

Providing the Best Quality of Life during a Difficult Time

Pet Partners Helping Hospice Patients

BY ANDREA LEIGH PTAK AND ANN R. HOWIE, ACSW

More than ten years ago when Animal-Assisted Activities/Therapy (AAA/T) was relatively common in hospitals, caregivers also began to think about the positive effect animals could have on people who are in their last months of life.

Often these people are in a hospice setting—defined by Medicare as for those who are in their last six months of life. People with terminal illnesses who are expected to live longer than six months and are not aggressively pursuing a cure can receive palliative care. The National Hospice & Palliative Care Organization (NHPCO) describes the care as comfort, not cure. Hospice and palliative care are used so people can get specialized care without having to admit defeat.

In a hospice or palliative care setting, therapy animals provide a pleasant activity, quality of life, let the patients snuggle, and have final opportunities to be with an animal. Sometimes the animals don't visit with the patient but rather the family. Occasionally the animal is involved in therapy—this might be to include an animal to keep a patient active as long as possible. Therapy can also come into effect if animals are incorporated in the bereavement counseling with the family (see sidebar, page 8). In bereavement, specific goals are identified. For example, therapy animals can help a person relax and open up about what's going on—especially with children.

Hospice and palliative care can take many physical forms. Many hospices aren't housed in their own building. They can be a program that operates in various facilities (nursing homes and hospitals) or in the patients' homes. It can be as difficult for Pet Partners to get visiting privileges at hospice facilities as hospitals (see *Interactions*, Vol. 22, No. 2), as there can be concerns about compromising the immune systems of patients. Staff may have misgivings because they are often already very busy and don't want the additional burden of "caring for an animal." Once these concerns are addressed, however, the staff usually recognizes the benefits and welcomes the visits.

The dynamics when visiting in a facility are quite different from visiting in a private home. Access can be easier when visiting patients in their own home—especially if they have their own animals, though few still do. Many people who are homebound have given up their pets and would appreciate having an animal around even for a short period. However, home visits can have their own set of hurdles to leap.

Since it is a private residence rather than a public institution, there is no "large" insurance coverage by the facility in case someone gets hurt, for example, by stumbling over the animal (people who are on hospice are often unsteady). Insurance instead comes from the homeowner (and few check their insurance before accepting visits). Not all homeowners' policies are interested in covering such a situation, so in case of an accident the homeowner will go to the animal handler's insurance.

In a private residence, if a household item is misplaced, it could be easy for the patient/family to assume that the Pet Partner—a stranger—took it. People who are on hospice are highly stressed, and they can become even more concerned about their personal possessions—especially if they are thinking ahead about bequests in their will. This can create a sensitive situation. Delta Society requires that a "neutral third party" (like a hospice staff member, counselor, therapist etc.) always be present when the Pet Partners team is visiting a patient in a private residence. To address some of these concerns, Delta Society developed a liability release form for Pet Partners who visit private residences. For a copy of this form, email aat@deltasociety.org.

Pet Partners Shelly Smith and Spice conduct a home visit to a hospice patient.



Hospice/palliative care can cover patients with quite a wide variety of illnesses: many types of cancers, chronic lung problems, debility and decline (extreme old age), AIDS, dementias, children's diseases (muscular dystrophy, etc.) from newborns on up. Children are rarely in an institutionalized hospice setting as their parents often prefer to keep them home as long as possible.

Because of the variety of facilities, patients and illnesses, hospice/palliative care visits offer a broad range of opportunities for Pet Partners to suit their schedules and personal preferences.

Within reason, almost any animal can participate in AAA/T visits to hospices. Even llamas and miniature horses have visited in the past, though the vast majority of Pet Partners are dogs, a few cats and even a Guinea pig or two.

The Many Forms of Hospice

Delta Society has over 8,000 Pet Partners who visit a variety of hospice/palliative care facilities across the country. The following, very different programs illustrate the diversity and common ground they share.

HOSPICE AND PALLIATIVE CARE OF LOUISVILLE

This United Way organization provides quality end-of-life care and bereavement services to approximately 2,500 patients and their families annually. Specialized services include pain and symptom control, medication management, personal care, emotional and spiritual support, counseling, therapies related to terminal diagnosis and bereavement care.

In 2001, Hospice and Palliative Care of Louisville (HPC) formally added AAA/T to its services by partnering with Delta Society Pet Partner affiliate WAGS (Wonderful Animals Giving Support) to provide a coordinated visiting animal program. Although some hospice patients had previously had the occasional opportunity to visit/socialize with pets, this marked the beginning of a concerted effort to make AAA/T available to more of their patients. In addition to their Delta Society training, WAGS volunteers also attend an abbreviated hospice training to learn how to interact with people with terminal illnesses, how to be sensitive to their needs and to learn about hospice in general.

Because HPC is a large organization that serves people in seven Kentucky counties, it provides Pet Partners with a variety of visiting options. These include regularly scheduled visits with individual hospice patients in their homes, regularly scheduled visits at inpatient and/or nursing home settings, visits with social workers to children, visits to patients' children/grandchildren, and involvement with bereavement groups.

HPC Social Worker Carol Nelson explains how she utilizes WAGS: "When conducting my initial interview (assessment) with my patient and/or family, I inquire as to any connections to a pet, currently or in the past. If there is any indication of affection for, or connection to animals, I inform them of WAGS. If the patient is unable to communicate, I will ask the family."

Nelson notes that access is determined by the particular facility (nursing home, hospital) where the patient resides. The facility usually has already established a policy on animal visits. The staff at HPC is confident in recommending WAGS participants because of the formal training and registration they have received from Delta Society. The only downside Nelson sees is that they have more requests for visits than the WAGS volunteers can handle. Consequently, they are limited to offering a one-time visit per patient. There are, of course, exceptions.

"If the patient's response to the visit is exceptionally good, often the volunteer makes the effort to return again if possible," says Nelson. One woman came weekly because she saw how much the patient enjoyed it (the visit) and it was convenient for her (location-wise). The volunteer and patient can arrange for additional visits if the volunteer is willing. I have known some volunteers to make regular visits on a long-term basis if their schedule allows for that."

As a staff member, Nelson recognizes the positive effect animal-assisted activities/therapy has on those in hospice. "I have received reports from visits that gave me chills. It's usually the Alzheimer's patients who haven't responded to anything or anybody in a long time. They will acknowledge the animal, or get a smile on their face. Especially impressive are the reports of nonverbal patients who verbalize when the animal visits. Even more impressive are the patients who have a history of not responding physically or emotionally to any stimuli, but do respond with a smile, movement, sound, or touch when the WAGS team makes a visit."

BAILEY-BOUSHAY HOUSE—SEATTLE

Bailey-Boushay House was established in 1992 as a residential care facility for patients with HIV/AIDS. As treatment for this disease improved, and less patients required residential care, the facility opened its doors to people with other terminal illnesses.

Today, Bailey-Boushay consists of a 35-bed residential facility (in-patient) and an Adult Day Health program (out-patient) that serves approximately 150 clients. All of the clients in the Adult Day Health program are living with HIV/AIDS. In the Residential Care Program approximately 70-75 percent are living with HIV/AIDS. The remaining residents are there for a variety of serious illness and end-of-life care.

In 1995, Pet Partner Douglas Gray and his dog Bart (a Bernese Swiss Mountain Dog) approached Bailey-Boushay about starting a visiting animal program. Bailey-Boushay contacted Delta about their screening and approach to see if it was suitable. "We were very impressed with what Delta was doing in terms of training, etc.," says David Pavlick, Volunteer Program Manager at the facility. Pavlick notes that concerns were expressed about animal behavior, patient interaction and infection control, but they were quickly dismissed once research determined that animal visits could be conducted without harm to the patient as long as certain protocols were followed.

“It was pretty straight forward so we moved on it,” continued Pavlick. “We made it clear that Pet Partners would have to go through the same procedures we’d put any volunteer through.”

In addition to requiring Delta Society registration and vaccination records for the animal, Bailey-Boushay’s regular screening process includes an application, 30-minute interview, and two reference checks. Once a volunteer passes that round, they are required to take a four-hour training class. At that point there is a background check, and a TB test. Volunteers are also required to sign a confidentiality statement and have an MMR (Measles/Mumps/Rubella) screening. They get a job description and sign-off agreeing to it. Both human and animal members of the team are issued photographic ID badges.

Pavlick admits that volunteering with seriously ill patients can be more difficult emotionally. “I talk to them (potential volunteers) about what their experiences have been with illness and dying. I want to see if they have any concerns. This work can bring up issues of their own mortality and that of their family and loved ones. I tell my volunteers when you come into this world you sign a contract and at the bottom is fine print: ‘When you check in, you check out.’ When you work in a facility like this it makes you more aware of that fine print. Every day is precious so you want to work to your best advantage on that day because you don’t know how many more you have left.”

He continued, “For some who’ve had a recent experience with a family member or friend it’s too close to the bone. They need a little more healing time. They may not be ready to come yet. For others this is part of the healing process. Volunteering is a two-way street. I hope they will come away from it with a feeling that their life is richer and more meaningful.”

Pavlick and the rest of the staff at Bailey-Boushay recognize the benefits of animal-assisted activities/therapy. “Staff is very positive about the program. The handlers and their animals are greeted with enthusiasm. Anytime these animals come in here they are providing companionship for our clients. We’ve had residents who have been very closed unto themselves and the only people they will let in are the Pet Partners. It really does open doors.”

ZIA HOSPICE—NEW MEXICO

Zia Hospice does not have an in-patient facility of its own, but instead serves hospice patients who are either living on their own in their homes, living with a caregiver, reside in a nursing home or assisted living facility.

Two years ago, Zia was approached by students trying to develop a animal-assisted activities/therapy program and were looking for community agencies that might be interested in participating. They contacted the volunteer coordinator at Zia who, recognizing the possibility of positive benefits, researched the animal-assisted activities/therapy and discovered Delta Society.

Current Volunteer Coordinator Julie Determan, who came on shortly after, has had the job of developing the program. As mandated by their license to operate, Zia requires that all volunteers go through their own training sessions—24 hours total over six weeks. Volunteers are screened for TB and undergo a standard background check. Volunteers-in-training accompany others on visits and view videos provided by Zia. They have to complete a variety of training modules before they can visit on their own. It’s not a pass or fail thing, but within the training they may find out it’s not right for them.

Determan explains, “It can be difficult seeing Hospice patients as you can get quite attached to the people you are visiting. All volunteers are trained on the philosophy and goals of hospice—the grieving process, communications skills, concepts of death and dying, and family dynamics. If someone has had a significant loss in the last year, we recommend they not go out on patient visits, but provide office support.” She continues, “It’s important they have a good understanding of what hospice is and to be able to cope with the loss.”

She notes that the needs of hospice patients can vary greatly. “We have one woman who has been on hospice for almost two years. In contrast, we’ll get a referral for someone who is really going downhill and then the hospice team steps in and the person rallies and actually graduates from our facility (they no longer meet the medical criteria for hospice). “A lot of people think hospice is about dying, but hospice is about living. . . about giving individuals and families support so they will have the best quality of life during a difficult time. The hospice Pet Partners provide emotional support to patients and families.”

Determan continues, “I go out with the volunteers quite a bit—especially the first six weeks. I go out with them as long as they need me until they feel comfortable going out on their own. During the first visit I did with a Pet Partners team I was amazed by the response. You could see patients’ eyes and faces light up. For many I believe it brought back memories, maybe of their childhood or a pet that they once had; it took them back to a place where they have many happy memories. Some of the patients began to talk about the pet they had. One common theme was about the pet being a part of their family.”

Notes from the Field

The Pet Partners who work with hospice patients all seem to have one thing in common—a deep respect for life and the time people have in this world. Though most of them visit at other types of facilities as well, it is their experiences at hospice that stand out.

DEALING WITH THE EMOTIONS OF HOSPICE

Because hospice facilities differ, Pet Partners have the flexibility to visit in a way that is most comfortable for them.

Hospice and Palliative Care of Louisville focuses on one-time visits, with the Pet Partners and patients deciding if they want more of a relationship.

A Dignified Death

VOLUNTEER PROGRAM *NO ONE DIES ALONE* STRIVES FOR JUST THAT

The brochure for this special program at Sacred Heart Medical Center in Eugene, OR, explains why they developed *No One Dies Alone*: “No one is born alone and, in the best of circumstances, no one dies alone. Yet from time to time terminally ill patients come to Sacred Heart who have neither family nor close friends to be with them as they near the end of life.”

The program is specifically for patients who are on comfort care, on DNR status, are expected to die within 48–72 hours, and have no friends and/or family available to be present. A volunteer with *No One Dies Alone* provides the reassuring presence of a companion to these patients who would otherwise be alone, giving them the most valuable of human gifts: a dignified death.

The program was founded in 2002 by critical care nurse Sandra Clarke. She got the idea 14 years earlier after witnessing the lonely death of a particularly elderly patient. With the encouragement of hospital administrators, Clarke teamed up with others at Sacred Heart to bring *No One Dies Alone* into being.

Since then, Sacred Heart Medical Center has deemed the program, part of their Pastoral & Spiritual Care Services, so successful that it has developed a manual for other hospice facilities to enable them to institute their own, similar program. The manual gives extensive information including sample record-keeping charts and a detailed description of how their web support benefits the program administration.

Pet Partners Diane Nichols and Pepper, a mellow toy poodle, have volunteered with *No One Dies Alone* for one and a half years. The very first patient Diane and Pepper sat with was in a coma and had a do-not-resuscitate order. The patient, in her mid 80s, died peacefully during their visit with her. Instinctually knowing what would be most helpful, Pepper spent the visit snuggled on the woman’s bed. Diane and Pepper have sat with more than 25 hospice patients and leave a card with a personalized paw print from Pepper with patients in case family and friends collect the personal effects at a later date. Diane and Pepper are members of the Delta Society affiliate P.A.A.W.S. (People and Animals Who Serve) in Eugene, OR.

For more information about *No One Dies Alone*, visit their website at <http://www.peacehealth.org/Oregon/NoOneDiesAlone.htm>

WAGS member Linda Laun, who along with her Tibetan Terrier Woody has been involved in animal-assisted activities/therapy for ten years (the last six as a Pet Partner) comments, “When hospice first contacted us, I was very nervous about whether I would emotionally be able to do these visits. But when you are doing the visits one-on-one, it doesn’t cross your mind. You’re just with a person who wants to be with your dog. The visits are not hard or scary; they’re very uplifting. If I had to rank hospice visits as to how rewarding they are for me, I would put it at the top!”

Tara Nicholas and Cinnamon, a Beagle-mix, have been Pet Partners for two years and started visiting at HPC in 2003. They volunteer at one of the organization’s in-patient units, often seeing six to ten people at a visit, as well as family members in the waiting rooms. Tara was so moved by their work that she became an employee of HPC in her other role as a chaplain. “Having been a chaplain for many years I really appreciate the hospice philosophy and the opportunity to give palliative care to people,” Says Nicholas.

A founding member of WAGS, Beth Schofield, loves visiting hospice patients with her Guinea Pig Bud, but appreciates the fact she can do “one-time only” visits. “When you’re only going once a month, you never visit the same person twice—which is good for me because I don’t want to build a relationship with someone who is going to die. For me, that would be really, really sad.”

Bailey-Boushay House is just the opposite; the relationship is the thing there. All volunteers are expected to make a six-month commitment of one two-hour visit per week.

Bruce Caplin and his retired racing Greyhound Ray started visiting hospice patients almost immediately after becoming Pet Partners two years ago. “A friend suggested I call David at Bailey-Boushay, and I fell in love with the facility right away. We are there almost every Tuesday afternoon,” says Caplin. “About half of Bailey-Boushay’s residents are there fairly long-term—six months or longer. Many of these we see on a weekly basis. The long-term folks are harder for me as you see them deteriorate over time. Ray is a pretty popular guy at Bailey. Most of the residents know his name. He shows anticipation at certain rooms (people who are his favorites). I don’t know when we stop visiting those rooms if he has any emotional feeling about it; I know I do.”

Rachel Kelly has two Pet Partners teammates—Byron, a Flat-coated Retriever, and Mia, a Basset Hound/Lab mix. They alternate visiting with her at Bailey-Boushay on Fridays. An adolescent drug/alcohol counselor by profession, Kelly understands the empathy needed to visit with hospice patients. “The residents at Bailey-Boushay are dealing with very serious life and death issues, as well as a multitude of other issues and emotions. When my dogs and I visit, I really focus on what we can give back at that particular moment. Time is so precious for these individuals. Therefore, I feel it is really important to focus on what specific individuals may need – whether it be a kind word, taking an interest in who they are or what they enjoy, or simply

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Bereavement: The Forgotten Part of Hospice

BY ANN R. HOWIE, ACSW

When people think about hospice, they often think only of the care provided to a person who is terminally ill up to that person's death. Most people think that hospice care stops when the person dies. Yet that is not the case!

In the first place, the "patient" in hospice is the entire family, not just one person. As a result, therapy animals may work with family members in addition to—or instead of—the person who is terminally ill. In the second place, hospice care includes grief (bereavement) support to friends and family for a year or more after the person who was terminally ill has died. Therapy animals can have a profound effect in supporting people who are grieving. (A separate topic to address is decreasing stress for therapy animals that work with grief, but this issue is central to maintaining therapy animals' well-being.)

Each hospice is different in what it provides. Hospice grief support is often offered in four ways: educational presentations, written materials, individual counseling, and group counseling. The human–animal bond may be incorporated into all four areas. It is important to remember that in all sessions involving people and animals, the leader or therapist must pre-screen attendees for fears, allergies, or other contraindications.

Educational Presentations. Therapy animals can work effectively to help presenters make points and lead participants to discover their own insights about their grief and coping. Working with animals in the classroom is known as animal-assisted education. It is important for the presenter to have a clear idea how s/he plans to incorporate the animal into the presentation so that the animal–handler team is not simply a gratuitous presence, but instead participates actively in helping people learn.

Written Materials. Whether the hospice provides extensive or minimal written materials to guide people through their healing, it is possible to address the human–animal bond in these materials. Much has been written about the benefits of owning a pet. These benefits can be pointed out in grief materials. It may not be helpful—in fact, it may even be destructive—to insist that a person who is grieving get a pet as a companion. This is a personal decision, and people who are grieving may not have the financial, emotional, or physical resources to take on a new responsibility. At the same time, the bond and companionship that pet owners receive can be affirmed and acknowledged in grief materials.

Individual Counseling. Success in including therapy animals in grief counseling relies upon the therapist's ability to work effectively with animals to help people meet their goals. For example, the presence of a therapy animal may be comforting to some people, and comfort can be in short supply to people who are grieving. In addition, physical

contact with a therapy animal may help some people relax, center themselves, focus on the present, and verbalize their grief.

Group Counseling. Whether for adults or children, therapy animals can work effectively in closed groups (where the leader knows who is coming and can pre-screen attendees) to provide support and to help participants achieve specific goals. Some benefits that therapy animals provide in group therapy sessions include normalizing the environment, facilitating rapport between members and between the therapist and members, providing a concrete focus for discussion or activity, assisting members to relax, and easing socialization. See photo series for one girl's response to a therapy animal in a children's grief support group.

So the next time you think about therapy animals and hospice, don't forget bereavement!



A child and her mother (background, left) meet therapy dog Poppi and handler Jenny Hamilton at the first session of family grief group SoundCareKids, a program of Providence SoundHomeCare and Hospice in Olympia, WA.



Grieving children often need lots of physical contact with the therapy dog. Poppi is soaking up the attention — head-to-toe! The little girl who had only met Poppi moments before pours her heart into the dog with a big body hug.

Hospice...continued from page 7

just listening while they pet my dog. It never ceases to amaze me how strong and courageous the residents are.”

She continues, “We build quite a rapport with the residents. This makes the visits so much more meaningful. If we miss a week, the residents ask where we’ve been. Being able to pet a dog and receive that affection back brings some sense of normalcy to their environment, which is really important.”

Zia Hospice offers a mix of options for their volunteers.

Paulette Christopher, a full-time student working toward a PhD in Clinical Health Psychology, understands the need her hospice patients have for visits from her and teammate Halley, a Yellow Lab. “We tend to make deeper connections with the hospice patients. Some have opened up and talked to me about their attitudes toward death and how they feel about the dying process. We often discuss coping with loneliness and a body that no longer seems to work the way it used to. Relationships with non-hospice patients tend to be purely social; our visits are a distraction that helps break up the monotony of the day and it stays on that level. However, once I have gotten to know the hospice patients well, they more freely express their concerns to me and the relationships become emotionally more profound.”

She continues, “I tend to have a different idea about death. I’m not really afraid of it. I lost my little brother when he was 28; he was sick for 10 years. I got a better understanding of how death is a process and how people can change through that process—and it can be a wonderful process. When you can help someone through that process with the right point of view it really helps. Often their relatives don’t want to discuss the death; they’ll avoid it; it’s much harder for them. The patient can then talk to me instead as I am not as close as family. Not every patient opens up like that, and sometimes only when they are having a lucid day. It’s nice that they feel comfortable enough (with me) to say something and hopefully it’s helpful to them.”

BENEFITS TO HOSPICE PATIENTS

Most Pet Partners who visit hospice patients note that the animal is often the main focus of the visit, and they never cease to be amazed at the responses their teammates can elicit from people who are so near the end of life.

Linda Laun discusses the difference with hospice patients. “These patients are very often living in their last days...maybe even hours. But they reach out to Woody and obtain almost miraculous peace and contentment when touching and holding or snuggling with him. Their focus on Woody is total and often they don’t speak to me or staff during the visit. They just become ‘one’ with Woody. It almost seems they have a ‘mind-meld’ with him and he with them.”

Dottie Chapman of WAGS and her chocolate and white Hound-mix Hershey visit at both hospice and hospitals. She notes

that the hospice visits are a quieter type with more one on one—especially on visits to patients in their homes. “They are much more lucid than the people in the hospital who are usually closer to the end. Sometimes you’re their only link to talking to another person for a while. The dog leads into conversation about whether or not they had dogs, etc. One woman whose dog had recently died wanted to visit with a dog. It seems like having the dog there helps them get their mind off their problems for just a little bit. I guess it adds a little sense of normalcy to everything.”

Suzanne Wiggins-Ackerson, who visits with her Standard Poodle Bentley at Bailey-Boushay, recognizes the special benefits their visits bring to the patients with HIV/AIDS. There’s something very magical about touching a dog that people really enjoy. When a dog snuggles up with you it feels so good. This is particularly beneficial for those with AIDS; they have had so many experiences of rejection. There is such a prejudice against the disease, that to be with a dog and touch them, and be with them is very healing. I think people in other hospices have more physical contact from family and friends.”

Her comments are reaffirmed by Bailey-Boushay’s David Pavlick. “Self isolation [by the patients] can be an issue because of the stigma attached to the disease [HIV/AIDS], but an animal loves everybody. They [the patients] may be fearful of judgement. There is no rejection; it’s a real safety zone. They worry that people might be fearful or repulsed, but an animal doesn’t do that.”

BENEFITS TO FAMILY AND STAFF

In a hospice setting, family members are often present and they too are dealing with the emotions of imminent loss. Visits from Pet Partners can help ease their pain as well.

WAGS members Dottie Chapman and Hershey make the day a bit easier for a staff member at Louisville Hospice and Palliative Care.



Beth Schofield and Guinea Pig Bud can do a lot to ease the tension for waiting families. “They’ll ask me ‘What you got in the basket? What is that? A pig!’ It definitely takes their minds off things. By the time the patients get to hospice, they are often very medicated and not very coherent—sleeping, drifting in-and-out. But there’s often a room full of family just sitting there waiting for the patient to die. So we sit with them, and chat. They often talk about their own pets. It seems to really help.”

Dottie Chapman’s Hershey is another family favorite. “A lot of times he’s visiting with families, often children visiting grandparents. The kids just love the dogs being up there and Hershey likes the children. A while back, there was a little baby and it was crying. Hershey went over to the woman holding the baby and started whining and cocked his head as if to say ‘What’s wrong? How can I make you feel better?’ Last month there was a 13-year-old boy sitting in the waiting room. He was acting kind of bored and I asked him if he wanted to see my dog. He said ‘OK,’ and told me he had dogs but couldn’t get them to do anything. I showed him how to teach the dog to sit. I asked him about the homework he was doing, and he started telling me all about his science project. Then he opened up.”

In a hospice setting, the constant loss of patients, the stress of knowing that all will die can be hard on the staff. They can use the benefit of the animals as well.

Bailey-Boushay’s David Pavlick notes, “Staff is very positive about the program. The handlers and their animals are greeted with enthusiasm. I often feel that staff benefits as much as the patients.” Rachel Kelly echoes these sentiments, saying “The staff [at Bailey-Boushay] are always welcoming, and happy to see my dog.”

Zia Hospice’s Julie Determan also makes the case. “Many times, especially going into the nursing homes, it is not just the hospice patients that benefit. Other patients living there enjoy the contact as well as family members and staff members.”

When Miracles Happen

As with nearly all Pet Partners, occasionally there is one special visit that stands out. Hospice visits are no exception.

Beth Schofield finds visits with Alzheimer’s patients to be especially rewarding. “We have never failed to get a response, even from those marked unresponsive. One woman was just staring out the window; she was in a wheelchair. I put Bud in her lap and said ‘Honey I want to introduce someone to you; his name, is Bud.’ At first she was unresponsive, but then she said ‘That’s a rat!’ It was the first thing she had said in a long time. Her family was in tears.”

Dottie Chapman found that special visits can happen when you least expect it. “A couple of years ago, I had planned to visit this one gentleman, but hospice called and asked if I could visit another woman in a nursing home whose death was impending. Since we were ready, we went to see her instead. We were there for 1 1/2 hours. Hershey stayed in the bed with her; he knew to get up with her without her even asking. The woman just sat there smiling and petting him the entire time. She lived for another two



Guinea Pig Bud can do a lot to help grieving families deal with the inevitable loss of a loved one.

weeks after that. The director kept popping in and was so glad that someone had been able to make the visit to her.”

Bruce Caplin had always wanted to do animal-assisted activities/therapy work, but none of his previous dogs had been right for the job. When he adopted Ray, who retired as a racing greyhound at the age of five, he knew he had finally found the one. He tells of a special visit. “You have times in this work that are the real gut-check moments, so to speak. My first and definitely still the most intense was a hospice situation at Bailey-Boushay about two months after we started there. We always check in at the nursing stations to get notes on who we should visit. They told me it might not be appropriate to visit a specific patient because they were so close to end of life. So we were visiting other rooms on that floor and about 45 minutes into the visit a woman flagged me down in the hallway and told me she wanted the dog to visit her grandmother in her room. Since I had my notes I saw it was the room they advised me not to visit, so I checked with staff and got an OK.

“There were 15–17 people in the room. Everyone was very excited to see the dog and thanked me for visiting, and as we approached the bed one of the relatives told him the woman had been a life-long dog breeder. She [the patient] appeared to be unaware of her surroundings. She wasn’t responding to any of her relatives. I brought Ray around to the side of the bed. It was probably the first time I saw that his focus was much sharper, ears up, more alert. I first thought he was frightened. He walked right to the bed and sat right next to the woman. One of the relatives encouraged Bruce to move her hand to pet the dog (she could not do it). Someone told her there was a dog there. As I put her hand on his head, Ray moved in closer and put his head on the bed (something he’d never done before), and the woman actually turned her head and looked at the dog. One of the relatives found her glasses and put them on her. The two of them stared into each other’s faces, eye-to-eye for at least five minutes. She passed away about two hours after our visit. This certainly confirmed that I had made the right decision with Ray.”

Paulette Christopher tells how one visit helped a patient adjust to her new surroundings. “This patient is a very sweet older woman who has dementia. The first time we visited, she said she was lonely and hadn’t really made any friends yet. I had an idea that seemed

to work. I asked her to walk down to the day room with me where Halley was already well known. As we made our way slowly down the hall I tried to make it clear to everyone who saw us that this woman was a special friend of Halley's and mine. I did the same thing in the day room. I hoped it would enhance her social standing. Instead of being the 'new resident' she became 'Halley's friend.' I think she felt very special by the time we left the day room."

Filling the Need

Sometimes volunteers can come from the least expected places.

Stormy Ralstin had been a regular volunteer with Zia Hospice when Julie Determan told her about the pet visits. She thought her German Shepherd Ben might be up to the job. They went through the Delta training and started visiting as a team in May of 2004. She describes her new approach to volunteering. "The visits with Ben are completely different. When I go with Ben the focus is on Ben, both mine and the patient's. He's such a big dog; he outweighs many of the people in the nursing home. When I go by myself, what I am doing is listening, almost bearing witness. My focus is completely on the patient and their focus is whatever it is. When I'm there with Ben it sort of takes the person out of themselves.

"So far we've just visited one woman in her 90s. She had lived on a ranch and had horses/animals and really misses contact with animals now that she's in a nursing home. She is pretty lucid—awake and aware, but time shifts a bit. But she remembers Ben (and me) as something in her present not her past."

The volunteer coordinators at HPC, Bailey-Boushay and Zia all said they could definitely use more Pet Partners teams to visit with their patients. Many cited Delta's training and registration process as a big plus—something that put them above other AAA/T programs. David Pavlick remarks, "These folks [the patients] have only so long and only a few things they can look forward to. Residents ask 'When's Bentley coming? When's Ray coming?' They never know the volunteers name." I sometimes feel so sorry for the volunteers because they sometimes disappear on the other end of the leash. The Delta people seem to realize that 'It's not about me. It's about sharing my dog.' That's a really admirable trait."

It is hoped that this article will inspire Pet Partners who were unaware of the need, or uncomfortable with the concept to consider the joys of hospice visits. The rewards are many.

Pet Partners Visiting Hospice — State by State

The following represent just some of the many Pet Partners across the country who visit hospice patients.



Alabama

BIRMINGHAM

Normally, a story revolves around what a visiting dog does for a patient, but in this case, it's what the patient did for the dog that was most memorable. **Karen Allen** writes of a special visit with her Retriever—mix, **Frezno**: "It seemed like a typical visit as we made our way through the halls to the room of a hospice patient with advanced stage breast cancer. Naturally, she was thrilled at the sight of the dog — practically forgetting about me. As Frezno lay on the patient's bed with her, the patient jumped up and went to her closet. She pulled out a dog bowl and filled it with water, then a selection of dog toys for Frezno to play with during his visit, and finally a rawhide chew 'to go.' With her space confinement, who would have thought these would be ready supplies for someone with no dog."

and **Patty Callahan** tell why they visit hospice patients with their teammate **Joey**, a Newfoundland. "Volunteering with Joey is both heart-warming and gratifying because you are able to take people's minds off the sadness they are dealing with, if even for a few minutes. It is a wonderful feeling to see a grief-stricken family member's face light up when they see Joey, or an elderly person who is bed-ridden sit up with a smile when Joey is brought into their room."

Sandy Sifuentes explains visits to hospice patients with her dog **Penny**: "Why do I volunteer? I got to hold my grandmother's hand as she took her last breath... she passed away in her home that she lived in for over 50 years, surrounded by her children, grandchildren, and great-grandchildren. A hospice organization similar to Hospice of the Valley made it possible. I strongly believe in the Mission of Hospice — to bring comfort and dignity as life nears its end. Part of this comfort stems from the home-like settings that Hospice of the Valley encourages."



Arizona

PHOENIX

Animals Benefit Club Delta Pet Partners has a strong relationship with Hospice of the Valley. Teams from the affiliate visit each of the nine hospice facilities in the area. Pet Partners **Sean**



Arkansas

LITTLE ROCK

Cindy Declerk and her Miniature Poodle **Teddy** visit Arkansas Hospice. On their very first session, they met a young woman who was very near the end of life. Declerk explains that **Teddy** is

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Pet Partners in Hospice Programs

The following is a list, by state and city, of organizations and facilities where Pet Partners are working with hospice patients.

ARKANSAS

Arkansas Hospice
Little Rock
Harriett Hawkins – 501-748-3333
hhawkins@ArkansasHospice.org

ARIZONA

KRMC Hospice
Kingman
Dee Visnic, Volunteer Coordinator –
928-692-4680

CALIFORNIA

Solari Hospice Center
Santa Ana
Donna Miller, Director of Volunteers –
714-245-7420
Donna.miller@solarihospice.net

Kaiser Permanente Hospice
Downey
Patty Peatrowsky, Director of Volunteers –
562-662-4300, x 3805
plpeatrows@scal.kp.org

San Diego Hospice & Palliative Care
San Diego
Sue Dimasi, Volunteer Program Manager –
619 688 1600

COLORADO

Namaste Comfort Care
Denver
Rene Quihuiz, Volunteer Coordinator
303-860-9915

CONNECTICUT

Tails of Joy, Inc.
Coventry
Terrie Carpenter – 860-742-8611
Bradford Hospice
Hebrew Home and Hospital,
Riverside Health Care
The Masonic Health Care Center
Masonic Home

FLORIDA

Hospice of the Comforter
Altamonte Springs
Carol Avery – 407-682-0808

GEORGIA

West Georgia Hospice (Hospice LaGrange)
LaGrange
A division of West Georgia Health System
Catherine Wiggins, R.N., Director
706-845-3905

Well Star Community Hospice Tranquility Hospice
Austell
Diane Pettus
770-732-6710

KENTUCKY

Hospice & Palliative Care of Louisville
Louisville
Paula Harshaw, Director of Volunteer Services
502-456-6200
pharshaw@hospices.org

MARYLAND

National Capital Therapy Dogs, Inc.
Highland
Mark Cohen – 301-585-6283
info@nctdinc.org or www.nctdinc.org
Gilchrist Center
Hospice of Baltimore (inpatient facility)

MASSACHUSETTS

Massachusetts Pet Partners, Inc.
North Andover
Christiana Melton
cmmelton@comcast.net
Hospice of the North Shore
(being developed)
Care Alternatives Hospice

NEW MEXICO

Zia Hospice
Julie Determan, Volunteer Coordinator
505-830-2978
jdeterman26@comcast.net

NORTH CAROLINA

Lower Cape Fear Hospice and Life Care Center
Wilmington
Bob Jones – 910-772-5444
Hospice.lifecarecenter@nhhn.org

OHIO

Hospice House
Hospice of the Western Reserve
Cleveland
Vicki Wood, Coordinator of Volunteers –
216-383-3726

OREGON

Dove Lewis Emergency Animal Hospital
Animal Assisted Therapy and Education Program
Portland
Heather Toland, Director
htoland@dovelewis.org
Hopewell House, Legacy Health Systems
Willamette Hospital's Hospice Program
Washington County Hospice

Compassionate Canines of Central Oregon
Bend
Mare Shey – 541-312-3766.
mare@dancinwoofs.com
Central Oregon Hospice
Hospice of Redmond

PENNSYLVANIA

Hospice of Lancaster County
Lancaster
Lori Covey, Volunteer Coordinator –
717-295-3900

TEXAS

Pine Shadow Retreat Nursing Home
Porter
Darlene Wessel – 281-354-2155

UTAH

Utah Animal Assisted Therapy Association
Salt Lake City
Gaelyn Derr – 801-280-1855
info@uaata.com or www.uaata.com
Avalon Valley Rehabilitation and Care Center
Federal Heights Rehabilitation and Care Center
Woodland Park Care Center
Wentworth Senior Residential Center (3 sites)
LifePath Hospice and Family Care

WASHINGTON

Bailey-Boushay House
Seattle
David Pavlick, Volunteer Coordinator –
206-720-2260
www.bailey-boushayhouse.org

Evergreen Hospice
Kirkland
Melissa Lubatti, Volunteer Coordinator –
425-899-1040
MLLubatti@evergreenhealthcare.org

Hospice of Spokane – Paws for Comfort Program
Spokane
Trina Poppens, MSW – 509-456-0438
www.hospiceofspokane.org

This beautiful painting by Andrea Moore commemorate's Hospice of Spokane's first patient who benefitted from AAA/T. See story on next page.



a very active dog who would much rather perform tricks than lie still and be petted. He performed his best for the young woman, eliciting a weak smile — the best she could muster. The woman died the next day, and Declerk learned from the woman’s father that Teddy’s visit was the last time she smiled.

 **Colorado**
AURORA

Melanie Aaron had been a volunteer at Namaste Comfort Care in Denver for about a year when Siamese cat Chester came into her life. She writes, “I saw that Chester really had a healing sense about him. People ‘talk’ to Chester, and it is amazing to watch the transformation it brings.” Aaron did some research on AAA/T and she and Chester became a Pet Partners team. “Providing companionship or being present for someone’s passing is truly a gift. I never thought there could be a greater feeling from volunteer work. However, working with Chester, we have reached a new level of soul-filled satisfaction.”

After Les Avery retired, he and his wife, JoAnne, wanted something that they could do with their Sheltie, Smitty. After completing their Pet Partners training they decided to visit with hospice patients. JoAnne Avery explains, “It is most rewarding. One gentleman we visited had not communicated verbally with anyone in a while. On our first visit, as he was petting Smitty, he said ‘pretty.’ From then on, he would smile when we entered the room and say, ‘Hi, Smitty,’ and tell us about things he had done in the past. The nursing home staff was amazed at his response.”

 **Florida**
MAITLAND

Donna Hall, Director of Education at Hospice of the Comforter in Altamonte Springs, FL, wrote us about their program. Currently four dogs and one bunny visit patients at the facility. She tells of a visit by Miniature Pink-Eyed Bunny Harvey to a middle-aged woman with a progressively disabling disease. “Currently the woman can perform no voluntary movements except to share a big smile every time she sees Harvey. Harvey likes to hop about on her bed until he finds that space under her chin. He is then content to sit and snuggle for as long as he can. The woman keeps on smiling as long as Harvey is there.”

 **Georgia**
POWDER SPRINGS

Pam Hobby and Black Lab Kody made what was to them a routine visit at Tranquility, a hospice facility in Austell, GA, something special. Hobby’s father-in-law was admitted to Tranquility in December, so she also began visiting without Kody, as a family member. During the course of their visits, her family became

acquainted with the man in the room across the hall. One particular day when Hobby brought Kody to visit her father-in-law, they also visited his neighbor. During the visit, the neighbor smiled and Kody touched his hand with his nose. A few hours later, the neighbor passed away. His wife told Hobby how grateful she was that Kody had visited, as she had been trying to get permission to bring their Gold Retriever for a last visit, but had not made it in time.

 **Tennessee**
COLLIERVILLE - GERMANTOWN

Camp Good Grief, the first free bereavement camp for children in the Mid-South, began in 1999. A professional and caring bereavement staff has an active part in the camp, helping children communicate their feelings and explore their grief through support groups and activities involving art, music, journaling and recreation. Pet Partners Mary Ehrhart and Walker and Debb Taylor and Kacie play a very important role in camp as well. They offer the children a lots of hugs plus a gentle, non-judgmental ear they can talk to about what is going on in their lives.



A young girl is comforted by Walker during a stay at Camp Good Grief.

 **Washington**
SPOKANE

Hospice of Spokane began its AAA/T program, Paws for Comfort, in April 2003. Their very first client was Curtis, a vibrant 15-year-old boy who was diagnosed with neurofibromatosis. For many years, Curtis has struggled with debilitating pain and physical deterioration. He longed for a dog, and was overjoyed when Dagwood, a peppy Golden Retriever, and his handler, Skip Partridge, began coming for visits. The time with Dagwood left Curtis feeling better physically and emotionally. Not long after, local artist Andrea Moore became interested in dogs that help people with special needs. She knew instantly she wanted to paint the story of Curtis and Dagwood.

On a warm, sunny afternoon Curtis, Andrea, Skip and Dagwood all met at a wooded park. Curtis and Dagwood immediately began playing together. “Dagwood was running his heart out just to entertain Curtis. Dagwood and Skip will go to any amount of trouble just to make Curtis smile,” Moore remembers. After they had a chance to expend their energy, the serious business of creating a work of art began. Moore was able to capture the most tender of moments when a sleepy Dagwood gently snuggled next to Curtis, who was resting his back against a tree.

Thank you for all of your stories. We were not able to include them all here, but plan to post them on the web at www.deltasociety.org.