ABSTRACT

IMPROVING WELL-BEING FOR OLDER ADULTS THROUGH PET THERAPY:

A GRANT PROPOSAL

By

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May 2015

The aging process comes with many challenges, including declining physical health, increased isolation and feelings of loneliness, depression, anxiety, and development of dementia. Older adults who own pets often experience many benefits including increased levels of exercise and social engagement with their peers, decreased feelings of loneliness, and a stronger sense of purpose due to being responsible for caring for an animal. Research has shown that pet therapy can also be beneficial for older adults. The purpose of the project was to develop a pet therapy program for older adults, identify potential funding sources, and write a grant to fund the program at Jewish Family and Children's Services of Long Beach and West Orange County. The proposed program is a pet therapy program incorporating animal-assisted interventions into both group and individual therapy for older adults experiencing depression, anxiety, and isolation. Implications for social work practice are discussed. The actual submission and/or funding of this grant were not required for the successful completion of this project.

IMPROVING WELL-BEING FOR OLDER ADULTS THROUGH PET THERAPY: A GRANT PROPOSAL

A THESIS

Presented to the School of Social Work

California State University, Long Beach

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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May 2015

ACKNOWLEDGEMENTS

Special thanks to everyone who was there to support me through the long process of developing this program. Thank you to my brother, Zack, for always checking in on me to see how I was doing and tell me that you understand what I was going through. Thank you to both my parents for their everlasting support through each good and bad day over the last few months. Thank you to my roommates, Emily and Sonja, for toughing it out every late night and all day session at the coffee shop. Thanks Veronica, for the words of encouragement and for helping me escape from my cave from time to time for dinner, happy hour, and whatever was necessary. Thanks to my little sister, Emily, for shooting me a positive text from time to time to lift my spirits. And a very special thank you to my advisor, Julie O'Donnell, for pushing me to my full potential and being more supportive than I could have ever asked for. And last but not least, I want to thank my dog, Murphy, for giving me all the pet therapy I needed at no charge and reminding me of why I believe in this idea.

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INTRODUCTION

Problem Statement

The older adult population in the United States is predicted to significantly increase in the near future. In 2011, older adults, age 65 and older, represented 13.3% of the American Population (U.S. Census Bureau, 2012). It is predicted that by the year 2050, the older adult population will increase by 42% (U.S. Census Bureau, 2012). Not only are number of older adults on the rise in the United States, but their life expectancy is higher as well. Since 2000, there has been a 26% increase in the number of adults 95 and older (U.S. Census Bureau, 2012). As the population increases, their need for services will increase as well (Nicholson, 2009).

The most common way to define successful aging is the enjoyment of health and vigor of the mind, body, and spirit during the process of becoming older (Rowe & Kahn, 1997). Different components of successful aging include a sense of meaning or purpose and functional, physical, psychological, spiritual, and social health (Troutman, Nies, Small, & Bates, 2011). It is also important for older adults to maintain a high level of well-being or optimum level of psychological functioning (Ryan & Deci 2001). Characteristics of positive well-being among older adults include optimism, coping skills, and self-efficacy (Karademas, 2007).

Potential Challenges for Older Adults

Older adults face several challenges during the late stages in life. During the aging process, physical health begins to decline and it is not uncommon for older adults to experiences multiple physical health issues at the same time (Ornstein, Nietert, Jenkins, & Litvin, 2013). Physical declines may not only impair older adults' health, but can negatively impact their mental health as well (Smith, 2012).

Depression is a significant challenge among older adults, with minor depression affecting 30% of long-term care residents and 8-15% of community dwelling older adults (Fulton, 2009). Depression can impair older adults' physical health, which can negatively impact their quality of life and well-being (Mitchell & Harvey, 2014) while increasing their use of health care services (Chapman & Perry, 2008).

Approximately 45% of older adults experience isolation (Nicholson, Molony, Fennie, Shellman, & McCorkle, 2010). Isolation may be experienced due to declines in physical health or loss of spouses or loved ones (Banks & Banks, 2005; Smith, 2012). Older adults with fewer social interactions are more likely to engage in high-risk behaviors such as alcohol consumption, poor diet, and decreased amount of physical activity (Locher et al., 2005). Isolation among older adults can also lead to the development of anxiety (Locher et al., 2005).

Nearly 32% of older adults meet the criteria for anxiety disorder which is more prevalent among older adults facing health challenges and disabilities (Porensky et al., 2009; Van der Kooy et al., 2007; Wetherell et al., 2005). Older adults with anxiety symptoms often have difficulties tending to their other health needs which can lead to in

an increased deterioration of physical health and poorer quality of life (Forlani et al., 2014; Goncalves & Byrne 2012; Stawski, Sliwinski, Almeida, & Smyth, 2008).

Dementia is one of the most frequently experienced challenges for older adults (Almeida, Flicker, & Rees, 2014). Older adults with dementia can develop multiple symptoms that impair their overall well-being, including delusional thoughts, irritability, decreased social engagement, and depression (Bunn et al., 2014). Dementia has been associated with an inability to attend to other health needs, as well as increased institutionalization and mortality rates (Almeida et al., 2014; Bunn et al, 2014).

Pets and Older Adults

Pet ownership can be therapeutic to older adults because animals can provide support and comfort during difficult times (Allen, Blascovich, & Mendes, 2002; Geisler, 2004; Kurdek, 2008; Odendaal & Mientjes, 2003). Owning a pet also gives older adults a meaningful role because they have the responsibility of caring for their animal (Krause-Parello 2012; Rosenkoetter, 1991). Ownership of pets has been shown to increase social engagement of older adults with their peers (Hart, 2006).

Pet therapy, also called animal-assisted therapy (AAT), is defined as any activity in which an animal, usually a dog, is used to aid the therapeutic process by being calm, obedient, and comforting (Zilcha-Mano, Mikulincer, & Shaver, 2011). Using animal interactions can be helpful for reaching treatment goals in both individual and group therapy (Lutwack-Bloom, Wijewickrama, & Smith, 2005). In pet therapy interventions, therapy animals are trained to act as co-therapists, catalysts of social engagement, and as emotional mediators (Moretti et al., 2011). Pet therapy has been shown to reduce many challenges specific to older adults and older adults have reported an increased level of

well-being as a result of pet therapy (DeCourcey, Russell, & Keister, 2010; Marcus, 2013; Moretti et al., 2011). In addition, pet therapy has been shown to decrease depressive symptoms by up to 50% among older adults (Moretti et al., 2011). It can also lower feelings of stress and anxiety through animal interaction activities such as petting, brushing, walking, and talking to certified therapy animals (Nepps, Stewart, & Bruckno, 2014). In group settings, pet therapy has shown to be beneficial in increasing social interactions among older adults who were reportedly isolated or disengaged prior to participating in AAT activities (Richeson, 2003).

Purpose of the Project

The purpose of this project was to design a pet therapy program for older adults, identify potential funding sources, and write a grant to fund the program at Jewish Family and Children's Services of Long Beach and West Orange County (JFCS).

Jewish Family and Children's Services

JFCS is a non-profit agency located in Long Beach, California with a vision of "healing the world, one person, one family at a time" (2014, Learn: Our programs). The National Council of Jewish Women founded the agency in 1957. They provide a wide variety of community-based services including support groups, counseling, court-referred counseling, career counseling, care management for older adults, emergency financial assistance, and referrals (JFCS, 2014). This grant will specifically be written for JFCS's Older Adult Services. Older Adult Services currently offers assessment, counseling services, case management, support groups, a friendly visitor program, services for Holocaust survivors, and caregiver support services (JFCS, 2014). The grant

writer discussed the program with the director of Older Adult Services, and the grant may be considered for submission upon completion.

Multicultural Relevance

The aging process is a phenomenon that does not discriminate based on gender, ethnicity, race, or socioeconomic status. Ultimately, everyone ages. However, the city of Long Beach is well known for its cultural diversity (City of Long Beach Department of Health and Human Services [LBDHHS], 2005). Of the Long Beach population of adults age 65 and older, 9.3% are African American, 16.9% are Asian, 16.3% are Latino, and 55.5% are White (Beach, Crampon & Norman, 2014). In addition, there has been a substantial growth in the number of non-English speaking older adults in Long Beach, and, because of the language barriers, these older adults are more likely to be and/or feel isolated (LBDHHS, 2005). Women make up 55% of the older adults in Long Beach (U.S. Census Bureau, 2012), and women reportedly have a higher life expectancy than men (Ginter & Simko, 2012). Given that gender and ethnicity may well influence the process of aging, it is important to develop a program that is culturally sensitive.

Social Work Relevance

As professionals serving people, it is the responsibility of social workers to provide aid and support to vulnerable populations. In regard to older adults, it is expected that social workers advocate for them and provide them with services and resources to meet their specific needs and help them maintain a good sense of well-being. With extended support and resources provided by social workers to the older adult population, it is possible that their quality of life could be significantly improved. Since the older adult population is on the rise in the United States, it is expected that the

frequency of older adult-related issues will increase as well. Therefore, it is an opportune time to explore new approaches and treatment models for depression, isolation, and health-related issues for older adults. Then social workers can utilize alternative approaches, such as pet therapy, to better serve the older adult population.

CHAPTER 2

LITERATURE REVIEW

Successful aging can be defined as the enjoyment of health and vigor of the mind, body and spirit during the process of becoming older (Rowe & Kahn, 1997). The original concept, developed by Rowe and Kahn (1997), identified three key factors to successful aging: avoidance of disability and disease, maintenance of high physical and cognitive functioning, and sustained engagement in social and productive activities. There has been extensive research done on successful aging since the concept was developed (Kozar-Westman, Troutman-Jordan, & Nies, 2013; Troutman et al., 2011). More recent research describes successful aging as having multiple dimensions, such as a sense of meaning or purpose, and functional, physical, psychological, spiritual, and social health (Troutman et al., 2011). Roy's adaptation of the original model defined successful aging as an older adults being able to maintain a balance between their internal systems (biological, physiological, and social) and the outside world (Saleem et al., 2012).

Well-Being in Older Adults

The goal of successful aging is for older adults to obtain a high level of well-being. Well-being refers to optimal psychological functioning, which frequently includes finding purpose, maintaining strong relationships and self-acceptance, and overall life-satisfaction (Ryan & Deci, 2001). Additional characteristics of positive well-being among older adults are optimism, self-efficacy, and coping skills (Karademas, 2007).

Optimism appears to be negatively related to depressive symptoms (Carver et al., 2005) and a high level of self-efficacy is a predictor of an older adult's level of well-being (Lent et al., 2005). Older adults who have a core set of effective coping skills are also more likely to maintain a positive look on life (Myaskovsky et al., 2005).

A greater sense of well-being can elicit many benefits to the older adult population (Boyle, Buchman, Barnes, & Bennett, 2010; Collins, Goldman, & Rodriguez, 2008). Older adults with higher senses of well-being are less likely to have problems with mobility and/or other activities of daily living (Boyle at al., 2010; Collins et al., 2008). Having a stronger sense of purpose or satisfaction with life has also been linked with a reduced risk of Alzheimer's and mild cognitive impairment (Boyle at al., 2010). Evidence suggests that well-being can help improve older adults' performances on a range of cognitive tasks (Welch & West, 1995; West, Bagwell, & Dark-Freudeman, 2008).

Social Engagement and Support

There has been substantial research done on the connection between social interactions and overall well-being in older adults (Bjorklund, 2011; Jinmoo, Junhyoung, Byung-Gook, & Seongmoo, 2014). Active Aging Theory suggests that adults who take on productive roles in society such as volunteering, becoming members of organizations or participating in social activities have an increased likelihood of a positive aging process (Diggs, 2008). Research has revealed that older adults who are less disengaged report greater satisfaction with themselves and their lives than older adults who are more withdrawn from society (Bjorklund, 2011). Social integration also can provide older adults with a concrete set of norms, feelings of control over their lives, access to

information, and increased support (Cornwell & Waite, 2009). Different formal social activities that older adults may engage in include volunteering, exercise or support groups, and religious groups (Jinmoo et al., 2014; Mair & Thivierge-Rikard, 2010; McDonald & Brown 2008; Nimrod, 2011). In a qualitative study exploring the experiences of older adults participating in a peer support group, six older adults (two males, four females) participated in a focus group about the benefits of the group (McDonald & Brown, 2008). The key themes that emerged from the focus group were finding friendship (companionship, trust, bonding, and respect), essence of life (acceptance, being needed, understanding, and achieving), and learning to adapt (confidence, disclosure, and giving). Participants reported that they enjoyed the group outings, enjoyed each other's company, and had high respect for one another. Along with enjoying the social aspects of the support group, participants revealed that it was beneficial for them to have a place to go to where they felt understood by others (McDonald & Brown, 2008).

Another study was conducted to examine religious involvement and social support and their relationship to suicidal ideation among older adults (Rushing, Corsentino, Hames, Sachs-Ericsson, & Steffens, 2013). A sample of 248 older adult patients receiving either inpatient or outpatient psychiatric services were assessed for depression using the Duke Depression Evaluation Schedule (DDES) and completed a survey on level of religiosity, number of past suicide attempts, and social support. Church attendance (public religious activity) and perceived social support were significantly related to decreased suicidal ideation (Rushing et al., 2013).

While formal or organized social activities can contribute to increased life enjoyment and mental health, informal interactions tend to increase older adults' feelings of support (Chen & Feeley, 2014). Social support can be defined as supportive behaviors performed by others and levels of social support are usually based on the individual's perception of support (Burleson & MacGeorge, 2002; Goldsmith, 2004). Informal interactions typically occur with a spouse or partner, children, extended family and friends. One's spouse is most often the preferred social support for this population, although not all older adults have a spouse to whom they can turn to for support (Mair & Thivierge-Rikard, 2010).

Social support from others can have a significant positive impact on both physical and psychological health outcomes for older adults (Burleson & MacGeorge, 2002; Dickinson, Potter, Hybels, McQuiod, & Steffens, 2011; Wu & Chan, 2012). In a study with a national sample of 7,367 adults ages 50 and older, participants completed a questionnaire regarding social activities, personal relationships, and views on certain aspects of life (Chen & Feeley, 2014). The study explored the correlation between social-support from four different sources (spouse, children, family, and friends) and personal well-being, and feelings of loneliness. Findings showed that social support from a spouse and friends were most significantly related to improved well-being and decreased feelings of loneliness (Chen & Feeley, 2014).

Research has also shown higher levels of well-being are associated with engaging in activities within one's neighborhood (Wu & Chan, 2012). A study conducted in the United States examined the relationship between the different types of neighborhoods older adults lived in and their perceived level of health. The results showed that older

adults living in neighborhoods with higher concentration of elders reported significantly higher levels of personal well-being than older adults who lived with their children or extended family members (Subramanian, Kubzansky, Berkman, Fay, & Kawachi, 2006). This may mean that older adults provide a specific kind of emotional support to one another that is different from that of spouses, children, or extended family members (Hurlbert, Beggs, & Haines, 2001; Wu & Chan, 2012).

Potential Challenges Associated with Aging

With the older adult population on the rise, it is important to recognize that older adulthood does not come without challenges (Ornstein et al., 2013). Different challenges that older adults face include physical health declines, anxiety, isolation, depression, and dementia (Almeida et al., 2014; Denkinger, Lukas, Nikolaus, Peter, & Franke, 2014; Forlani et al., 2014; Nicholson, 2009; Smith, 2012).

Older Adults and Physical Health

Physical health declines for older adults as they begin to experience problems such as high blood pressure, cardiovascular issues, and increased physical pain from daily activities (Denkinger et al., 2014; Friedmann, Thomas, Cook, Chia-Chun, & Picto, 2007). It is common for older adults to experience multiple health challenges at the same time (Ornstein et al., 2013). In a cross-sectional study exploring the prevalence of 24 different chronic illnesses and frequency of multi-morbidity in primary care centers in the United States, the health records of 226 practices in 43 states were analyzed. Results showed that 45% of patients had more than one chronic illness and that multi-morbidity increased with age and plateaued at around age 80 (Ornstein et al., 2013). These physical changes and chronic conditions can lead older adults to decrease their levels of physical activity,

which can contribute to a continued decline in physical health and overall well-being (Smith, 2012).

Older Adults and Anxiety

Approximately 32% of older adults meet the criteria for anxiety disorder (Preville, Cote, Boyer, & Herbert, 2004), which can negatively affect their quality of life (Berg, Hassing, Thorvaldsson, & Johansson, 2011; Bourland et al., 2000). Because coping with stress requires high cognitive energy, older adults may be unable to give attention to other cognitive tasks while experiencing high levels of stress (Stawski et al., 2008). Anxiety appears more common among older adults who have health challenges, disabilities, and mental health challenges (Porensky et al., 2009; Roy-Byrne, Wagner, & Schraufnagel, 2004; Van der Kooy et al., 2007; Wetherell et al., 2005). In a study of 366 older adults, average age 86, in Italy, research was conducted to explore potential correlations between anxiety and other age-related factors, specifically medical illness, depression, and alcohol consumption (Forlani et al., 2014). About 21% of participants in the study showed symptoms of anxiety and symptoms of anxiety were significantly correlated with depression, and physical morbidity (Forlani et al., 2014). In a study exploring whether anxiety and social supports were predictors cognitive functioning, Dickinson et al. (2011) discovered that increased anxiety over a 1-year period was associated with poorer cognitive performance in the following year.

Older adults' anxiety can escalate into generalized anxiety disorder (GAD). GAD is defined as persistent, excessive, and unrealistic worrying about everyday things and typically consists of symptoms such as restlessness, trouble sleeping or concentrating, irritability, fatigue and muscle tension (American Psychiatric Association [APA], 2013).

GAD affects up to 7.3% of community dwelling older adults (Bryant, Jackson, & Ames 2008; Flint, 2005). Unfortunately, GAD is often unrecognized in older adults by medical professionals because symptoms can be similar to those of other older-adult specific conditions, such as cardiovascular and pulmonary disorders (Kim, Braun, & Kunik, 2001).

GAD can lead to depression and contribute to the continued deterioration of physical health (Forlani et al., 2014; Goncalves & Byrne, 2012). Comorbidity of GAD and medical conditions can also result in a poorer sense of well-being (Cully et al., 2006). In a study comparing the worry content of older adults with and without GAD, research revealed that reasons for worry did not differ across the same age group, but the extent of worry for the same issues was more severe among older adults with GAD. This negatively affected their ability to function (Stanley et al., 2003). A similar study showed a significantly poorer quality of life among older adults with GAD and a lower level of life satisfaction in different life domains (Bourland et al., 2000).

Loneliness and Older Adults

Loneliness is currently experienced by 50% of older adults, ages 85 and up in the United States (Dykstra, van Tilburg, & de Jong Gierveld, 2005). Social isolation also affects as much as 45% of the older adult population (Nicholson et al., 2010). Older adults become at higher risk for loneliness due to multiple age-specific life experiences. For example, adults ages 75 and older are less likely to be engaged in sports, holiday, or cultural activities (Nicholson, 2009). Older adulthood also introduces greater opportunity for the loss of spouses, family members, and loved ones, all of which may lead to an increased level of isolation (Smith, 2012). Physical health declines can also contribute to

older adults' feelings of loneliness. If health deteriorates to the point that an older adult is placed in long-term care, he or she may begin to experience loss due to restrictions on personal belongings, or pet ownership, and reduced opportunities for social interactions. Having such restrictions can lead to increased loneliness and isolation (Banks & Banks, 2005).

Declines in social integration make loneliness especially prevalent among older adults, and loneliness can lead to a decreased life expectancy (Smith, 2012; Steed, Boldy, Grenade, & Iredell, 2007). Older adults with smaller social networks are more likely to report multiple health risk behaviors, such as less healthy diets, heavy drinking, and less physical activity (Locher et al., 2005). Prolonged isolation and loneliness can act as a stressor and result in the development of anxiety, which can slow recovery from other physical health challenges (Locher et al., 2005).

Research has also shown that more informal social interaction does not necessarily mean a decrease in loneliness as negative interactions with friends and loved ones such as conflicts, disputes, or strained relations can contribute to older adults' increased feelings of loneliness (Fingerman, Hay, & Birditt 2004; Lowenstein, Katz, & Gur-Yaish, 2007). A study conducted in Singapore explored different living environments to determine predictors of social isolation among older adults. The findings indicated that living alone was the highest predictor of older adults being socially isolated. The second strongest predictor was living with an adult child or extended relatives. The study suggested that this was because older adults become too reliant on their adult children or relatives to complete activities of daily living (ADLs)

and other tasks, thus, decreasing their level of social interaction in their neighborhoods and communities (Wu & Chan, 2012).

Older Adults and Depression

The aging process can also result in an increased rate of depression. In 2009, it was reported that out of the estimated 35 million Americans ages 65 and older, approximately 6.5 million (18.6%) were affected by depression (National Alliance on Mental Illness [NAMI], 2014). Approximately 1-2% of older adults suffer from major depression, and minor depression affects 8-15% of older adults in community settings and 30% in long-term care facilities (Fulton, 2009).

One of the most common contributors to depression in old age is the deterioration of physical health (Parmelee, Harralson, McPherron, DeCoster, & Schumacher, 2011). Physical health changes such as functional disability and the experience of pain have been connected to feelings of depression in late life (Fiske, Gatz, & Pedersen, 2003; Parmelee et al., 2011; Smith, 2012). Declines in physical health can result in the move to residential care or nursing homes and studies have shown that nursing home residents frequently report feelings of depression (Lyne et al., 2006, Nepps et al., 2014). Research has also shown a high correlation between multi-site pain and depression among older adults (Denkinger et al., 2014). Other age-specific life changes that can lead to depression include retirement, inability to drive, and visual and audio impairments (Smith, 2012). A 2009 study was conducted to identify characteristics and risk factors of sub threshold depression (having symptoms of depression but not meeting criteria for diagnosis of major depressive disorder [MDD]) among older adults in congregate

housing. Common risk factors for sub threshold depression among this population were lower socio-economic status, less education, and grieving (Adams & Moon, 2009).

While depression, by itself, is a potential negative outcome of aging, it can also lead to other challenges (Hall & Reynolds III 2014; Marengoni, Rizzuto, Wang, Winblad, & Fratiglioni, 2009; Mitchell & Harvey, 2014). Older adults with depression are more likely to report a poor quality life which can lead to poorer physical health outcomes (Mitchell & Harvey, 2014). Physical health issues that can result from depression include coronary heart disease, stroke, cancer, and dementia (Hall & Reynolds III, 2014). A study on the relationship between depression and physical health problems among older adults revealed that older adult women experiencing depression showed an increase in coronary heart disease and sudden cardiac death (Chapman & Perry, 2008). Because of the link between depression and physical health needs, older adults suffering from depression are more likely to utilize health care services (Chapman & Perry, 2008). It is predicted that depression will be the second leading cause of disease burden in older populations by 2020 (Chapman & Perry, 2008). This suggests that, with the anticipated increase in the number of older adults, there will be a substantial increase in economic, health, and social costs as well (Yaka, Keskinoglu, Ucku, Yener & Tunca, 2014).

Dementia and Older Adults

One of the most prevalent diseases that occur in old age is dementia (Almeida et al., 2014). Dementia can negatively affect patients' level of well-being due to symptoms such as delusions, depression, apathy, irritability, anxiety, sleep disorders, and difficulty engaging in social activities (Bunn et al., 2014). Irritability or agitation is reported to affect over 90% of patients with dementia in nursing homes and is one of the major

management problems reported by nursing home staff (Richeson, 2003). According to the Need Driven Dementia-Compromised Behavior Model, older adults' negative behaviors are a result of their unmet needs rather than symptoms of their dementia (Algase et al., 1996; Richeson, 2003). Research has also indicated that disturbing behaviors, institutionalization, unvarying routines, and boredom are common among older adults with dementia (Bitwise, 1996; Richeson, 2003).

Dementia can illicit many poor outcomes for older adults. Older adults with dementia reportedly have higher rates of institutionalization and mortality (Almeida et al., 2014). There is also a high prevalence of comorbidity between dementia and other chronic health conditions, including hypertension and high cholesterol (Richards & Brayne, 2010; Skoog, 2000). As a result of the severity of dementia symptoms, older adults with this diagnosis are less likely to successfully manage other critical health conditions and engage in healthy aging activities (Bunn et al., 2014).

Pet Ownership and Older Adults

Although there are challenges associated with aging, pet ownership has been shown to provide many benefits to older adults including affection, support, comfort, and relief in times of need (Allen et al., 2002; Geisler, 2004; Kurdek, 2008; Odendaal & Mientjes, 2003). Owning a pet also provides older adults with a meaningful role because they have a responsibility to care for an animal (Krause-Parello, 2012; Rosenkoetter, 1991). In a quantitative cross-sectional study of 24 Latino pet owners ages 50 and older, participants completed multiple questionnaires on their relationship with their pet, demographics, exercise practices and perceived health (Johnson & Meadows, 2002). The average age of participants was 66 years old and 58% reported having a high school

education or less. The mean for level of physical exercise was four times a week and 75% believed they were in excellent health. Seventy-nine percent of participants viewed their pets as members of their families, 67% reported that their dogs helped them stay active, and 67% of participants reported their dog was the reason that they got up in the morning (Johnson & Meadows, 2002).

In a qualitative study examining loneliness among community-dwelling older adults, participants reported that companionship with their pet helped to increase exercise and activity levels, which, in turn, assisted in decreasing levels of isolation (Smith, 2012). In addition, older adults who own pets appear to make fewer visits to health care facilities per year and spend less time in acute care settings when hospitalized in comparison to non-pet owners (Headey, 2003).

Ownership of pets has also been shown to increase social interaction among older adults and their peers (Hart, 2006). In a study observing levels of depression and loneliness among 159 pet-owning older women, there was a positive relationship between pet ownership and human social support (Krause-Parello & Gulick, 2013). Owning a pet has also been shown reduce depression and loneliness (Krause-Parello, 2012). A 2013 secondary analysis examined loneliness among pet owning adults ages 55 to 84, who had experienced loss. The findings showed a negative correlation between feelings of loneliness and pet attachment. The more attached people were to the pets, the less loneliness they reported (Krause-Parello, 2012). Because pet interactions have been shown to have positive results with older adults, it may be beneficial to incorporate pets into interventions for this population.

Pet Interventions for Older Adults

The two types of pet therapy interventions most commonly used are pet visitation and pet therapy (Marcus, 2013). Pet visitation is a relaxed interaction where volunteers bring their own dogs to the individual receiving services (Marcus, 2013). Pet visitation is mostly informal in nature because it can be facilitated by professionals, paraprofessionals, and volunteers with their animals and does not require much training or preparation (DeCourcey et al., 2010). Pet visitation can also use a patient's personal pet. Pet visitation is typically short-term (Connor & Miller, 2000).

Pet therapy, also called AAT, is defined as any activity in which an animal, usually a dog, is used to aid the therapeutic process by being calm, obedient and comforting (Zilcha-Mano, Mikulincer & Shaver, 2011). The terms pet and AAT (AAT) will be used interchangeably here as is often done in the literature. In pet therapy, dogs or other animals are viewed as co-therapists, emotional mediators, and/or catalysts of the social process (Moretti et al., 2011). The trained animal is used by a therapist to achieve specific treatment goals (Lutwack-Bloom et al., 2005). In this intervention, animals are specifically screened, selected, and trained by the therapist for goodness of fit and appropriateness for desired treatment goals (Connor & Miller, 2000; Marcus, 2013). The therapist designs specific activities to address individual patient needs. Treatment plans are typically more structured and long-term than those found in pet visitation (DeCourcey et al., 2010).

Effectiveness of Animal-Assisted Therapy with Older Adults

Multiple studies have been conducted to determine the effectiveness of pet visitation and AAT in reducing the number symptoms related to the different

physiological and psychological conditions common among older adults (DeCourcey et al., 2010; Marcus 2013; Moretti et al., 2011). Areas in which pet visitation and animal-assisted therapy have shown to be effective with older adults include improving physical health, reducing loneliness and isolation, and improving mental health (Chandramouleeswaran & Russell, 2014; Lutwack-Bloom et al., 2005; Marcus, 2013).

Pet Therapy and Physical Health Among Older Adults

Pet therapy has been shown to result in physical health benefits for older adults (Coakley & Mahoney, 2009; Cole, Gawlinski, Steers, & Kotlerman, 2007; Marcus, 2013). For example, pet therapy has the potential to lower neurohormone levels and anxiety, which helps to enhance healing and recovery (Cole et al., 2007). A quasi-experimental study evaluated the effectiveness of an existing pet therapy program at a hospital. A sample of 61 patients was selected to participate in the pet therapy program where they spent about 10 minutes with the dog and dog handler and interacted based on personal preference (i.e. talking with handler about the dog, visiting quietly with the dog while the handler stayed nearby, etc.). Nurses checked participants' vital signs (blood pressure, pulse, respirations), pain and energy levels before and immediately after the pet therapy sessions. Results showed a significant decrease in blood pressure, pulse, and respirations after intervention. Patients also reported a significant decrease in pain and depressive symptoms as well as improved energy levels after treatment (Coakley & Mahoney, 2009).

Another study, using a sample of 76 older adults, was conducted in a hospital setting to compare the outcomes of three different interventions on patients with heart failure who were experiencing anxiety (Cole et al., 2007). The interventions included

weekly hour-long sessions of AAT (12 minute visits with a trained therapy animal and handler), weekly hour-long visits from a volunteer, and weekly 'usual care' of one hour where patients were instructed to relax on their own. In comparison to both the volunteer visitation and usual care group, patients in the AAT group showed significantly higher decreases in cardiopulmonary pressures both during and after the intervention (Cole et al., 2007).

Pet Therapy and Loneliness Among Older Adults

Both pet visitation and AAT have been shown to be effective in the reduction of loneliness and isolation among older adults (Berry et al., 2012; Chandramouleeswaran & Russell, 2014; Moretti et al., 2011). Pet visitation has the capacity to foster rapport and initiate communication (Chandramouleeswaran & Russell, 2014). Interactions with therapy animals have helped elderly individuals engage with the animal handlers as well as increase their social interactions both with other elderly and nursing staff in long term-care facilities (Richeson, 2003). Animals promote interaction by bringing patients into contact with others and inspiring conversations about the animal or about animals they remember fondly from their past (Richeson, 2003).

A comparison study was conducted to determine the effect of AAT on feelings of loneliness among older adult patients in three long- term care facilities in Mississippi (Banks & Banks, 2005). Participants were divided into three groups; a control group, a group receiving AAT once a week, and a group receiving AAT three times per week. The AAT intervention consisted of a pet attendant visiting participants individually with the same dog for six weeks. The session would begin with the pet attendant reading a script to the participants with instructions, then for the duration of the session participants

would interact solely with the dog. Participants were encouraged to fully interact with the dog by walking, playing, or brushing the pet. In all three facilities, comparisons of loneliness were made among the three groups. The two groups that received AAT reported significantly lower levels of loneliness than the control group after intervention. (Banks & Banks, 2002).

In a 2011 pilot study, a sample of 19 institutionalized older adults was selected to participate in animal-assisted socialization sessions and physical therapy sessions, both involving dogs (Berry et al., 2012). Participants' level of social interaction was observed before, during, and after their involvement in both the animal-assisted socialization and physical therapy sessions. The socialization groups consisted of participants sitting in a group in which each participant got a turn to interact with one of the therapy dogs over a 60-minute period. The physical therapy sessions had patients engage in physical activity (walking the dog on a lead) for 15 minutes and then interact with the therapy dog for 15 minutes. In both groups, social interaction increased as a result of engaging in the animal-assisted activities. There was also an increase in emotional responses (i.e. smiling) among participants (Berry et al., 2012).

Pet Therapy and Mental Health Among Older Adults

Research has shown that older adults experiencing anxiety can benefit from pet therapy (Lutwack-Bloom et al., 2005; Nepps, et al., 2014). In a comparison group study conducted in 2005, older patients in nursing homes were divided into two groups each of which received 15-20 minute visits from volunteers three times a week for six months (Lutwack-Bloom et al., 2005). One group of patients received pet therapy during volunteer visits, while the other group received visits from volunteers only. The patient

group that received pet therapy during volunteer visits had a significantly lower level of mood problems (anxiety, confusion, anger, etc.) than the comparison group after intervention (Lutwack-Bloom et al., 2005).

Another comparison study was conducted to evaluate the effectiveness of a hospital animal-assisted activity program on decreasing levels of depression and anxiety (Nepps et al., 2014). The program consisted of weekly group therapy sessions lasting one hour where participants were encouraged to interact with a border collie. The animal handler facilitated the sessions. In the study, 218 hospital patients were divided into two groups, one participating in the animal assisted activity group and the other in a stress management group. The study examined patients' depression and anxiety levels before and after one year of treatment. Participants in the animal assisted activity group experienced decreased depression and anxiety after one year of treatment. However, there were no differences in depression and anxiety between the intervention and control groups (Nepps et al., 2014).

AAT has shown positive results in treating older adults for depression. In a meta-analysis conducted in 2007, five different studies on pet therapy and depressive symptoms were analyzed to determine whether animal assisted interventions really do help to decrease depressive symptoms (Souter & Miller, 2007). Each study met the required criteria of random assignment, having a control group, exposure to pet therapy, and a measure of depressive symptoms. Four out of the five studies showed a significant decrease in depression from pre-test to post-test for participants who received an AAT intervention. Thus, it was concluded AAT could result in significant improvements in depression (Souter & Miller, 2007).

In a study evaluating pet therapy's effect on cognitive function, mood, and perceived quality of life among elderly patients with mental illness (depression, dementia, schizophrenia), a sample of 21 participants were divided into two groups; the group receiving pet therapy and the control group. Both groups were required to complete the Mini-Mental Status Examination (MMSE), Geriatric Depression Scale (GDS) and a brief questionnaire on their perceived quality of life before and after a 6-week period. Results showed that depression symptoms decreased by 50% after receiving a pet therapy intervention and patients reported higher feelings of quality of life. Although there were not significant differences between the two groups, 80% of the participants reported a desire to continue receiving pet therapy (Moretti et al., 2011).

Another comparison group study was conducted to investigate the impact of AAT on residents in a long-term care facility ages 65 and older (Le Roux & Kemp, 2009). Sixteen patients were randomly assigned to a control group or animal-assisted activity group. The animal assisted activity group received 30 minutes of animal visitation once a week for six weeks. Patients in both groups completed the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI) before and after interventions. There were not significant differences between the intervention and control group on the BAI group. However, results showed a significant decrease in BDI scores post intervention for the animal assisted activity group while there was no change in BDI scores in the control group (Le Roux & Kemp, 2008).

Older adults with dementia have also displayed positive results from pet therapy interventions (Moretti et al., 2011; Richeson, 2003). A pilot study was conducted in which 15 elderly adults with dementia received AAT for three weeks to explore its

impact on agitated behaviors and social interactions. Participants sat in a circle and spent a full hour interacting with the dog and group members in various ways (petting the dog, brushing the dog's fur, conversing with other patients and/or dog handlers, etc.). The group took place five days a week for an hour. After the intervention, there was a significant decrease in agitated behaviors as well as a significant increase in interactions with nursing staff (Richeson, 2003).

In a comparison study, 18 female long-term care patients with dementia were divided into three different groups; human visits, pet visits, and robotic dog visits (Kramer, Friedmann & Bernstein, 2009). Results indicated an increase in both verbal and non-verbal interactions (i.e. look, touch) in three groups. Although there were not significant differences among the three groups in interaction, the group receiving pet visitation showed the largest increase in patient interactions (Kramer et al., 2009). In a study evaluating the benefits of pet therapy on older adults with mental illness, participants with dementia showed a significant decrease in depression and reported increased perception of their quality of life after participating in a pet therapy intervention for 6 weeks (Moretti et al., 2011).

Multiculturalism and Pets

The importance of animal companionship and the human appreciation of animals has a long history across many different cultures (Walsh, 2009). According to archeological findings, domestic wolves lived with humans in settlements and were respected as partners in hunting and fishing. They were also seen as guides and guardians (Serpell, 2008). In the Greek literature The Odyssey, Odysseus's old dog

Argus was the only one to recognize him when he returned home disguised as a beggar (Coren, 2002).

The proper treatment of animals has been emphasized in the spirituality of multiple cultures (Walsh, 2009). In Chinese legend, a part-lion, part-canine creature referred to as the 'Fu-Dog' is prevalent in stories and artwork as the protector of the home and children (Walsh, 2009). In Judaism, the Talmud advises that dogs be respected because they kept quiet and did not bark on the night the Israelites escaped Egypt and Christians have an annual 'blessing of the animals' (Dresser, 2000). Archeologists have also discovered cemeteries in Peru where the Chiribaya people had dogs buried alongside their human companions with blankets and food (Lange, 2007). In Egypt, dogs that had passed away were treated with the same respect as human loved ones; commoners would even invest in the embalming and mummifying of their canine family members to have them buried in Egyptian animal necropolises (Ikram, 2005). This information appears to support the idea that AAT interventions may prove beneficial across cultures.

Conclusion

With the older adult population on the rise, older adult challenges and issues are expected to increase as well. Because of this, special attention needs to be given to the reduction of challenges facing older adult so there is an increased potential for successful aging for this growing population. Multiple researchers have conducted studies that provide evidence that pet therapy is beneficial in promoting factors associated with successful aging. Given some of the potential challenges of the aging process, it is important for social workers to develop animal-assisted programs that can alleviate feelings of isolation, depression, and loneliness and poor health among older adults.

CHAPTER 3

METHODOLOGY

Identification of Potential Funding Sources

To identify potential funding sources for the proposed project, the grant writer utilized Internet research to explore federal, state, and local levels of funding. The grant writer looked at websites including grants.gov, getgrants.gov, ca.gov and the National Institute on Aging to identify sources at the state and federal level. When looking at funding sources at the state and federal level, the grant writer discovered that funding opportunities for older adults were primarily geared toward research opportunities and were very specific regarding the required components. As a result, the grant writer chose to focus on searching the Internet for funding sources at the foundation level for the proposed pet therapy program. The grant writer used search terms such as *pet therapy*, *older adults*, *isolated older adults*, and *depression* to find appropriate funding sources for the pet therapy project. Most of the budgets for funding opportunities found this way were too low so the grant writer did not select any of the pet therapy specific funders identified in these searches.

The grant writer visited OneOC in Tustin, California, to obtain assistance and identify potential funding sources at the foundation level. The grant writer utilized the FC search database to research different foundations for goodness of fit for the proposed program. Information on the FC search database included foundation areas of interest,

history of the foundation, purpose and activities, requirements and limitations for application, and geographic information. When using the database, the grant-writer continued to use the same key search terms. The grant writer discovered that the search terms *aging* and *older adults* yielded the most results.

Once a sufficient amount of potential funding sources were found, the grant writer proceeded to narrow down options based on criteria such as geographic focus, purpose and activities, limitations, and amounts of previous funding. Through thorough analysis and review, the grant writer eliminated foundations that were not matches for the proposed program. After reviewing all of the older adult and aging specific funding sources, the grant writer narrowed choices down to seven potential funding sources. The appropriate matches included The Archstone Foundation, The Stanley and Joyce Black Family Foundation, The Saul Brandman Foundation, The Gary Broad Foundation, The California Wellness Foundation, The Barbara Ross Charitable Trust, and the Diane Warren Foundation. After a thorough review of each funder's website (mission statement, population served, application guidelines, available funds, etc.) by the grant writer and the project advisor, the grant writer determined that the Archstone Foundation was the best fit for the pet therapy program being proposed because the proposed program fell under the umbrella of types of programs for the aging population that Archstone prefers to support. The Archstone Foundation has also funded programs for Jewish Family and Children's Services in the past.

The Archstone Foundation

The Archstone Foundation is a private foundation that was founded in 1985 when FHP Inc,, a non-profit HMO, became for-profit and was then required to convert the fair

market value of its assets into a charitable foundation (Archstone Foundation, 2015a). The foundation's mission is "to continue towards the preparation of society in meeting the needs of the aging population" and over the last 20 years, the Archstone Foundation has funded over 900 grants with a total value of almost $90 million (Archstone Foundation, 2015a, par. 5). The foundation focuses on four major areas: (1) enabling older adults to remain in their homes and communities: (2) improving the treatment of late life depression; (3) developing innovative responses to the family caregiving needs of older adults; and (4) expanding the healthcare and broader workforce needed to care for, and serve, the rapidly growing aging population (Archstone Foundation, 2015b). The grant proposal will be submitted under the Depression in Late Life area since the purpose of the proposed program is to provide pet therapy for older adults who are experiencing issues related to depression and isolation during the aging process.

To submit a grant proposal to the Archstone Foundation, an interested organization is required to write a maximum eight page full proposal (Archstone Foundation, 2015b). The full proposal must include a grant application cover sheet, a one paragraph executive summary, background on the issue, the conceptual framework and rationale for the project, background of the organization and it's capacity, a project description (goals, objectives, timeline, specific activities), a plan for evaluating the project, description of qualifications of key staff, and a detailed line item budget for the total project (Archstone Foundation, 2015b).

Target Population

The target population for the proposed project will be adults, ages 65 and older, experiencing depression, anxiety and isolation who are residents of Long Beach and West

Orange County served by JFCS Older Adult Services. The project will take a two-pronged approach to intervention. Older adults experiencing clinical levels of depression will be eligible for individual AAT while those experiencing lower levels of depression and isolation will be served through animal-assisted group activities. Referrals for the program will come from social workers within JFCS. Availability of services will not be determinant upon race, ethnicity, socioeconomic status, sexual orientation, and gender. It is estimated that 15 people will be served through individual assisted-therapy and 85 will be served through the groups.

Potential Sources for Needs Assessment

The grant writer utilized multiple sources to gather information on the needs of the target population. A thorough review of the literature provided further insight into levels of depression, isolation and other issues among older adults that may be positively influenced by pet therapy. The grant writer drew information from The Long Beach Strategic Plan for Older Adults, The Rethinking Greater Long Beach Database, the California Health Interview, and the JFCS website to gain a further understanding of the needs of target older adults in the designated area for which the pet therapy intervention is being designed.

CHAPTER 4

GRANT

Executive Summary

The aging process and transition into old age come with multiple challenges that can negatively affect well-being (Ornstein et al., 2013). With the older adult population on the rise, it is crucial to utilize treatment and intervention techniques that will have a positive impact on their specific needs. The goal of the proposed pet therapy program is to improve the well-being of older adults in the Long Beach and West Orange County regions. The program will provide both individual and group pet therapy intervention. Program participation will decrease older adults' levels of depression, isolation, and anxiety. We are requesting $92,637.60 for a pilot pet therapy program over a twelve-month period. It is estimated that 15 people will be served through individual therapy and 85 will be served through the group therapy. Funds will be utilized for salaries of employees, supplies, and miscellaneous funds.

Background of Issue to Be Addressed

Depression is a prevalent issue among the older adult population in Long Beach (LBDHHS, 2005). According to the California Health Interview Survey, 23% of older adults in the Long Beach area felt downhearted and sad some or all of the time and 7% had seriously considered suicide. Findings from the survey also showed that approximately 80% of elderly respondents identified behavioral/mental health providers

as the most lacking service for their age group in Long Beach (Community Hospital Long Beach, 2013). Depression can contribute to health declines and isolation (Mitchell & Harvey, 2014; Nicholson et al., 2010). Depression can also increase the severity of pre-existing health issues and if depression remains untreated, it can even lead to suicide (LBDHHS, 2005). Older adults who experience depression are also likely to suffer from anxiety, which can reduce their quality of life by negatively impacting their physical health and ability to complete daily tasks (Porensky et al., 2009; Roy-Byrne et al., 2004; van der Kooy et al., 2007; Wetherell et al., 2005). The development of effective interventions to reduce depression among older adults is critical given they are expected to have a population increase of 42% by 2050 (U.S. Census Bureau, 2012).

Conceptual Framework and Rationale

Pet ownership has many benefits for older adults including increased levels of socialization and exercise as well as decreased feelings of loneliness (Hart, 2006; Johnson & Meadows, 2002; Krause-Parello, 2012). Pet therapy is an innovative intervention in which therapists use animal interactions to achieve specific treatment goals (Lutwack-Bloom et al., 2005). Different techniques used in pet therapy include petting, brushing, walking, and talking to certified therapy animals (Nepps et al., 2014). Older adults benefit when animals are included in therapy (DeCourcey et al., 2010; Marcus 2013; Moretti et al., 2011). For example pet therapy has been shown to decrease depression levels as well as lower feelings of stress and anxiety among older adults (Moretti et al., 2011, Nepps et al., 2014). In group settings, pet therapy has also been shown to help increase social interactions older adults (Richeson, 2003).

Background of JFCS

Established in 1957 by members of the National Council of Jewish Women, JFCS is a non-profit agency serving the Long Beach and West Orange County areas. "Our mission to empower people to make positive changes through professional, affordable counseling and support services". We offer services specific to children, families, and older adults. JCFS serves approximately 1,000 older adults every year through a wide variety of community based services including counseling, support groups, case management, referrals, and emergency financial assistance (JFCS, 2014).

Project Description

Our proposed program will offer both individual and group pet therapy. The specific approach will be tailored to meet the goals and needs of each older adult. The group therapy will be geared toward older adults experiencing lower levels of depression. The individual pet therapy will be for older adults experiencing more severe symptoms of depression who will benefit from a personalized treatment plan with one-on-one animal interactions.

Goals and Objectives

The goal of the proposed pet therapy program are to increase the well-being and quality of life of older adults in the Long Beach and West Orange County regions.

1. To provide individual and/or group pet therapy for 100 older adults in one year.

2. Older adult participants in pet therapy intervention will self-report significantly lower levels of depressive symptoms, anxiety, and feelings of loneliness as measured by pre- and post- test surveys.

Timeline

Month 1

Hire staff.

Recruit and train handlers.

Train JCFS staff about program and referral process.

Month 2

Begin screening of potential participants.

Continue staff training.

Month 3

Groups start.

Beginning evaluation data collected.

Screening continues for individual pet therapy participants.

Individual pet therapy starts.

Months 4 – 10

Groups continue.

Individual pet therapy continues.

Month 11

Termination of groups.

Termination of individual therapy.

Ending evaluation data collected.

Month 12

Analysis of evaluation data.

Specific Activities

Pet Therapy Group

The pet therapy group will be facilitated on the JFCS site and will serve six older adults per group. Each group will last for six weeks with each weekly session lasting two hours. The group will be facilitated by a Licensed Clinical Social Worker (LCSW) with the assistance of two volunteer dog handlers and their certified therapy dogs. Groups will be offered both in English and in Spanish. The groups will be a reminiscence group where participants will be encouraged to discuss memories they have of dogs from their pasts, including childhood dogs, neighborhood dogs, etc. with the assistance of animal activities. Animal activities will include petting, brushing, feeding treats, and playing with the therapy dogs.

Each participant will be given an equal amount of time to interact with each of the therapy dogs and the LCSW will facilitate group conversations and activities to increase social interactions among group members. Group members will also have the support of their peers, which will help to decrease feelings of loneliness and depression. At the end of each six-week session, each participant will receive a framed photo of themselves with the therapy dogs as a parting gift to recognize their achievements in group. This program model was designed based on previous studies where older adults participating in pet therapy groups evidenced decreased depression, anxiety, and isolation (DeCourcey et al., 2010; Marcus 2013; Moretti et al., 2011).

Individual Pet therapy

For the individual therapy component, a social worker will meet with participants individually for an hour in their homes with his or her own certified therapy dog. Older

adults who are experiencing depression and isolation at a more severe level will be asked to participate in individual pet therapy. This will also be appropriate for participants who are less mobile therefore they are unable to transport themselves to receive services (Banks & Banks, 2005). The beginning stages will consist of the social worker observing as participants interact with the dog and will primarily focus on the older adult-dog interaction. Then, as the sessions continue and the therapist-client relationship builds, the social worker will implement other therapeutic interventions to complement the pet therapy. Length of pet therapy treatment will vary depending on the individual treatment plans and progress toward meeting desired treatment goals. Similar interventions with older adults have resulted in decreases in depressive symptoms, anxiety, and feelings of loneliness (Banks & Banks, 2002; Lutwack-Bloom et al., 2005; Souter & Miller, 2007).

Evaluation

An outside evaluator will be utilized to assess the effectiveness of the group and individual interventions. There will be two components to the evaluation. First, data will be collected on program attendance and demographics. At the end of each six-week session participants will also complete satisfaction survey and provide suggestions on how to improve the program. This information will be used to modify and strengthen the program. In order to evaluate the effectiveness of both, the pet therapy group and the individual pet therapy, participants will complete the Geriatric Depression Scale, the Geriatric Anxiety Scale, and the UCLA Loneliness Scale both before and after intervention to determine if program involvement reduced depression and anxiety. For the individual pet therapy participants, the Geriatric Depression Scale and the Geriatric

Anxiety Scale will be administered periodically throughout the treatment and a post-treatment survey will be administered at the end of the year.

Qualifications of Key Staff/Job Descriptions

The key staff member in the proposed pet therapy program will be an LCSW with a background in pet therapy. The LCSW's first responsibility will be to screen and select volunteer animal handlers to utilize for the group therapy component of the proposed program. Next, the LCSW will screen potential participants for both group and individual therapy. Participants will be placed in either intervention depending on the severity of their symptoms and goodness of fit. The LCSW will provide weekly individual pet therapy to at least 15 participants over the course of a twelve-month period. Along with providing individual therapy, the LCSW will facilitate group sessions twice a week with the assistance of volunteer dog handlers and their certified therapy dogs. The LCSW will also collect all evaluation instruments.

Other key staff members will include two volunteer animal handlers. To fit the criteria for this position, dog handlers must have a certified therapy dog and be available for group pet therapy sessions twice a week for the twelve-month period. Volunteer dog handlers will be responsible for transporting the therapy dogs to and from group sessions, assisting the LCSW in facilitating groups, engaging participants through facilitated interactions, and supervising therapy dogs during pet therapy to ensure safety of all participants.

Budget Narrative

The pet therapy program will require a total budget of $92,637.60.

Personnel Costs

Licensed Clinical Social Worker: There will be one full-time (100% FTE) salaried LCSW. The LCSW will be required to have a Master's degree and be licensed in clinical social work. The LCSW will supervise and train animal handlers, screen participants and deliver individual and group pet therapy interventions. The annual salary is $60,000 and benefits (medical, dental, vacation, sick time, FICA) @ 28% = $16,800. The total cost for this position is $76,800.00

Direct Operating Costs

Equipment: This includes materials for individual and group therapy sessions. There will be one time purchase of brushes, toys, waste bags and water bowls for approximately $336. Monthly costs for dog equipment will include dog treats at approximately $50 per month for 9 months for a total of $450. This also will include a one-time purchase of a digital camera ($250) to take pictures of the participants with the dogs and framed pictures will be given to participants at the end of each six-week session. Approximately $170 for photo development costs and approximately $850 picture frame costs for a total of $1,270. The total cost for equipment is $2,056.00.

Volunteer Stipend: Volunteer animal handlers will receive a stipend of $100 per 6-week pet therapy group; $100 x 12 groups x 2 volunteers = $2,400.00.

Travel: Mileage for the social worker for individual pet therapy sessions held in home will be reimbursed @ $0.50 per mile for approximately 360 miles per month x $0.50 x 9-months = $1,620.00.

Office Supplies: This includes general office supplies such as paper, pencils, pens, ink, folders, and postage for approximately $50 per month x 12 months = $600.00.

Office Equipment: This includes a one-time purchase of a computer @ $480 and a printer @ $260, for a total of $740.00.

Indirect Costs

Administration: This includes administrative costs, space, supervision and insurance @ 5% of the total budget cost; totaling $4,210.80.

Evaluation: There will be an outside evaluator selected to evaluate the effectiveness of group and individual pet therapy activities @ 5% of the total budget; totaling $4,210.80.

A line-item budget for the proposed program can be found in the Appendix section.

CHAPTER 5

LESSONS LEARNED

The purpose of this project was to design a pet therapy program for older adults, identify potential funding sources, and write a grant to fund the program at JFCS. This chapter presents the lessons learned during the grant writing project and the implications for social work practice.

Literature Review

The literature review was the most challenging component for the grant writer. Analyzing research on the challenges of older adults and how said challenges are treated through pet therapy was informative yet time consuming. It is important to take the time to review literature on the topic of the grant because it helped to see what different researchers discovered in their studies. For example, prior to completing the literature review, the grant writer was unaware that pet therapy had been shown to be effective in increasing social interactions of older adults with dementia. The grant writer also learned that there were multiple variations of animal-assisted interventions such as pet visitation and animal assisted therapy and how different versions were effective for achieving different goals. The grant writer gained an appreciation for research because she ended up changing the design of her program based on findings from the literature review. Although researching articles for the literature review was difficult, was is necessary to expand knowledge and become an expert in the field.

The Search for Funding Sources

The grant writer learned a lot about the funding process when searching for a potential funder. The grant writer discovered that federal and state level grants, which are usually Requests for Proposals, are very specific regarding the types of programs they are interested in funding. The grant writer also learned to pay attention to every detail in each of the funding descriptions because, on multiple occasions, the grant writer believed that the funder was a good fit until reading one or two requirements in the funding description that made the pet therapy grant a poor fit. In the future, the grant writer will read over funding requirements carefully and search for key words that match the description of the desired grant or program design. The grant writer will also make the effort to utilize Foundation Center Search software so that she can expand her opportunities to find an appropriate funder.

In late December, the grant writer decided on The Archstone Foundation as the best source of funding for the pet therapy program. At the time, the funding priorities of the foundation fit very well with the characteristics of the envisioned program. However, at the time of actual grant writing, the grant writer learned, by looking at their website, that the categories had been modified and the Archstone Foundation had become more specific in the types of programs they were willing to fund. As a result, the grant writer had to redesign the proposed program to fit the new criteria. The grant writer learned that it is important to check in with funder frequently because it is possible that the proposed project may no longer fit the foundation's criteria.

Grant Writing

The writing of the actual grant required a different writing style which was an adjustment for the grant writer after spending so much time compiling the literature review. The grant writer learned that the purpose of grant is to sell funders on your idea and spark an interest in the program for which you are writing. Grant writing is a specific skill that requires creativity and language skills. It also requires attention to details; such as making sure that the goals match the objectives and that the objectives match with the evaluation. However, the grant writer enjoyed the grant writing process the most because it gave her an opportunity to develop her own ideas based on the findings from the literature review. The grant writer learned how to mold her ideas for the proposed program so that they fell under the umbrella of foundation's funding priorities. This included things such as consistency of terms that were similar or related to the terms used on the Archstone Foundation website used to describe their vision. By using the right language, the grant writer was able to link her grant with the mission and vision of the foundation to increase the chances of the grant getting funded. The grant writer also gained a deeper appreciation for the literature review and she was able to incorporate research findings into the background of issue to be addressed, which strengthened the rationale for the proposed pet therapy program.

Budgeting

The writing of the budget was also a challenge for the grant writer. Writing a budget requires considerations of all potential costs over the duration of a program period. It is important to pay close attention to details. The grant writer had to rewrite the budget several times before deciding that all necessary costs were included. The

grant writer was surprised when the final costs for the budget were significantly lower than the original anticipated cost. It was beneficial for the grant writer to write a budget because she has now enhanced her skills in identifying small but important details when designing projects or programs. The grant writer learned about new terms budget such as full-time employee (FTE) and part-time employee (PTE) and the difference between the categories in the budget such as personnel, direct costs, and indirect costs. Learning about the different components will be helpful for the grant writer in potential future grant-writing opportunities.

Collaboration

The grant writer did not collaborate much with the host agency when writing the grant. Although it was not mandatory to be in contact with JFCS, it would have been beneficial to collaborate more with the host agency. Had the grant writer established a stronger relationship with the agency, she could have obtained more substantial information that would have assisted in developing the program. If there ever is an incident in the future when the grant writer is writing another grant, the grant writer will remember to increase collaboration with the host agency in order to develop a stronger program.

Implications for Social Work Practice and Policy

Although adults are experiencing a longer lifespan, they continue to face challenges specific to the aging process. Older adults often think that they do not receive adequate services for their physical and mental health needs (LBDHHS, 2005). It is the responsibility of social workers to provide services and advocate for populations who are

in need. As this population continues to grow, their need for services will grow as well. It is crucial for social workers to expand their skills to meet the needs of this group.

Social workers should work to develop innovative programs and interventions that will provide support and treatment to older adults. As communities continue to change and have an increased prevalence of older adults, it is crucial that social workers mold their treatment methods and services around the needs of the older adult community members. For example, because older adults become less mobile as their physical health declines, it is often difficult for them to get services due to inability to travel to agencies, clinics, etc. (Banks & Banks, 2005). Therefore, if social workers altered services to be primarily in-home this would increase the amount of older adults who receive adequate support and utilize available resources. It is necessary for social workers to educate themselves on challenges for older adults and to use that knowledge to alter programs and make them older-adult friendly.

Since pet ownership has been shown to have a positive impact on older adults, it makes sense to incorporate animals into interventions for this population in ways such as pet visitation and pet therapy. These programs will provide opportunities to better serve the needs of older adults; therefore it would be beneficial for social workers to expand their knowledge on pet therapy. The practicing of pet therapy and other animal-assisted interventions may also, in the long run, be beneficial in decreasing the frequency that older adults utilize medical and other costly services since they will be receiving alternative treatment for the challenges of the aging process.

Grant writing is a very important skill for social workers to have and utilize. The ability to create programs based on social services knowledge and research not only

strengthens the social work profession, but can also create new employment opportunities and expansion of the social work field. Grant writing also offers social workers a stronger sense of leadership in the community because they are taking an active role in expanding available services. Therefore, grant writing is beneficial both to the grant writers and the recipients of funded services resulting from grants.

APPENDIX

PROPOSED PROGRAM LINE ITEM COSTS

Proposed Program Line-Item Costs Expenses	
Direct Program Cost/ Salaries	
Full Time LCSW 100% FTE	$60,000.00
Benefits @ 28% of FTE	$16,800.00
TOTAL SALARIES	$76,800.00
Direct Operating Cost	
Program Equipment	$2056.00
Volunteer Stipends	$2400.00
Travel	$1620.00
TOTAL DIRECT PROGRAM COSTS	$7416.00
Indirect Cost	
Evaluator	$4210.80
Administrative Costs	$4210.80
TOTAL INDIRECT PROGRAM COSTS	$8421.60
TOTAL PROJECT COST	$92,637.60

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