

# green chimneys

## DESIGNING AND IMPLEMENTING ANIMAL-ASSISTED THERAPY PROGRAMS IN HEALTH AND MENTAL HEALTH ORGANIZATIONS

Authors: GERALD P. MALLON - HUNTER COLLEGE SCHOOL OF SOCIAL WORK, NY, NY  
SAMUEL B. ROSS, JR., AND STEVE KLEE - GREEN CHIMNEYS, BREWSTER, NY  
LISA ROSS, TOURO UNIV. HENDERSON, NV

### INTRODUCTION

Although health and mental health systems continually examine fresh and original approaches to serve their client constituents, new proposals are seldom greeted with enthusiasm within organizational structures (Bolman & Terrance, 1991; Brager & Holloway, 1978; Dutton, 1992; Ket de Vries & Miller, 1984; Morgan, 1986; Moss-Kanter, 1982, 1988). One relatively new approach that utilizes a variety of animals including companion animals, farm animals, and injured wildlife as adjuncts in the treatment of various populations has been, or soon may receive greater acceptance and consideration by health or mental health organizations (Brooks, 2001; Hanselman, 2001; Mallon, 1994a,b, 1999). Utilizing animals in health and mental health organizations is a proposal that has engendered both the regard and the ire of administrators.

The emerging breadth of its applications and the involvement of skilled professionals from diverse disciplines have made animal-assisted therapy (AAT) more than a "therapeutic" intervention. Although AAT is beginning to be recognized as a treatment modality much like dance, music, art, and poetry therapy (Beck & Katcher, 1984), it is also important to note that the main difference between AAT and other adjunctive therapies is that the central "tools" in this intervention are living, breathing, interacting creatures. This is an important element because when animals are introduced into a health or mental health delivery system, unique organizational issues must be considered.

Utilizing a predominantly social work and psychological approach to organizational administration, this article contains advice to help organizations discern whether or not to utilize AAT and to aid implementation. What can be considered are equine experiential learning, equine facilitated psychotherapy and therapeutic riding as part of a program offering. In addition, horticultural activities should be considered as part of the introduction of the activities. Clarity as to whether the program is to provide therapy or psychotherapy must be part of any planning. Today dog training by students, in school gardens, mini-zoos, visiting animals and handler and nature therapy combine elements which are seen in animal assisted therapy and activity programs. With Green Chimneys (see Ross, 1999) as our organizational model of choice,



green chimneys

the authors, who are among the principal administrators of this program, focus on rules and principles that guide program development.

### ANIMAL-ASSISTED THERAPY

Boris M. Levinson (1962) was the first professionally trained clinician to formally introduce and document the way in which companion animals could hasten the development of a rapport between therapist and patient and increase patient motivation (Mallon, 1994c). First termed pet therapy by Levinson, this approach is now known as animal-assisted therapy. Originally ridiculed by his colleagues for presenting such a "preposterous" technique, Levinson continued to research, write, and speak about the efficacy of this novel intervention throughout his life.

Levinson initially advocated utilizing animals with children in residential treatment and wrote extensively about it (Levinson, 1968, 1969, 1970, 1971, 1972; Levinson & Mallon, 1996). In an attempt to gather data on the utilization of animals in organizations, Levinson conducted the first survey documenting the use of pets in residential schools (Levinson, 1968). With a sample of 160 residential and day schools identified from the Directory for Exceptional Children, a response rate of 75.6% (N = 121) was obtained. Levinson found that 40.7% did not permit pets in the schools. State regulations, fear of diseases, the labor-intensive nature of caring for pets, and potential mistreatment by the children were all cited as reasons for barring animals in organizational settings.

In the 1970s, the American Humane Education Society commissioned a survey to determine how many institutions in the country were using animals in facilitating the treatment of clients. The survey indicated results (48%) similar to those found earlier by Levinson. Several of the institutions surveyed reported disadvantages as well as advantages. (Arkow, 1982). In many cases, these programs were developed in a surge of enthusiasm, by well-meaning, but overzealous & inexperienced individuals (Daniel et al, 1984).

By the 1980s, then, the necessity of careful program design became clear. Although many other AAT programs are rapidly emerging both in this country and abroad, one organization that has thoughtfully and carefully crafted an animal-assisted program for children is Green Chimneys Children's Services, located in Brewster, New York, 60 miles outside of New York City.

### THE GREEN CHIMNEYS MODEL

The main campus of Green Chimneys Children's Services is a year round residential treatment center and special education program for children and youth with special needs. Green Chimneys serves 102 children and adolescents in residence and 96 in the day program. The students share the rural environs of the campus with barnyard animals, domestic companion animals, and wildlife. But the healing power of human-animal interactions has been an active component in this organizational therapeutic milieu for more than 60 years.

This former dairy farm was purchased in 1947 by the Ross family, and the organization was originally designed as an independent boarding

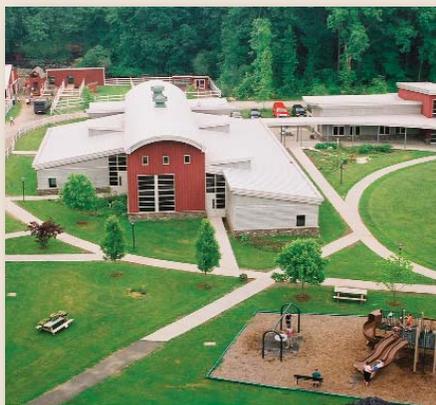
school for very young children. Operating as Green Chimneys School for Little Folk, the educationally based facility incorporated the dairy farm into the children's daily lives. Initially, the staff did not know or appreciate the therapeutic part of this alliance. The staff saw the animals as merely providing companionship, socialization, pleasure, and education for the students. They soon realized, however, that they were providing much more.

In the early 1970s, the school evolved into a residential treatment center that specialized in the care of children with emotional and behavioral needs. Children came with histories of severe neglect; sexual, physical, and emotional abuse; homelessness; family substance abuse; and behavioral and educational difficulties. Many had learning disabilities and had experienced very limited success in school. Most were hospitalized for aggressive behaviors, suicide attempts, or chronic depression. The majority lived in poverty. Most had experienced significant psychosocial stressors at home, in school, and in their communities.

Although many changes occurred as the organization changed its program to meet the needs of a new population, the human-animal interactions component remained intact. The staff realized that these special children and youth, mostly from urban environments, could truly benefit from interactions with animals.

As part of the program, students are involved in a client-focused survey so that it is clear what experiences the student has had with animals before entering the program. Green Chimneys Longitudinal Assessment Scales (GLAS) were developed by Myra Ross for use in the program; measurable treatment outcomes are monitored by clinical program staff and are maintained in the case record. Non-licensed personnel deliver animal assisted activities so that their work is distinguished from licensed professionals who are licensed as therapists and as such provide animal-assisted therapy.

There has been a tremendous growth in programming at Green Chimneys with environmental education clearly in mind. New initiatives include: work in animal welfare; youth enrichment; Wildlife activities --Green Chimneys was issued a permanent license from the US Fish and Wildlife in 2009; training of assistance dogs -- students are involved in training assistance dogs, and opportunities for Green Chimneys' staff to bring their own companion animals to the workplace provided that the dog has a role in the program and is approved after a test of behavior.



Many youth whom we serve have been turned off by their families and their communities and Green Chimneys' goal is to reintroduce them to the world around them. The animals cannot speak for themselves, so students have to anticipate their needs. Since they cannot protect themselves, the students protect them. Peer relationships develop as a result. Staff trust students to do their very best and students rise to the occasion. Everything we do has a value to humans and animals. In a real sense we all learn from "daily" happenings.

Being that Green Chimneys is in the New York City watershed area, careful control of manure, food waste, water run-off and trash storage and removal, including whatever is recycled, must be planned for and controlled. Learning to assume responsibility for one's living space both indoors and out is extremely important for the health and welfare of humans and animals. As we move into the 21st century, Green Chimneys maintains its focus on growing "green" and going "green."

## ORGANIZATIONAL ISSUES

The eventual success or failure of a proposed organizational innovation is a consequence of the interplay of power and politics at numerous levels— individual, intraorganizational, interorganizational, and societal (Frost & Egri, 1991). The Performance Improvement Committee which is a board and staff committee meets monthly. The Executive Council of Green Chimneys which consists of the agency's executive director, the organization's founder, the clinical director, the clinical coordinator, the director of treatment, the chief fiscal officer, director of education, and the director of fund development, meets on a weekly basis to monitor review agency practices and procedures and to ensure that all parts of the organization are functioning at optimal efficiency. This council provides leadership and direction, and acts as a sounding board on major organizational issues, including the utilization of animals in the treatment programs.

Other health and mental health organizations that wish to implement an animal-assisted program component must consider the level of support that the innovation can amass on multiple levels. The following questions represent areas that the Green Chimneys' Executive Council recommends as important considerations to be discerned by other organizational administrators who wish to implement an AAT program:

Is there administrative support for the idea?

Does the idea have board support and will it need board approval?

Does the innovation have staff that will support the idea?

Will new staff have to be trained and hired?

Has anyone asked the clients if they think this is a good idea?

How will the innovation be funded, and what costs will be incurred throughout the process?

What are the salient issues with respect to infection control?

What are the issues with respect to safety and humane treatment of animals?

What liability issues need to be considered?

Is there family support for the program?

Do the clinical staff accept and support the program?

And, in the age of managed care:

Are there measurable outcomes that will enable the organization to document and evaluate the program's effectiveness?

How can this intervention be monitored for continuous quality improvements?

## PROGRAM DESIGN ISSUES

### Staff issues

Because animals have always been a part of the Green Chimneys approach to working with children and families, we have always enjoyed the support of our organization's board of directors and agency administrators. But, as the agency has grown, we have often had to find ways to ensure that our animal focus is maintained.

Knowledgeable, experienced, and enthusiastic personnel greatly influence a program and ensure programmatic longevity. A consistent group of core staff make management easier.

After a great deal of experimentation and trial and error logic, Green Chimneys has found that an animal-assisted program can be staffed by licensed and credentialed personnel (social workers, nurses, psychologists, physicians, occupational therapists, physical therapists, vocational therapists, teachers, certified therapeutic riding instructors, licensed wildlife rehabilitation staff) and other staff (child care workers, school personnel, recreation workers, nurses aides, therapy aides); and volunteers can provide animal-assisted activities (AAAs).

It has been an ongoing challenge for our organization to determine which staff positions or responsibilities should be filled by professionals, which should be staffed by trained personnel, and which are suited for volunteers. Over the years we found that many of the staff currently employed by the agency came forward to fill roles in working with both children and animals.

Staff may bring animals to work if there is a therapeutic purpose. Two key factors were their desire to incorporate animals into their work with people and their commitment to designing innovative approaches to working with people in need. An additional essential element was whether or not they had the support of their supervisors in this endeavor.

Green Chimneys has historically recognized that those helping professionals who work with both people and animals need to be flexible, but there is also a need for structure, consistency, and limits.

Many different philosophies are represented by those who are interested in developing approaches to working with animals and humans. Before any new program can be developed, it will need to be approved by the organization's board of directors and administrative staff. The first question that most boards of directors and administrators will want an answer to is this: How does this project relate to the organization's mission, vision, values, goals, and needs? On a secondary level, both bodies will want to know about costs, about maintaining the program, about agency personnel and client support, and about liability. At Green Chimneys, we receive many calls and e-mails asking about insurance coverage and names of agents and carriers. When interviewing for positions, administrative staff must seek out the candidate's specific beliefs and

personal stance. Know where the candidate stands on issues that may come up in the workplace. Staff surveys may be another important step that can permit their voices to be heard when considering a new intervention.

### Client issues

Although it has been written that the human-animal bond is universal (Mallon, 1992, Senter, 1993, p. 1), the reality is that not all people like animals. Some clients may be allergic to specific animals, some may have a phobia about a particular animal, and others may just not have had positive experiences with animals. At Green Chimneys many of these issues are immediately addressed at intake, when the client first arrives for services. Clients are screened for allergies and asked about fears or dislikes for particular animals. It should be noted that there is evidence that youngsters with pets are less likely to develop allergies. At Green Chimneys, we have a high number of children diagnosed with asthma, but we have not had any child hospitalized as a result of an asthma attack. The allergy information is integrated into the client's initial prospective treatment plan. Although Green Chimneys would like all of its clients to have a positive experience with animals, the organization respects the fact that not all children respond the same way to animal-assisted approaches to treatment.

Another means for assessing patient satisfaction or dissatisfaction is to conduct a survey of the clients' likes and dislikes about their treatment. This is more or less standard practice in most health and mental health organizations in today's managed care environment. A client-focused survey soliciting patient response toward animals is an important place to begin the process. In addition, it may be important to do a thorough assessment of any history of animal abuse. Most surveys to children, families and staff give approval to animals, working at the farm and gardening.

Concern for the physical well-being of the clients is a major priority in health and mental health care-related organizations. Cleanliness, infection control, and risk of illness related to zoonotic conditions claim a central focus in most health and mental health care systems. Organizations interested in adopting an AAT approach must research federal, state, and local regulations early in the planning process to consider possible limitations for such an intervention. It can be very disappointing for those interested in designing an AAT program to discover that rigid local health laws prohibit such techniques.

## ANIMAL SELECTION

Choosing animals at Green Chimneys to be part of our AAT program is an exciting endeavor, but animal selection can also be an imposing task. Again, we would caution that those wishing to introduce animals into an existing organization should start small. Zoning and health regulations will undoubtedly affect the location, nature, and size of programs incorporating animals.

Geography also plays a large role in the selection of animals. Organizations in urban environments obviously need to consider restricting the program to smaller companion animals (see Senter, 1993, Chapters 4 and 5 and Serpell, Coppinger, & Fine, 2000). Some programs may choose to have a visiting AAA program, rather than having animals in residence. Rural programs, such as our Green Chimneys program, utilize a wide variety of animals including farm animals and captive wildlife.

Our wildlife program is coordinated by an individual who is a licensed wildlife rehabilitator (see Senter, 1993, Chapters 2 and 3). Most of our wild animals have sustained injuries and are only temporarily placed at the farm for rest, medical care, and eventual release. The size of the physical space needed for each animal is determined by the animal's physical size and need for space. An administrative policy should also be in place that ensures that all animals are healthy, have up-to-date vaccinations and a record kept on file of their health status.

Research and courses at colleges and universities have helped provide evidence of the value of such programs. Accrediting bodies have looked at the programs and have approved their place in hospitals, agencies and schools. Foundations, corporations and individuals have shown a real interest and are providing funding as it relates to the human-animal bond and related topics.

## COST EFFECTIVENESS

Initial start-up and continued financing, in any organization, plays a large role in the decision to develop or not develop a new program. This is particularly true for non-profit organizations. Regardless of how useful an AAT program is deemed to be for an organization, the bottom line for most agency administrators and boards is how much it is going to cost and how will it be funded? Green Chimneys founder, Dr. Sam Ross, and our organization's development staff spend a great deal of time and energy on fund-raising efforts to keep all of our programs fiscally sound. Although this

process can be a time-consuming enterprise, the good news is that incorporating animals does not have to be an expensive undertaking. There are many ways to raise money for programs. Innovative thinking and creativity are the keys.

All new programs have start-up costs, dictated by the size and nature of the innovation. "Start small" is a good maxim. Funds for animal upkeep and maintenance refer to the day-to-day expenses of keeping animals. These costs will vary from program to program, but generally include food, shelter, veterinary costs, grooming costs, and staff salary costs.

At Green Chimneys, we have found five ways to support an animal-assisted program: (1) use of present funds, (2) foundation or corporate support, (3) fee for service, (4) outright donations, and (5) sale of items. Where costs are minimal and programs are small, using present funds may be a quick-start solution. Many foundations or corporations, especially those with an obvious interest in animals, can provide possible seed money to start a program. Fees for services can be generated through visiting animal programs or by offering specialized training. Donations from the community and sales in the community not only help support the program, but bring the organization's name out into the community. Linking the community to the program's efforts to help its constituents can be useful in many ways.

Since introducing the Farm-on-the-Moo-ve program, a mobile program of providing animal contact with students as caregivers, the program has been replicated at many other places and has quite literally brought the farm into the community, in many cases to an urban community which is largely estranged from human-animal connections.

## LIABILITY

All organizations are concerned about the potential for liability issues. Obviously, there are risks inherent in having animals on site in a health or mental health organization. Green Chimneys has developed a documented safety plan for both clients and animals, and we would recommend that such a plan be considered a necessity for every organization. In the sections that follow, we discuss our Green Chimneys protocols for minimizing risk. These should be carefully considered and followed by organizational staff. The first place that organizations should start when considering liability issues is by reviewing their current insurance carrier's policies about animals. If animals are included in the

policy coverage and the organization's carrier is clear that the organization is launching a new initiative then there is no need for further coverage. If animals are not included in the current coverage then the organization must obtain coverage for staff, clients, and visitors.

## OUTCOMES

The widespread ardor about the almost universal efficacy of animal-assisted programs has for many years all but obscured any serious questioning of its possible risks. In the age of managed care, health and mental health organization administrators must evaluate the effectiveness of their interventions. Any program evaluation of a health or mental health organization must also include a review of the effectiveness of an organization's animal-assisted programs (Anspach, 1991; LaJoie, 2003). Although organizational administrators must develop stringent criteria used for what constitutes a therapeutic gain, they must also develop criteria for what constitutes an effective programmatic intervention. Some suggested questions that should be assessed include these: Is this intervention cost effective? Are there other interventions that are equally clinically appropriate and useful, but more cost effective? How many clients are utilizing this service in a given cycle? What are the instruments used by program evaluators to determine clinical or program effectiveness with respect to this intervention? Therefore, guidelines for the implementation of an animal-assisted program need to identify conditions necessary to preserve the health and safety of both the animals and clients, and to ensure that the intervention is programatically effective. Administrators should resist the attempt to rationalize the implementation of such programs solely as a kind of therapy that has universal benefits solely because of its appeal. Outcome studies are equally important in order to prevent outright rejecting the plan considering it as unimportant or non-therapeutic. It is important to keep careful records on the children involved in the program.

## INFECTION CONTROL ISSUES

Even in the best AAT programs, there is an element of risk. At Green Chimneys, we have been aware of and respond to these risk factors on a daily basis. A medical services committee has the responsibility of including human and animal infection control. Animals bite, some produce allergic reactions, and some pass on zoonotic diseases. Therefore, an AAT program must develop infection control policies that address the need for some animals to avoid contact with certain peo-

ple, and to develop surveillance procedures and responses. Every setting where pets or animals of any type are located must have some rules in place (Ross, 1989, p. 5). At Green Chimneys, we maintain a health record on each animal and we recommend this task as an essential component of any planned AAA/T program.

## RULES THAT GUIDE ANIMAL-ASSISTED THERAPY PROGRAMS

Following Lewis's (1982) advice, rules that guide an intervention to action specify the practice. The Performance Improvement Committee and the Executive Council at Green Chimneys have focused a great deal of attention on the development of rules to guide practice in our AAT approaches to treatment. These rules are enumerated for all Green Chimneys staff as a part of the agency's initial formal orientation process and are codified in writing in our organization's literature. We have found the following rules to be useful and we believe they are adaptable for other organizations:

1. House animals are to be approved by the organization's administrator or designee.
2. Appropriate animals include dogs, cats, birds, fish, hamsters, gerbils, guinea pigs, rabbits, and, where appropriate conditions exist, farm animals such as goats, sheep, ducks, chickens, cows, and horses.
3. Wildlife are not permitted in the program unless they are cared for under the supervision of a licensed individual and then only in a rehabilitative circumstance, a previously injured status or are permanently injured.
4. At the time of admission, a medical record is started on each animal and is kept up to date as long as the animal remains in the organization.
5. Animals are to have up-to-date vaccinations by a licensed veterinarian.
6. Animals are to have an annual physical by a qualified veterinarian.
7. Animals who are ill are to be treated by a qualified veterinarian.
8. Aggressive animals will be removed immediately.
9. Dogs or cats are to be altered or spayed.
10. The administrator or designee is responsible for acceptable animal husbandry practices.
11. Animals are to be controlled by leash, command, or cage.

12. Animals are not permitted (except assistance dogs) in the following areas: areas where food is cleaned, stored or prepared; vehicles used for the transportation of food; patient/staffs toilet, shower, or dressing rooms; and drug preparation areas, nursing stations, and sterile and cleaning supply rooms.

13. All pet utensils, food, and equipment used for maintenance of pets are to be kept in an area separate from clients' food preparation areas and are to be kept cleaned.

14. Animals are to be fed according to schedule posted where the animals live and are cared for.

15. Animals are not to be fed human food.

16. Fresh water is to be made available for the animals at all times.

17. Food handlers are not to be involved in animal care, feeding, or cleanup of animal food or waste.

18. Dogs and cats are to be effectively housebroken.

19. Animal waste is to be picked up and disposed of in a trash receptacle made available for this purpose.

20. Any animal that bites a staff member or patient is to be quarantined for 10 days.

21. Animals who die on the premises are to be disposed of in accordance with the established organizational procedure.

22. Animals from outside the agency are permitted to visit the premises through a prearranged agreement under rules for visiting pets.

23. Animals are to be groomed daily.

24. All staff (except for kitchen workers, for sanitary reasons) are encouraged to be involved in actively caring for the animals.

25. Clients are to be involved in caring for the animals.

26. Animals are to be part of weekly sessions with the clients.

27. Issues related to death and dying must be appropriately handled.

28. Animal abuse issues need to be handled therapeutically and on a case-by-case basis.

## **PRINCIPLES THAT GUIDE ANIMAL-ASSISTED THERAPY PROGRAMS**

If a worker is "lacking a rule," the worker will search his or her own memory for a principle. This practice principle tells the worker what to do. Rules are clear cut and therefore, can be more rapidly recalled from memory. The principle that is more abstract requires a more time-consuming and complex mental undertaking to recover from memory (Lewis, 1982, pp. 57-58). Principles are expressions of goals and permit staff to have leeway regarding the means by which they are carried out. In identifying principles for the AAT practitioner, we offer the following, which are used at Green Chimneys:

1. All animals will be carefully selected and subject to behavioral assessment to determine their aptitude for working with people.

2. At time of hire, staff will be surveyed to determine allergies, fears, or dislike of animals. Attitudes of workers will be measured to evaluate former relationships with animals.

3. As part of screening at the time of intake or admission, clients will be surveyed to determine allergies, fears, dislike, or past abusive behavior toward animals. Attitudes of clients will be measured to evaluate former relationships with animals.

4. The rights of individuals who do not wish to participate in the program will be considered first and off-limits areas for animals will be maintained for this purpose.

5. Companion animals should not pose a threat or nuisance to the clients, staff or visitors.

6. Workers should integrate the patient interactions with animals into their comprehensive treatment plan, with specific and relevant goals.

7. The worker will strive to assure the patient the opportunity to choose his or her own goals in work with the animals and assist him or her in identifying and achieving this end.

8. Sessions that involve animal-assisted therapy must be documented in the weekly progress notes.

9. The worker will document any and all interactions that may be novel behavior as a result of the human-animal bonding.

10. The worker will closely supervise and monitor any patient who has a past history of animal abuse.

11. The worker will closely supervise and monitor the temperament of all animals that are utilized with patients. Animals will be permitted to rest every hour and a half and not be permitted to work more than 5 hours per day.

12. The worker should process animal-assisted activities to assist the patient in exploring new or possibly previously unexplored issues.

13. The worker should encourage the patient to work with her or him in settings other than the offices, that is, conduct a session while taking the dog for a walk.

14. The worker should utilize the animals with the patient to explore areas that can be seen as "dress rehearsal for life that is, birth, death, pregnancy.

15. The worker should utilize the animal-assisted interaction to aid the patient in mastering developmental tasks.

16. The worker should utilize the animal to promote feelings of self-worth in the patient whenever possible.

17. The worker should utilize the animal to promote responsibility and independence in the patient.

18. The worker should utilize the animal to teach the patient the need to sacrifice or undergo inconvenience for the sake of a loved one.

19. The worker should make every effort to utilize the animal to promote companionship, warmth, and love with the patient.

20. The worker should remember that utilizing an animal is not an "open sesame" or a panacea to working with or uncovering the "inner world" of the troubled patient.

21. The worker should work to maintain the "therapy" component in animal-assisted therapy.

22. The worker should utilize the animal to teach lessons in life, thereby promoting and nurturing appropriate emotional responses from clients.

23. The worker should help the individual who has made a contact and interest in the animals share this experience with a peer as a means of establishing peer relationships.

24. AAT needs to be integrated into the larger therapeutic milieu and to fit with the other adjunctive therapies the child is receiving as per their individualized treatment plan.

## CONCLUSIONS

Encouraging well-designed, carefully evaluated interventions is essential to responsible current and future AAT program development. A diverse array of helping professionals are often in search of ways to improve the quality of life of persons who have overwhelming obstacles to overcome. To those clients who could benefit from an animal companion, a health or mental health care professional may be able to facilitate a new or support a long-established relationship by being sensitive to what is occurring in the field and by knowing which resources are available (Netting et al., 1988, pp. 63-64). Our challenge is for health and mental health organizations to look for meaningful ways to incorporate animals into our human services organizations in mutually beneficial partnerships.

While what has been offered here is not, as Levinson pointed out, the panacea to the world's ills, it is a beginning. Animals can fulfill an important role for many people, but organizations that wish to set in motion such interventions must be careful to also initiate rules and principles to guide this practice. There is an ever-growing body of knowledge; information and research which can help prepare interested persons to initiate a human-animal interaction program. Courses, workshops and seminars are being held all over this country and in the global community. Although the labor-intensive nature of integrating animals into a health or mental health system may at first seem a daunting task, the organizational benefits of such an intervention are numerous (Mallon, 1994a). The introduction of animals into a human service system will not produce additional competitiveness or alienation, but can, instead, provide that calming, unqualified attention and love that are needed to help some clients flourish, moving away from illness and toward health. As health and mental health organizations struggle to find their niche in an ever-expanding network of diverse services, we must be alert to novel and creative approaches to helping our clients, including in some cases where indicated, utilizing an array of diverse animals as adjuncts in the treatment of various populations.

## REFERENCES

- Anspach, R. R. (1991). Everyday methods for assessing organizational effectiveness. *Social Problems*, 38(1), 1-19.
- Arkow, P. (1992). *Pet Therapy: A study of the uses of companion animals*. Colorado Springs, CO: Human Society of the Pikes Peak Region.
- Beck, A. M. & Katcher, A.H. (1984). A new look at pet-facilitated therapy. *Journal of American Veterinary Medicine Association*, 184(4), 414-420.
- Bolman, L. & Terrance, D. (1991). *Reframing organizations*. San Francisco: Jossey-Bass.
- Brager, G., & Holloway, S (1978). *Changing human service organizations: Politics and Practice*. New York: Free Press.
- Brooks, S. (2001, Winter). Working with animals in a healing context. *Reaching Today's Youth*, 19-22.
- Daniel, S., Burke, J. & Barke, J. (1984). Educational programs for pet-assisted therapy in Institutional settings: An interdisciplinary approach. *Veterinary Technician*, 5(2), 394-397.
- Datton, J. E. (1992). The making of organizational opportunities: An interpretive pathway to organizational change. *Research in Organizational Behavior*, 15, 195-226.
- Frost, P.J. & Egri, C.P. (1991). The political process of innovation. *Research in Organizational Behavior*, 13, 229, 229-295.
- Hanselman, J.L. (2001). Coping skills interventions with adolescents in anger management using animals in therapy. *Journal of Child and Adolescent Group Therapy*, 11 (4), 159-195.
- Kets d Vries, M.F.R., & Miller, D. (1984). *The neurotic organization*, New York: Harper Business.
- LaJoie, K.R. (2003). An evaluation of the effectiveness of using animals in therapy. Unpublished doctoral dissertation, Spalding University, Louisville, KY. (University Microfilms No. 3077675).
- Levinson, B. (1962). The dog as co-therapist. *Mental Hygiene*, 46, 59-65.
- Levinson, B. (1968). Household pets in residential schools. *Mental Hygiene*, 52, 411-414.
- Levinson, B. (1969). *Pet-oriented child psychotherapy*. Springfield, IL: Charles C. Thomas.
- Levinson, B. (1970). Nursing home pets: A psychological adventure for the clients (part 1). *National Humane Review*, 58, 15-16.
- Levinson, B. (1971). Household pets in training schools serving delinquent children. *Psychological Reports*, 28, 475-481.
- Levinson, B. (1972). *Pets and human development*. Springfield, IL: Charles C. Thomas.
- Levinson, B., & Mallon, G.P. (1996). *Pet-oriented child psychotherapy* (2nd ed.). Springfield, IL: Charles C. Thomas.
- Lewis, H. (1982). *The intellectual base of social work practice*. New York: The Lois and Samuel Silberman Fund and Haworth Press.
- Mallon, G. P. (1992) Utilization of animals as therapeutic adjuncts with children and Youth: A review of the literature. *Child & Youth Care Forum*, 21(1), 53-65.
- Mallon, G.P. (1994a). Some of our best therapists are dogs. *Child and Youth Care Forum*, 23(2). 89-101.
- Mallon, G.P. (1994b). Cow as co-therapist: Utilization of farm animals as therapeutic aids with children in residential treatment: *Child and Adolescent Social Work Journal*, 11(6), 455-474.
- Mallon, G.P. (1994c). A generous spirit: The work and life of Boris Levinson. *Anthrozoos*, 7(4), 224-231.
- Mallon, G.P. (1999). Animal-assisted therapy interventions with children. In C.E. Shafer (Ed.) *Innovative psychotherapy techniques for children and adolescents*, (pp. 415-434). New York: Wiley & Sons.
- Morgan, G. (1986). *Images of organization*. Newbury Park, CA: Sage Publications.
- Moss-Kanter, R. (1982). Dilemmas of managing participation. *Organizational Dynamics*, 3, 5-27.
- Moss-Kanter, R. (1988). When a thousand flowers bloom: Structural, collective and Social conditions for innovation in organization. *Research in Organizational Behavior*, 10, 169-211.
- Netting, F.E., Wilson, C., & New, J.C. (1988). The human-animal bond: Implications for Practice, *Social Work*, 39(1), 60-64.
- Ross, S.B. (Ed.). (1993). *People and animals: Many benefits—some concerns*. The New York State Outdoor Education Association, 23(2), 2-13.
- Ross, S.B. (1999). Green Chimneys: We give troubled children the gift of giving. In: F.R. Ascione, & P. Arkow, (Eds.). *Child Abuse, Domestic Violence, and Animal Abuse: Linking the Circles of Compassion for Prevention and Intervention*, (pp. 367-379). Indiana: Purdue University Press.
- Senter, S. (Ed.). (1993). *People and animals: A therapeutic animal-assisted activities manual for schools, agencies and recreational centers*. Brewster, NY: Green Chimneys Press.
- Serpell, J., Coppinger, R. & Fine, A.H. (2000). The welfare of assistance and therapy animals: An ethical comment. In: A.H. Fine (Ed.) *Handbook on Animal-Assisted Therapy* (pp. 415-43 1). New York, NY: Academic Press.