this test to obedience train the dog. The object is to determine if the dog is mannerly enough for a 30-minute visit to the prospective nursing home. If you are not knowledgeable in dog training techniques, it may be helpful to have the assistance of a trainer for these exercises. The dog's response to these exercises will be an indication of its future trainability. The following are not the only methods to teach these exercises; different dogs may require different techniques. An experienced trainer should assist in the eventual training of the dog.

(*a*) *Equipment:* The dog should have a properly fitting collar and be on a leash, preferably one of leather or cotton webbing. A buckle collar is probably acceptable for a small or gentle dog, but a larger or more exuberant dog may benefit from a slip collar. If a slip collar is used, do not leave it on the dog while it is unattended.

(*b*) *The sit-stay:* The dog is placed in a standing position at the left side of the trainer and the leash gathered in the right hand so there is just a little slack. The dog is commanded to sit, using the dog's name if known, for example, "Rover, Sit!" At the same time, the trainer pulls up and back on the leash and presses down on the dog's hips with the left hand. The dog should be praised for complying. Hold it in the sitting position for a few seconds, continuing praise, and using the word "stay" occasionally. Release it after no longer than 15 seconds and praise it again. Be consistent with your release words; for example, use "OK." Repeat this procedure once or twice, with rest and attention in between.

(*c*) *Heeling:* With the dog sitting at the trainer's left side and the leash gathered up in the right hand, command, "Heel." Stepping out with the left foot, walk briskly about, encouraging the dog to stay in the area of the left leg. If it fights the leash, slow up and keep encouraging it with pats on your leg and kind words of inducement. If it moves ahead or lags behind, get it back into position with little tugs and releases of the leash. Repeat the command now and then. At one point back up and call the dog, gently tugging it to you with the leash to see if it is willing to come when called. Be sure to praise the dog for any success. The leash should never be taut for more than a second. If the dog pulls on the lead, use the tug and release method, along with praise and encouragement until it complies. Spend no more than 30 seconds on the heeling drill at a time. Repeat the exercise once or twice, with rest and attention in between. Before and after each heeling exercise, place the dog into a sitting position for a few seconds by the method described under "sit-stay."

Observations:

SAMPLE

Did the dog fight the lead? Yes No X

Did it start to assume the heel position after several 30-second sessions? Yes X No

Was it happy to sit, without struggle, even though you had to hold it in position? Yes X No

Does it seem willing to please and cooperate? Yes X No

Did it require much encouragement to come when called? Yes No X

Is the dog mannerly enough at this point for a half-hour visit? Yes X No

Other comments:

Rover loves children!

Figure F–6. Chart 6, Manners (sample)

(9) *Test 9: Interaction.* Overall evaluation of interaction: Rate the dog by your subjective impressions.

SAMPLE

Traits	Observation 1 (No)	2	3	4	5	6	7 (Yes)
Aloof (maintains distance, self-assured)					X		
Apprehensive (anxious, fearful, shows alarm)		X					
Assertive (expresses own needs, noses or paws for attention)					X		
Calm (tranquil, composed, not agitated).						X	
Dignified (noble, poised, manifests appropriate behavior and manner)						X	
Extroverted (interested in others and surroundings)							X
Exuberant (unrestrained high spirits)							X
Gentle (tame, easily handled)		X					
Noisy (barks, whines)							X
Playful (willing to initiate or participate in fun and attention)	X						
Responsive (reacts to involvement, interacts readily with people)					X		
Sociable (enjoys being with people)						X	
Trusting (confident with people)						X	
Willing to be handled (readily accepts body contact)						X	

Figure F–7. Chart 7, Interaction (sample)

F–5. Temperament Evaluation for Cats to be used in HAB Programs

**a.* For cats to be placed in resident HAB programs, the program director should obtain and follow the guidance in *Guidelines: Animals in Nursing Homes.* See appendix A.

**b.* For cats to be utilized in visitation HAB programs, the following tests (1 through 10) are provided. These tests will assist in evaluating the cat's general levels of sociability, aggressiveness, and adaptability; but patience is a critical element of the feline evaluation. The cat will require more time than a dog to become accustomed to a new environment, so ensure that the cat is given adequate time to become comfortable in the testing area. As with the dog, it is absolutely necessary to utilize an experienced consultant, such as an animal behaviorist, trainer, or veterinarian when assessing the final animal candidates for an AFT program.

(1) *Test 1: Initial Approach.* The cat should be taken from its cage (if caged) and placed in an average-sized room for several minutes. The tester should wear ordinary clothes and enter the room in a calm manner. The tester should squat down about 5 to 6 feet away and call the cat several times. One hand should be extended.

Makes eye contact Vocalizes Approaches slowly Watches you and rolls submissively Comes and sniffs hand	Acceptable
Avoids eye contact Retreats or assumes defensive position Watches you but does not approach	Questionable
	Other observations

Figure F–8. Chart 8, Initial Approach

*From *Guidelines: Animals in Nursing Homes,* A JOINT PROJECT OF THE DELTA SOCIETY AND CALIFORNIA VETERINARY MEDICAL ASSOCIATION.

(2) *Test 2: Followup Approach.* If the cat does not approach, move closer to the cat (3 feet away) and call again.

Makes eye contact Vocalizes Approaches slowly Comes and sniffs hand Watches you and rolls submissively	Acceptable
Avoids eye contact Retreats or assumes defensive position Watches you but does not approach Arches back and/or hisses	Questionable
	Other observations

Figure F–9. Chart 9, Followup Approach

(3) *Test 3: Friendliness.* After approaching or getting the cat to come, extend a hand to the cat. (Squat so that the hand is at a lower level than the cat's head.)

Sniffs hand Licks or rubs body against hand Rubs head against hand Rolls submissively Vocalizes	Acceptable
Retreats or assumes defensive position Strikes hand Threatens to strike hand Bites or attempts to bite hand	Questionable
	Other observations

Figure F–10. Chart 10, Friendliness

(4) *Test 4: Interaction.*

(*a*) If the cat has been approached and shown no aggressive or defensive postures, proceed. Otherwise, try the approach procedure patiently and slowly again. It may be necessary to stay in the room and wait until the cat initiates interaction. In any case, if interaction cannot be initiated within 10 to 15 minutes, the cat is probably too shy, fearful, or unhealthy to be a successful placement.

(*b*) While talking to the cat, begin to stroke the cat along the head, back, and sides.

Rubs against your legs or hand Begins to purr or meow or chirrup Head bumps Circles around you attentively Shows initial fear but relaxes soon	Acceptable
Assumes a threatening or defensive position Attempts to strike or strikes with paw Attempts to bite or bites Withdraws	Questionable
	Other observations

Figure F–11. Chart 11, Interaction

(5) *Test 5: Play Initiation.* Move away from the cat and move a piece of string along the floor slowly to initiate play (or toss a ball, though some cats do not know ball games).

Comes back for more stroking Watches the string or ball intently Chases the string or ball	Acceptable
Ignores the string (or ball) Attends something else in the room and avoids eye contact	Questionable
	Other observations

Figure F–12. Chart 12, Play Initiation

(6) *Test 6: Sociability, Level I.* Call the cat again until it approaches or approach it slowly yourself. Begin to stroke it again and if the cat is calm, pick up the cat gently and cradle it against your chest.

Relaxes Makes eye contact Extends its paw affectionately to your neck and shoulder	Acceptable
Struggles to escape Attempts to strike or strikes with paw Attempts to bite or bites	Questionable
	Other observations

Figure F–13. Chart 13, Sociability Level I

(7) *Test 7: Sociability, Level II.* Sit down and place the cat on your lap, facing you. Stroke the cat.

Purrs or rubs against hand Makes eye contact Rolls submissively Stands up to smell face or places paw on neck	Acceptable
Sits on lap tensely Threatens or becomes aggressive (bites or scratches)	Questionable
	Other observations

Figure F–14. Chart 14, Sociability Level II

(8) *Test 8: Adaptability.* Place the cat on the floor next to chair. Call and motion with your hands.

Jumps Makes eye contact but remains on floor Gets up on hind legs and makes contact	Acceptable

Figure F-15. Chart 15, Adaptability

Ignores calls and you Moves away	Questionable
	Other observations

Figure F-15. Chart 15, Adaptability—Continued

(9) *Test 9: Aggressiveness or Fear, Level I.* Place the cat on the floor. Grab its tail firmly and pull with a steady pressure.

Rolls submissively Shows no reaction Tries to escape or struggle	Acceptable
Attempts to strike hand Growls or hisses	Questionable
	Other observations

Figure F–16. Chart 16, Aggressiveness or Fear, Level I

(10) *Test 10: Aggressiveness or Fear, Level II.* Place the cat on the floor (not in a carpeted room) . Drop a metal box or other object on floor behind the cat when the cat is not looking. If the room is carpeted, make a loud noise by vocalizing, banging together two objects (like pots) or using some other object in the environment.

Startles but quickly relaxes Ignores the noise Does not appear to hear the noise	Acceptable
Startles then runs to hide Startles and then shows a defensive or aggressive posture	Questionable
	Other observations

Figure F–17. Chart 17, Aggressiveness or Fear, Level II

F–6. Selecting Other Species

Selection of birds and animals other than dogs and cats should be done under the direction of the U.S. Army veterinarian. As with the dog and cat, *Guidelines: Animals in Nursing Homes*, is an excellent resource on this subject.

APPENDIX G

THE ONGOING EVALUATION AND FOLLOWUP

G–1. General Philosophy

a. It is important to establish within the initial project objectives, a method or methods for measuring the progress of the AFT program(s). These objectives can be measured in many forms, from positive feedback to emphatic negative feedback from the families; or they could be very simple such as "to provide companionship," "to facilitate interactions," or "to provide sensory stimulation." It could be measured in specific actions, such as when an autistic child progresses to the point that he or she will cross a strange room to pet their companion animal, when previously they would not even venture into a strange room.

b. The objective or goal measurements should be considered at the onset, should prevent overlooking minor changes, or should lead to the development of a sliding scale of parameters. It is important to maintain uniformity in the evaluation method and the evaluator's involvement with the therapy. Followup on animals placed with patients is critical on a weekly basis initially, extending to biweekly, and then monthly as the human-animal bond develops.

c. Visiting animal programs should be periodically reexamined for effectiveness; it is best to use an impartial but informed, pre-briefed evaluator for these evaluations, since the new eyes will usually see the things the staff take for granted. The chief goals or objectives for any AFT followup evaluation are to determine how well the animal is being integrated into daily activities (socially, behaviorally, and physically) and how effective the animal has been in facilitating the achievement of the original goals and objectives.

G–2. Resident Animals

a. The initial period of placement for a resident animal may be critical to a good adaptation. Even the most carefully chosen and suitable animal may develop physical or behavioral problems in adapting to a specific healthcare program environment. The late Dr. Leo K. Bustad, past President Emeritus of the Delta Society and world authority on the human-animal bond, had repeatedly reported that often, regardless of the expertise and screening, multiple animals had had to be placed with a specific patient before a therapeutic partnership was finally achieved.

b. Creating a predictable environment for the animals, as well as giving prompt attention to any emerging problems, can facilitate the transition. That is why frequent evaluation visitations should be made, especially during the early stages of the placement. A patient may not have the expertise to identify the signs of an emerging problem, but a trained (and impartial) evaluator would not only identify the signs, but also initiate the preventative actions so the problem would never occur in the first place. The guidance of a veterinarian, veterinary technician or other qualified representative will be essential in monitoring placements by the designated program director. (See app E.) It should be remembered that "too much, too soon" can be very stressful for some animals. An animal should be introduced to the home and allowed to become familiar with the new territory at a pace comfortable to that particular animal.

c. The program director should brief the administrator, staff, and patients as applicable, concerning: The acceptance of the animal(s) by patients, residents, and/or staff; the quality and quantity of interactions with the animal; and any problems that have developed since placement.

d. During the veterinarian's (or his or her qualified representative's) visit to a resident animal's location, the animal should be evaluated for health, nutrition, and well-being. The evaluator should see if the care and feeding schedules proposed are being followed, and make recommendations if they are not. Similarly, if there are any people-based problems (patient or staff related), such as animal abuse or jealousy, they need to be solved promptly. Minor problems can often be solved on the spot. Others require consultation with the staff, the administrators and the patients or residents. If for some reason the animal(s) is not adapting well, or there are unsolvable people-based problems, discontinuance of the program, removal of the animal, or an alternative course of AFT should be considered. The overall program director will take the lead in solving these problems.

G–3. Visiting Animals

a. Monitoring the effectiveness of an animal visitation program is far more difficult than the resident animal program. The visiting animal does not have the constant healthcare reinforcement, and the animal's health status can change between

visits if the schedule does not provide an appropriate frequency of exposure. Also, often the visitations do not occur when a staff member is present, which allows for a double standard of behavior by both the animal and the volunteer that is handling the animal. The program director must consider the volunteer when evaluating any visitation program, as well as the management of the program, the staff and patient reactions, and the achieving of the objectives or goals.

b. Criteria for evaluation can include—

(1) Regularity in visitations.

(2) Reliability in keeping scheduled appointments.

(3) Quality of interactions with patients.

(4) Cooperation with staff.

(5) Control and care of the animal.

(6) Participation in team meetings for patient evaluations.

c. Criteria for evaluation of the management of a program can include—

(1) The ability to accommodate scheduled visitations and requests for visits.

(2) Success in establishing mutually agreeable rules and objectives.

(3) Effective handling of behavioral problems as they develop.

(4) The ability to respond to changing situations while maintaining an acceptable quality of care in the patient care delivery system.

d. Criteria for the evaluation of the visiting animal can include—

(1) Suitability of temperament.

(2) Behavior exhibited during visitations.

(3) Development of rapport with patients.

(4) Enjoyment of visit.

(5) Health status.

e. In evaluating the reactions of staff and patients, flexibility is essential, but criteria that may be applied includes—

(1) Support and involvement of the staff in the program.

(2) Number of requested visits by the patients.

(3) The number of referrals by the staff.

(4) The desire by patients for continuation of the program.

(5) The perceived satisfaction of the patients.

(6) The satisfaction (personally and professionally) by staff members with the program.

f. Criteria for determining the effectiveness of specific AFT programs utilizing objective measures are only limited by the imagination of involved healthcare professionals. Consultation with local Health Care Studies and Investigation Activities, local universities, or with the Adviser to the U.S. Army Surgeon General on Human-Animal Bond Issues can help interested parties in formulating meaningful objective research projects. The Adviser to the U.S. Army Surgeon General can be contacted through the Office of the Chief, U.S. Army Veterinary Corps, ATTN: DODVSA, 5109 Leesburg Pike, Falls Church, VA 22041–3258, DSN 761-3056.

G–4. Conclusion

a. A good AFT program has no conclusion; it only has some satisfied participants that share their existence with an animal friend. When the healthcare facility has achieved the initial goals or objectives of the program, the program can be recycled, or it can be enlarged, or it can even be curtailed. Whatever the final decision, the healthcare facility should share the final results not only with the interdisciplinary healthcare community, but also with the military and civilian community as a whole.

b. There are no shortcuts to the establishment or operation of effective programs. They all demand careful planning, implementation, evaluation, and general administrative oversight. The outcome is worth the effort. Experience has shown that effective programs result in a genuine patient-animal partnership, with an improvement in the quality of life for thousands of patients, and an enrichment in the lives of the people and animals involved.

GLOSSARY

Section I
Abbreviations

AFT
animal facilitated therapy

AMEDD
Army Medical Department

BAMC
Brooke Army Medical Center

CDS
child development services

DOD
Department of Defense

HAAM
health assistance animal in the military

HAB
human-animal bond

MACOM
major Army command

MEDCOM
U.S. Army Medical Command

MTF
military treatment facility

VETCOM
U.S. Army Veterinary Command

Section II
Terms

Animal facilitated therapy (AFT)
The utilization of animals in facilitating the recovery of human patients from physical, mental, or social illness. In cases where recovery is not likely or possible (that is, terminal patients) animals may be utilized to increase the quality of the patient's remaining life. AFT also includes the utilization of animals as a form of preventive medicine for certain humans that might be otherwise at high risk for illness.

Health assistance animal in the military (HAAM)
Animals certified by U.S. Army veterinarians as meeting requirements for use in officially sanctioned HAB therapy programs. (See app F.)

Human-animal bond (HAB)
Programs that involve the interactions between people and animals, their attachments, and the significance of the bond in mental, social, and physical health (to include animal facilitated therapy).

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By Order of the Secretary of the Army:

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