The Promotion of Social Well-Being Through the Incorporation of Therapeutic Adjuncts in a Mental Health Setting

By

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A practicum presented to the Faculty of Graduate Studies

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Abstract

The purpose of this practicum is to explore the use of therapeutic adjuncts as a vehicle to promote social well-being for persons with chronic mental illness.

Indicators of social well-being are examined in the context of an institutional environment. The report presents learning related to institutionally based social work practice, membership on a treatment team, and the utilization of therapeutic adjuncts (animal assisted therapy, horticulture therapy, and storytelling). A model of social well-being is presented. Limitations and further recommendations for social work practice and education are identified.

CHAPTER ONE

Introduction

This practicum examines the promotion of social well-being through the use of therapeutic adjuncts. The student, a member of a treatment team during a three-month period, examines psychiatric rehabilitation through the use of animal assisted therapy (A.A.T.), horticulture therapy, and the utilization of storytelling within a provincial psychiatric hospital. The student has provided therapeutic interventions to clients while promoting their social well-being, both at group and individual levels. In addition to the integration of the therapeutic adjuncts, the student learned various tasks and responsibilities involved in day-to-day social work practice in a hospital setting.

Practicum Rationale

There is a need to provide therapeutic adjuncts as part of psychiatric rehabilitation for patients hospitalized in institutions. According to Toward a Healthy Future (1999), 709 individuals per 100,000 required psychiatric hospitalization in Canada from 1995-1996. In Manitoba, these statistics are considerably higher, at 857 per 100,000 for 1995-1996 (Toward a Healthy Future, 1999).

This practicum is relevant for social work practice. There is a wide array of literature examining the therapeutic advantages of using animals, plants, and stories.

The therapeutic adjuncts integrated into social work practice at Selkirk Mental Health Centre (S.M.H.C.) can promote the clients' social well-being. The intentions are that clients can transfer the skills involved in taking care of a dog and plants to themselves, as well as being able to share their own stories through a therapeutic story group, thereby promoting social well-being. Psychiatric social workers assisting clients with social skill attainment and social relationship development can enhance clients' skills through incorporating these adjuncts as part of practice.

Learning Goals of the Practicum

There are six learning goals of the practicum. The student's goals are to: (1) learn institutionally based social work; (2) become a member of the treatment team, with active involvement in all tasks and responsibilities of psychiatric social workers at S.M.H.C; (3) explore psychiatric social work through the incorporation of therapeutic adjuncts, namely A.A.T., horticulture therapy, and storytelling, to promote the clients' social well-being; (4) use thematic analysis to investigate themes and areas of focus encountered during the practicum and learn the qualitative techniques and methods; (5) learn about institutional environments and examine the impact of an institution on the practice of psychiatric social work; and (6) learn overall social work perspectives affiliated with working in a psychiatric facility such as S.M.H.C.

The various tasks involved in the role of psychiatric social worker, in conjunction with the use of the therapeutic adjuncts

discussed, provided the student with an in-depth experience as a psychiatric social worker.

CHAPTER TWO

Literature Review

Institutional History

Institutional facilities were first developed in the mid-nineteenth century by advocates supporting humane treatment for the mentally ill. Originally intended to provide custodial care to the mentally ill in tranquil, pleasant settings, the institutions also served as settings to place individuals who needed to be removed from their environments where they were seen as disruptive (Watkins, 1983).

Joseph Workman, considered to be the founding father of Canadian psychiatry, started the Provincial Lunatic Asylum in Toronto (Johnston, 2000). The asylum's philosophies were directed towards removing the insane, as well as the institution from the community. The asylum needed to be built outside of the chaotic urban community, in a serene, natural, rural setting (Rothman, 1971; Scull, 1993). Rothman (1971) describes the institution as a place that "held the secret to the cure of insanity" (p. 133). The institution was a place that promoted recovery, intended to assist individuals in returning to their communities (Grob, 1994).

The goal of the asylum was to provide a home where the client was treated as an individual. A patient's mind was to be regularly motivated, whereby the mind would eventually return to its natural state (Scull, 1979).

By the late 1870s, mental hospitals had taken on the form that they would maintain in subsequent decades. However, within their relatively straightforward structure laid a complex, tumultuous reality (Grob, 1983).

Psychiatric Care in Manitoba

In 1871, an old warehouse located at Lower Fort Garry in Manitoba, was designated as a penitentiary intended to house both prisoners and the mentally ill, under the care of Dr. David Young. By 1886, due to overcrowding in the penitentiary, there was a need to build an institution strictly for the mentally ill. The Manitoba Asylum, as it was called, was built on an vacant plot of land on Manitoba Avenue, in the town of Selkirk, Manitoba. It was the first facility built for the chronic, mentally ill in the Canadian Prairies (History of the Selkirk Mental Health Centre).

Under Dr. Young's care, the treatment of the patients admitted to the Manitoba Asylum followed humane principles. Dr. Young preferred using reason with the patients, as opposed to relying on such means as harsh restraints. Work and recreation were used for therapeutic purposes. The men often planted gardens and worked in the farmhouses on the grounds, while the women were assigned to craft-related activities, such as sewing. The Asylum quickly became crowded, and in 1900, a small extension was added to the facility (History of the Selkirk Mental Health Centre).

In 1923, the Reception Unit opened. It was a beautifully designed building, detailed in Scottish Baronial style. Craftsmen were brought from the United Kingdom solely to complete the

building's tile work . In 1954, the Infirmary Unit (now referred to the Extended Treatment Unit) opened. With this expansion, the capacity rose to accommodate 1000 patients. In 1964, the Selkirk Psychiatric Institution (S.P.I.) was opened, and provided care for another 68 patents (History of the Selkirk Mental Health Centre). The 1950s and 1960s saw two significant developments that changed the direction of mental health services. The introduction of new medications, along with changes in public opinion, allowed individuals to be discharged from the centre and reintroducted to communities. The centre saw a decline from over 1200 patients in 1957 to approximately 345 in 1986 (History of the Selkirk Mental Health Centre).

The names of the hospital changed over the years, including Gaol, Manitoba Insane Asylum, Hospital for the Insane, Mental Hospital, and Mental Health Centre. The changes in the names reflected the changes in policies, attitudes, and philosophies in regards to the care and treatment of the mentally ill (History of the Selkirk Mental Health Centre).

History of the Brandon Mental Health Centre

Despite the additions made to the mental health facility in Selkirk, the overcrowding persisted. In 1891, a "Home for Incurables" was established in Portage la Prairie, Manitoba and another institution opened in Brandon, Manitoba in response to the increase in mental health patients.

On May 1, 1891, the Brandon Asylum was officially opened. It housed 54 patients at that time. By 1893, an expansion began due to

increasing numbers. By 1899, the number of patients rose to 202 (Refvik, 1991). The Asylum included gardens, crops, a greenhouse, and animals. Reports noted the reduction of maintenance costs by the Asylum by increasing farm output and patient labour (Refvik, 1991).

In 1910, there was a terrible fire at the Brandon Asylum, causing all 643 patients and 80 staff members to evacuate from the facility. The patients were relocated to the Winter Fair Buildings in the town and housed there while the facility was rebuilt (Refvik, 1991).

In 1923, the Faculty of Nursing students in Brandon became the first graduating class of Mental Nursing in Western Canada. In November 1930, the Brandon Mental Hospital as it became known, expanded and added on a new wing, which increased their capacity by another 100 patients. More construction was done in the 1940s adding additional housing for medical staff. In the 1950s, dental services were offered to the patients. The 1950s also saw the development of a beauty parlour established for the patients and an overall increase in recreational and activity therapy (Refvik, 1991).

The hospital was renamed the Brandon Mental Health Centre (B.M.H.C.) during the early 1970s. By the 1970s, there was a decline in the numbers of patients admitted to the hospital. The centre's patient population decreased from 887 in 1970 to 600 in 1973. The decline was possibly linked to the development of new types of therapy, particularly psychoactive drugs (Refvik, 1991).

By 1980, the shortage of psychiatric staff at B.M.H.C. became apparent. Many addressed the need to increase funds designated for community initiatives, rather than for institutions. The push for community-based care for the mentally ill increased. Because of the shift towards community care, the centre closed its doors in 1998 (Refvik, 1991).

Chronic Mental Illness

Chronic mental illness persists for an indefinite period of time, often for a lifetime. In contrast to mental retardation, which is an unchanged state, mental illness has a potential for restoration, recovery, stabilization, or remission through various forms of treatment (Gerhart, 1990).

Chronic mental illness is an emotional or behavioural impairment that interferes with an individual's ability to remain in their community without treatment and supportive services of a long-term or indefinite period of time (Bachrach, 1988).

Individuals affected by chronic mental illness often experience high vulnerability to stress, are often highly dependent on others, display deficiencies in everyday social skills, have great difficulty developing and sustaining reciprocal relationships, and experience difficulty in maintaining steady employment (Gerhart, 1990; Rubin, 1985).

Goldman, Gattozzi, and Taube (as cited in Quam & Abramson, 1991) define chronically mentally ill people as "those who suffer mental or emotional disorders that erode or prevent the development of their functional capacities in relation to three or more aspects

of their daily life- personal hygiene and self-care, self-direction, interpersonal relations, social transactions, learning and recreation" (p. 27). It is estimated that approximately 1% of the population is affected by chronic mental illness (Quam & Abramson, 1991).

Practitioners working with chronic mental health persons can utilize several interventions that, combined with drug therapy, lead to positive results for the individuals. From an educational perspective, the utilization of family intervention can also help family members understand the individual affected by the illness and help them cope (Rubin, 1985).

Social skills training using such techniques as modeling, role-playing, and positive reinforcement can help those with a chronic mental illness enhance their ability to function with everyday tasks (Rubin, 1985). The goals of such training should be concrete and realistic. Most often, however the skills that require enhancement or development are related to self-care and basic interpersonal skills (Gerhart, 1990).

Community support programs initiated for mentally ill individuals can provide a broad range of services. Clients can be provided with assistance in acquiring appropriate resources, learning basic living skills, developing or enhancing their social networks, and utilizing their prescribed medications (Rubin, 1985).

Hospitalization

Gerhart (1990) highlights two goals for professionals to strive for when hospitalizing a mentally ill patient. The first

goal is to stabilize the individual by gaining control of symptoms. This can be reached through somatic treatments, such as antipsychotic medication. Second, the individual's social functioning should be restored in such a way that they are able to function appropriately and eventually return to their community (Gerhart, 1990).

The following functions outlined by Glick (as noted in Gerhart, 1990) should be performed by psychiatric hospitals. Intensive short-term care must be provided in order to obtain a diagnosis and provide appropriate treatment. Long-term care should be available those who do not readily respond to treatment and for those obligated by a court of law to remain in hospital. Long-term asylum should be provided for those who cannot return to their community, for such reasons as being at high-risk for harming themselves or others, whereby their prognosis is poor. Short-term protection should be provided for the families and communities where patients have become temporarily dangerous (Gerhart, 1990).

The Institution

Large institutions were designed to fulfill legitimate social and individual needs and provide refuge where basic human needs can be met. Over time, it appears that large institutional settings are necessary for providing appropriate care to chronic mental health patients (Erickson, 1991).

Institutionalism described by Wirt (1999) is a pattern of passive, dependent behaviour observed by in-patients with psychiatric disabilities. Goffman (1961) notes the characteristics

in an institutional setting, whereby there is a breakdown of the barriers generally separating where individuals sleep, play, and work.

All activities within an institutional setting take place in the same locations, at the same times each day, and usually under the direction of the same person or professional discipline. Each person's activities are carried out in the presence of large groups of people receiving the same treatment. The daily activities and tasks are strictly scheduled in addition to compulsory activities, designed to fulfil the goals of the institution. This includes making passive and compliant clients who are co-operative with staff directives (Goffman, 1961).

Goffman (1961) states that individuals placed in psychiatric institutions are rarely there on their own free will. Persons with mental illness enter the institution with a personal culture that becomes progressively lost as the duration of their hospital stay increases. Scull (1993) notes the deterioration of a patient's existence departing further and further from the conditions in the outside world. This process, known as "disculturation", disables the individual from dealing with everyday life outside of the institution (Goffman, 1961).

In the late nineteenth century, admission to a hospital was a tremendously frightening experience for most people. Cut off from familiar situations, patients admitted to hospital were thrown into complex institutions with norms of its own (Grob, 1983). Historically, Reaume (2000) noted that many patients led monstrous

lives, which tended to flatten their personalities. Goffman (as cited in Letendre, 1997) notes several characteristics typical of an institutionalized experience. These characteristics include isolation from the outside world, withdrawal from routine tasks, confiscation of personal belongings, and a violation of privacy.

Walton (2000) confirms the need to investigate the services within psychiatric facilities. There are negative effects of institutionalization, with one of the most significant being the pattern of progressive withdrawal because of boredom with unchanging routines. Due to staff shortages and funding cutbacks, patients may spend several hours doing nothing. In many psychiatric wards, daily routines have become the centre and core focus of the patients' lives, with no other activities fulfilling their needs (Walton, 2000).

With specific reference to institutionalized individuals, their confinements to the ward for long periods of time often lead to extreme boredom. The physical environment contributes to destabilization, with high levels of cigarette smoke, lack of fresh air, and extended periods of inactivity, resulting in lethargy and a lack of interest in engaging in activities and tasks (Walton, 2000).

Relevance to Social Work

At present, the role of a social worker is based on assisting clients to enhance or develop social functioning, while maintaining a focus on person-in-environment (Katz, 1979; Sheafor et al., 1997). The social worker must address both the individual and their environment, particularly the institutional environment and the

connections between the institution and the environment in order to be effective. New programming offers a way to introduce variety in an institutional environment. The use of therapeutic adjuncts can serve as program initiatives with specific goals of promoting social well-being for institutionalized persons.

Social work as described by Strean (1974) "seeks to enhance the psychosocial functioning of individuals and families" (p. 26). Animal assisted therapy, horticulture therapy, and storytelling can be utilized by the psychiatric social worker. The role of social worker is primarily to assist clients in meeting needs and connecting the clients to various resources. The Social Work Dictionary (as cited in Sheafor et al., 1997) defines social work as the "professional activity of helping individuals, families, groups, or communities enhance or restore their capacity for social functioning and for creating societal conditions favourable to this goal" (p. 4).

Psychiatric Social Work

The specific types of service that clients will receive from their social workers are dependent upon the specific needs of the clients. In addition, the services will also depend upon the mandates of the social workers' places of employment. Psychiatric social workers must be knowledgeable in the field of mental health, and have an understanding of the diagnoses and symptoms affiliated with mental illnesses. Psychiatric social workers have specific duties and responsibilities, whereby they must utilize social work techniques and approaches appropriate for the special needs of

clients with mental illness (Sheafor, Horesji, & Horesji, 1997). Chronic mental health clients are often faced with the stigma of their illness and institutionalization. The social work role is to advocate on the client's behalf and help promote resiliency.

Types and Treatment of Mental Illness

Approximately one and a half percent of the population is afflicted with schizophrenia. Of those experiencing schizophrenia, one-fourth will get well and never have a relapse. However, 20 to 30 percent will have persistent schizophrenic symptoms throughout their lifetime (Sheafor et al., 1997). According to Gerhart (1990), a smaller percentage of those with chronic mental illness will spend a significant part of their lives in a psychiatric institution.

Treating mild depression's major effects Depressive illnesses affect about 10% of adults in the United States in any given year (Treating mild depression's major effects, 1999). According to Merck Research Laboratories (as cited in Dziegielewski & Leon, 1998) approximately 1.5 million individuals receive treatment for unipolar depression each year and another 4.5 to 7.5 million people remain untreated.

Firth and Bridges (1996) identify the need to improve the health and social functioning for individuals with severe mental illness. Several factors are dependent upon meeting appropriate needs for those with persistent mental illness. The factors noted are: (1) the availability of an appropriate range of hospital-based and community-based rehabilitation services, (2) effective care

development procedures and (3) educated and trained staff (Firth & Bridges, 1996).

The Treatment Team

According to Brill (1976), "A team is a group of people each of whom possesses a particular expertise; each of whom is responsible for making individual decisions; who together hold a common purpose; who meet together to communicate, collaborate, and consolidate knowledge, from which plans are made, actions determined, and future decisions influenced" (p. 22).

Mechanic and Paradis (as cited in Gerhart, 1990) identify several factors directly affecting the treatment of clients as a result of teamwork. A richer assessment and diagnosis relating to a client's problems are obtained through generating knowledge and expertise from various disciplines. Identifying a broad range of client needs should lead to a broad range of treatments, such as social skill training, family therapy, and material resources (Gerhart, 1990).

Teamwork can enhance coordinated services based on an appropriate division of labour in regards to the patients' services. Help is readily available when there are difficult patients who have not responded well to past treatment. Teamwork can enhance more positive communication among staff, resulting in more efficient communication (Gerhart, 1990).

Brill (1976) identifies three processes of working together on a team, used to facilitate interdisciplinary relationships in the human service field. The processes are: (1) consultation, which is

the exchange of information; (2) collaboration, referring to a shared responsibility regarding plans and acting upon them; and (3) the referral process, or the initiation of recommendations to other resources. These processes are fundamental to the practice of teamwork (Brill, 1976).

The Treatment Team in Psychiatric Hospitals

The complex open systems pertinent to treatment team functioning include the teams themselves, the individuals who are team members, and the organizations in which they operate. A mental health treatment team is a living system at the group level, whereby interactions occur on various levels within the institutional environment, and beyond with other agencies and groups (Yank & Barber, 1994), such as group home personnel, vocational rehabilitation staff, the Canadian Mental Health Association, and psychiatric follow-up.

The environments provide multiple contributions to the team: patients to treat; resources such as money and materials; staff; and information in the form of policies, directives, and supervision. In turn, the environment receives the team's output of treated patient and information (Yank & Barber, 1994).

Yank and Barber (1994) state that the components of a system interact in such a manner that events and forces affecting one part of the system affect the system as a whole. A treatment team exhibits wholeness, as the sense of the team is inherent in the reciprocal interaction of its members. Actions, forces, pressures,

and stressors that affect one team member affect the team as a whole (Yank & Barber, 1994).

Clinical treatment teams in psychiatric hospitals are responsible for developing and implementing treatment plans for the patients. The teams have multidisciplinary membership, usually including occupational therapists, recreational activity instructors, nurses, psychiatrists, psychologists, spiritual advisors, and social workers (Vinokur-Kaplan, 1995).

Hackman (as cited in Vinokur-Kaplan, 1995) argues that team effectiveness is enhanced by the actual performance of team members as a group, in meeting process standards of effectiveness, such as increasing effort, sharing expertise and skill, and using strategies appropriate for the patient and the environment (Vinokur-Kaplan, 1995.)

The Strengths Perspective

It is important for professionals generally, and social workers specifically to empower clients. Clients may be empowered through the incorporation of the Strengths Perspective. This perspective utilizes techniques that help clients view hidden strengths that they may not be aware of or misrepresented resources that may be viewed as deficits.

The Strengths Perspective helps the professional to maintain the client's awareness of their positive attributes, talents, and resources (Saleebey, 1996; Sheafor et al., 1997). By incorporating solution-focused techniques such as "exception-finding", scaling,

and "what's better" questions, the client is helped to recognize strengths (De Jong & Miller, 1995).

According to Saleebey (1992), social work practice is guided "first and foremost" (p. 6) by a philosophical awareness of, and respect for clients' abilities, resources, capacities, and ambitions. The role of the client should be as expert, as they are the ones who have lived and learned through experiences. Clients are best able to develop self-sufficiency and independence when they can accomplish so from their capacities, knowledge, and skills (Saleebey, 1992).

Weick (1992) notes that in reconstructing things typically considered problematic, new points of view are generated; rooted assumptions can be examined; and creativity regarding thoughts and actions can be fostered. By promoting empowerment through the incorporation of the Strengths Perspective, individuals are able to make their own choices, resolve their own struggles, thereby further increasing their strengths (Cowger, 1994).

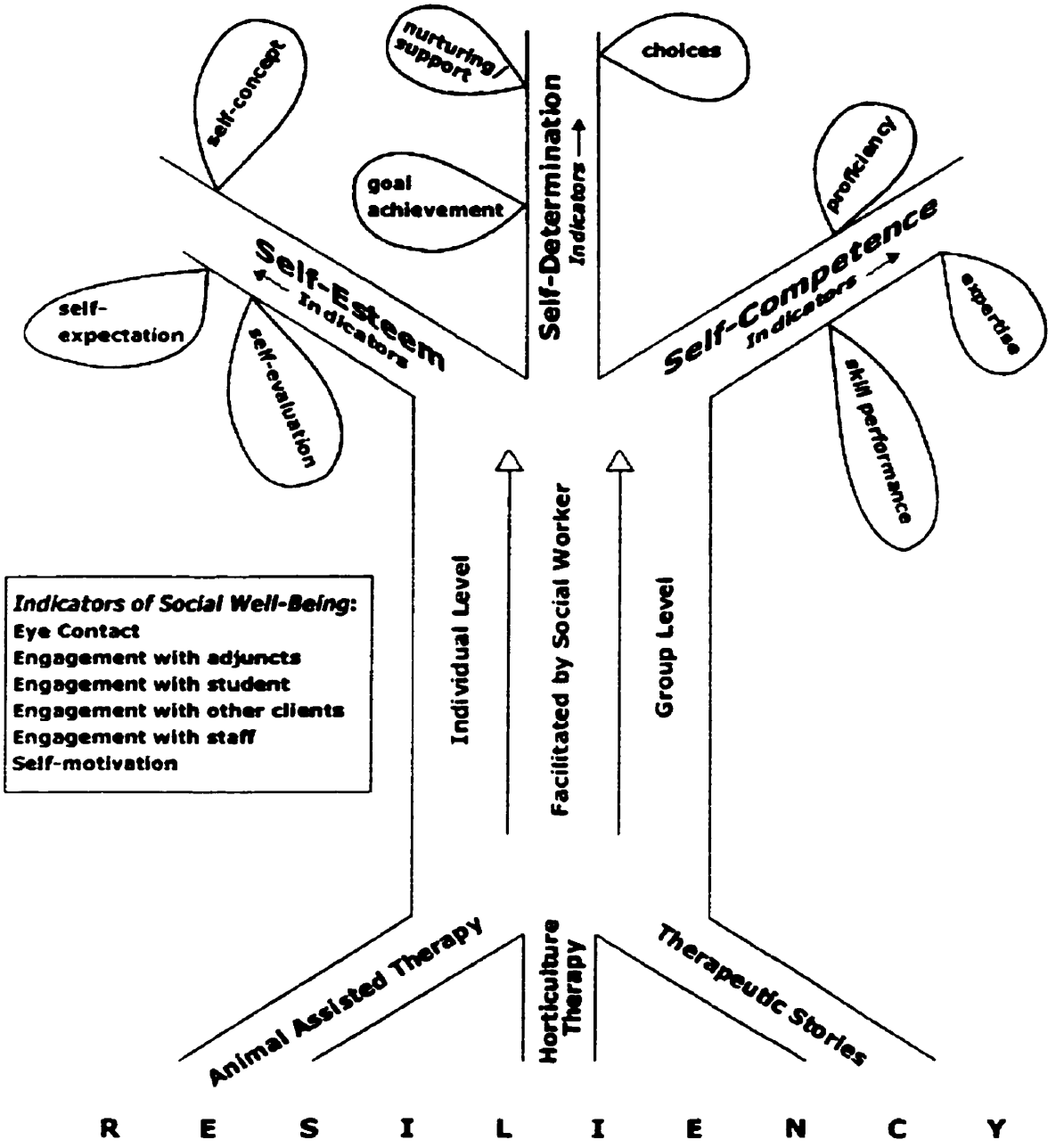
According to Weick (1992), the Strengths Perspective acknowledges the power of the human spirit while challenging various other models by proposing value-based alternatives. The Strengths Perspective has been used effectively with persons experiencing a wide variety of mental illnesses (Saleebey, 1996).

Social Well-Being

Social well-being is an important component in day-to-day functioning, as well as for overall satisfaction throughout one's life. The promotion of social-well being can benefit psychiatric

patients in their daily functioning. A model developed by Podheiser bases social-well-being on three fundamental principles, grounded in resiliency, as illustrated in Figure 1.

Figure 1: Podheiser's Model of Social Well-Being



The centre branch at the top of the diagram represents self-determination. Self-determination is an important component of well-being. As noted in The Roeher Institute (1993), the ability to make choices and achieve goals is a crucial part of self-determination. Self-determination is based on nurturing and support from others and through various resources. Self-determination may greatly impact one's health. One of the highest traditional social work values is attempting to maximize self-determination for clients and maximizing their ability to establish their own destiny (Rothman & Smith, 1996; Sheafor et al., 1997; Tower, 1994). Wehmeyer (1999) suggests that self-determination is a significant need for people with and without disabilities.

The second branch located clock-wise from the first represents self-competence. The notion of self-competence is an important component of social well-being, referring to proficiency, experience, and capabilities of performing skills. The notion of self-competence is linked to the enhancement of social well-being. Competence, acquired through successful interactions with the environment, refers to one's ability to perform a task that requires some skill along with motivation (Worrell, 1997). Therefore, promoting competence can enhance one's social well-being (Losier & Vallerand, 1994).

The third branch in the model refers to self-esteem. Self-esteem is an integral component to social well-being. If one's self-esteem is fairly high, there is an accompanying sense of social well-being. Low self-esteem will decrease the sense of social well-

being. Self-esteem is a component of one's self-concept. The way self is viewed is filtered through one's self-esteem. When self-esteem is enhanced, well-being will be enhanced (Losier & Vallerand, 1994).

Rogers (as cited in Norton & Morgan, 1995) defines self-esteem as an important component of one's psychological well-being. Self-esteem is related to self-expectations and involves self-evaluation (Chandler & Lee, 1997), representing an overall positive-negative attitude toward the self (Bosson & Swann Jr., 1999).

The ability for individuals to restore or enhance their capacity for social functioning is varied throughout a range of populations. Those who face mental health issues and require psychiatric interventions may have different capacities in regards to social functioning than those not living with mental health issues (Roeher Institute, 1993). Therefore, social workers in the mental health field promote the development of psychosocial functioning of clients based on methods tailored to meet the specific client needs.

Resiliency

Block and Kremen (as cited in Jew, Green, & Kroger, 1999) and Masten et al. (as cited in Howard & Dryden, 1999) define resiliency as an individual's ability to adapt successfully despite challenging, threatening, or stressful situations. Individuals are capable of manipulating external behaviours and altering them into healthy skills and perspectives through resiliency (Miller, 1999; Rees, 2000

Werner and Smith (as cited in Jew, Grenn, & Kroger, 1999) highlight several characteristics associated with resiliency. These include: age, social support, locus of control, competence, self-esteem, temperament, social maturity, need for achievement, past coping abilities, and family and social relationships.

Henderson (as cited in Rees, 2000) recognizes the effects that interpersonal bonds, having clear and consistent boundaries, participating in life skills training, being provided with care and support, and having high, yet realistic, expectations affect an individual's level of resiliency.

Studies on resiliency represent a shift from a deficit or pathology approach to social science investigations to one that seeks to find the personal and environmental strengths and resources in the lives of successful individuals who were considered at high risk for failure (Howard & Dryden, 1999; Rees, 2000).

Werner and Smith (as cited in Howard & Dryden, 1999) and Jew, Grenn, and Kroger (1999) studied over 600 people in Kauai, Hawaii, from their births in 1955, over a span of 32 years. Garmezy and Rutter (as cited in Howard & Dryden, 1999) researched over 200 children in urban locations in mainland United States. Both studies concluded that despite growing up in high-risk environments, the majority of the subjects developed into well-adjusted, healthy adults. The researchers found that positive relationships had a more profound impact than specific risk factors on the direction that the lives of the individuals took (Howard & Dryden, 1999).

In regards to resiliency of street children, D'Abreu, Mullis, and Cook (1999) identify social networks as a major contributing factor. Canino and Spurlock (as cited in Sayger, 1996) state that resilient children have positive self-esteem, a social orientation, motivation in regards to achievement, a sense of social comprehension, problem-solving skills, and the capacity to understand, appreciate, and generate humor.

Skill Development

Individuals with chronic psychiatric disabilities require appropriate treatment in order to assist meeting their needs. For institutionalized individuals with psychiatric disabilities, it is important to provide rehabilitation that will help individuals restore their capacities and skills and prepare them to return to their communities. Skill development can be achieved by incorporating therapeutic adjuncts into treatment.

Generally, those with psychiatric disabilities have difficulty understanding reality, thinking in abstract terms, making choices, and processing interpersonal issues and thoughts (Byrne, Brown, Voorberg, Schofield, Browne, Gafni, Schuster, Watt, Roberts, & Hoxby, 1999). Appropriate types of skill development can help clients regain and learn skills required to function in a healthy way.

Skill development is a crucial element within institutional settings. Individuals with psychiatric illness in psychiatric facilities require adequate treatment to assist their rehabilitation, in order to help in preparation to re-enter the

community. Despite the challenges involved, appropriate psychiatric rehabilitation for the chronically, mentally ill is fundamental (Garske, 1999; Lambie & Bullen, 1997; McReynolds & Garske, 1999).

Currently, therapeutic treatment for the mentally ill includes skills training as a central component of rehabilitation (Mallik, Reeves, Richard, & Dellario, 1998). In order to provide effective treatment, it is important to conduct clinical evaluations and assessments based on the individual rehabilitation needs of each patient (Smith & Rio, 1998). The rehabilitation and social skills development for psychiatric patients involves assisting individuals with learning new skills or enhancing existing skills, and supporting resources required to achieve goals (Garske, 1999).

Therapeutic Adjuncts

The following therapeutic adjuncts may be used effectively in conjunction with other forms of treatment. Social workers working with chronic, mental health patients can expand their skills by developing a repertoire of therapeutic adjuncts related to sets of social skill.

Animal Assisted Therapy: An Overview

Animal Assisted Therapy, described by Barker and Dawson (1998), involves contact between patients and a pet trained for A.A.T., along with its handler or owner, to help individuals achieve a therapeutic goal. Animal assisted therapy has been divided into three categories: (1) pets as companions for people living independently in their own homes or in assisted living facilities; (2) resident pets that may be either companions for residents of

institutions, staff, or both; and (3) visiting animals to enhance residents' interests and conversations in institutions (Draper, Gerber, & Layng, 1990).

According to Sable (1995) pets, in particular dogs provide means of attachment that contribute to social well being throughout the life cycle. Pets have an unlimited capacity for approval, forgiveness, and unconditional love (Mosher-Ashley & Barrett, 1997).

According to Cusak (1988), pets can help bridge the gap between people and society. "Loving an animal is easier than loving a person, and unlike a person, the love of a pet (for its owner) is generally without condition or judgement" (p. 56). The strong bonds between people and their pets highlighted by Felton and Shinn (1992) identify pets as one of most predominant social networks named by individuals.

In clinical practice, one can use an animal as a therapeutic adjunct based on the significance of an animal, or pet to a client. There are several ways that pet ownership can provide health benefits. Pets can provide motivation towards exercising, improving physical activity. By initiating feelings of safety, comfort, and a means of attention, pets can decrease anxiety (Jennings, 1997; Katz, 1998; Simross, 1996; Whitaker, 1994).

Pets can decrease loneliness and depression through companionship that they are able to provide. Pets can be used to assist in rehabilitation from the effects of illnesses or serious injuries. Other research has indicated that pets increase an

owner's self-esteem through the initiation of social contacts for the owner (Brasic, 1998).

Studies have examined the effects of individuals' social lives and impact of decreased social isolation affecting heart attack survival. These studies conclude that socially isolated individuals are more likely to deteriorate and give up hope, while those who had pets are more likely to recuperate (All & Loving, 1999; Vines, 1994).

Not every individual is able to have a pet for a variety of reasons. Whether it is because of illness, hospitalization, allergies experienced by themselves or by family members, or lack of resources to support the pet, some individuals who may otherwise benefit from the company of a pet are not able to own one. Despite various circumstances eliminating the possibilities for individuals to own pets, it does not mean that those individuals are not able to benefit from other forms of human-animal contact.

Animal Assisted Therapy With Children

The Oklahoma City bombing (April 19, 1995) left many people devastated from the after-math of the tragedy. The city needed of many resources to assist those affected by the(President orders emergency aid, 1995).

A five year-old boy who survived the bombing was helped by a licensed therapy dog named Shellie. As soon as the boy made eye contact with Shellie, he spoke, recalling a time that he had a dog. He gently hugged the dog and started to cry (Siegel, 1995; Simross, 1996). Remarkably, in contrast to any human professionals, the dog

was able to emotionally reach out to the boy and serve as a therapeutic supporter.

Peterson (1999) describes the therapeutic use of dogs in a hospital setting and in physical therapy sessions. Dogs have been used to motivate children requiring assistance in re-learning to walk.

There are resource programs for special-needs, elementary school students with learning disabilities that use dogs for therapeutic purposes (Trivedi & Perl, 1995). Dogs are used as companions to children who attend counselling at the school and to help children who are teased and neglected by their peers fell accepted and build self-esteem (Trivedi & Perl, 1995).

Animal Assisted Therapy in Hospital Settings

Animals in psychotherapeutic settings can assist in the bonding process between therapist and client. Having a non-threatening animal present in therapy can be a useful adjunct to the environment, while providing new dynamics to a therapeutic setting (Draper, Gerber, & Layng, 1990).

Always popular for use in nursing and personal care homes, A.A.T. is expanding to hospitals. Despite concerns of infection, the benefits provided by the animal to the patients outweigh any such concerns (Patient's best friend, 1992).

Occupational therapists use animals in psychiatry, renal dialysis, oncology, burn, and respiratory care units for patients recovering from various traumas and illnesses (Arkow, 1997). By using a therapy dog as a model, patients can transfer skills used to

care for the dogs to their own self-care, eg., re-learning to brush and comb hair; Collins, 1996).

Animal Assisted Therapy in Psychiatric Settings

Animal assisted therapy programs are advantageous aspects of the multidisciplinary treatment that psychiatric and geriatric patients should receive to increase socialization (Zisselman, Rovner, Shmuely, & Ferrie, 1996). Most importantly, the use of pets in A.A.T. programs assist in improving mental health, psychological functioning, and socialization of institutionalized patients (Casey, 1996).

Barker and Dawson's (1998) study with 313 participants concludes that the levels of anxiety for patients with psychotic disorders are significantly reduced following A.A.T. Robb, Boyd, and Pristach (as cited in Holcomb & Meacham, 1988) found that chronic psychiatric patients meeting in a room with a caged puppy initiated more positive body language such as smiling, than when inanimate objects were placed in the room.

Nielsen and Delude (1993) note that after placing a fish tank along with a cage of guinea pigs in a residence for former psychiatric patients, the residents promptly developed social relationships with the animals, showing concern and care for them, which then contributed to the development of their concern for other beings.

Horticulture: An Overview

Horticulture is an art form, including the cultivation of fruit, flowers, vegetables, and various other plants. Horticulture

is one of the most common leisure activities in the United States, providing many benefits (Mosher-Ashley & Barrett, 1997).

Horticulture or gardening is one of the most popular leisure activities for both therapeutic and enjoyment purposes. Gardening is said to be the most popular outdoor hobby worldwide, according to horticultural societies. The benefits associated with horticulture range from the enhancement of dexterity, relaxation, nurturing other living things, and the pure enjoyment of seeing the beautiful results of one's own contact with nature (Chanen, 1997).

The art of gardening provides people with pleasures, increases their knowledge of other living things, and allows gardeners to enjoy "the fruits of their labours" (Chanen, 1997, p. 94). Everyone has the ability to learn how to garden, as it is a relatively fail-free activity (Chanen, 1997).

Horticulture provides opportunities for self-expression, creativity, mental stimulation, and exposure to variety and change, while promoting physical exercise. Horticulture allows individuals to seek out and explore natural life cycles while providing a link to all living things (Fine, Lee, Zapf, Kriwin, Henderson, & Gibbons, 1996; Mosher-Ashley & Barrett, 1997).

Horticulture Therapy

Horticulture therapy applies horticulture activities and is most common for individuals with special needs. Horticulture therapy dates back to the 1790s, when institutionalized, psychiatric patients paid for their care by providing work in gardens. Through this reciprocal exchange, observable improvement was noted. In

1817, The Friends Hospital in Philadelphia started the first horticulture therapy program for the mentally ill in the United States. Through these developments, the field of horticulture therapy evolved (Shapiro & Kaplan, 1998). Using horticulture therapy for individuals with psychiatric disabilities can provide a sense of empowerment and an initiation of acquiring a new skill (Myers, 1998; Raver, 1995).

From a visual perspective, there has been much research in the area of the effects of gardens. Patients with views of nature had shorter hospital stays, required fewer pain killers, and made less complaints to hospital nurses (Raver, 1995). In addition to the therapeutic value of horticulture therapy, its benefits can also include an enhancement in socialization, an increase in self-esteem, and the ability to provide something to give back to a community (Myers, 1998). Horticulture therapy has been successful in AIDS and Alzheimer's units, group homes for schizophrenics, and cancer centres (Raver, 1995).

Horticulture Therapy with Psychiatric Patients

For professionals utilizing horticulture therapy for psychiatric patients, the focus should be on maintaining recreational, educational/vocational, and therapeutic benefits provided by the intervention. The recreational component of the therapy provides the initiation of a relaxed atmosphere, whereby the patient can divert their focus from thinking about their problem to thinking about a leisure activity. The educational/vocational component is the acquisition of a new skill, which may eventually

lead to employment in gardening. The therapeutic goal should be on the process rather than the outcome (Shapiro & Kaplan, 1998).

Gardens offer a unique therapeutic resource. Nature can react to the isolation and sense of crisis in illness experienced by some patients, and can assist to nurture the individual when they are at a vulnerable period in their life. The elements of soil, water, plants, and sunlight combine with the pattern of the seasons to provide feelings and direction that can re-establish a sense of well-being for the patients (Kamp, 1997).

Stories

Stories serve as beneficial therapeutic adjuncts in a variety of settings. The use of stories and narratives allow individuals to explore their experiences and life stories in new ways. Stories enhance individuals' perceptions of self in more objective ways. For those suffering from mental illness, stories provide comfort and may decrease the stigma of their illness. The therapeutic use of storytelling should be facilitated by those experienced and trained in working with chronic mental health patients (McLeod, 1996).

McLeod (1996) recommends the use of narratives with persons with chronic depression to assist patients in experiencing depression in a less oppressive way. Often, depression is viewed as "an internal weakness, rather than an external influence" (p. 12). Feeling inadequate can initiate clients in feeling hopeless and powerless. Using narrative approaches can assist clients in externalizing their depression and viewing it a predisposed force (Mcleod, 1997).

In the mental health field, the "traditional" story focuses on pathology and tragedy. However, restorying emphasizes the strengths and resources of individuals, rather than their deficits (Parry & Doan, 1994).

Personal Stories

The ability for someone to share personal stories takes courage and strength. Storytellers in a mental health setting are able to encourage clients to share their own, personal stories as a compelling way to chronicle one's experiences. The stories that people speak and listen to are powerful forms of communication. Stories provide meaning to issues and actions and provide a significant sense of the past, present, and future. Stories are acts of self-expression and communication (Freeman, Epston, & Lobovits, 1997; Rappaport, 1993).

The use of narratives whereby individuals understand and express their experiences through stories has become increasingly significant in the social science field (McLeod & Balamoutsou, 1996). Storying helps individuals make sense of themselves (Myeroff, as cited in Pollner & Stein, 1996).

Re-writing Personal Stories

Cowley and Springen (1995) outline the effectiveness of narratives in helping individuals across the lifespan re-author their lives. Stories have been effective with anorexia nervosa, life-threatening asthma, and anxiety. Through the narrative process, individuals are able to eliminate their focus on a "problem", compatible with the Strengths Perspective.

Conclusion

The literature reviewed provides an overview of institutional history. In conjunction with the student's learning, the literature reviewed has discussed various therapeutic adjuncts. Social well-being can be promoted through the integration of adjuncts utilised by psychiatric social workers.

CHAPTER THREE

Practicum Process and Supervision

Structure of the Site

The Selkirk Mental Health Centre (S.M.H.C.) was chosen as the practicum setting for the following reasons: it has a history of having a pet visitation program; was willing to accept a social work student; and is a partner field agency with the University of Manitoba, thereby having experience with social work students. The Centre operates under a program management model, utilizing an interdisciplinary team approach in providing services to clients. Its services are based upon core values such as care, hope, and empowerment (See Appendix A).

Pre-Practicum Consultation

Prior to the student committing to partake in a practicum at S.M.H.C., various discussions and meeting were held at the Centre, where the student met with various treatment team members, namely social workers, an occupational therapist, activity workers, and nurses. Following various consultations, the student received permission from, to partake in a three and a half month practicum at the hospital, under the supervision of Ron Oberlin, a social worker in S.M.H.C's Short-Term Treatment Program.

Pre-Practicum Training

A meeting was held at S.M.H.C. on February 3, 2000, whereby the student met with various treatment team members and discussed the expectations of S.M.H.C. as well as the roles and

responsibilities of the student throughout the course of her practicum placement. In addition, the staff was made aware of and agreed to the incorporation of animal assisted therapy (A.A.T.), horticulture therapy, and storytelling serving as therapeutic adjuncts to be used throughout the practicum.

Prior to beginning work with clients, the student completed an orientation required by all students. The orientation reviewed fire safety, emergency procedures, the Centre's policies to safeguard patients and staff from abuse, patient rights, the program policy manual, and the Centre's vision, mission statement, and core values.

Practicum Outline

The student worked under the direction of Mr. Ron Oberlin, B.S.W., full-time social worker in the Short-Term Treatment Program at S.M.H.C. Clients were assigned to the student, based on suitability determined by the supervisor and other members of the treatment team (including the other social workers, psychiatrists, psychologists, psychiatric nurses, and occupational therapists).

Client Participation

Throughout the first few days of the student's placement, the supervisor formally provided the student with a tour of the Centre, introduced her to the staff and clients, and oriented the student on day-to-day tasks performed by the social workers at S.M.H.C.

In order to determine the suitability of clients for A.A.T., the treatment team members personally accompanied the student and the dog on visits through the wards, and provided introductions to many of the patients at the Centre. Based on assessments involving

the clients' responses, level of ease and comfort, and ability to approach the dog in an appropriate, calm manner, those suited to participate in A.A.T. were identified.

The student's time was divided in such a way that time was spent in each of the units on a regular, weekly schedule. Three days a week were spent at S.M.H.C., with approximately 17% of the time was designated to the Extended Treatment Unit (E.T.U.), 50% to the Reception Unit, and 33% to both the east and west sides of the Selkirk Psychiatric Institute (S.P.I.).

Target Population

The student was involved in working in a variety of units within S.M.H.C. The units utilized throughout the practicum were the E.T.U., The Reception Unit (which houses the Short-Term Treatment and Rehabilitation wards), and the S.P.I., housing a population involved in the Community Readiness program (S.P.I.-West) and the Forensic Rehabilitation Services program (S.P.I.-East).

The E.T.U. is primarily comprised of a geriatric population, as well as individuals from a diverse age range. The E.T.U. has the highest ratio of staff to patients and offers the most "complete care" to their clients.

The Reception Unit has clients ranging from ages 18 to 65 years of age. These clients are more independent and more ambulatory than any other clients within the facility. Within the unit are the Short-term Treatment and Rehabilitation wards. This group of individuals has a higher potential for rehabilitation than those in the other units (Neufeld, Oberlin, & Scarth, 2000).

Within the S.P.I. are two main wards. The Community Readiness Program is on the west side of the building and the Forensic Rehabilitation Services is located in the east side.

The majority of patients at S.M.H.C. are diagnosed with Schizophrenia, depression, various mood disorders and cognitive impairments, and reside in various units within the Centre (Oberlin, 2000).

Preparation for Animal Assisted Therapy

Selkirk Mental Health Centre has had several visiting animals in the past, including dogs, goats, and various breeds of birds. The use of A.A.T. involved a visiting dog that had been assessed by a professional dog trainer. The letter (See Appendix B), states that both dog (owned by the student) and handler (the student) have been professionally tested and are suitable to perform A.A.T. The dog was in good health and had been vaccinated as required, which was confirmed by the dog's veterinarian (See Appendix C).

The student and dog visited clients on an individual and group basis. Some of the activities that the clients engaged in included spending time with the dog, walking the dog, feeding and brushing the dog were. By initiating an opportunity for the clients to care for and nurture the dog, the intention was that they would be able to apply the care towards themselves.

Through the course of A.A.T., the student taught the clients how to approach animals properly, discussed different needs required of different animals, and incorporated basic caring techniques in

conjunction with proper guidelines and protocol to follow when the dog was present on the wards.

During the times that the student and dog visited with clients, the clients became responsible for meeting the dog's needs. For example, when the dog required water during a visit with a client, the client accompanied the dog (with the student's assistance) to get the dog's bowl and fill it with water. When the dog needed to be walked, the student accompanied several clients outside for a walk.

Safety Guidelines

The student and visiting dog spent several days becoming oriented with the hospital Prior to A.A.T. at S.M.H.C. The dog, clients, and staff became more comfortable with each other's presence following several days of orientation. By acquainting the dog with its new surroundings and the clients and staff with a new visitor, all parties had the opportunity to familiarize themselves with a change in their surroundings and routine.

The student accompanied the dog at all times. Under no circumstances did staff or clients handle the dog, unless directly supervised and accompanied by the student. Prior to the beginning of the practicum, arrangements were been made with S.M.H.C. for the student to be provided with an office. The office was available for the student's use, and provided a quiet place for the dog's kennel. Following the time period week that that the student had the orientation and the dog was familiarized with its new surroundings, the student coordinated a weekly schedule, whereby her

responsibilities were designated to specific days and times each week. By forming a structured schedule, the clients and staff were aware of the student's whereabouts throughout the week, and, if required, could notify her of any changes in the clients' schedules. All staff and students at S.M.H.C. require a photo identification badge. Arrangements were made with the student's primary supervisor to have the dog's photo taken, to be placed on an identification badge. The dog's identification badge was attached to her collar at all times when she visited on the wards (See Appendix D).

Horticulture Therapy

The student utilized horticulture as another therapeutic adjunct to promote social well-being. The Occupational Therapy (OT) department at S.P.I. held a weekly gardening group that the student attended and assisted. The OT staff organized various activities relating to horticulture. These activities took place during scheduled one-hour sessions in the OT room, as well as in various outdoor locations. The participants attended the horticulture group regularly prior to the student's practicum. The student attended approximately seven sessions.

Storytelling

The specific stories read to the clients depended upon their individual interests. The books used were *Animal Stories* (Herriot, 1997), *Favorite Dog Stories* (Herriot, 1995), *Small Miracles: Extraordinary Coincidences from Everyday Life* (Halberstam & Leventhal, 1997), *Chicken Soup for the Soul* (Canfield & Hansen, 1993), and *Chicken Soup for the Pet Lover's Soul* (Canfield, Hansen,

Becker, & Kline, 1997). In addition, there were several artistic picture books on hand that were made available for clients who were non-readers. Included were picture books featuring animals, such as *Dog* (Blake, 1994) and *Good Dog, Carl* (Day, 1985). The student primarily used books specific to the levels and interests of each individual client.

Data Collection

Each day, the student maintained a log that documenting the adjuncts used, specific tasks and duties performed, and any additional observations made by the student. The student noted keypoints, phrases, and quotations, which were grouped together and then labelled with headings, which became the themes. Names of clients and staff members were withheld in the log in favour of alphanumeric coding. The log was kept in a locked office at S.M.H.C. and will be given to Ron Oberlin within three months of the student's graduation for proper disposal.

Indicators Determining the Effectiveness of Adjuncts

The student looked for indicators of social well-being, which reflect the effectiveness of the therapeutic adjuncts. The indicators are: (1) eye contact; (2) engagement with adjuncts; (3) engagement with student; (4) engagement with other clients; (5) engagement with staff; and (6) self-motivation. The student explored the effectiveness of the adjuncts through the indicators noted in the course of personal observations and comments from staff.

As demonstrated in Podheiser's Model of Social Well-Being, the enhancement of self-determination, self-competence, and self-esteem were evident through the indicators.

Supervision Arrangements

Dr. Laura Taylor was the student's primary advisor. Dr. Taylor is an assistant professor at the University of Manitoba, in the faculty of Social Work and has an extensive background in the mental health field.

Dr. Len Spearman, an associate professor from the University of Manitoba was on the committee as well. One of Dr. Spearman's areas of specializations is mental health and social work practice.

Mr. Greg Neufeld, B.S.W. is a social worker in the Short-term Treatment Unit and Rehabilitation Unit; Mr. Ron Oberlin, B.S.W. is a social worker for the Short-Term Treatment Unit and Marilynne Scarth, M.S.W., is a social worker for the Community Preparation and Forensic clients. All of these individuals represented S.M.H.C. on the practicum committee.

Midway through the course of the practicum, the committee members met to review the student's work at S.M.H.C. In regards to daily supervision, Mr. Ron Oberlin, B.S.W. acted as the student's primary supervisor. Mr. Greg Neufeld, B.S.W. substituted for Mr. Oberlin during a brief absence. Ms. Marilynne Scarth was in contact with the student on a regular basis, and observed the student on various occasions. Dr. Taylor and Dr. Spearmen visited S.M.H.C. to observe the student performing A.A.T. with the patients in the E.T.U.

In addition to the individuals on the practicum committee, various members of the treatment team provided the student with guidance and assistance in regards to various tasks throughout the course of the practicum.

CHAPTER FOUR

Treatment Team

Student Learning Related to Treatment Team

The value of treatment teams lies within the cooperation and collaboration of various. By discussing a client from multiple perspectives, clients are more likely to receive thorough and comprehensive care based on the amalgamation of disciplines provided by the treatment team.

Although the roles and responsibilities regarding treatment team members vary among the wards at Selkirk Mental Health Centre (S.M.H.C.), the Centre maintains a set of guidelines outlining the general roles and responsibilities of each treatment team member. The student interviewed members of the treatment team who represented all significant disciplines. The treatment team members are not listed in any particular order.

Psychiatrist

The psychiatrist works with the treatment team and is the first person to assess the patient and complete an initial assessment on them upon admission. The psychiatrists at S.M.H.C. are often telephoned by nursing stations, doctors in rural communities, family members, care providers, and community mental health workers referring individuals for treatment.

In order for the psychiatrist to determine if the individual being assessed has a mental disorder, they need to first rule out any organic matters. The clinical role of psychiatrist involves

formulating a treatment based on the individual needs of the patients. In addition to scheduled consultations, the psychiatrists meet with the patients on the ward (personal communication, May 15, 2000; S.M.H.C. Position Description, 1999).

Psychologist

The psychologists at S.M.H.C. provide direct service to the patients and the treatment team, both on individual and group levels. Assessment and consultation are provided. The psychologist provides the treatment team with a systemic view of how treatment needs to be directed (personal communication, May 12, 2000).

The assessment primarily involves differential diagnoses, functioning, cognition, personality, readiness for therapy, lethality, dementia, and learning abilities. When required, the psychologist provides clarification in these areas at Kardex. The provided consultations regard treatment and how team members should direct it to the patients (personal communication, May 12, 2000).

The psychologists offer psychotherapy groups to clients and are involved in program planning and research within the Centre. In addition, the psychologists are often supervisors to graduate students and doctoral-level interns (personal communication, May 12, 2000; S.M.H.C. Position Description, 1999).

Coordinator of Patient Services

The primary role of the Coordinator of Patient Services (C.P.S.) is to coordinate multi-disciplinary patient treatment teams to provide assessment, treatment, planning and implementation, and evaluation of patient outcomes and effectiveness of treatment. This

information is obtained through progress notes, Kardex, patient/family conferences, and informal patient discussions using a patient focused approach that is characterized by hope for recovery (S.M.H.C. Position Description, 1999).

The main duties of C.P.S relate to programming, program support, leadership, and team development. Ensuring that patients are assessed by each discipline, ordering patient funds, fielding patient and staff complaints, scheduling and payroll, and fielding staff concern are the main day-to-day duties of the C.P.S. (personal communication, May 15, 2000).

The C.P.S. must ensure that their ward is functioning in an appropriate manner and that the patient's needs are being appropriately met, from the time of admission to the time of discharge (personal communication, May 15, 2000; S.M.H.C. Position Description, 1999).

Chaplain

The primary responsibility of the Chaplain at S.M.H.C. is to assist patients with their spiritual needs in all programs in either one-to-one or group sessions (personal communication, May 23, 2000).

The Chaplain provides both direct and indirect Pastoral care. Direct Pastoral care refers to structured visitations, leading interdenominational worships, providing one-to-one visits made on referral by request of patient or treatment team member relating to spiritual matters and leading services for deceased patients (S.M.H.C. Position Description, 1999).

Indirect Pastoral care includes collaboration with representatives from each program and ensuring that the needs of patients are identified and appropriately met. Workshop facilitation and ensuring that proper materials required for worship, education, and other Chaplaincy program needs is required (S.M.H.C. Position Description, 1999).

In addition to facilitating, training, and teaching staff and pastoral students various spiritual interventions (personal communication, The Chaplain at S.M.H.C. is obligated to maintain and develop supportive relationships with various religious groups in the community (May 23, 2000; S.M.H.C. Position Description, 1999).

Occupational Therapist

The role of occupational therapy is to help individuals maximize their functioning in home management, work, personal care, interpersonal situations, community, and social activities. Occupational therapists provide rehabilitation, education, and consultation services aimed at assisting people with disabilities to improve their independence, productivity, and quality of life. In addition to educating the clients, the O.T.(Occupational Therapist) often consult with families and care providers on the conditions and care recommendations.

Using a client-centred approach, the Occupational Therapy department conducts an initial assessment of each patient upon admission. By beginning the assessment with the client stating their own perception of their goals and deficits, the O.T. is likely to become aware of performance concerns that are barriers to the

individual living successfully in their own community (personal communication, May 12, 2000).

Various standardized assessment tools, such as the Bay Area Functional Performance Evaluation (Williams & Bloomer, 1987) are used. In addition, kitchen skills, money competency, memory, and cognition are assessed. The interventions put into place are dependent upon things that will help the individuals reach their stated goals (personal communication, May 12, 2000).

The Occupational Therapy department utilizes such teaching tools as self-esteem, work readiness, money management, caring for children, stress management, conflict resolution, and household management. Pre-vocational exploration and work readiness development are also explored. In addition to one-to-one work, the staff in O.T. run groups addressing such issues as gardening, medication awareness, and social skills skill development (personal communication, May 12, 2000; S.M.H.C. Position Description, 1999).

Within the treatment team, the O.T. is looked upon to provide functional assessments that build upon the strengths and limitations of clients, in order to help them return to their community (personal communication, May 12, 2000; S.M.H.C. Position Description, 1999).

Teacher Institutional

Currently, there is one teacher employed at S.M.H.C. The teacher is responsible for providing educational opportunities for individuals wishing to continue academic, literacy, and social learning experiences as part of their treatment and rehabilitation

care plan. The teacher's general responsibilities include providing direct instruction to clients, developing and planning individualized educational plans (I.E.P.), assessing clients' strengths and weaknesses, evaluating clients' work, administering progress notes, and communicating to treatment team members regarding the clients' receiving service (personal communication, May 23, 2000; S.M.H.C. Position Description, 1999).

The instruction is provided through the use of different media, namely tape recorders, a video recorder and television, typewriters, computers, films, flip charts, and the use of a blackboard (personal communication, May 23, 2000; S.M.H.C. Position Description, 1999).

Due to the highly individual needs of the clients, the teacher develops individual educational plans and programs for each client, respectively. The teacher's assessment procedures and teaching styles are flexible in that they must accommodate such a diverse range of client levels and needs (personal communication, May 23, 2000; S.M.H.C. Position Description, 1999).

Recreational Therapist

This position is relatively new to S.M.H.C. and was created in response to the societal shift in attitudes pertaining to leisure (personal communication, May 31, 2000). The recreational therapist provides patients with recreational programming and support in a therapeutic milieu.

Therapeutic activities are provided to the clients using different modalities to explore leisure activities, especially of

interest to them. Once the treatment team has identified the patient's needs, the recreational therapist meets with the patient and provides them with an activity plan based on team recommendations, in conjunction with the patient's interests.

Recreational therapy is important on both physical and social levels. The physical aspect involves such activities as fitness training, while the social aspect involves visiting various community resources such as parks, malls, and universities. It is important for the plan to be individualized and in accordance with resources available to the client while at S.M.H.C. and upon return to their community (personal communication, May 31, 2000).

In general, the recreational therapist provides leisure education, individual treatment, and encourages clients to participate in appropriate activities in relation to a therapeutic goal. Although the role of recreational therapist was developed during the late 1970s and early 1980s, it is becoming a more recognized profession (personal communication, May 31, 2000; S.M.H.C. Position Description, 1999).

Staff Nurse

The staff nurse provides direct patient care and is actively involved with the interdisciplinary treatment team. Their provision of service is in accordance with professional guidelines, recognized standards of practice, prescribed regulations and established policies and procedures (S.M.H.C. Position Description, 1999).

The staff nurse is actively involved in the pre-admission and admission process, including screening and pre-admission

assessments, patient and family orientation and obtaining informed consent. Participation in treatment team assessments of patients is required, including data collection, interpreting reports on the patient, documenting information on the patient's file, and collaborating with patient and treatment team in the patient's goal for hospitalization. The staff nurse develops the patient's individualized treatment plan in conjunction with the patient, their family, and the treatment team. Each week at Kardex, the nurse presents the patient treatment plan to the team (personal communication, May 12, 2000; S.M.H.C. Position Description, 1999).

Medication administration, therapy, individual and group interaction are provided to patient daily. The staff nurse communicates and participates in the development of patient programs through available resources (personal communication, May 12, 2000; S.M.H.C. Position Description, 1999).

The standards set by staff nurses at S.M.H.C are based upon promoting patient and family empowerment, improving client-centered outcomes, promoting satisfaction of patient, family, and the community, and enhancing and improving a positive living environment for the patients (personal communication, May 12, 2000; S.M.H.C. Position Description, 1999).

Social Worker

The social workers at S.H.H.C. are responsible for providing a specialized service in collaboration with treatment team members. Social Work staff is guided by the C.A.S.W. (Canadian Association of Social Workers) Code of Ethics and Professional Standards as set

down by the M.I.R.S.W. (Manitoba Institute of Registered Social Workers).

Assessment

The assessment involved gathering information, which is required in order to understand the social conditions which contributed to the patient's need for admission. The assessments are carried out in a variety of ways depending upon the circumstances. Assessments are done through interviewing the patient, interviewing the person(s) accompanying the patient to the hospital, by obtaining information from Community Mental Health Services, and by arranging an interview with significant others within the community (S.M.H.C. Position Description, 1999).

Provision of Practical Assistance

The social worker must explore the patient's financial status in order to ensure that their right to assistance is met. The social worker is required to ensure that the patient's personal belongings have been put away and that they have adequate clothing while they are at S.M.H.C.

The protection of the patient's household belongings must be explored. If necessary, the social worker must make arrangements with family members, neighbours, or the Trustee's Office to ensure that their household belongings are looked after.

The legal concerns should be identified, and,if required, Legal Aid or Public Trustee lawyers are contacted. The social worker must inform family members of the rights of patients admitted

to S.M.H.C. in cases where the patient does not fully understand their rights (S.M.H.C. Position Description, 1999).

Counselling

Counselling involves contacting families and/or significant others to obtain the patient's social history. Once information is retrieved, ongoing contact with the families, or significant others is maintained throughout the patient's hospitalization period. The social worker is required to provide guidance and counselling, as well as to link the patients to appropriate community resources (S.M.H.C. Position Description, 1999).

Participation in the Development and Implementation of Treatment

Regular attendance at case conferences was required, including extensive collaboration and consultation with other members of the treatment team. The social worker is responsible for the maintenance of ongoing, direct involvement with the patient and their family (if required) regarding their social situation, goals, and needs. Facilitating linkages with the community, family, and treatment team, as well as maintaining a liaison with appropriate community resources, is required (S.M.H.C. Position Description, 1999).

Discharge Planning

The social worker is responsible for the psychosocial assessment of the patient's level of functioning. They must inform the treatment team of available and viable community placement for the patient under consideration.

Informing and involving the family and significant others (where appropriate) regarding the patient's discharge plans is required. In addition to making referrals to appropriate community resources, the social worker must ensure that the patient's wishes are given full consideration where reasonable, (S.M.H.C. Position Description, 1999).

Discharge Process

Pre-placement visits, transportation, finances, delivery of personal belongings, and follow-ups are part of the discharge process. The discharge process also involves telephone calls, correspondence, and organizing direct transportation services (S.M.H.C. Position Description, 1999).

Recording

All of the activities performed by the social worker are documented. Any charting and documentation, as well as any other information about patients, is kept strictly confidential (S.M.H.C. Position Description, 1999).

Public Relations/Meetings

Collaborating and consulting with other treatment team members with regards to various activities is required. Joint interviews with such team members as those from medicine, occupational therapy, nursing, and psychology required the social worker's attendance and participation. Attending ward meetings, as well as community resource meetings, is essential (S.M.H.C. Position Description, 1999).

CHAPTER FIVE

Emerging Themes

The Population

General Characteristics of the Population/Unit Overviews

The clients were male and female adults from three main units at Selkirk Mental Health Centre (S.M.H.C.). For the purpose of this report, the units are noted as the Extended Treatment Unit (E.T.U.), Reception Unit, and the Selkirk Psychiatric Institute (S.P.I.) East and West. All of the clients at S.M.H.C. were treated for various mental illnesses.

Extended Treatment Unit

The clients in the E.T.U. were primarily long-term patients requiring extensive rehabilitation. The individuals in this unit were at risk for elopement, wandering, and other safety concerns. Most of the clients require both personal and psycho-geriatric.

The E.T.U. has four main wards, including: E-14, a male and female ward; E-15, an all male ward; E-16, an all female ward; and E-17, an all male ward.

The student utilized animal assisted therapy (A.A.T.) in the E.T.U. wards by visiting each of the four wards on a scheduled basis. The student and dog walked throughout each ward and generally visited with clients who showed interest in the dog. Additionally, the student approached many individuals who did not appear to be interested in the dog, in the event that the clients in

fact were interested in the dog but unable to communicate or initiate interest.

Reception Unit

The Reception Unit houses a Short-Term Treatment Program and a Rehabilitation Program, accommodating both male and female clients. Most of the student's activities in the Reception Unit were related to social work and achieved in conjunction with treatment team members from all disciplines.

The tasks that the student was involved in at the Reception Unit were: contacting various community resources and workers; attended Kardex; assisting the formation of patient treatment plans; performing initial social assessments with clients; attending family meetings and conference calls; attending home and community placement visits; charting pertinent information relating to a client; and consulting with treatment team members on a regular basis. The clients within this unit had some involvement with A.A.T. on an informal, unstructured basis. The student was encouraged to bring the dog along while meeting with clients to retrieve information required for various reasons and during initial social assessments.

S.P.I.-West

The student assisted in the gardening group held in the Occupational Therapy (O.T.) room, located in S.P.I.-West. The participants included clients from S.P.I.-East and S.P.I.-West. The gardening group met once a week, for an hour.

The gardening group offered a range of activities including growing plants; arts and craft projects relating to a gardening themes; and weekly care and maintenance of plants and gardens. In addition, the group grew herbs and vegetables housed in the O.T. room to be transplanted outdoors, planted flowers out in the community, made decorative centerpieces using plants, decorated terra-cotta pots to be used for plants, and watered and cared for plants and vegetables on a regular basis. The participants in the group either learned a new skill, or having gardened previously, they were able to re-learn or enhance an existing skill.

In addition to the gardening group, the student and the dog met with individuals and groups of clients at S.P.I - West. On occasion, the student led a group involving the participants in A.A.T., while encouraging the clients to assist caring for the dog. The clients were encouraged to assist the student care for the dog in such ways as brushing its teeth, coat, cleaning its ears, and walking it. When there was a lack of participants attending the group, the student and dog walked around the ward and visited with clients, some of who accompanied the student to walk the dog.

S.P.I.-East

The east side of S.P.I. houses a Forensic population. The student facilitated a weekly group (for approximately 10 sessions), generally involving six to ten clients. The group was semi-structured, in that the student brought several books to the group and initiated a therapeutic group using stories and A.A.T.

In the first session, the student provided the clients with possible guidelines to be followed when the dog was visiting the ward. The guidelines were discussed and set by the patients and the student. In the second session, the guidelines were reviewed and the clients had an opportunity to learn about the care required of a dog.

Each session began with the participants introducing themselves. Following the introductions, the participants were encouraged to choose stories that they wanted read. The stories were generally of inspirational themes and were read by the student, as well as by some client volunteers. During the eight weekly sessions, the group had approximately six regular participants with the occasional clients sporadically participating.

Throughout the course of the group, the dog wandered around while the stories were read and discussed. The group combined two therapeutic adjuncts, namely A.A.T. and stories.

Table 1 provides an overview of the clients, approximate number of contacts with student and dog (if applicable), and a summary of the clients' gains.

Table 1: Therapeutic Adjunct Overview

Ward	Client/Gender (F/M)	# Of Contacts	Indicators/ Client Gains
E-14	1/F	8	Eye contact/Socialization and motivation
E-14	2/M	6	Engagement with dog/Socialization
E-14	3/M	8	Engagement with dog and student; self-motivation/Activity involvement
E-15	1/M	8	Engagement with student/Socialization
E-15	2/M	8	Eye contact; engagement with dog and student/Physical rehabilitation; self-determination
E-16	1/F	10	Eye contact; engagement with dog/Socialization and activity involvement
E-16	2/F	10	Eye contact; engagement with dog and other clients/Activity involvement for self; initiated involvement for others
E-17	1/M	10	Engagement with dog, student, and other clients/Socialization
E-17	2/M	9	Engagement with dog, student, and other clients; self-motivation/Activity involvement; promotion of care towards others
E-17	3/M	10	Engagement with dog, student, and other clients; self-motivation/Activity involvement; self-competence

Reception	1/F	7	Engagement with dog and student/Motivation; self-esteem
Reception	2/M	5	Engagement with dog and student/Comfort
Reception	3/M	3	Engagement with dog and student/Provided sense of normalcy
S.P.I.-West	1/M	8	Engagement with dog and student/Socialization
S.P.I.-West	2/M	8	Engagement with dog/Motivation; self-competence
S.P.I.-West	3/F	8	Engagement with dog/Self-esteem; empowerment; socialization
S.P.I.-East	1/M	10	Eye contact; engagement with dog, stories, student, and other clients/Care and affection provided to other being
S.P.I.-East	2/M	8	Engagement with dog, stories, student, and other clients/Socialization; self-competence
S.P.I.-East	3/M	6	Engagement with stories, staff, and other clients/ Socialization; self-esteem
S.P.I.-East	4/M	5	Engagement with dog/Self-determination; self-competence

Themes:

Therapeutic Adjuncts

The student found that the therapeutic adjuncts were used differently within each unit. In accordance with confidentiality, the clients' unit abbreviations and numbers serve to distinguish between clients, i.e., E-14: 1 refers to a client from the Extended Treatment Unit.

Extended Treatment Unit: A.A.T.

The use of A.A.T. in the E.T.U. was intended to provide the clients with a vehicle to promote social well-being. The A.A.T. was conducted through small group and one-to-one interactions between client and dog, on a weekly basis. There was an increase in patient initiation to greet and pet the dog in all of the wards in the E.T.U. At the beginning of each visit, the clients often asked the student her name, as they forgot it from week to week. After the second or third visit from the student and dog, the clients immediately recalled the dog's name as they noticed the dog enter the ward.

Patients in the E.T.U. made it clear to the student as she walked the dog around the wards whether they wanted to visit with the dog. Those who wanted to visit with the dog, immediately asked questions about the dog, smiled, and held out their hands for the dog to scent, or called the dog by name. Those who were not interested in visiting with the dog generally did not make eye contact with the student or dog when they walked by, or stated to

the student that they did not like dogs or that they were afraid of dogs.

The Response

Often, the student and dog entered the wards in the E.T.U. to find most of the clients uninvolved in any activity. The following responses were noted when individuals began to notice the dog in the room: (1) some got up from their chairs to greet the dog; (2) many called out the dog's name; (3) several clients smiled and laughed (4) those who were unable to get out of their chairs asked the student to walk over to them so they could visit with the dog; (5) the clients reached out to pet the dog; and (6) clients shared stories with the student about the pets they had.

Staff also enjoyed visiting with the dog. Staff responses included: (1) approaching the dog; (2) asking the student if they could pet the dog; and (3) recalling stories about their own pets.

E-14

In this ward, the patients were not ambulatory and confined to wheelchairs. During the first two weeks, the patients showed some interest in the dog by approaching the dog. By the time the student brought the dog to the ward on the third week, there was an increase in the patients' interest observed by the clients' self-initiation to engage with the dog.

Social well-being is demonstrated through six indicators: (1) eye contact made with dog/student; (2) engagement with dog; (3) engagement with student; (4) engagement with other clients; (5) engagement with staff; and (6) self-motivation to engage.

Client E-14: 1 did not make eye contact with the dog initially. The student initiated visits with the dog and this client following a few weeks of the student talking to the client about the dog. Although this client appeared uninterested in dogs initially, she seemed to perk-up and smile when the student and dog arrived on the ward. During the last few visits, the student and client took the dog outside, where the client seemed to pay attention to the dog and waved goodbye to the dog at the end of each visit.

Client, E-14: 2 appeared to be somewhat interested in the dog upon the first few visits by the student and dog. The client always watched others engage with the dog, but seemed reluctant to visit with the dog when asked.

Midway through the practicum, the student asked client E-14: 2 if he was able to help the student by holding the dog's leash. The client immediately took hold of the leash and began calling the dog by name. During the subsequent visits, this client seemed happy when the dog came to visit the ward and asked to be reminded of the dog's name, which he called to her as he greeted and pet her.

The student asked client E-14: 3 if he would like to take the dog outside for some fresh air, which he replied that he would like to. Immediately, the client took hold of the leash and proceeded to go outside with the student. The client smiled and seemed happy to provide care for the dog, a task that was usually performed by the student.

E-15

The clients in this ward were all non-ambulatory. Due to the physical limitations of the clients, the student walked the dog around the ward and placed her on tables or chairs so that the clients could make direct eye contact with the dog.

Client responses included: (1) smiling when the dog walked in to visit; (2) holding out their hands, trying to get the dog's attention; (3) commenting on how cute the dog was; (4) making observations about the dog, such as the considerable length of its ears; (5) displaying so much care for the dog; and (6) sharing stories with the student about the dogs they used to have.

Despite memory problems experienced by many of these clients, several of them were able to fondly share past memories of their former pets. As well, the dog seemed to connect many of these clients who otherwise did not regularly socialize. The dog acted as a vehicle to promote socialization among the clients, as evident through increased socialization with peers, student, and staff.

There appeared to be fewer clients interested in engaging with the dog in the E.T.U. In general, the wards with exclusively male populations, such as E-15, showed less interest than wards that had all female or male and female clients combined.

Specific Client Responses

Client E-15: 1 was uninvolved in most activities throughout the day, despite encouragement form staff. He did not engage in conversation with others. This individual seemed content when he spent time with the dog. After the second visit to this ward, the

student was notified by the social worker in the E.T.U. that A.A.T. was added to this client's individual treatment plan. The dog's presence initiated the client to share stories about his dog, "Teddy." This client often told the student that "she (referring to the dog) looks like a sheep", as he chuckled and continued to talk about his farm.

Client E-15: 2 was recovering from a stroke and was restrained in a large wheelchair, in order to keep him from falling out of the chair. Every time the dog came to the ward, he quietly whistled for the dog. When the dog approached him, he immediately held out his hand to hold the leash. When the dog was placed on a chair beside him, he often put his face right up to her, and softly spoke to the dog. Despite this client's limitations, he maintained a sense of pride through holding the leash and comforting the dog through his softly spoken words.

E-16

This exclusively female ward showed genuine interest in the dog from the time of the first visit and after. Compared to other wards, this ward seemed to have the highest percentage of individuals interested in the dog.

Client responses included recognition and name recall. During most visits, the student asked the clients if they remembered the student's name. Most looked puzzled, and either guessed incorrectly, or did not answer. When asked what the dog's name was, many immediately recalled the dog's name correctly.

Client E-16: 1 did not speak. She often sat by herself and according to the staff never engaged in group activities. When the student took the dog up to this client, she did not respond. The student gently took the client's hand and placed it onto the dog's head in a slow, stroking motion. The client smiled and laughed. The student removed her hand and the client continued to laugh as she stroked the dog.

Client E-16: 2 was quite mobile and always greeted the dog upon arrival. She remembered the dog's name and immediately gave the dog hugs and kisses at the beginning of each visit. This client enjoyed singing, so the student encouraged her to sing to the dog. Upon each visit, the student reminded the client how much the dog enjoyed the singing, initiating her to sing another song to the dog. The singing usually initiated others to join in, as well. The singing increased socialization for many of the clients.

Since client E-16: 2 was quite mobile, the student encouraged her to take the leash and walk around so the other clients could visit the dog. This provided the client with the opportunity to spend time with the dog, and independently (under student supervision) be responsible for initiating others to engage with the dog.

E-17

This ward was exclusively male. There were only a few individuals who showed interest in the dog. After the third week of visiting this ward, it was apparent that three specific clients were genuinely interested in the dog. Interest was shown by asking

questions about the dog; giving the dog water and treats; and petting her while they had their morning coffee.

Two out of these three clients suffered from various forms of dementia. Despite their memory problems, they always remembered the dog's name and smiled as they greeted the dog each week on the ward. These three clients, E-17: 1, E-17: 2, and E-17: 3 took the dog for a weekly walk, accompanied by the student.

Client E-17: 1 always thanked the student for bringing the dog to their ward. He enjoyed reminiscing about the dogs he used to have. He spoke to the dog whenever he walked her, telling her how much he enjoys her company and what a nice dog she was.

Client E-17: 2 was recently admitted to S.M.H.C., and seemed content to take the dog for a walk. His handling of the dog was excellent. During one of the walks, the clients and student decided to sit down for a few minutes while the dog ran around. Groundskeepers came by, spraying the weeds on the grass. Client E-17: 2 immediately put the dog on her leash, suggesting that the group needed to move, as the fumes were harmful for the dog. This client displayed genuine care and concern for the dog's well-being.

Care for the dog was also displayed by client E-17: 3, who made sure that the dog got fresh, cold water to drink following each walk. He truly took pride in walking the dog, as he walked a much faster pace when he held the leash, as opposed to lagging behind when the others held the leash. He smiled proudly when he held the leash and repeatedly told the student what a nice dog she had.

Since these clients are cared for daily and constantly reminded of what they had to do and where they needed to go, they were given a sense of independence whereby they were able to provide care and direction to another living being. Overall, the use of animal assisted therapy in the E.T.U. increased the clients' social well-being through the enhancement of their self-esteem, skill performance, and provision of nurturing and support from staff with regards to caring for the dog.

Reception Unit: A.A.T./Duties and Responsibilities

The student primarily performed social work tasks in this unit. When clients wanted the dog present during initial social assessments, the student often brought the dog to the interviews. The dog's presence was comforting to those who showed an interest in the dog. Clients at S.M.H.C. meet with treatment team members from the time of admission, throughout their stay, until discharge.

The dog's photo identification tag elicited positive responses. The clients, namely Reception: 1 and Reception: 2 enjoyed seeing the dog's tag and often commented on how the dog was just like a regular staff member. In addition, the tag seemed to further legitimize the dog's presence for clients and staff at S.M.H.C., emphasizing the authorization and endorsement that the student received for allowing the dog to be a part of the practicum.

The student provided clients in the Reception Unit with a couple of group sessions on guidelines and rules when the dog was on the wards. The groups had approximately six participants, usually those who had owned pets at one time.

Specific Client Responses

Reception: 1 greeted the dog daily and asked when she could meet with the dog. During the initial stage of the practicum, Reception-1 was highly unmotivated and uninvolved in most activities. The student encouraged the client to visit with the dog. At first the student attempted to increase the client's participation in activities by inviting her to join the student to take the dog outside. At first somewhat reluctant, the client began joining the student outside, and then went on a few walks.

The student saw Reception: 1 in the O.T. room one day. The client was not involved in any activity. When asked what the client's hobbies were, she responded by telling the student that she liked to draw, although stating that she was not good at it. Following the student's suggestion, the client began drawing a picture of the dog. After receiving several compliments from others in the O.T. room, the client's confidence seemed to improve. The dog served as an impetus to increase the client's motivation and participation in activities, while enhancing her confidence and self-esteem.

Client Reception: 2 was admitted to hospital and the student performed the initial social assessment with him. He was so happy to see the dog and proceeded to tell the student about his pets at home. After the student asked the client several questions relating to the social assessment, the client asked the student all about the dog. Throughout this client's stay, he visited with the dog and enjoyed sharing and obtaining information with the student regarding

their pets. This behavior enabled the student to assess memory, cognition, concentration, and coherence as an adjunct to the formal Mental Status Evaluation.

Having the dog during meetings with clients is a helpful means of establishing a good rapport with them. This was evident when the dog was present during several of the initial social assessments done by the student.

Client Reception-3 noticed the dog outside one day, following his recent admission. Before approaching the student, or talking with her, this individual went up to the dog and started petting her. He looked up at the student and said, "A dog sure brings up the spirits in here" (student's log, 2000). This statement summarizes what many of the clients from the Reception Unit shared with the student.

Several clients greeted the student and dog most mornings as they arrived on the front steps of the Reception Unit (student's log, 2000). Upon their arrival, clients enjoyed seeing the dog first thing in the morning. Very few of the clients remembered the student's name, while most greeted the dog by name. On occasion, some clients referred to the student by the dog's name.

Throughout the course of the practicum, the dog was brought to the Centre two out of three days that the student was there. Each day that the student was there without the dog, at least half to one dozen clients, as well as numerous staff members, asked the student throughout the day where the dog was (student's log, 2000). Those

comments were most often followed by the clients asking when the dog was going to be back, and when could they see her.

The predominant themes noted by the student regarding time spent in the Reception Unit were the clients' abilities to recall the dog's name and the concern that they showed for the dog. When the dog was not with the student, clients and staff repeatedly asked the student her name, and asked 'where Tilly the dog was'. The clients and staff always noticed when the dog was not at the hospital, inquiring where the dog was, how she was doing, and when she'd be back at the hospital.

S.P.I: A.A.T. and Horticulture Therapy

The clients housed in S.P.I.-West are part of the Community Readiness program, while S.P.I.-East houses the clients in the Forensic Rehabilitation Services.

S.P.I.-East/West: Gardening Group

Prior to the practicum, the O.T. department offered a gardening group, held once a week for an hour. The tasks utilized in the group involved various arts and crafts activities pertaining to gardening, planting and caring for herbs and vegetables, and planting flowers out in the community.

Participation in the group was based on clients referred to O.T. by the treatment team, as well as others who had general interests in horticulture. Some of the clients had previously gardened in the past, while others learned a brand new skill through the group. The clients were from both the east and west side of S.P.I.

Generally, the clients involved in the gardening group took direction from the staff in O.T., based on the staff's plan for the group. During gardening activities, most of the clients waited to receive instructions from the staff prior to beginning any tasks. Once the staff directed the group on the plan for each session, some individual's proceeded to perform a task, while others waited for personal, step-by-step instructions. Overall, the clients from the west side required more direction than the clients from the east side.

When asked about the group, most participants stated that enjoyed coming to the group. Since the group was held earlier in the morning, some clients required staff to go wake the clients and get them from their rooms to join the group. Once the group started and the clients received instruction from the staff, their levels of motivation seemed to increase.

The student asked a staff member from O.T. about her perception of the client's level of enjoyment in the group. The staff member felt that many of the group's participants required prompting to get started, but once the participants began their tasks they seemed to enjoy it. The staff member also stated that the level of enjoyment increased when the group participants were involved in more individual projects that they had personal investments in. For example the staff member felt that the clients' levels of motivation in gardening tasks were higher when the clients have gardens of their own, a project that will be developed in the summer (student's log, 2000).

In the past, the gardening group participants had their own outdoor, gardening space where each person was responsible for planting and taking care of their own vegetables. Once the vegetables had grown, each person got to enjoy the "fruits of their labor."

The incorporation of gardening into the O.T. program at the Centre provided clients with the opportunities to become proficient and increase their levels of expertise in regards to certain skills. The gardening group provided clients with opportunities to enhance their self-competence.

S.P.I.-West: A.A.T.

Although A.A.T. was not initiated in a structured manner during the gardening group, the dog was present during the group activities, both indoors and outdoors. At first, most of the participants did not seem to mind the dog's presence, but did not really pay attention to the dog. As time progressed, several of the group participants played with the dog and talked to the dog while doing their tasks, promoting verbal interaction with the student.

Specific Client Responses

One of the group's members, client S.P.I.-West: 1 did not initiate conversations with others and spoke mostly only when spoken to. When this individual saw the student in the ward one day without the dog, he asked the student where the dog was. Perhaps this client had connected with the dog and the dog served as a vehicle for the individual to initiate a conversation in a social setting.

During an outing in the community where the group members planted flowers, one of volunteers had their dog there as well. The clients seemed to enjoy observing the two dogs interact. Client S.P.I.-West: 2 generally required a lot of prompting to get involved in the group's activities. Despite his apparent lack of interest in assisting with planting, he sat by the two dogs, constantly untangled their leashes, and gave them treats and water.

Client S.P.I.-West: 3 was quite shy and uninterested in group interaction. Her love for animals was made clear through the dedication she maintained in caring for the pet birds on the ward. The student asked several clients if they wanted to join the student to take the dog for a walk. Client S.P.I.-West: 3 quietly answered that she wanted to go. She did not speak during the entire walk, but when she was asked if she wanted to hold the dog's leash, she took it from the student. Her pleasure in walking the dog was made clear by the smile she had on her face the entire time she held the dog's leash.

An A.A.T. group was scheduled on S.P.I.-East for one hour, once a week. The first week, the group had approximately eight participants. The student and group members collaborated on developing guidelines for the A.A.T. group. Many of the group participants asked questions about the dog and seemed genuinely interested in the dog. The student provided the group with a lesson on caring for a dog and participants volunteered to assist the student brush the dog's coat, teeth, and clean its ears.

Despite the interest in the A.A.T. group, there were no subsequent sessions other than the first one. Arrangements had been made for the student to facilitate the group and staff members on the ward were made aware of the group's schedule. Various events were scheduled during the same time that the student's group was supposed to run. Considering the high number clients who showed interest in the group, it was unfortunate that the student's opportunity to continue the group and provide A.A.T. ended.

S.P.I.-East: A.A.T./Therapeutic Story Group

The east side of this unit houses a Forensic population. The student initiated a weekly group incorporating stories, which focused on general inspirational and animal themes. The group generally consisted of five to eight participants. Since the dog was present during each session, the first two sessions involved the student and group participants collaborating on setting guidelines and rules for the group. The first session also provided the group participants with an opportunity to scan the books that the student brought to the group. The student solely facilitated the group, while a regular staff member was present.

Specific Client Responses

Client S.P.I.-East: 1 and S.P.I.-East: 2 appeared to be extremely excited when they saw the books by James Herriot. Both clients recalled reading these books during their childhood. When client S.P.I.-East: 1 saw these books, he excitedly said, "My mother used to read these to me when I was a kid." Patient S.P.I.-East: 2 was so excited to see these stories that he asked the student if he

could read one of them to the group. From that session on, the student encouraged the group participants to read the stories to the group, as opposed to the student always reading the stories.

Client S.P.I.-East: 3 was newly admitted to the Centre about half way through the student's practicum. He seemed quite delusional and restless, but joined the group periodically for a few minutes at a time. He did not pay attention to the dog, nor did he engage in discussions during his intermittent visits to the group sessions.

A couple of weeks later, client S.P.I.-East: 3 saw the student when she arrived on the ward and asked, "Is it Friday already?" This seemed to indicate that the client was more settled, less delusional, and interested in participating in the group, and perhaps beginning to fit into the structured routines and patterns within the institution. Following that day, this client clearly enjoyed talking to and feeding the dog, as well as volunteering to read the group a story. This client not only read stories to the group, but also shared his insight on the stories' meanings read by the other group participants.

The group connected well with the dog, as the group always greeted the dog, pet it, and wanted to give the dog water and food. There was a definite sense of the group protecting the dog. At times when certain group members felt that others were being inappropriate, reminders were voiced during the group, implying that the dog was not being treated appropriately. When asked what it was about the dog's presence that the group enjoyed, client S.P.I.-East:

I said "It is not appropriate for us (clients) to show you (staff) affection, but it's okay to show it to the dog."

Various clients in the ward uninterested in attending the group seemed interested in visiting with the dog. Despite not knowing the student's name, the clients always greeted the dog by name, as well as regularly inquiring if they could assist the student by getting water or treats for the dog.

Client S.P.I.-East: 4 did not attend the group due to a scheduling conflict with other responsibilities. The student occasionally visited the ward during times other than when the group was held. One afternoon, the student and dog accompanied several clients and a staff member on a walk. The student asked this client if he wanted to hold the dog's leash. He took the leash and said to the student, "I haven't walked a dog in years. This feels great."

Preparation for Termination of Student's Practicum

It is important for social workers utilizing interventions within a specified time frame to prepare clients for the termination. Clients should be made fully aware of the time frame, and conclusion of interventions. The student informed clients, as well as staff form the onset of the practicum as to the schedule and time frame of the student's placement. Throughout the course of the practicum, clients were reminded of the student's date of completion.

During the student's last two weeks of the placement, the student approached clients on all of the wards, asking who would like a photograph taken with them and the dog. Following several

inquiries made by the student, permission was granted from administration for the student to take photographs for the sole purpose of providing the clients with souvenir photographs, thanking them for participating in A.A.T.

When the client were presented with their own photographs, they seemed were happy. Many clients hung their photograph in their rooms. Many clients asked the student if they could have more photographs taken. Unfortunately, due to time and budget restrictions, the student provided only one photograph to each client interested in having a photograph with the dog.

Summary of Overall Themes Evident Through The Incorporation of the Therapeutic Adjuncts

Overall, the therapeutic adjuncts initiated by the student were constructive, positive, and valuable for the clients at S.M.H.C. Various issues were addressed through the incorporation of the adjuncts.

Through A.A.T., horticulture therapy, and therapeutic stories, clients were encouraged by the student, staff members, and other clients to accomplish goals. Goal attainment was reached through various tasks that clients carried out, such as caring for the dog and nurturing plants. Self-care was initiated through skills displayed to clients pertaining to the dog and plant care, which were transferred onto the patients. By caring for the dog and plants, clients were encouraged to become self-determined, to make choices and achieve goals in a supportive environment.

The integration of the therapeutic adjuncts helped individuals learn or enhance existing and new skills. Animal assisted therapy, for example, allowed clients to become experts at such skills as walking, caring for, and sharing knowledge about the dog with others. The expertise that the clients developed initiated the acquisition of self-competence.

The adjuncts provided the clients with a vehicle towards self-promotion, enhancing their self-esteem. For many participants, the integration of therapeutic stories helped clients build upon their self-concept and reflect upon positive things about themselves through sharing their own, personal stories. The resiliency of many clients was evident through their stories that they shared with the group, namely sharing stories involving difficult times in their past and sharing the hope they held for their future.

Table 2 outlines the major themes with quotations to support them. The overall themes are related to all of the adjuncts used.

Table 2: Major Themes Evident Through Integration of Therapeutic Adjuncts

Major Themes	Supporting Quotations
Self-care/care towards other(s)	"Do you brush (the dog's) ears?" "Can we water the plants now?"
Reminiscence of past	"I haven't walked a dog in years. This feels great." "I used to have a dog. His name was Teddy."
Making choices	"Tannis (student) lets me hold the leash."
Promoted motivation/physical rehabilitation	"Can I hold the leash now?"
Broke-up monotony	"A dog sure brings up the spirits in here."
Permission to show/receive affection	"It is not appropriate for us (clients) to show you (staff) affection, but it's okay to show it to the dog."
Engagement with others (clients, student, staff)	"I am going to walk Tilly around to visit other patients."

Limitations and Recommendations of Incorporation of Therapeutic Adjuncts

Limitations

The limitations of incorporating therapeutic adjuncts addressed specifically to the student's practicum are the following: (1) time constraints regarding preparation; (2) restricted time frame; (3) institutional scheduling conflicts; (4) staff reluctance; (5) client selection was pre-determined by staff; and (6) missed opportunities due to the above.

There were time constraints regarding practicum preparation. The student spent a lot of time ensuring the suitability of the dog by attending obedience classes with the dog, meeting with a dog trainer for several evaluations with the dog, and consulting with the dog's veterinarian. The time frame of the practicum was also restricted, limiting the clients' involvement with the adjuncts, as well as limiting the student's experience as a psychiatric social worker.

The student organized the individual and group work around set schedules. Despite arrangements made prior to the practicum, some staff appeared reluctant about the student's initiatives regarding the adjuncts. The reluctance likely affected the involvement or lack of involvement from some clients. Additionally, despite the student's intentions to engage certain clients with the adjuncts, staff often determined clients' suitability based upon staff beliefs, prior to staff consultations with clients.

The student felt that there were many clients who missed out on opportunities to engage with the adjuncts, due to the noted limitations.

Recommendations

There are several recommendations to consider when incorporating therapeutic adjuncts into social work practice. There must be appropriate preparation time prior to the implementation. The operation of incorporating new programs into practice often involves extensive training, consultation, and groundwork.

By pursuing the possibilities for receiving funding or grants, ongoing work in this area can continue and perpetuate the development of further initiatives.

Time should be allocated by the program facilitator to meet with treatment team members and program management prior to the initiation of any new program. This ensures that staff is aware of new programming, which may alleviate scheduling conflicts and staff reluctance.

Preliminary consultations with clients and planning with staff would reduce staff reluctance and provide the student with opportunities to meet with clients and determine their suitability for programming. Staff awareness for the benefits of integrating innovative and creative programming into practice is required.

CHAPTER SIX

Practicum Learning and Evaluation

This chapter addresses an extensive view of the practicum learning in conjunction with the stated learning goals.

There were six learning goals of the practicum. The student's goals was to learn institutionally-based social work; to develop team membership among the treatment team; to explore psychiatric social work through the incorporation of therapeutic adjuncts, namely animal assisted therapy (A.A.T.), horticulture therapy, and storytelling; to use thematic analysis as a means of investigating themes and areas of focus that the student encountered throughout the practicum; to learn about institutional environments and examine the impact of an institution on the practice of psychiatric social work; and to learn overall social work perspectives affiliated with working in a psychiatric facility, such as Selkirk Mental Health Centre (S.M.H.C.).

The first goal, learning institutionally based social work, has been achieved through various methods. The student's involvement in daily tasks initiated the student to learn institutionally-based social work. By interviewing treatment team members and initiating daily involvement with the multidisciplinary team, the student learned the involvement of social work and its place on the team. Institutional social work attempts to meet the needs of clients, in conjunction with recommendations and concerns fielded by various team members representing each discipline.

The student's on-going involvement with patients and staff throughout the practicum helped initiate and develop knowledge of institutional social work. Group organization and facilitation further enhanced the student's learning pertaining to institutionally based social work. Institutional social workers must advocate for their clients, despite alternate viewpoints and recommendations fielded by the other disciplines.

Overall, the student learned institutionally-based social work through the practicum at S.M.H.C. as a provision of service within a structured setting, composed of a multi-disciplinary treatment team providing various services to patients based on their individual needs. Specifically, the student learned skills in assessments, interviewing, charting, contacting various resources, and assisting patients manage funds.

The student reached her second goal, developing team membership among the treatment team, by being actively involved in all tasks and responsibilities relating to social work practice at S.M.H.C. on a regular basis. The student's weekly attendance at Kardex helped enhance team membership. After a few weeks of attending Kardex the student contributed information and suggestions pertaining to clients that the student was involved in. Generally, the student felt the treatment team members' openness to the student's presence and active involvement at Kardex. The staff members' acceptance of a new, short-term treatment team member greatly enhanced the student's experience.

The student learned skills pertaining to consultation, collaboration, and referral by being on the treatment team. These three processes, as described by Brill (1976) are integral to team practice.

The consistent instruction provided by the field supervisors provided the student with a full learning experience. The student's acceptance as a treatment team member was evident through feedback from treatment team, referral of clients to the student, and encouraging the student's attendance at all meetings.

The student's third goal was achieved by exploring the promotion of social well-being for the clients through the incorporation of A.A.T., horticulture therapy, and storytelling. The student's incorporation of therapeutic adjuncts on both individual and group levels provided the student with meaningful opportunities to enhance the clients' social well-being, evident through: (1) eye contact, (2) engagement with adjuncts, (3) engagement with student, (4) engagement with other clients, (5) engagement with staff, and (6) self-motivation.

Animal assisted therapy, horticulture therapy, and the therapeutic story group clearly illustrated the benefits of therapeutic adjuncts as vehicles promoting such social matters as social well-being.

The incorporation of therapeutic adjuncts further increased the student's belief in the importance of integrating creative techniques and approaches into social work practice. The student's hope that skilled professionals working in the mental health field,

such as social workers can enhance their practices by utilizing non-traditional, artistic, and inventive methods of practice was affirmed. In structured settings such as S.M.H.C. the advantages of incorporating therapeutic adjuncts were evident in the change brought forth in the daily routines.

The use of thematic analysis allowed the student to achieve the fourth learning goal. The student kept a daily log, documenting the adjuncts used, specific tasks and duties performed, as well as observations, quotations, and any significant occurrences. The information documenting in the log provided the student with a significant amount of data whereby themes pertaining to the effectiveness of the adjuncts used were explored and analysed. The use of thematic analysis provided the student with a rich learning experience in the analysis of qualitative data.

The fifth learning goal, learning about the institutional environment and examining the impact of an institution on the practice of psychiatric social work was accomplished.

During the student's practicum, various learning forms were achieved that pertained to institutional ethnography. The student learned many terms and acronyms commonly used by the staff. For example, E.C.T. (electroconvulsive therapy), Kardex (weekly treatment team meetings reviewing each client), P.N.A. (psychiatric nurses assistant), and P.C.H. (personal care home). Midway through the practicum, the student used these and other terms, demonstrating the student's learning.

Prior to the practicum, the student had never been immersed in an institutional environment. From the first day of the practicum on, the student paid great attention to the patterns and routines evident at S.M.H.C.

Overall, the student learned the structured routines and patterns involving daily schedules. At S.M.H.C. patient's needs were met on an individual basis, however daily routines were structured in such a manner, basically being the same for all clients.

Furthermore, the student learned how consequences were a part of the institution, when patients failed to get out of bed at a certain time in the morning they were often required to wear their pyjamas for the remainder of the day from the time they got up. The student also learned the basis of routine in client's daily lives, illustrated in part by meals and coffee breaks held at the same time every day.

The student learned that clients in institutions generally become used to the routines and schedules set forth, often resulting in a sense of reluctance when deviate from those patterns. This was demonstrated by the addition of a new program during the student's weekly therapeutic story group. Clients often wanted to leave midway through the group to avoid missing their scheduled coffee break. In addition, staff seemed used of the daily routines as well. Despite previous arrangements made for the student to facilitate a group during a certain time slot, staff seemed reluctant to allow the student to do so.

The student learned that the daily patterns and routines appeared to be such a strong part of life in the institution that both clients and staff often seemed reluctant to deviate form their regular schedules.

The sixth and final learning goal was achieved as the student learned overall social work perspectives affiliated with working in a psychiatric facility.

The student learned the importance of conducting initial social assessments, which convey a basic understanding of relevant social information about a particular client (Sheafor et al., 1997) to other treatment team members.

The six family meetings and home visits were also noted as important. In order to gain a more detailed understanding of how family members view the client and their situation, meetings and home visits were useful learning experiences for the student.

Through attending three placement visits with clients the student learned the importance of a social worker's support in regards to helping a client find a suitable placement. Having the social worker present initiates a sense of advocacy held for their clients, evident through a foster home visit, and provides assurance that a client's relocation to a new placement was suitable.

Overall, the daily supervision offered to the student provided a concentrated learning experience with regards to overall social work perspectives. The supervisors utilized every opportunity to provide the student with teachable moments, fulfilling their obligation to offer the student a comprehensive experience in the

field of psychiatric social work. This was evident though the staffs's continued assistance throughout the practicum, ensuring the student's equal involvement on the treatment team.

The practicum provided the student with a wide range of student learning. The various areas of learning fit into social work practice in several ways, as demonstrated in Table 3.

Table 3: Student Learning

*Note: Follow table by reading down each column as rows and columns do not correspond.

Language	Institutional Culture	Social Work Skills	Team Meetings (Approximate #)	Insti-tutional Social Work
E.C.T. (electroconvulsive therapy): Gran-mal seizure induced; tends to improve functioning for depressed clients	Patients followed daily activities as per staff notification	Working on initial assessments with clients	Home visits (6) (Included group, foster, and personal care homes)	Use of therapeut-ic adjuncts into existing system
Kardex (weekly/monthly treatment team meetings): weekly/bi-weekly meetings whereby patients' progress/treatment plans discussed	Medication distributed at the same times daily for all patients	Advocating for patients among family members, community workers, staff, etc.	Kardex (8)	Became a member of the treatment team
P.R.N. (prescription to be taken as needed): Clients are able to choose when they require certain prescribed medications	Meals and snacks held at scheduled times throughout the day	Initiating and maintained contact w/various resources and community workers	Meetings with treatment team members (20)	Brought dog into hospital; received well by most
P.C.H: Personal care home	Patients' lack of privacy (sharing large dormitory-like rooms, for example)	Charting pertinent information to a client's chart that was shared with treatment team	Personal interviews with treatment team members (7)	Attempted to run several groups with some success

Some of the main learning areas are also addressed in Table 3. Language, institutional culture, social work skills, team meetings, and institutional social work were important features of the student's learning experience. The table provides a brief summary of characteristics and specific features of the main learning areas addressed throughout the practicum.

Concluding Remarks

Social workers help clients meet their needs. Integrating various adjuncts into social work practice can be effective for various populations requiring therapeutic intervention.

The practicum demonstrated the need and effectiveness of incorporating therapeutic adjuncts into social work practice. Despite the challenges faced by the student, the effectiveness of the adjuncts was evident at S.M.H.C., enhancing the clients' social well-being.

Institutional care requires the integration of various interventions, different for each treatment team member. Institutional care involves many professionals from various discipline, all whom must work together to develop the most appropriate treatment plan for each client. The effectiveness of clients' treatments partly depends upon the collaborative efforts of treatment team members. The open communication provided in treatment team meetings initiates the effectiveness of treatments provided.

In summary, the benefits of incorporating therapeutic adjuncts at S.M.H.C. promoted social well-being for the clients. The student's opportunity to provide therapeutic interventions at the centre initiated and demonstrated the need for ongoing therapeutic interventions, namely A.A.T., horticulture therapy, and therapeutic stories.

The student's effort put forth in regards to working in partnership with the treatment team members helped initiate the delivery of therapeutic adjuncts in the most appropriate fashion.

In reference to social work practice, the integration of therapeutic adjuncts can enhance services provided to clients. By providing a wider range of therapeutic adjuncts within an institutional setting, social workers could provide an enhancement of services and treatment through approaches and techniques geared more to meet individual needs. Basing therapeutic adjuncts on the interests and strengths of clients, social workers can reach out further to those in need.

The inclusion of therapeutic adjuncts in social work education would provide students with learning the importance of its integration and becoming skilled at utilizing the therapeutic value within various adjuncts.

To conclude in the words of Erving Goffman (1961), "Every institution captures something of the time and interest of its members and provides something of a world for them" (p. 15).

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APPENDICES

Appendix A: S.M.H.C. Vision, Mission Statement, and Core Values

SELKIRK MENTAL HEALTH CENTRE

VISION

Selkirk Mental Health Centre working with patients, families and communities will assure recovery for all patients.

MISSION STATEMENT

Selkirk Mental Health Centre delivers quality, compassionate, cost effective and respectful inpatient mental health services in a patient-centred approach that promotes patient recovery through clinical excellence, cultural competence, community partnerships and family involvement to people whose challenging treatment and rehabilitation needs cannot be met by other services.

Appendix A: (continued)

CORE VALUES

CARE | **HOPE** | **EMPOWERMENT**

PATIENTS & FAMILIES

- We value a *caring* environment for patients and families which emphasize their self-worth, dignity and independence.
- We value a *hopeful* atmosphere for patients and families to enable their recovery.
- We value an *empowering* approach to assist patients and families to attain maximum wellness and quality of life.

The Centre is committed to providing its care, services and treatment in an empowering environment conducive to developing a sense of hope and recovery for the individuals receiving our services.

STAFF

- We value a caring environment, recognizing all staff for their self-worth and their right to be treated with respect.
- We value a hopeful atmosphere, with all staff contributing and participating in planning and decision making.
- We value an empowering approach, enabling all staff to recognize their contribution at Selkirk Mental Health Centre and to take personal ownership of their work and ongoing development.

Appendix B: Letter From Dog Trainer

WINNIPEG K-9

EDUCATION CENTRE

Winnipeg K-9 Education Centre

c/o 151 Bannerman Avenue ☐ Winnipeg, Manitoba ☐ R2W 0T3 ☐
SCHOOL - #9 - 601 Bowman AVE
668-6132

Jan - 2000

To whom it may concern:

I was pleased to have had the opportunity to have had TANNIS PODHEISER and TILLY (black & white cocker) complete the Winnipeg K-9 Education Centre's six week obedience course.

The team worked very well together. The owner did her homework, asked many questions & requested more work to be able to test her in many different situations.

They completed all school work and more.

I tested owners obedience control over Tilly and they passed.

I also introduced many of the Canine Good Citizenship tests

1. dog + owner approached by stranger - she (Tilly) maintained her position as owner & stranger shook hands & talked.
2. dog & owner approached by stranger who proceeded to pet Tilly.
3. dog on table being examined and feet being picked up & touched
4. Owner & Tilly walk along dog sits and stays & owner leaves " " " " " down " " " "
5. wheelchair with person wheels by Tilly
   " " Large purple stuffed monster rolls by Tilly
   Large hydro sports roll around on floor.

Margaret Ekosky

Appendix B: (continued)

WINNIPEG K-9 EDUCATION CENTRE

Winnipeg K-9 Education Centre

c/o 151 Bannerman Avenue ☐ Winnipeg, Manitoba ☐ R2W 0T3 ☐ ☐

PAGE 2 of TANNIS PODNERSKI WITH "TILLY" 6686132

6. Person lying on benches encouraging Tilly to visit. Tilly did this without jumping on top of person.

7. Tilly was tied out on a long line and owner left area. Other people & dogs walked & ran by her. People & dogs played catch in front of Tilly. A loose dog ran up to Tilly, sniffed her back side. She took all of this in stride standing quietly.

All in all in my personal professional opinion I did not see any behaviours from Tilly that would discourage me from using Tilly & Tannis in Pet Therapy. I believe they will both be an asset to this organization.

Good Luck Tannis & Tilly in all your future endeavors.

Margaret Ekosky
Owner & Chief Instructor of
the Winnipeg K-9 Education Centre

M.E.

Margaret Ekosky
Home# 586-5808

Appendix C: Letter From Veterinarian

TUXEDO ANIMAL HOSPITAL

Dr. Paul A. Brazzell **Dr. Thomas LeBoldus**

January 17, 2000

Dear Madam or Sir,

This letter is to confirm that "Tilly" Podheiser, owned by Tannis, is in good health. Tannis has kept Tilly's vaccines up-to-date and has assured me that Tilly will be boosted again in March, 2000, when she is due.

The vaccines that Tilly normally receives are the core vaccines including; Rabies, Distemper, Canine Parvovirus, Adenovirus, and the non-core vaccine for Bordetella bronchiseptica (the cause of "kennel cough"). Tilly is tested for Dirofilaria immitis annually, and is on Heartworm prevention during mosquito season. Tannis does do routine fecal checks to ensure that Tilly is negative for intestinal parasites (she is!).

Tilly does have routine blood profiles and dental prophylaxis done to make sure she is healthy.

Sincerely,

Dr T. LeBoldus B.Sc.Ag., D.V.M.

192-2025 Corydon Avenue
Winnipeg, Manitoba
R3P 0N5

Telephone: 488-1843
Fax: 488-9107
After Hrs./Emerg.: 981-2159

Appendix C: (continued)

TUXEDO ANIMAL HOSPITAL
192-2025 CORYDON AVENUE
WINNIPEG, MANITOBA
R3P 0N5

INTERNATIONAL HEALTH CERTIFICATE

This is to certify that, in my opinion, the animal described below is free from demonstrable, contagious or infectious disease, and does not show emaciation, lesions of the skin, nervous system disturbances, jaundice or diarrhea.

This certificate certifies that the following animal has received the services listed below at our practice.

Date....: 1/17/00
Owner...:Tannis Podheiser
963 Queenston Bay
Winnipeg, MB R3N 0Y3

Phone...:(204) 489-5988

Animal..:Tilly
Age.....:06 Yrs 06 Mths
Weight..: 27 lb 2 oz
Breed...:COCKER SPANIEL
Color...:TRI-COLOR
Species.:CANINE
Sex.....:SPAYED FEMALE

Tag #...:177

Rabies Vaccination	Given:	3/05/99	Due:	3/05/00
DA2PP-VACCINE	Given:	3/05/99	Due:	3/05/00
Bordatella	Given:	3/05/99	Due:	3/05/00

Veterinarian Signature

Call us at 488-1843 if any health conditions develop.

Appendix D: Photocopy of the Dog's Photo Identification Badge