# Treatment Plan

**Title:** Animals assisted therapy for adolescccences with acute mental disorders

**Target Population and Purpose** (write the purpose from the client perspective, e.g., what is the client expected to gain from this intervention?):

The target population for this treatment is adolescents with acute mental disorders. The purpose of this treatment is to use a therapy dog to help with the client’s behavior and global functioning as well as decrease stress. In several studies including Maria Stefanini’s study, “The use of Animal-Assisted Therapy in adolescents with acute mental disorders results” verifies that AAT can have significant positive effects on therapeutic progress and the recovery process in adolescents with mental disorders. AAT is designed to improve adjustment and enhance adaptive functioning as well as to decrease the source of social, emotional, cognitive problems and behavior or psychiatric condition (Stefanini, 2015).

**Brief Description** (brief overview of the intervention):

This intervention will be ran as a group session. The CTRS will provide a safe and supportive environment that fosters the development of effective coping skills, the reduction of stress, facilitates the development of language for defining, identifying, and noting how stressors affect thoughts, emotions, and behaviors (Perry, 2012) The presence of animals themselves is soothing and can quickly build rapport between therapist and client (Uyemura, 2016). The CTRS will use a seven-year-old female Labrador retriever therapy dog. During the session, the group will be preforming play activities, physical contact, grooming, cleaning, basic obedience commands and agility routes. Cleaning and grooming the dog allows the client to decrease stress and allows them to access and express more painful thoughts, feelings, or memories. This opens up the possibility for deeper healing experiences. (Maber-Aleksandrowicz, 2016)

**Staff Requirements** (how many staff with what qualifications;)

Required staff for this intervention would include a licensed recreational therapist, and two additionally qualified people. The staff to client ratio should be 1:3. There will need to be a staff member from the facility who is knowledgeable on how to work with the patients. The CTRS will also have a certified therapy dog, as well, it’s handler who will be certified in working with emotional support animals.
staff to client ratio):

**Entrance Requirements**
(how are clients placed in this intervention; are there referrals?):

This treatment is designed for patients with acute psychiatric disorders, such as breakdown psychotic, attempted suicide, mood disorders, anxiety disorders, and eating disorders and who have been hospitalized, generally from 2 weeks to 3 to 4 months by a doctor's referral (Stefani, 2015).

**Exit Requirements**
(under what conditions do clients complete the intervention goals or when are they discharged?):

Clients will be discharged after showing a significant increase in clinical and behavioral improvement and a decrease in stress. The clients must be able to demonstrate that they can behave appropriately with the animal. A patient can withdraw from participation at any time if he or she decided they do not like working with the animal.

**Group Size**
(minimum and maximum):

The minimum group size will be 2 individuals. Because there will only be 1 dog during the session the maximum number for the group will be 8 clients (Perry, 2012). This will give everyone time to work with the dog during the session without overwhelming it.

**Duration**
(how many sessions for how long over how many weeks, or is it a one-time intervention):

The sessions will be held for 1 hour 2x a week for 4 weeks.

**Safety Considerations**
(detailed safety information for client involvement/engagement):

The dog will need to be periodically examined by a veterinarian who follows a sanitary protocol. Patients will be excluded from treatment if they have a fear, aversion or allergies to animals (Perry, 2012). While uncommon, human injury can occur when unsuitable animals are used. Animals may also suffer injury or abuse when handled inappropriately. If client becomes possessive of the animals and becomes reluctant to give them up after a session, qualified personnel will need to step in immediately (Pet Therapy, 2016). Because this session will be ran
in a hospital there will be first aid staff nearby and the CTRS will know the protocol of what to do in case of a situation. (O’Callaghan, 2011)

The session will take place in the hospital’s activity room. Equipment required is a dog bowl, dog snacks/treats, toys, cones and brush to run the session.

<table>
<thead>
<tr>
<th>Facility and Equipment (describe specific facility and equipment requirements):</th>
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<tr>
<td>Methods (detailed step-by-step procedures for client involvement in each session, including any warm-up or transition activity at beginning of each session, main learning content, closing or ending transitions. If multiple sessions are involved, explain the methods of each session):</td>
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On the day the group meets, the dog and its handler need to arrive 15 minutes prior to the session to allow the dog to familiarize itself with the setting. At the beginning of each session, an icebreaker will be held to introduce the participants. Clients will be asked to introduce themselves and name something they like, for example ice cream or country music. Next, the CTRS will introduce the dog and talk a little bit about it. The primary aim being to establish a connection with the dog by listening to its story. This includes the introduction of the handler, the background information such as the dog’s breed and personality, the dog’s history (Rescue? Adopted? Purebred?), and any meaningful memories (Perry, 2012). The clients will then take turns introducing themselves to the dog and learn how to be gently interact. After demonstration from CTRS, clients will demonstrate basic obedience commands. They will give the dog commands such as “sit” or “stay”. If the dog preforms the task, they will then reward it with a treat. After instruction from the CTRS, clients will then be able to construct their own agility routes to walk the dog through by placing cones. They will take turns walking the dog. This is designed to get members up and moving, laughing, and accessing their own playfulness. The CTRS will then bring attention to aspects of the stress that manifest, as facilitators identify and direct members to have one-on-one time with the dog through petting, brushing, or feeding. It is important that the facilitators have a nonjudgmental attitude throughout the session (Perry, 2012). The CTRS will end the session with a discussion on how the clients felt the session went and what they liked and did not like. They will then be asked to talk about the things they learned whether it be about the dog or about themselves.

Every session will be run similar to the first. Clients will work on their behavior with the dogs as well as listening to the dog’s handler and the CTRS. Being in a group also gives them the opportunity to interact with other clients and work on their behavior towards others. Playing with the dogs such as walking them, throwing a ball or playing tug of war allows them to move and play. Later
grooming the dog will help calm clients down as well as provide a safe nonjudgmental outlet for individuals to talk about stressors in their lives.

| Possible Client Objectives or Outcomes (what are the intended client outcomes from engaging in this intervention? What are they supposed to be able to do at the end): |
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After treatment, the cl. should be able to demonstrate the skill of giving basic commands to a dog as well as rewarding it. The cl. should also be able to gently interact with the dog through play, walking and grooming. The possible outcomes of this intervention related to quality of life would be clinical and behavioral improvement, development of effective coping skills, reduction of stress and noting how stressors affect thoughts, emotions, and behaviors.

| References (references relate to the intervention content, research or theoretical evidence for the use of this RT intervention): |
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