

# 人と動物の絆 HumanAnimal Bond タイガープレイスと日本における代表的なアニマルセラピーの活動発表

《主催》公益社団法人日本動物病院福祉協会

《サポート企業》ロイヤルカナンジャパン

《司会／座長》

戸塚裕久氏（公益社団法人日本動物病院福祉協会(JAHA) CAPP委員長）

《演者》

第一部

ペットを飼うことができる画期的な高齢者用居住施設で、人間と動物の絆について教え、学ぶためのケーススタディとして利用することができるタイガープレイスという場所があります。このタイガープレイスもつ優位点についてジョンソン先生に講演いただきます。

「タイガープレイス：ペットと年齢を重ねていける素敵な場所」

レベッカ・ジョンソン氏（ミズーリ大学 獣医学部 ヒューマンアニマルインタラクティブ研究センター(ReCHAI) 所長／IAHAIO（人と動物の関係に関する国際組織）会長）

第二部

人と動物のふれあい活動（CAPP）に関する発表

日本動物病院福祉協会（JAHA）で推進しています人と動物のふれあい活動（CAPP）について、総論および大別される3種の活動形態についてそれぞれ発表を行います。

「CAPP活動 総論」

戸塚裕久氏（公益社団法人日本動物病院福祉協会 CAPP委員長）

「動物介在活動（AAA）に関する発表」

種稲憲太郎氏（特別養護老人ホームきしろ荘施設長）

「動物介在療法（AAT）に関する発表」

福田美穂氏（社会福祉法人 信愛報恩会 信愛病院）

「動物介在教育（AAE）に関する発表」

柴内裕子氏（公益社団法人日本動物病院福祉協会 顧問）

## Workshop II

ワークショップ II

### “Human-Animal Bond Lecture Workshop: Tiger Place and Representative Animal Therapy Activities in Japan”

Organizer: Japanese Animal Hospital Association (JAHA)

MC / Chairperson:

Hirohisa TOTSUKA,

Chairperson, CAPP Committee, Japanese Animal Hospital Association (JAHA)

Speakers:

**Part 1:** Tiger Place is an innovative residential institution at which the people living there can keep pets. Tiger Place offers us an excellent case study for learning about the Human Animal Bond. Dr. Johnson will lecture about the advantages enjoyed by Tiger Place.

“TigerPlace: A Unique Setting for Aging in Place with Companion Animals”

Rebecca A. JOHNSON, PhD, RN, FAAN,

Director, Research Center for Human Animal Interaction (ReCHAI), College of Veterinary Medicine, University of Missouri,

President, International Association of Human-Animal Interaction Organizations (IAHAIO)

**Part 2:** Presentations on the Companion Animal Partnership Program (CAPP)

There will first be a presentation to provide an overall understanding of CAPP activities and then individual presentations about the three kinds of activity.

“General Overview Presentation about CAPP Activities”

Hirohisa TOTSUKA, Chairperson, CAPP Committee, JAHA (Japanese Animal Hospital Association)

“Presentation on AAA (Animal Assisted Activity)”

Kentaro TANEINE, Director, Special Elderly Nursing Home ‘Kishiro-so’

“Presentation on AAT (Animal Assisted Therapy)”

Miho FUKUDA, Shinai Hospital, Social Welfare Corporation Shin-ai Hoon Kai

“Presentation on AAE (Animal Assisted Education)”

Hiroko SHIBANAI, Consultant, JAHA (Japanese Animal Hospital Association)

公益社団法人 日本動物病院福祉協会

Japanese Animal Hospital Association (JAHA)

公益社団法人日本動物病院福祉協会（JAHA=Japanese Animal Hospital Association）は、1978年1月に日本動物病院協会として設立され、1987年11月に社団法人日本動物病院として厚生省（現在の厚生労働省）より許可を受け、その後、2009年5月に内閣府から公益法人として認定され現在に至っています。人と動物の間に存在する絆を守り、維持するための動物医療を実践することで社会貢献する動物病院の協会で、具体的に次の公益目的事業を行っています。

- ・動物病院及び動物医療の充実のための継続教育事業
- ・動物病院及び動物医療に関わる専門職等の資格付与関連事業
- ・動物病院による地域社会への貢献を推進する事業
- ・アニマルセラピー（CAPP 訪問活動）推進のための事業
- ・アニマルセラピーに関する調査研究事業

人と動物のふれあい活動は上記5つの公益目的事業のうち、アニマルセラピー（CAPP 訪問活動）推進のための事業として実施しています。この活動は1986年5月から実施され、現在までの活動延べ回数は約13,000回となっています。

The Japanese Animal Hospital Association (JAHA) was established in January 1978 and was reorganized as a non-profit organization authorized by the Ministry of Health and Welfare (the present Ministry of Health, Labour and Welfare) in November 1987. In 2009, the Cabinet Office certified the JAHA as a public interest corporation, its current status. The JAHA is an association of animal hospitals that seeks to make a social contribution by conducting medical treatment to help maintain the existing emotional ties between people and animals. Specifically, it carries out the following public-interest projects.

- ・On-going education projects for improving animal hospitals and animal medical treatment
- ・Projects related to grant qualifications for professionals concerning animal hospitals and animal medical treatment
- ・Projects for promoting contributions by animal hospitals to local society
- ・Projects for promoting animal therapy (CAPP visit activities)
- ・Animal therapy-related survey research projects

Among the five above-listed projects, activities aimed at promoting interaction between people and animals are carried out as part of the project for promoting animal therapy (CAPP visit activities). These activities started in May 1986 and have been carried out on approx. 13,000 occasions up to the present time.

活動内容は、目的により次の3つのカテゴリーに分けることができます。

#### 動物介在活動 Animal Assisted Activity

動物とふれあうことによる情緒的な安定、レクリエーション、QOL（生活の質）の向上等を主な目的としたふれあい活動。JAHAの多くの活動はこのカテゴリーに属します。

#### 動物介在療法 Animal Assisted Therapy

人間の医療現場で、専門的な治療行為として行われる動物を介在させた補助療法。医療従事者の主導で実施します。精神的・身体的機能、社会的機能の向上等、治療を受ける人に合わせた治療目標を設定し、適切な動物とボランティア（ハンドラー）を選択、治療後は、治療効果の評価を行います。

#### 動物介在教育 Animal Assisted Education

小学校等に動物と共に訪問し、正しい動物とのふれあい方や命の大切さを子どもたちに学んでもらうための活動。生活科や総合学習などのプログラムとして取り入れる学校もあります。

The contents of these activities can be divided by ‘purpose’ into the following three categories.

#### ・Animal Assisted Activities (AAA)

These are activities carried out for the main purposes of fostering emotional stability, recreation, improving quality of life, etc., through interaction with animals. Many of the activities carried out by JAHA fall into this category.

#### ・Animal Assisted Therapy (AAT)

AAT is a professional therapeutic practice that involves using animals as a form of treatment carried out by healthcare professionals. The treatment goals are set according to the needs of the patients, such as improving mental and physical functions, social functions, etc., then appropriate animals and volunteers (handlers) are selected and, after treatment is completed, the effects are evaluated.

#### ・Animal Assisted Education (AAE)

AAE involves making visits to elementary schools, etc., together with animals in order to help children to learn the correct way to interact with animals and to appreciate the preciousness of life. Some schools carry out this activity as part of their life environmental studies or integrated studies program.

公益社団法人 日本動物病院福祉協会 (JAHA) CAPP 委員長・戸塚 裕久  
Hirohisa TOTSUKA, Chairperson,  
CAPP Committee, Japanese Animal Hospital Association (JAHA)



東日本大震災以降、絆という言葉をとてよく見聞きするようになりました。公益社団法人日本動物病院福祉協会 (JAHA) は、ヒューマン・アニマル・ボンドの理念を大切に、人と動物がより良い関係で共生できる社会の実現を目指して活動しています。

犬や猫、小鳥などのペットと一緒に過ごすとき、私達は心から安らぎを覚え、心身ともにリラックスし、健康が増進されることが分かってきました。これは人と動物の絆 (HAB) に由来する相互作用によるものなのです。

JAHA は 1978 年に設立し、1986 年から「人と動物のふれあい活動」(CAPP-Companion Animal Partnership Program) を開始しました。

2009 年公益社団法人となり、公益目的事業としてアニマルセラピー (CAPP ボランティア活動) 推進のための事業を行なっています。本会では、この活動をその目的により次の 3 つに大別しています。

・動物介在活動 (AAA/Animal Assisted Activity)

動物とふれあうことによる情緒的な安定、レクリエーション、QOL の向上等を主な目的としたふれあい活動で、一般的にアニマルセラピーと呼ばれる活動の多くはこのタイプです。

Ever since the Great East Japan Earthquake disaster befell us we have come to hear the word “kizuna” (meaning “emotional bonds” or “ties”) far more frequently than before. The Japanese Animal Hospital Association (JAHA) has been expanding its activities towards realizing a society in which people and animals can live together in a more harmonious relationship by focusing on this idea of “human-animal bonds”.

It is well established that when people spend time with pets such as dogs, cats and birds they feel a sense of genuine relief. They can relax more, both physically and mentally, which helps improve their health. This is due to the reciprocal influence of human-animal bonds (HAB).

JAHA was established in 1978 and started up the Companion Animal Partnership Program (CAPP) from 1986 onwards. Since becoming a public interest corporation in 2009, JAHA has continued to carry out projects to promote animal therapy (CAPP volunteer activities) in order to further the benefits to the public. The contents of these activities can be divided by ‘purpose’ into the following three categories.

・Animal Assisted Activities (AAA)

These are activities carried out for the main purposes of fostering emotional stability, recreation, improving quality of life, etc., through interaction with animals. Many of the activities generally termed “animal therapy” are of this type.

・動物介在療法 (AAT/Animal Assisted Therapy)

人間の医療の現場で、専門的な治療行為として行なわれる動物を介在させた補助療法で、医療従事者の主導で実施します。精神的、身体的、社会的機能の向上など、治療を受ける人に合わせた治療目標を設定し、適切な動物とボランティア (ハンドラー) を選択する。治療後は治療効果の判定を行います。

・動物介在教育 (AAE/Animal Assisted Education)

小学校に動物とともに訪問し、動物との正しいふれあい方や命の大切さを子どもたちに学んでもらうための活動です。生活科や総合学習などのプログラムとして取り入れる学校も徐々に増えています。

このワークショップで、皆様に人と動物のふれあい活動 (CAPP) に対する理解を深めていただければ幸いです。どうぞ皆さん、CAPP 活動に参加して下さい。

・Animal Assisted Therapy (AAT)

AAT is a professional therapeutic practice that involves using animals as a form of treatment carried out by healthcare professionals. The treatment goals are set according to the needs of the patients, such as improving mental and physical functions, social functions, etc., then appropriate animals and volunteers (handlers) are selected and, after treatment is completed, the effects are evaluated.

・Animal Assisted Education (AAE)

AAE involves visiting elementary schools together with animals in order to help children to learn the correct way to interact with animals and to appreciate the preciousness of life. The number of schools introducing this activity as part of their life environmental studies or integrated studies program is gradually increasing.

I would be personally delighted if this workshop can help the participants deepen their understanding about activities relating to human-animal bonds under CAPP.

Lastly, I would like to invite everybody to please consider participating in CAPP activities.

## タイガープレイス：ペットと年齢を重ねていける素敵な場所

### TigerPlace: A Unique Setting for Aging in Place with Companion Animals

ミズーリ大学獣医学部 ヒューマンアニマルインターアクション研究所 (ReCHAI) 所長／IAHAIO (人と動物の関係に関する国際組織) 会長・レベッカ A. ジョンソン

Rebecca A. JOHNSON, PhD, RN, FAAN, Director, Research Center for Human Animal Interaction (ReCHAI), College of Veterinary Medicine, University of Missouri, President, International Association of Human-Animal Interaction Organizations (IAHAIO)



ペットの飼い主を対象とした多くの研究で、高齢の人々にとってペットと過ごすことは、健康にも幸福にも有益であるということが示されています。ペットは無償の愛と社会的サポート、朝起きることの理由、年を取って困難の増える日常生活の中で別の目的を与えてくれるものです。これらの研究結果はこのミズーリ大学シンクレア看護学校が設立した高齢者向け住居の特色の元となっています。

「タイガープレイス」はペットを奨励している高齢者向け住宅です。「タイガープレイス」のモデルになっているのは「エイジング イン プレイス」です。この住宅モデルは、高齢者が介助や介護、または両方が必要となったときに入居するものです。目的はできるだけ長く自立の機能を保持させることにあります。入居者はタイガープレイスの集合住宅に入り、月額の家賃を支払うことで、清掃などとサービスと一日に2食の食事を受けることができます。またソーシャルプログラム（社交活動プログラム）も準備されています。ここの高齢者はたとえ介護度が増しても、再び引越しを繰り返さなくても済むのです。なぜならそこで追加の介護がその集合住宅で受けられるからです。

Pet ownership has been shown in several studies to be beneficial to the health and well-being of older adults. Pets provide unconditional love and social support, a reason to get up in the morning, something to focus on besides the daily challenges of aging. These findings are the basis of a unique component of a retirement residence that was founded by the University of Missouri Sinclair School of Nursing.

TigerPlace is a pet-encouraging retirement residence for older adults. The model for TigerPlace is “Aging in Place.” In this model, older adults choose to move into the retirement residence when they need assistance, care or both. The goal is to maintain independent functioning as long as possible. Residents pay a monthly rental fee to live in an apartment in TigerPlace and receive services including housekeeping and two meals per day. There is also social programming for the residents. Even as the older adults have increased care needs, they do not have to move again. Additional care is provided in their apartment.

ペットを飼うことは強制ではないが、世話をする能力のある人にはペットを飼うことを奨励しています。「タイガープレイス ペット イニシアチブ (TiPPI)」がペットの入手や世話の手伝いを提供してくれます。「PAWSitive」(Pawsは動物の足のことであり、これでポジティブ＝前向き、という意味)が毎週、動物を連れての訪問を行い、住居者は毎回違った種類の動物と触れ合うことができるようになっています。住居者は短いセミナーを受け、その週に訪問している動物の種類について学ぶことができます。タイガープレイスに入居している飼い主に飼われているペットは、毎月獣医の訪問を受けます。建物内には獣医が動物のメディカル検査などができる設備が整っており、簡単な措置を施すことができるようになっています。

タイガープレイスは、看護や医学、獣医学、理学療法や作業療法、工学、社会福祉などを学んでいる多くのミズーリ州立大学の学生にとって実習の場であり、ユニークな学習の機会を提供しています。

While pet ownership is not required, we encourage pet ownership for those who are capable of taking care of a pet. The TigerPlace Pet Initiative (TiPPI) provides assistance with pet adoption and care. A weekly animal visitation program called “PAWSitive Visits” gives residents the opportunity to interact with a different species of animal each week. The residents also receive a short seminar so that they can learn about the species that is visiting each particular week. Pets who live at TigerPlace with their owners receive a monthly visit from a veterinarian. The building also has a fully equipped veterinary medical examination room where the veterinarian can do minor health care tasks on the animals.

TigerPlace is a learning laboratory for a variety of University of Missouri students including those from nursing, medicine, veterinary medicine, physical therapy, occupational therapy, engineering and social work. It provides a unique learning opportunity.



# ROYAL CANIN

## VETERINARY DIET

犬 用  
VETERINARY  
EXCLUSIVE

動物病院  
取扱品



**避妊・去勢**  
したあとの食事

ワンちゃんたちに  
**大好評。**

ROYAL CANIN  
VETERINARY DIET

ロイヤルカナン ペテリナリーダイエツ  
ベツプラン ニュータードケアは、  
避妊・去勢したワンちゃんのために  
特別に調製された毎日の食事です。  
手術後のワンちゃんに特に気をつけてほしい  
理想的な体重維持に配慮してつくりました。  
下部尿路の健康維持にも配慮しています。

原寸大

ニュータードケア  
規格: 1kg・3kg・8kg

VETERINARY

動物病院が選ぶ毎日の食事  
ベツプラン TM

# Vets Plan

動物病院でお求めください。

●詳細はベツプランサービスまで、お問い合わせください。0120-76-1012 受付時間 9:30~18:30 (日曜・祝日は定休日)  
〒168-8790 東京都杉並区上高井戸1-22-12

ロイヤルカナン ジャポン Inc.  
www.royalcanin.co.jp

共立製薬  
東京都千代田区大塚1-5-10

# Workshop II

ワークショップ II 記録集

## タイガープレイス：ペットと年齢を重ねていける素敵な場所

### TigerPlace: A Unique Setting for Aging in Place with Companion Animals

ミズーリ大学獣医学部 ヒューマンアニマルインターアクション研究所 (ReCHAI) 所長／IAHAIO (人と動物の関係に関する国際組織) 会長・レベッカ A. ジョンソン

Rebecca A. JOHNSON, PhD, RN, FAAN, Director, Research Center for Human Animal Interaction (ReCHAI), College of Veterinary Medicine, University of Missouri, President, International Association of Human-Animal Interaction Organizations (IAHAIO)



Thank you very much for the honor and privilege to speak to you today. I am deeply honored to have been invited to present here and to be in the company of such incredible leaders in veterinary medicine and in the pet product world. It's a special honor and I am very grateful, thank you.

It is my privilege to serve as the Director of the Research Center for Human Animal Interaction at the University of Missouri. And if you know the USA, you know that Missouri is right in the middle of the country. We call it the "Middle of Nowhere" [as a joke]. So we live in the middle of the country, the geographic epicenter.

Also I am a faculty member by appointment in both veterinary medicine and nursing. My nursing PhD is in Gerontology so my work focus is largely around the elderly, care of the elderly and ways to improve that. (Please note that I am running two computers here so that I can see my slides in English but you can see them in Japanese.)

It is an honor to serve as President of IAHAIO. IAHAIO is the International Association of Human Animal-Interaction Organizations. We are the global network of organizations doing work on human animal interaction. So it is a privilege to be here as President of this organization to see some of our member groups namely HARS and JAHA. We had a lovely dinner last night with some of our colleagues from JAHA, so it is an honor to be here to talk to you from the point of view of IAHAIO.

You can read from your handout some information

about IAHAIO which tells you where we were incorporated and our purposes. The purposes, broadly speaking, are to encourage research, education and practice in human animal interaction and to advance human animal interaction into new and exciting and unprecedented directions. We have a wonderful conference and our next conference is in 2013 and I will tell you about that shortly.

Since I became President 15 months ago we have completely renovated the IAHAIO website, I encourage you to go there and visit. We have done a complete strategic planning operation to review our goals and our mission and look at the projects that we are undertaking to move the organization and human animal interaction forward. We have restructured our membership categories to make IAHAIO more inclusive rather than exclusive. And we have created a new award called the "William F. McCulloch Award" that is going to be given out, for the very first time, at our conference in 2013. This award honors Bill McCulloch who is a veterinarian and who was initially working with Dr. Leo Bustad, Founder of the Human-Animal Bond. So we are going to honor Dr. McCulloch by giving someone an award in his name. It will be someone in the world who is doing wonderful education or practice work.

I am also pleased to announce that we have created a wonderful new collaboration with the American Veterinary Medication Association. So our conference in 2013 will be held in Chicago, my hometown, which is very exciting. And it will be in tandem together with the American Veterinary Medical Association's 100th convention. So this is the first time that IAHAIO has



united with the Medication Association. We are very excited about that. The new collaborations that will result from that will be really great. Because Veterinary Medicine understands human animal-interaction we are hoping that, for 2016, we can hold our conference in tandem with a human medical convention so that we begin to bring the fields together to consider 'one health, one medicine' and human animal interaction. So please come to Chicago July 20-22nd 2013.

We conducted a membership survey in 2011 and found that our members are very happy with our conferences. They were very pleased with the credibility associated with being a member of IAHAIO. So I invite you to encourage other organizations doing HAI work to join IAHAIO. There is great strength when we work together and there is credibility in IAHAIO.

So the conferences were viewed as very important for our members but they also asked us if we could create more ways for them to interact. So our new website has an area where members can interact together, talk to each other, share their projects, share their ideas and develop new projects.

This is our logic and in the USA we like logic models. The idea is that you have a strategy on the left side, you have your focus in the center and you have outcomes on the right side. What we want is down at the very bottom right hand corner, we want IAHAIO to be the source for human-animal interaction. In order to do that, we are going to do several things. We are going to actively recruit new members and we have been doing this. I have listed some here for you to see and, when we recruit new members, what we get over on the far side is more vitality, new ideas, and more exchange of information.

We are also going to raise corporate support for IAHAIO and we have started to do this. Pfizer is helping to fund the William F. McCulloch Award and we are working with the Human-Animal Bond Research Institute (HABRI Foundation) that was formed in 2010 by the American Pet Products Association. We are working with them on a project called 'HABRI

Central' which is going to be an online repository of all literature published and unpublished about human-animal interaction. Presently the literature is scattered over different places but this project is going to bring access to all of that literature in one place on the web, a place that is new improved and very exciting. I believe it will be open on March 1st. So, on the far side we expect to gain more fiscal help for IAHAIO as we engage with more corporate partners.

Also, we are going to engage our members. We have already done so by expanding the website and we are also going to start a database project where people groups doing animal assisted activity will be working together to collect clinical data and outcome data showing the outcomes of visits. Up until now, we can say all we want about "how nice it is to do animal assisted activity visits" but, until we show actual outcome data, nobody within the scientific disciplines is really going to believe us. They just say "that's just nice, but we want to see scientific data!" So we will be creating a research source and a network and eventually we will be down here in the far right hand corner where IAHAIO is the source. So for our future we are growing our membership, we are creating new partnerships and we are going to move the field forward in unprecedented and highly exciting ways.

But now back to Missouri, the middle of the country, 'the middle of nowhere'. I bring greetings. Our vet school there has over 400 veterinary medical students and we have a four year curriculum for them. Our nursing school has close to 500 Baccalaureate Degree nursing students, approximately 200 Masters degree students and approximately 50 PhD nursing students. So we are fairly large for the State.

The University of Missouri is a land-grant mission university. It was founded on the principles of one of our presidents, namely Thomas Jefferson who was a very strong educator. So we were the first university created in 1839 that was with the new property purchased by the United States from Mexico, under the so-called 'Louisiana Purchase'. (I wonder if there are any US history experts among you who know about the



'Louisiana Purchase'?)

So we are charged with the responsibility of providing a comprehensive education to the citizens of our state. We also have many people who come from outside of the state to be educated at our university. I will tell you about the research at the School of Nursing because it's very exciting. We rank number 15 out of more than 300 US schools of nursing in terms of the amount of NIH research grant funding we receive.

Why the Tiger? (Is anybody here born under the sign of the Tiger or the Chinese year of the Tiger? - I myself was born in the year of the Monkey - Oh good, one person here was born in the Year of the Tiger.) In the United States our culture can be very strange and one of the things we like is to have a mascot, for everything. We have a mascot for sports teams and a mascot for universities. The Tiger is the mascot for the University of Missouri. Of course, there have never been any Tigers in Missouri except in the Zoo, so I have no idea why they chose the Tiger, except that it is a powerful, wonderful, grand animal. The founders probably wanted the university to be powerful, wonderful and grand which it is. So the Tiger is our mascot and his name is Truman.

Do any of you remember President Harry Truman? May I say this very sheepishly but he was the one who did something very bad to Nagasaki and Hiroshima. He was born in Missouri and is respected for becoming President that for being the only President that ever came from Missouri. So Truman is the name of the Tiger, our mascot. And everything at University of Missouri is the Tiger. So TigerPlace is named because of that. You see Truman here? He is at a sports game, the lower right hand corner is an [American] football game. 60,000 people have come to watch football – indeed it is almost a form of insanity in our country. (As you can probably tell, I am not a sports fanatic).

But why do we have a center on human animal interaction at the University of Missouri? The university is a 4 campus system and the four campuses as a whole are called the University of Missouri, or MU (Missouri

University). Here is a photo of my husband and my puppy...I think they are both kind of cute so you have to look at them. Sorry, but this is my chance to have my family with me !

So why do we have a center at MU? We have this human animal interaction center because of the concept of "one health, one medicine". The health of animals and the health of people are not separate, they are linked. Indeed, they are dependent on each other so we cannot study them in isolation of each other. So we believe in one health, one medicine and in this respects we are one of only five universities in the USA that have all of these disciplines. We are one of only five to have veterinary medicine, medicine, nursing, physical therapy, occupational therapy, law, and journalism. So it is logical that we would have my center, which I started in 2005. Our mission is pure and simple - we want to study and promote the health benefits of humans and animals interacting. That's what we are about.

So this slide shows our objectives. I won't read them all to you but we conduct research, and provide education opportunities. In fact we have provided an education opportunity to a colleague sitting right here, namely Hamano-sensei who came and worked with us for 6 months, yes. This slide shows some of the programs but I am not going to go into a lot of detail on these but I would like you to read them. We do a wide range of studies and programs in the community that show just how beneficial it can be when you get people and animals doing healthy things together, how it helps the health of both ends of the leash. Of course, I am only speaking about companion animals. Here you can read the titles of our projects which I will show you briefly in the interest of time. You can see that we are a busy moving place with a lot going on. I am sure Dr. Hamano agrees that we are a busy moving place.

So TigerPlace is what we are really here to talk about. TigerPlace was an innovation that has grown out of needs. In the United States we expect that, by the year 2030, over 30% of the U.S. population will be over 65 years of age. And I am told that in Japan you

also have a rapidly increasing demographic group of older adults. So we must do something to effectively address the needs of that population group. TigerPlace arose out of an awareness of that need. Older adults sometimes need more help and care and support as they age. In our culture, we call them “senior citizens” or “seniors” for short. Seniors want to be active. They want to try and remain as healthy as possible for as long as possible, remaining as independent as they can be for as long as they can and not to be dependent on their children. That is our culture. We are a very individualistic culture, we don’t have too much in the way of filial piety that you have in Japan. Our people don’t want to do be a burden to their children.

So the typical way that people age in the States is that they live in their own house and then they move into some supportive senior housing. After that they go into what we call ‘assisted living’ where more care is given to them. From there they go into what we call a ‘nursing home’, (I think here you call it a nursery home). Then they go to the hospital and die in the hospital. This has been the trajectory of aging in our country for a long time, but we now have [even greater] culture change. [More] young adults are moving away from their older adults so we don’t have multigenerational families living together any more. Things are now far more individualistic. Everybody is busy working and we have very few people available to take care of their elderly family members. So we need a different model for providing this care.

Some of my own research on the relocation of older people has shown that when you start moving people again and again as they come to need more care the outcomes are negative on their health. They become depressed, they have falls and they develop incontinence. They suffer all kinds of problems with this constant moving. We are better off keeping them in their home as long as possible.

So our vision for TigerPlace was to have a place where older adults could age with dignity and have supportive services and nursing care added as they come to need it. This way they do not have to move to another place,

not even to another part of the building to get more care. They move into TigerPlace one time only and stay in their apartment until they pass away with additional care added as they come to need it. In my world this also means having their dog or cat on their bed with them.

So the whole foundation of ageing in places is based on careful nurse coordination of the care, prevention activities and early assessment of problems before they become major problems. It is about getting the care and support that people need and helping people to keep their pets. We want to have people healthier for longer and with their pets. We want to avoid all these expensive costs of moving into a nursing home where they soon become depressed and ill, and unable to have a healthy or dignified life.

So the School of Nursing engaged with a company called Americare. Americare had been providing nursing care to people for 22 years when they joined us. They built the building at a cost of \$30 million. They not only built it for us but they maintain and run the building. This is a picture of TigerPlace seen from the front with a tiger tail everywhere as you can see. It’s always a tiger tail - we Americans are just so silly !

So we started with 31 apartments and these immediately became full. So they built the second part of the building called Tiger2 with 23 apartments. That also was immediately filled so now they have built Tiger3, which just opened in July. That has many more (although I do not recall the exact numbers) but it is rapidly expanding. So the idea was to create a building so that it can accommodate all the care that anybody might ever need, right in their own apartment.

This was the first advertisement for TigerPlace, based on fun. This is a positive model, “move from your home to TigerPlace”, “come live at TigerPlace – it’s a fun place, shake, rattle and roll”. “We want you to be happy, healthy, and have your pets”. “If you don’t have a pet we will help you get one. So come live with us”. And people do! There is a long waiting list of people wanting to get into TigerPlace.

These are all the schools and colleges at MU that are joined in the project. You can see that many are involved. We have the School of Architecture involved in helping to design the building, we have the School of Horticulture that planned all the gardens and did all the landscaping. We were all working together. It was a beautiful thing.

These are the list of general services people automatically receive when they move into TigerPlace. There is a 'Concierge Service' to drive you where you need to go. They will take you to your appointments, take you to the doctor or take you shopping. They will even go to the casino too, (a lot of TigerPlace residents like to gamble so they go to gamble). All the apartments have internet access and computers. There is restaurant style dining with executive chefs. We have hired executive chefs so you can choose what you want to eat. So people don't all have to eat the same thing at the same time. Individualized life is what we are about.

We also provide access to the university because TigerPlace is a university project. TigerPlace residents are brought to the football games, they come to the concerts and they come to the theatrical performances and to art exhibitions on campus. They don't have to take care of their home as it is all done for them. These are the services that are provided. The nurses make four in-home visits. If you are healthy you don't even need an in-home visit so you don't get one. You just get what you need. We provide personal care if someone needs help with bathing or with getting their hair done or with light housekeeping. It is all provided. If people need help to remember to take their medications, we provide it. And we watch out for problems early.

So aging in place involves an RN, or 'Registered Nurse', a Baccalaureate prepared nurse who serves as a care-coordinator, and a veterinarian to identify problems in TigerPlace pets. We have 17 pets that reside at TigerPlace and the pets are also aging in place. Older people have older pets, and they too need a little care and a little help. So we follow everyone to make sure they can stay in their home, in their apartment and have the services they need. We also conduct health

promotion activities - influenza shots are given and we teach about how to stay healthy.

So here's the point. The standard way that people age and die is that they have a continuous decline, and usually the declines are pretty large in function. The person may fall down and break their hip which causes a major decline in function. That can often create some cognitive decline in their ability to think clearly. So people keep having these declines and then they end up in the hospital and die. We don't want that. That is not a dignified or healthy way to age. We want the model that TigerPlace provides. We want people to be on a long plateau. They may have a slight decline but then resume with a long plateau again. Then there may be slight decline again, and then they die. Some might just lie down on their bed with their dog beside them and slip off into heaven. This is the goal. It is a more dignified approach - focusing on health, preventing illness, preventing problems, maximizing wellness and helping people to stay active until they die.

This slide shows the front of TigerPlace. Here is a view of the front door. You will see that there are no steps at TigerPlace - it's all on one level. No one needs to fall up or down steps. Of course the part that is the most important to me is the pet friendly construction. I was heavily involved in the design of this building. All of the apartments have screened-in porches. This is a little room which is outside of their door with screens to keep the bugs out and the pets in. The cat can be outside in the screened-in porch, enjoying and watching the birds. The dog can be out there or the older person can be out there, and can then go outside. The whole building is built around a square. In the center is a beautiful courtyard so the dogs can go out into the courtyard but remaining contained while enjoying life with their older person.

The window sills are wide so that cats can watch the birds out of the windows. There is a tile floor just inside the door so that when dogs come inside with muddy feet they don't make a mess. And there are walk trails all the way around the complex because we do want to encourage people to walk.

These are some of the common spaces. You can see views of the dining rooms. These are the columns which are much like the columns we have on campus. We wanted to be connected to campus, conceptually. So these are the dining rooms where the residents have their lunch and dinner. They usually have their breakfast in their own apartment. This is the lobby, a sitting area where they can meet family and where they can sit. There is an area next to it where there is a pool table – indeed, there are extremely keen pool players at TigerPlace who take it very seriously.

There is also a sports bar. (It is named after the Bengal Lair tiger den - another silly Americanism). It's a sports bar where happy hour is held everyday at 5 o'clock where residents can come out for drinks and watch sports games on big screen TV.

There is a walk-in swimming pool that also has a lifting device for people unable to walk into the pool. And we have a theater where movies are regularly shown and people from the university give presentations there. And of course there is a beauty shop where everybody gets their hair done. This is a view of the exercise room, and the library. It is all pretty nice !

Here is 'Tiger Total Fitness' where the focus is on physical activity and remaining active - keeping walking, doing exercises etc. There is a dance class, a Tai Chi class, a Yoga class - all kinds of exercise. There are group activities as well as individual training for people to stay healthy. So if we have someone who has come back from the hospital after some kind of catastrophic health event we will develop an individual program for them to return to physical fitness again. Here again is a view of the outside. You can see the screened-in porches I was talking about, and the walk trail going all the way around.

Within TigerPlace there are three types of apartment. One is what we call the 'Efficiency' type. This is essentially one big room that the resident lives in. The kitchen is on one wall, the bed on another wall and the living space is in between. Maybe some of you know about that type of apartment. Then there are the 'one

bedroom apartments' with a separate bedroom, living space, kitchen and bathroom. Thirdly, there are the 'two-bedroom apartments'. We have one lady who got herself two of these two-bedroom apartments so she has a 3000 square-foot living space at TigerPlace. That is very big! People pay rent on a monthly basis which includes all of the services I told you about, two meals a day, laundry and a kitchen. Here is an example of the living space in the apartments, the small kitchen.

And now I will tell you about our 'TigerPlace Pet Initiative' which is what I think sets TigerPlace incredibly apart from any other place in the world. Not only do we allow pets but we encourage pets. The mission and goals of the TigerPlace Pet Initiative, or "TiPPI", are to help people stay engaged with their companion animals and to provide good care for the companion animals also. As I said before, this is because the animals are aging too. We also carry out research on the benefits of owning a pet and we provide foster care and adoption services if a resident has to go into hospital. We will take care of their pet while they are there and if they pass away before their pet passes away - a really major concern for older people - we will take care of their pet and find it a new owner.

So here are the rules. There can only be two pets in each apartment. The pets can enter all the common spaces but they have to be on a lead. (We have a security deposit in case a pet causes some damage to the building). Whenever a new pet moves in we make an assessment of the animal. We make sure it has had vaccinations, we look at its behavior and we check to see if there are any health issues that may need attending to. We keep records about the health issues in our own veterinary medical exam room which is right inside the building. We keep track of all the vaccinations for all the animals. This slide shows the examination room, and this is our exam table. The reason we do all this is not because we think it is fun or nice. It is based on science which clearly supports the fact that older people benefit from being with, living with, owning and aging with companion animals.

We know that pets give their love unconditionally.



In our society, in the US, when you are no longer an income producer you are not valued as much as the younger people who are making money in the system. But pets are unconditional with their love. They don't care if you are making money or not. They don't care if you walk with a cane, they just love you. Older people need this unconditional love as they face all the little declines in their health. They need their pets in order to have a reason to get up in the morning. Pets for older people are viewed as an individual member of the family, not as something they own or an object. And they certainly do inspire fun. Older people need to have a reason to have fun. Fun is important, we have to laugh. People who end up in nursing homes have fewer and fewer opportunities to laugh or have fun. They need to feel the beneficial neuro-chemicals that occur when they interact with a companion animal.

Here is an example. People out walking with a dog are much more likely to have some interaction with another person - whether that person be a friend, an acquaintance or a stranger - than people who are not walking with a dog. We know that when you walk in the presence of a dog you get more attention, positive attention. Older people need positive attention, we all do.

So here are some of the psychological benefits. Older pet owners in particular are less likely to become depressed. They have someone else to think about besides their own aches and pains and what's happening to them. They are thinking about their animal and they have better morale. Morale is a very important thing for older people. Do you know what I mean when I say morale? Who can speak English and tell me what I mean? Thomas I will pick on you, what's morale?

Audience (Thomas): Morale means feeling positive, optimistic.

Rebecca Johnson: Perfect, he is an A+ student! Yes, morale is about a positive, optimistic outlook. We want older people to have a positive, optimistic outlook. They should not be thinking "oh, I am dying everyday" or "I'm

in pain, I hurt, no one loves me and I'm all alone in this world". We want them to be more positive, thinking things such as "I'm doing the best I can, I do have some pains but it's not too bad. I have my companion animal who loves me, someone for me to focus on and not just my pain". Having a more positive morale means that the older person will be more engaged with the world and less isolated. Not just staying at home, sitting, watching TV, feeling bad and getting more and more depressed. If we can improve morale, then older people will remain happier and they will remain more active. When they are more active, they will stay physically healthier and be more active.

I have probably over-emphasized that point but here is some research data that's very interesting. I will just explain what this chart means. These two columns [on the right] show that when animal assisted therapy was given to older adults, there was significantly less loneliness. When people get to interact with an older adult or with an animal they don't feel so lonely. There are physical benefits and all the photos you see here were ones I took here in Japan on my last visit. When I see older people with pets here all the time I think it is wonderful. I want to run up to them and give them a big hug (although they would probably think I am crazy). Older people who own pets are more likely to exercise because they walk more. If they have a dog it needs to have a walk. They are going to give it a walk because they are committed to taking care of their animal. So it is good for both ends of the leash. Older adults who owned a pet, walked longer and had much better, what we call 'lipid profiles', in their blood. I am talking about cholesterol. You know about good and bad cholesterol and triglycerides. Lab values are consistent across several studies that, if you have a pet, your risk factors for cardiovascular disease decrease. And if you do have a heart attack, or you have bad genes, you are more likely to survive the heart attack one year later if you have a pet. This is science, not 'fluffy' superstition.

To continue talking about cholesterol levels, our colleagues here in Japan, namely Motooka, Koike, Yokoyama and Kennedy, did a very interesting thing. They studied older adults walking with Cavalier King

Charles Spaniels and measured the High Frequency Power Heart Rate. This refers to the heart rate showing periods of rest between beats in the heart. We need good periods of rest between beats because without them the heart will wear out quicker. So we want this rate to be high. When people were walking alone they measured 60 Hz, as shown at this level. But when they walked with the dog, there were significantly better periods of rest between the heart beats than without the dog. Next they measured the same thing for 3 days to see what would happen. Again the white bars on the chart are the measures 'without the dog', the green bars are measures 'with the dog'. What they found was that, after the first day, the benefits were cumulative. So there was even more benefit on day 3 than on day 2. I am eager for them to repeat this study and extend it even longer. Let's see how far we can go to increase these benefits. I am getting old myself so I want to know the results pretty soon!

So I will return to talking about TigerPlace. We are based on science not fluffiness. We have our own veterinary medical exam room, as I mentioned. A veterinarian comes once a month and visits all 17 of the pets. I have to say that when we first started this service the old ladies thought it was very amusing that a vet would come to their home to see their cat or dog, while their own doctor would not make home visits. Nowadays in the USA there are no house calls anymore for human medicine. When we asked our human medical colleagues to keep an examination room at TigerPlace and to come and make house calls they responded that the residents were welcome to come to their clinics. In other words, they said "no"!

So we have a veterinarian who makes house calls and we have hired pet care assistants because, as old pets grow older they develop little problems and need help. For example, older people cannot see the tiny numbers on the tiny syringe to be able to draw up insulin for their pet. If any of you veterinarians ever send an older person away with instructions to administer insulin twice a day I feel I should scold you because they cannot necessarily see well enough to do this. They need some help. So our pet care assistants perform

whatever help is needed - they give eye drops, they give animals their medications, and they check on them three times a week.

Then we have a program called 'PAWSitive Visits' where we bring animals to the facility. It is not enough for residents to only have their own pet - we want them to see other animals too. So the animals arrive and we hold a session and bring in the animals. (I am going to show you this shortly). Then we have a fund that enables us to take care of the pets whose owners die. Sometimes a pet lives longer than its owner which is obviously a reality with older people, but that fact should not keep these people from having a pet. We should be able to provide help in these situations and we do. And then, very gratefully, we have the HILLS feeding program where we are able to provide wonderful food for the pets at a very low price to help out the older people who only need that kind of help.

So we have in-house pet medical care. This slide shows our veterinarian Dr. Jim Creed, and this is our exam room. You can see the pet food on the side. Dr. Creed takes any animal that needs treatment to the exam room to carry out small procedures. I should also note that we are not taking business away from the local veterinarians because what we are doing is 'case finding'. Dr. Creed identifies the problems in the pets and tells the older person that their dog needs to see a veterinarian. If they don't have their own veterinarian in the community then we take them to the Vet School. So we are not taking business away from veterinarians because we are finding cases earlier than an older person would detect by themselves if they didn't have our veterinarian visiting their pets.

This is a good learning experience for students. We have vet students who are gaining an opportunity to work with older people and old pets. Here is Dr. Creed visiting some of the pets. Making house calls, he talks to the owner, asks how the pet has been eating, has the pet been going to the bathroom, does the pet seem well and regular or is there something different? He is carrying out a little history taking.

We also want our people in TigerPlace to learn. Dr. Creed gives classes about flea and tick prevention. He gives classes about how to recognize diabetes in cats or renal failure. He is teaching the residents of TigerPlace how to know a problem before it happens if their animal is in trouble. Together, working with our pet care assistants, we know that we will detect problems earlier.

By the way, if we identify behavior problems we also work with them. You know about Miniature Dachshunds already. They have quite a personality. Well, one little doxie suddenly started biting people. When the caregiver would come into the owner's apartment or leave out of the door the doxie would run up quickly and try to bite the visitor's foot. I wonder if any of you have ever seen a doxie do that? Nobody? (Well I guess there are only good doxies in Japan !) This particular doxie's name was Shadow and his owner was able to have this problem corrected. Now, Shadow is contained whenever anybody is ready to leave. We don't want people getting bitten as they walk out of apartment doors. So we work with behavior issues as they arise.

The pet care assistants visit three times a week and they check on the supply of food, to be sure the animal has food. They check the water bowl, they clean the cat boxes and they do what is needed, and will also carry in the bags of dog food. These are heavy and hard to carry so older people just need a little help. It is inhumane to tell an older person that "you can't take care of your pet, so get rid of it". I mean that it is inhumane to the person because it could cause their health to seriously decline. And it is also inhumane to the animal to take it away from its loving owner. We only need to provide a little help. The pet care assistants not only help the veterinarian, they will also walk the dog if the older person is having a bad day and doesn't feel up to walking. They will walk the dogs and give medications. In this top picture, the assistant is giving eye drops. The older lady shown here is not able to see well enough to put the eye drops in their dog's eye. So twice a day the assistant is giving eye drops.

Here is case study 1, about successful pet ownership at TigerPlace. We had this lady who is 96 years old. That is very old and she was in really good health (I have a picture of her here at the end) but she had a 28 year old cat. That too is very old for a cat, I am sure you veterinarians agree. The lady had had the cat since it was a kitten, 28 years before. My pet care assistant went in and asked "where is Cleo, the cat?" The old lady answered with "I know she is not feeling well, there is something wrong with her". The pet care assistant went in and found Cleo looking terrible, drooling and looking as if she was at death's door. So the veterinarian examined Cleo and found that, at 28, this cat had developed diabetes. The vet prescribed insulin and my pet care assistant now goes twice a day, morning and night, to give the insulin. The cat suddenly went into remission. No more diabetes, no more need for insulin and now the cat is running around like a kitten again. It is like magic. I don't understand how that is possible but it is a wonderful thing that happened. The old lady said to me that "Cleo is the reason I get up in the morning". Why would we ever think to take a cat away from a lady who says that? We would not.

Here is Case Study 2. We had an 85 year old lady who owned a 12 year old Shih Tzu called 'Rags'. All of a sudden Rags' eyes turned red. The veterinarian took a look and prescribed eye drops. But the lady herself was not capable of giving eye drops to Rags. She cannot see well enough to apply the drops and hold him at the same time. So our pet care assistant goes twice a day, gives him the drops and the problem has been resolved.

Then we have the 'PAWSitive visits'. This is a weekly program where we take a variety of animals to TigerPlace for an hour long session. Older adults get to interact with the animals. From the photos you can see that we don't just have small animals. These large ones are Missouri Mules. They are mules developed in Missouri and unique to Missouri. These two shown here, Tim and Terry, are mascots of the Vet School. Yes we have mule mascots too! We also had a horse come visit and an Alpaca [similar to a llama]. We have seen a pot-belly pig and a whole range of dogs and cats. When the animals visit, the attending students

prepare a tutorial about the particular animal and give a little class. A lively discussion usually follows. Do you know what older people do best? They talk about the past. If you believe in Erickson you know that there is a developmental stage at each stage in life, and there are certain tasks that a person has to work through at each stage in life. The developmental task for older people is life review. They are trying to come to closure and to find acceptance of themselves and, in order to do that, they talk about the past. They tell the same old story again, again and again. They think it through and consider it and come to self-acceptance so that they are ready to go to heaven. We want people to go to heaven feeling good. So during this PAWSitive class people start to talk about whatever animal they had. Many of the older men had their own horses or they had mules. Some worked on the farm and many of the older ladies had cats. They talk about the animals they had when they were children and they work through their life task.

This slide is about “Bereaved Pets Endowment”. We have a very generous donor who feels very strongly that, if a person dies before their pet, that pet should be cared for. So she gave us money to start this fund. By the way the photo shows Cleo the cat and elderly lady I spoke about before. They were interviewed by the USA Today newspaper. “It is very exciting”, she said, “I have never been in a newspaper before”. Her family also came along and they were all very excited about the interview. Anyway, the idea of this endowment fund is to have money to pay for care of a pet whose owner passes away. What we do is to provide foster care in-house. Another resident might say, “I will take care of Cleo when Mrs. X dies”. We then give that resident a little funding to help pay for the care of Cleo the cat. We have had two people die before their pet in TigerPlace. Another said “I want Hercules to be my dog”, which led to Hercules eventually being adopted by another resident of TigerPlace who didn’t have a pet. This is because all the residents know all the animals. It is something positive that other residents want to adopt a pet whose owner passes away.

The HILLS Feeding Program is provided through the

College of Veterinary Medicine, HILLS provides food so that we can sell it at a low cost to the residents. Look at the pure joy on this woman’s face. You can see that TigerPlace has some wonderful outcomes for older adults in terms of their health. We are preventing nursing home placement and this has been very successful. We are therefore saving a lot of money to the healthcare system in terms of the costs incurred by people going into these very expensive nursing homes. They stay in their apartment at TigerPlace without such terrible costs.

The nurse care coordination helps to find problems very early on so that they don’t become catastrophic. That prevents healthcare dollars having to be spent on larger problems. Those are much more expensive to address than meeting the smaller changes along the way.

There are some other very exciting projects at TigerPlace. I am not going to go into detail about them because of the time I have but you will remember that I mentioned all of those other colleges at the university. One of the colleges involved in our project is the School of Engineering. They are developing all kinds of sensors and technology to help predict problems in older people before they occur. So I am just going to skim this topic... If a resident agrees to participate in the project some sensors are installed in various places within their apartment to monitor their walking and activity. We know that activity patterns changes can be an indicator of a healthcare problem or an impending healthcare problem.

So in this image you can see some sensors. There are little motion detectors in various places and there is a bed-located sensor that is a motion detector. Restless sleep is a precursor to some very catastrophic health problems in older people, depression and also stroke or heart failure.

So here is an example of an apartment. This is a one bedroom apartment with the screened-in porch, a living room, dining area, little kitchen, and bathroom with walk-in shower and closet. The sensors are indicated



by the blue lines and they are able to detect motion patterns. The sensor data is compiled into graphs, as shown here, and from these we can understand changes in an individual's activity.

Here is an example chart. The black data indicates when someone has left their apartment to go outside. The large white space shows night time with nothing going on because the person is asleep. Then they start to get up, become busy, move around and then they have gone out of their apartment. This example is a very active person, in and out of their apartment all the time.

This is data for the sensor in the bathroom which detects them going in and out. It shows the days of the month and you can see the days and hours when the individual never went into the bathroom at all during the night. However the right hand side data shows them beginning to habitually visit the bathroom at night. From this data we know in a timely fashion that the person is starting to visit the bathroom and the system sends some alerts to the nursing staff about increased restlessness in bed at night. This tells us that we ought to be paying attention.

So in this case study the person started going into the bathroom more. There were two alerts so the nurses checked it out. The resident was referred to a physician who found that the person had a urinary track infection. These can be very problematic for older people and must be treated right away otherwise it can become septic. Fortunately, this person was put on antibiotics early and was fine.

We also have NIH funding for the research at TigerPlace. We found that there are statistically significant differences between the control group and the test group in measuring some of these parameters. What we measuring is the left hand grip strength and gait. Here, again, is an example of bed sensing data, in this case heart rate data. The bed sensor actually measures heart rate and this shows the incidence of Bradycardia when the heart beats or pulses less than 30 beats per minute. That is potentially a very dangerous

situation in the elderly, even when sleeping. This person had a reasonably normal rate for quite a while but suddenly there was a slowing of the heart rate. This data shows normal activity, and during sleeping when there is some restlessness. It is not too bad but then, suddenly, their heart rate dips and they are not moving. But this person was able to get care immediately. There is now also a proposal pending with General Electric to use 'passive sensing'. GE is developing a carpet product called a 'Smart Carpet' that can measure stride length, walking speed and the gait stability.

Here is another example of a bed sensor. This one goes under the mattress and detects changes in restlessness and sleep. There is also another new project for detecting falls and I will show you that briefly. This system uses radar so there is small radar device inside of this box. The radar measures people's behavior patterns within their apartment. In the photo you can see that a computer is located above the refrigerators, well out of the way. This is the data it creates. The radar senses the person's walking patterns and produces a silhouette image with a map of their footsteps. We can tell their walking speed and step length which, if they change, may suggest a problem is going to happen.

It is very impressive don't you think? The older adults think it is very cool and are responsive to having all these sensors around them. They like the idea and feel safe knowing that someone is keeping a track of their progress. They do not feel that it is a violation of their privacy because all the information is kept confidential.

Here are my conclusions about the pet projects. In short, older adults love having their pets around them. The number one reason that people want to enter TigerPlace is because they know they can have their pet and receive help keeping it. Out in the community they would be on their own and eventually somebody will tell them to get rid of their pet if they cannot take care of it. That does not happen at TigerPlace where things are more humane.

So we want everybody at TigerPlace to age in place, both pets and people. Here is where you can find some

more information and now I would be happy to take questions.



## ***TigerPlace: A Unique Setting for Aging in Place with Companion Animals***

**REBECCA A. JOHNSON, PhD, RN, FAAN**  
Millsap Professor of Gerontological Nursing  
University of Missouri, Sinclair School of Nursing  
Director,  
Research Center for Human Animal Interaction  
University of Missouri, College of Veterinary Medicine  
rajohnson@missouri.edu  
www.rechai.missouri.edu



【Slide1】

## **Membership Survey 2011**

- Reputation of IAHAIO highly rated
- Triennial Conferences highly rated
- Networking opportunities highly rated
- Awards highly rated
- Requests:
  - Medium for better connecting members
  - Better dissemination of information about members' work
  - Increase collaborative opportunities
  - Open membership opportunities

【Slide5】



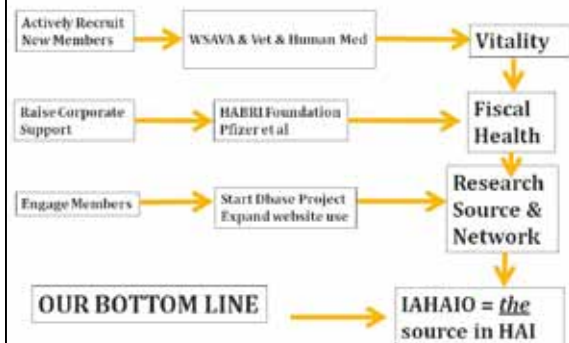
As President of IAHAIO, it is a privilege to be here and speak to you.

I am thrilled to be able to meet with some from our IAHAIO member groups:

- Japanese Animal Hospital Association (JAHA)
- Society for the Study of Human Animal Relations (HARS)

【Slide2】

## **Our Logic Model**



【Slide6】

## **IAHAIO's Incorporation & Purposes**

Incorporated as a 5019(c)(3) 1992 in State of Washington, U.S.  
Presently 31 Member Organizations doing HAI work globally

### **Purposes:**

- Provide a forum for ideas and information among multi-national organizations concerned with the study and promotion of the mutual welfare of people and animals in their environment
- Promote new research, educational and practical developments in HAI including giving international awards
- Support, facilitate and organize international meetings on the scientific, educational and practical aspects of HAI.
- Promote publication of literature supporting IAHAIO's aims and activities.

【Slide3】

## **IAHAIO's Future**

- Growing membership now over 46 organizations globally
- Creating new partnerships in veterinary and human medical fields
- Moving HAI field forward with innovative projects

【Slide7】

## **IAHAIO Today and Tomorrow**

- Completely renovated website
- Strategic Planning
- Surveyed our membership
- Restructured membership categories
- William F. McCulloch Award for Excellence in HAI Practice/Education
- New collaboration with AVMA
- IAHAIO 2013: Chicago, IL, USA

【Slide4】



**Now, I bring Greetings from Missouri!**



【Slide8】

## Land-Grant Mission Founded 1839

- First University in T.J.'s "Louisiana Purchase"
- Educating citizens/students of MO
  - providing well-rounded education of students in all disciplines and particularly the SSON to offset nursing shortages
  - teaching students in other disciplines about geriatric issues
- Research at SSON
  - 15\* out of over 300 schools in U.S. in National Institutes of Health grants
  - focus is geriatric research



Thomas Jefferson



【Slide9】

## ReCHAI's Objectives

- Fund preliminary HAI research
- Implement HAI studies & programs
- Disseminate HAI information
- Offer conferences on HAI
- Educate students & the public

【Slide13】



## MU=Land of the Tiger

- University Mascot  
="Truman" the Tiger  
named after  
U.S. President Truman



【Slide10】

## ReCHAI Programs

**Walk-A-Hound, Lose a Pound-** A community dog walking program to increase citizens' physical activity by walking shelter dogs.

**Human-Companion Animal Interaction Course-** UG & Graduate course exploring historical & theoretical bases of HAI, the nature, issues, & clinical applications of HAI & AAT.

**PALS for Seniors-** A statewide animal assisted training, certification & implementation program.

【Slide14】

## Why a Center on HAI at MU?



**One Health, One Medicine:** Only 5 U.S. universities have Vet Med, Med, & Nursing on same campus

【Slide11】

## ReCHAI Programs & Studies

**TigerPlace Pet Initiative (TiPPI)-** A pet-encouraging retirement residence with a fully equipped veterinary medical exam room. CVM students learning to work with older adult clients & their pets. Also includes an AAA program.

**Pet Pals Study-** Studied effects of dog visits on loneliness in newly admitted nursing home residents.

**N. American VMTH ICU Visitation Policies Study-** Studied policies and challenges of owner visits with pets in ICU.

**Veterans and Shelter Dogs Study-** US military veterans returned from Iraq and Afghanistan train shelter dogs to alleviate their own Post Traumatic Stress Disorder.

【Slide15】

## ReCHAI's Mission:

"Studying & promoting  
the health benefits of  
human-animal interaction  
(HAI)"

Established, 2005



【Slide12】

## ReCHAI Studies

**Hand and Paw Study-** Studied cancer patients visiting with therapy dogs while awaiting daily radiation therapy sessions.

**Pet-A-Pet Study-** Studied serum neurohormone changes in humans and dogs after a brief quiet human-dog or human robotic dog interaction.

**Dog Walk Program-** Studied effect on weight loss and exercise compliance in adults who regularly walked with "loaner" dogs and a handler.

**Owner perceptions of visiting their dogs in VMTH ICU -** Described owners' visit beliefs & experiences.

【Slide16】



## TigerPlace: Innovation out of Need

- The population over age 65 is the fastest growing sub-group in the U.S.
- Older adults require advancing levels of support to remain independent as they age.
- Today's "Seniors" want to remain active and not to rely on their children.

【Slide17】

## Our Goals for TigerPlace Residents

- Stay healthier and active longer
- Keep their pets
- Avoid expensive and debilitating hospitalizations
- Avoid relocation to a nursing home
- Engage in life and active living through the end of life

【Slide21】

## Typical U. S. Trajectory of Aging

- Own Home ⇄ Senior Housing with services ⇄ Assisted Living ⇄ Nursing Home ⇄ Hospital
- Recent culture changes
  - Mobile society
  - Families working
  - Increased individualism
  - Less family care of older adult members
- Research shows as seniors move from place to place for more care:
  - Depression occurs
  - Short-term memory decreases
  - Reported pain increases

【Slide18】



## Americare Systems, Inc.

- Fall 1999, the SSON entered into partnership with Americare
- Americare
  - 22-year history in the assisted living and skilled nursing facility business
  - Named one of the top 50 providers in the United States
  - TigerPlace landlord

【Slide22】

## Our Vision: "Aging in Place"

- A facility that allows older adults to grow old with dignity; without having to move as their care needs increase
- A home where older adults can bring their pets to live with them
- A place where they can maintain their independent lifestyle
- A national model of excellence, drastically changing the way long-term care is provided in the U.S.

【Slide19】



Enabled by legislation 1999 and 2001  
 31 apartments opened 2004, 23 more in 2009-fully occupied  
 Designed to promote independence and aging in place with companion animals co-residing  
 Built to nursing home standards but operated as independent living with services, can live in apartment through end of life  
 2011 opening: 85 (mostly private rooms) skilled rehabilitation

【Slide23】

## Aging In Place Foundation

- RN Care Coordination/Community Case Management
- Getting people the right services at the right time to maximize regaining or maintaining health and independence
- Encourage and support pet ownership
- Provide research and education opportunities

【Slide20】

## Initial Advertisement for TigerPlace



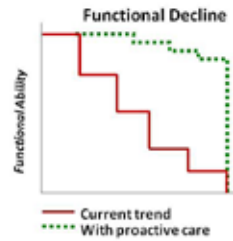
【Slide24】

## Collaborating MU Schools & Colleges

- College of Veterinary Medicine
- College of Engineering
- School of Business
- College of Human Environmental Sciences
- School of Medicine
- School of Health Professions
- College of Education
- College of Arts and Science

【Slide25】

## Squaring the Life Curve of Seniors



### Reduce functional decline by

- Facilitating social support & pet ownership
- Assessing behavior patterns
- Assessing gait & activity level
- Recognizing pattern changes
- Detecting early signs of health decline (so can intervene before things become major events)
- Detecting falls
- Informing RN Care Coordination

Rantz, Marek, And, Tyrer, Skalsic, Denaris & Hussam, Nursing Outlook, 2005

【Slide29】

## TigerPlace General Services

- Concierge service 7 days per week
- Scheduled transportation for shopping and appointments
- Technology Center - PC & internet access
- Restaurant-style dining which includes continental breakfast, & choice of lunch or dinner
- Access to on- and off-site University-related events
  - Sports events
  - Concerts
  - Art exhibits
  - Lectures and discussions
  - Cultural exchange
- Weekly housekeeping & maintenance
  - Utilities, excluding telephone and cable
  - Maintenance-free living

【Slide26】



TigerPlace

【Slide30】

## Tiger Care Services

- Annual assessment performed by RN
  - Four in-home RN visits per year
  - RN on call 7 days a week
- Personal Care Services
  - Assist with bathing, grooming, dressing, light housekeeping and cooking
- Medication Management
  - Works with individual's doctor, pharmacist and family
  - Order refills, set up pill planners/medication dispensing machines
  - Monitor for signs of medication-related problems



【Slide27】



【Slide31】

## Aging in Place Interventions

- RN nurse care coordinator
- Veterinarian to identify pet problems
- Follow both home health and in-home services for seniors
- At least monthly follow up related to plan of care
- Health promotion
- Early intervention

【Slide28】

## Pet-Encouraging Construction



### A pet-friendly TigerPlace

- Screened porches
- Wide windowsills
- Outside doors
- Tile floors in entry
- Interior Courtyard
- Walk trails
- Fenced areas

【Slide32】

## Common Areas



- Private Dining
- Meeting Room
- Bengal Lair Bar
- Spa
- Walk-in Pool
- Theatre
- Beauty/Barber Shop

【Slide33】

## Apartments



- Efficiency, one and two bedroom apartments
- Pet-Friendly
- Rented on a monthly basis
- Housekeeping
- 2 meals/day
- Laundry/Kitchens

【Slide37】

## Amenities

- Exercise Room
- Sports Bar
- Library



【Slide34】



【Slide38】

## TigerTotal Fitness

- TigerFitness Center
  - Includes state-of-the-art equipment like the NuStep stepper machine
  - Daily group exercise classes
  - Customized program to promote strength and flexibility
  - Outdoor TigerTrails

【Slide35】



Each apartment has a small kitchen

【Slide39】



Pet-friendly porches & walk trails

【Slide36】



## TigerPlace Pet Initiative (TiPPI)



【Slide40】



## Mission & Goals

- Foster a pet-inclusive environment at TigerPlace based on the scientifically demonstrated health benefits of human animal interaction older adults and pets
- Facilitate excellent veterinary care of TigerPlace residents' pets, while providing learning experiences for veterinary medical students to work with older clients
- Promote research into the benefits of human animal interaction
- Provide foster care and adoption services for bereaved pets of TigerPlace when their owners are deceased or can no longer care for them

【Slide41】

## Frequency of interactions by condition and category of interactee

	Friend	Acquaintance	Stranger	Total
Dog	34	57	65	156
No Dog	26	21	3	50
Total	60	78	68	206

The analysis confirmed the differences between the Dog and No Dog conditions in the overall frequency of interactions ( $\chi^2(1) = 57.3, p < .001$ ). However, the presence of the dog was associated with relatively few additional encounters with friends, but many additional encounters with acquaintances and, more particularly, with strangers ( $\chi^2(2) = 30.8, p < .001$ ). Although there was a substantial increase in the numbers of encounters experienced when in the presence of the dog, there was no interaction between the presence of the dog and the length of the encounters ( $\chi^2(3) = 2.5, n.s.$ ), that is, the presence of the dog did not influence the length of interactions. There was no interaction between the presence of the dog and the sex of the interactee ( $\chi^2(1) < 1, n.s.$ ), that is, the gender of the interactee did not influence the social catalysis effect of the dog.

McNicholas, J., & Collis, G. (2000). Dogs as catalysts for social interactions: Robustness of the effect. *British Journal of Psychology*, 91, 61-70.

【Slide45】

## Parameters of Pet Ownership

- Limit = 2 pets
- Pets welcome in common areas on lead
- Deposit = \$250
- Intake assessment done on all pets
- Vaccination records kept in exam room



【Slide42】

## Psychosocial Benefits of HAI

- Pet owners less likely to be depressed...

(Garrity, Stallones, Marx, & Johnson, 1989)

- and have better morale

(Lago et al, 1989)



【Slide46】

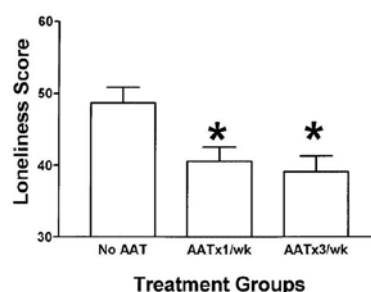
## Scientific Underpinnings: Older Adults and Pets



- Pets love unconditionally without evaluating us, (Allen, Blascovich, Tomika & Kelsey, 1991)
- are often viewed as "members of the family," (Cohen, 2002)

【Slide43】

## Mean values for UCLA Loneliness Scale (Version 3) for three groups in AAT Study



Means are shown with their SE. \*Indicates the loneliness score was significantly lower ( $p < .05$ ) in comparison with the control group. The two AAT groups did not differ from each other,  $n = 15$ /group. [The ANCOVA was significant,  $F(2,44) = 5.21, p < .001$ , with an effect size (eta squared) of 0.206 and an observed power of 0.810. The covariate was also significant,  $F(1,41) = 21.14, p < .001$  with an eta squared of 0.340 and an observed power of 0.994].

Banks, M., & Banks, W. (2002). The effects of animal-assisted therapy on loneliness in an elderly population in long-term care facilities. *Journal of Gerontology: Biological Sciences*, 57A, M423-M432.

【Slide47】

- who can inspire us to have fun!

(Berryman, et al, 1985)



【Slide44】

## Physical Benefits

- Older pet owners exercised more (Garrity et al, 1989), had fewer MD visits (Siegel, 1990)
- walked longer and had lower triglyceride levels than non-dog owners (Dembecki & Anderson, 1996), and ...



【Slide48】



- Pet owners more likely to survive one year after heart attack, (Friedmann et al, 1995)
- Had lower blood pressure, triglyceride & cholesterol levels, (Anderson et al 1992)



【Slide 49】

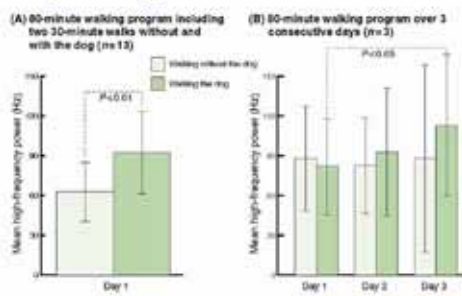
## Education

- Excellent Vet student learning experiences- working with older clients & older patients



【Slide 53】

## Parasympathetic neural activity during dog walking



Motomura, M., Kikita, H., Yokoyama, T., & Kennedy, S. (2006). Effect of dog-walking on autonomic nervous activity in senior citizens. *MMJ*, 104(2)60-63.

【Slide 50】

## DVM Housecalls

- DVM visits all pets monthly
- Minor procedures done in exam room
- Conducts classes on pet issues



【Slide 54】

## TiPPI Components



- Vet Med Exam Room
- DVM House Calls
- Pet Care Assistants
- PAWSitive Visits
- Bereaved Pets Endowment
- HILLS Feeding Program

【Slide 51】

## Lifelong learning about pets

- Pet behavior screening and training
- Classes for Sr.s:
  - Pet selection
  - Routine care
  - Emergency care
  - Pet training



【Slide 55】

## Practice: In-House Pet Medical Care

- Provide pets of TigerPlace with stellar medical care



【Slide 52】

## Pet Care Assistants

- Walk dogs PRN
- Clean cat litter boxes
- Bring supplies
- Give medications
- Assist the DVM



【Slide 56】

### Case Study 1: Successful owner-pet care at TigerPlace

- 96 year-old lady with 28 year-old cat
- "Cleo" (cat) lost weight, was listless, drooling and gradually unresponsive
- "Cleo" seen by DVM & taken to vet clinic
- Diabetes diagnosed and insulin started
- Pet Care Assistants gave insulin AM & PM daily for 3 months
- Cat went into remission and owner says "Cleo is the reason I get up in the morning."

【Slide 57】

### HILLS Feeding Program



- Low-cost pet food available for sale to TP pet owners through Vet School feeding program

【Slide 61】

### Case Study 2: Successful owner-pet care at TigerPlace

- 85 year-old lady with 12 year-old Shi Tzu
- "Rags" (dog) developed severe eye redness
- "Rags" seen by DVM & taken to vet clinic
- Eye inflammation treatment started
- Pet Care Assistants gave eye drops AM & PM
- "Rags" eyes are no longer inflamed

【Slide 58】

### TigerPlace/Aging in Place Outcomes for Older Adults (1999-2003)

タイガープレイス年を重ねる場所で過ごす高齢者 成果

- 250名の高齢者の老人ホームへの入居を延期または回避。
- このプログラムに参加した高齢者は（通常の老人ホームなどに入居した高齢者と比較して）：
  - 健康状態が良好 (ADL機能、気分の落ち込みが少ない、認識がしっかりしている、失禁ににくい、痛みが少ない、息切れが少ない)
  - 経費の節約 毎月\$1,591 (老人ホームと比較) \$483 (コミュニティと比較)

【Slide 62】

### PAWSitive Visits



- Weekly animal visits program (AAA)
- Variety of species
- Classes taught about animals
- Reminiscence!

【Slide 59】

### TigerPlace/Aging in Place Outcomes for Older Adults (1999-2003)

- Postponed or prevented nursing home admission of over 250 older adults
- Older adults who participated in the Aging in Place program (when compared to similar individuals in nursing homes and other home-based programs)
  - Clinical outcomes better (ADL performance, less depressed and better cognition, less incontinence, less pain and less shortness of breath)
  - Cost savings \$1,591 per month (nursing home comparison) \$483 (community comparison)

【Slide 63】

### Bereaved Pets Endowment



- Fund to provide foster care of TP pets when their owner dies
- In-house foster homes

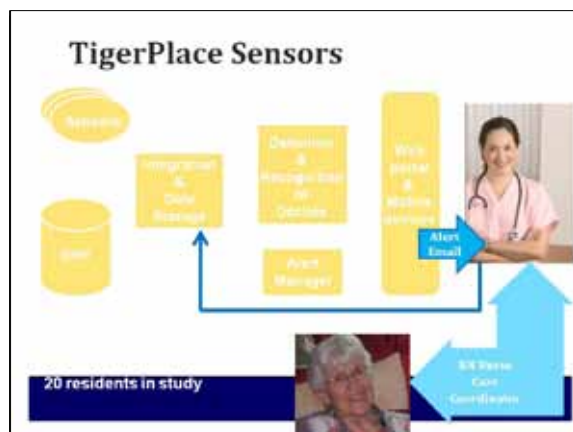
【Slide 60】

### TigerPlace/AIP Outcomes 2004-2008

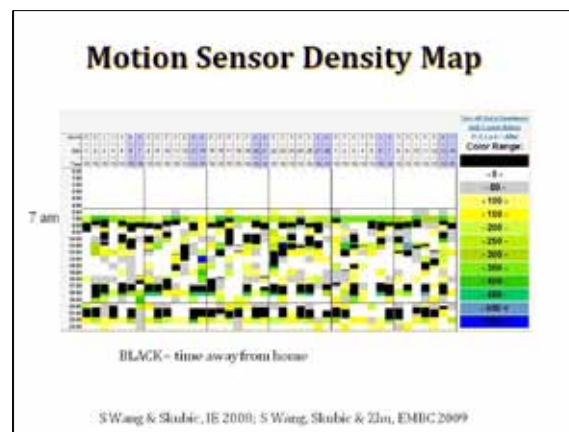
- RN nurse care coordination reduces adverse health events, improves care outcomes, reduces nursing home utilization, and is cost-effective
- Costs for any participant (even through end of life) have not approached nursing home care (average annual care cost for 2008 was \$7,331 for those nursing home eligible and \$2,591 for those not eligible, plus housing cost)

【Slide 64】





【Slide 65】



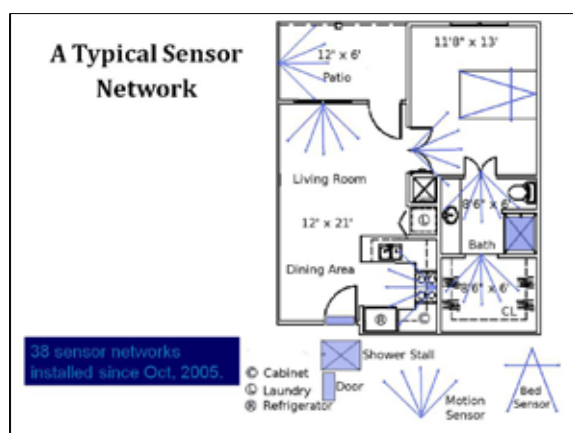
【Slide 69】



【Slide 66】



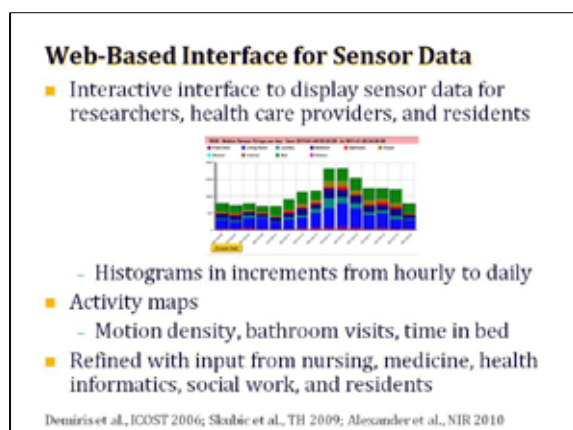
【Slide 70】



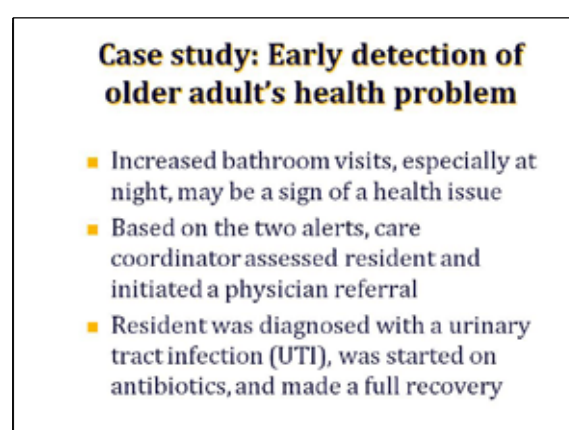
【Slide 67】



【Slide 71】



【Slide 68】



【Slide 72】

## NIH study results after 6 months

- Statistically significant differences in health outcomes between the control group and the test group (with early illness alerts)
  - Several gait parameters measured on the GaitRite
  - Left hand grip average (measures strength)

【Slide 73】

## Current Joint MU-GE project

- Technology to Automatically Detect Falls and Assess Fall Risk in Senior Housing
  - Funded by AHRQ, \$1.9K (Rantz, PI)
  - Develop and test the GE radar sensor in TigerPlace apartments

【Slide 77】

## Bed Sensor Data Changes



【Slide 74】

## Radar Installed in TP Apartments



【Slide 78】

## Pending MU-GE Proposal

- Passive sensing technology detection for independence, chronic, acute conditions, NIH, Rantz (PI), \$2.2M
- Develop and evaluate new passive bed sensors to capture quantitative pulse and respiration rates and more!
  - Radar bed sensor from GE
  - Hydraulic bed sensor from MU

【Slide 75】

## WebCams and Kinect for Ground Truth



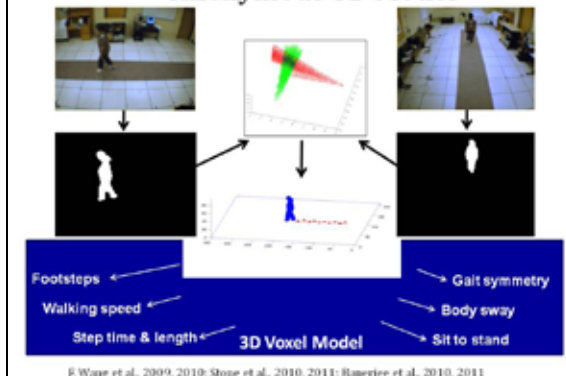
【Slide 79】

## MU Hydraulic Bed Sensor - Placed Under the Mattress



【Slide 76】

## Anonymous 3D Model



E.Wang et al., 2009, 2010; Stone et al., 2010, 2011; Ramerjee et al., 2010, 2011

【Slide 80】

## Conclusions: Residents & Technology

- Older adults take ownership of the sensor data
- They want control over who has access to their data
- Acceptance is related to need and perceived benefits.
- Privacy can be sacrificed for needs/benefits
- Older adults tend to underestimate their own needs
- Older adults about the look of the technology
- Older adults are willing to accept technology if it
  - Meets a need
  - Has an appropriate interface (address sensory limitations)
- They do not consider silhouette imagery to be a privacy invasion

Dennis, Parker Oliver, Dickey, Skubic, Rantz, Technology and Health Care, 2008  
Dennis, Parker Oliver, Giger, Skubic & Rantz, Technology and Health Care, 2009

【Slide 81】



## Conclusions: Seniors and Pets

- Older adults love being able to move in TP with their pets
- More humane environment than the traditional “get rid of pets” approach when care needs increase
- TigerPlace pets are also aging in place!

【Slide 82】



## Additional Information & Papers

- TigerPlace Pet Initiative (TIPPI)  
[www.rechai.missouri.edu](http://www.rechai.missouri.edu)
- Center for Eldercare and Rehabilitation Technology  
[www.eldertech.missouri.edu](http://www.eldertech.missouri.edu)

【Slide 83】



And now for  
your  
questions.....



【Slide 83】



公益社団法人 日本動物病院福祉協会 (JAHA) CAPP 委員長・戸塚 裕久  
Hirohisa TOTSUKA, Chairperson,  
CAPP Committee, Japanese Animal Hospital Association (JAHA)



For the second part of this workshop, we will be talking about the Companion Animal Partnership Program (CAPP) Committee of the Japanese Animal Hospital Association (JAHA) and its activities with respect to interaction between people and animals.

We are asking Dr. Rebecca Johnson, who has just given a talk, and Dr. Hiroko Shibantai, an overall advisor to this convention, to serve as workshop advisors.

First of all, I would like to give you a general overview of the CAPP's activities.

Since the Great East Japan Earthquake struck, not a single day has passed without us seeing or hearing the word “kizuna” (meaning emotional “bonds” or ties). At JAHA, we place great importance on human-animal bonds. We started up the CAPP in 1986 as a means for promoting interaction between people and animals with the overall aim of realizing a society in which people and animals can coexist while enjoying better mutual relationships.

As Dr. Rebecca Johnson said earlier, it is becoming well understood that, when people spend time with pets such as dogs, cats or birds, they feel a real sense of relief and they can relax both physically and mentally, which helps to improve their health. This is due to the reciprocal interaction that stems from the bonds between people and animals.

Founded in 1978, JAHA began implementing the CAPP as a program fostering interaction between people and animals in 1986. In 2009, JAHA became a public interest incorporated association able to

carry out projects for public interest purposes in the following five fields: continuous education projects for strengthening animal hospitals and animal medical care, projects related to people gaining qualifications for specialized work in animal hospitals and animal medical care, projects for promoting community involvement by animal hospitals, projects for promoting animal therapy CAPP visitation activities, and survey research projects concerning animal therapy. Among these activities, today I would like to talk to you about the projects promoting animal therapy and about CAPP volunteer activities.

Also, at this conference, these activities are broadly divided into the following three categories, depending on their purpose.

The first category is animal-assisted activity or AAA. As was explained at the animal welfare presentation carried out earlier at Tiger Place, this is a form of contact activity aimed mainly at fostering emotional stability, providing recreation and improving quality of life. Many of the activities generally classed as “animal therapy” are of this type.

The second category is animal-assisted therapy or AAT. This is a form of adjunct therapy used in the context of medical practice that brings animals into professional therapy and with medical staff playing a leading role. The objectives of the therapy are set out and suitable animals and volunteers are selected in order to improve the psychological, physical and social functions of the people receiving the therapy in accordance with their needs. Also, the effectiveness of the therapy is judged after it is completed.

The third and final category is animal-assisted education or AAE. In this activity, educators accompanied by animals visit elementary schools to give children an opportunity to learn how to communicate with animals and about the importance of life. The number of schools incorporating AAE into their living studies or integrated study programs is gradually increasing.

By taking part in CAPP activities, animals can learn how to live happily as family members in their respective households. In addition, they can engage in activities together with their owners. It is important that animals have an aptitude for liking people and for enjoying communication with people other than their owners, and also for them to be able to enjoy the activities without feeling stress, even in an unfamiliar environment. Activity periods are designed so that they are kept within one hour. Also, we take care not to place too much of a burden on the animals by keeping an eye on their behavior and providing breaks as needed during the activities.

For the animals taking part in these activities, daily care and management is important. So, apart from ensuring hygiene through such things as parasite prevention, appropriate feeding management, brushing and shampooing, etc., consideration must be paid to the animals' health by obliging their owners to present medical examination reports once a year in general and twice a year in the case of animals that work in medical facilities.

Over the first 26 years of the program up until December 2011, a total of 13,187 activity sessions were held. The numbers of activity sessions held at each facility were as shown in the chart. During this time, the total number of participating people including volunteers and veterinarians was 127,008 and the total number of participating animals was 102,214. So large numbers of both volunteers and animals have participated in this program.

JAHA has established an accreditation standard to serve as a goal for the many volunteers and animals that take part in CAPP activities. In the accreditation

examination, we evaluate the owners' and the animals' aptitude for the activities and also check whether or not they have the necessary knowledge to serve as APP volunteers or to lead a volunteer team. When an owner passes both the practical examination and the written examination, they obtain a qualification allowing them to become active as a CAPP-accredited partner together with their animal. This figure shows the number of CAPP-accredited partners at present.

In addition to that, JAHA is providing wide-ranging support to raise the level of its volunteer teams and maintain the motivation of the participating volunteers. We are also involved in many other kinds of activity such as producing and delivering a CAPP activity manual and DVD, hosting an annual conference, producing activity reports, giving research talks at the WJVF (West Japan Veterinary Forum), holding education seminars on an on-going basis, and managing training workshops for teamwork building.

The volunteer teams are not only carrying out "contact" activities in facilities. They are also involved in PR activities to make their work better known to society in general. For example, through participation in local animal welfare festivals and national health and welfare festivals. These activities also help to keep the volunteers themselves motivated.

Lastly, CAPP activities stress the importance of the bonds between people and animals, so they are designed with the health and welfare of the participating animals in mind. They are designed to be enjoyable activities that do not cause the animals any undue distress or strain. Also, by strengthening the relationship of trust between the animals and their owners through these activities, it is possible to build an even stronger bond of affection between the two. So I hope everybody here will consider participating in Companion Animal Partnership Program activities. This will help promote more interaction between people and animals.

That completes my talk.

## 人と動物の絆を大切にする CAPP活動

発表者: 戸塚裕久

ダクタリ動物病院院院長センター病院 院長  
公益社団法人日本動物病院福祉協会 CAPP委員長

公益社団法人  
**JAHA** 日本動物病院福祉協会  
JAPANESE ANIMAL HOSPITAL ASSOCIATION

【Slide 1】

## “アニマルセラピー？”

- 一般的に「アニマルセラピー」といわれることが多いが、JAHAでは  
**人と動物のふれあい活動(CAPP)**と呼び、  
以下のことを行なっている
  - AAA: Animal Assisted Activity  
—動物介在活動
  - AAT: Animal Assisted Therapy  
—動物介在療法
  - AAE: Animal Assisted Education  
—動物介在教育

【Slide 5】

## ヒューマン・アニマル・ボンド 人と動物の絆



JAHAは  
ヒューマン・アニマル・ボンドの  
理念を大切に、人と動物が  
より良い関係で共生できる  
社会の実現を目指して  
活動している

【Slide 2】

## AAA(Animal Assisted Activity)

- 動物介在活動
  - 生活の質を高める、何かの動機づけ、レクリエーションの一環として行われる



【Slide 6】

## 公益社団法人日本動物病院福祉協会 (JAHA)とは

- 1978年 動物病院を充実し、動物病院を通じて社会に貢献することを目的として「日本動物病院協会」を設立
- 1986年 **人と動物のふれあい活動(CAPP)開始**
- 1987年 CAPP活動が社会福祉活動として認められ、厚生省(現厚生労働省)認可の社団法人に改組
- 1999年 CAPP認定パートナーズ試験を開始
- 2009年 事業内容から内閣府に公益性を認められ、公益社団法人に移行

【Slide 3】

## AAT(Animal Assisted Therapy)

- 動物介在療法
  - 医療従事者が主導でおこなう補完・代替医療のひとつ
  - それぞれの患者にあわせたプログラムの作成、治療目標の設定を行い、その効果を評価する



【Slide 7】

## JAHAの公益目的事業

1. 動物病院および動物医療の充実のための継続教育事業
2. 動物病院および動物医療に関わる専門職等の資格付与事業
3. 動物病院による地域社会への貢献を推進する事業
4. **アニマルセラピー(人と動物のふれあい活動(CAPP))推進のための事業**
5. アニマルセラピーに関する調査研究事業

【Slide 4】

## AAE(Animal Assisted Education)

- 動物介在教育
  - 小学校、幼稚園、保育園などを訪問
  - ふれあいや動物に関する学習を通して、命の大切さや正しいふれあい方を学ぶことを目的とする



【Slide 8】



## 人と動物のふれあい活動(CAPP)

Companion Animal Partnership Program

- 家庭で家族として幸せに暮らしている動物たちが飼い主と共に参加している
- 健康面、衛生面、安全面をクリアし、性格的な適正を持った動物が参加



【Slide 9】

## CAPP認定パートナーズ試験

### 筆記試験

- CAPPボランティアとして必要な知識、さらには、ボランティアチームを率いる立場となるための知識や意識をもっているかのチェック



実技試験・筆記試験の両方を合格すると...

『CAPP認定パートナーズ』となる

【Slide 13】

## CAPP活動の実績

- 1986ー2011年12月まで(延べ回数)
  - 活動回数 13,187回
  - 医療施設 2,492回
  - 高齢者施設 8,090回
  - 児童関係施設(学校含む) 293回
  - 心身障害者(児)施設 2,224回
  - 催しでの活動 88回

【Slide 10】

## CAPP認定パートナーズ

- 1999年の認定開始から2011年現在まで
- 認定犬 98頭
- 認定猫 20頭
- 認定うさぎ 1頭 を認定



- チームリーダー資格取得やペア単独での活動が可能となる

合格しました♪

【Slide 14】

## CAPP活動の状況

- 1986ー2011年12月まで(延べ)
  - 参加ボランティア 105,490人
  - 参加獣医師 21,518人
  - 参加動物
    - 犬 77,609頭
    - 猫 18,271頭
    - その他(ウサギ、モルモット等) 6,334頭

【Slide 11】

## CAPP活動ボランティアチーム

- ボランティアチームのレベルアップ、モチベーション維持を目的としたおもな活動
  - マニュアルDVDの作成・配布  
⇒全国共通の活動を行えるように
  - WJVF大会や年次大会での活動発表・報告  
⇒情報収集・情報交換の場
  - ボランティア継続教育セミナー(年1回以上)
  - 個々のチーム強化のための研修会開催

【Slide 15】

## CAPP認定パートナーズ試験

- CAPP活動に参加しているボランティアと動物のペアが、さらなるレベルアップを目指す試験
- 実技試験
  - ペアを組む動物のハンドラーとして適切な対応ができるかのチェック



実技試験に合格すると...

【Slide 12】





## CAPP活動を通しての社会参加

- 地域の動物愛護フェスティバルへの参加
- 全国健康福祉祭「ねんりんピック」への参加



【Slide 16】

## おわりに

- 人と動物の絆を大切にするCAPP活動では、参加する動物たちの健康や福祉に配慮して、苦痛や負担を与えることなく楽しく活動している。
- 動物とその飼主の信頼関係をさらに強固にし、大切な絆をより良いものとすることができる。
- 皆さん人と動物のふれあい活動(CAPP)に参加してください。

【Slide 17】



種稲 憲太郎氏 (特別養護老人ホーム きしろ荘 施設長)

Kentaro TANEINE, Director, Special Elderly Nursing Home ‘Kishiro-so’

---

Hello everybody. My name is Kentaro Taneine and I am the Director of the Special Elderly Nursing Home Kishiro-so, which is located in Kobe City’s Nada Ward.

Today I would like to talk to you on the theme of animal-assisted activities in special elderly nursing homes.

To accompany today’s talk, I have prepared some photographs that show how these activities take place inside the nursing home facilities. These photos don’t match the details of the talk, but please take a look at them while you are listening.

First, I will explain about the Kishiro-so facility.

These days, there are many kinds of facility that our senior citizens can enter. Kishiro-so is what is known as a ‘special elderly nursing home’. It is a live-in facility for people with dementia, those who are bedridden, and those who are in need of other kinds of support in order to live their daily lives. At present, there are 50 residents living at this home. Kishiro-so began operating on May 21, 1979 so this year is the 33rd year since its foundation.

Next, I will explain about the animal-assisted activities carried out at Kishiro-so. Here, we refer to the animal-assisted activities as animal visits. The animals’ visiting day is the third Wednesday of every month. These animal visits began in July 1992 so the activities have been continuing for 20 years now. The photograph here shows a scene of these activities. Dr. Kaori Murata, a veterinarian who works at the Mominoki Animal Clinic in Kobe’s Nada Ward, the same ward as Kishiro-so, has played a central role in progress of the animal visits. About 20 years ago, Dr. Murata began these activities by bringing along a single dog with her. At that time, a lot of people were against the idea because

they thought bringing dogs into facilities for the elderly was a bad practice from the standpoint of hygiene. In view of this opposition, Dr. Murata selected Kishiro-so as she thought it would be easier to get permission to enter a facility that had a female director.

At the time, the director of Kishiro-so happened to be a woman, and she loved animals so much that she used to bring her own Chin (Japanese Spaniel) dog called Yuinosuke with her to work every day. Also, there were other staff members working at the facility who had a tolerant view of animals. For example, one person central to running Kishiro-so also kept a dog that had been injured in an accident at the facility. So I understand that animal-assisted activities started at Kishiro-so without any major problems.

At the time when these activities were starting at Kishiro-so I was not yet working there. However I have retained the impressions I had of the facility activities when I did start working there. So next I would like to introduce two of the things related to the activities that I remember from that time.

Unfortunately I do not have a photograph of her but first I would like to tell you about a woman who I will refer to as H-san. This woman had no children and no contact with her relatives. My memory of her may be unclear in some respects, but when one of the female dogs who came on the animal visits had some puppies, I remember that H-san named one of the puppies Peko-chan. When Peko-chan also began taking part in the activities, H-san began to look forward to the monthly visits of the dog she herself had named.

Regarding terminal care at Kishiro-so, our policy is to take care of our residents until the end of their lives in as natural a way as possible provided that this is in keeping with the wishes of the residents and their

families. H-san was old and in poor health, and she had no family, so it was decided that Kishiro-so would take care of her until the end of her life.

When residents reach the stage of having a terminal condition we take care of them until their final day while giving them the opportunity of eating their favorite foods, listening to their favorite music, decorating their room with their favorite flowers, etc. In the case of this resident, one of the things she most liked was meeting her favorite animal, Peko-chan. When H-san's condition became serious, Peko-chan and the owner visited her frequently beyond their usual monthly visiting day. I remember that Peko-chan and owner attended H-san's funeral as well. For H-san, who had no family or relatives, I think the presence of Peko-chan, who made visits especially to see her, must have been extremely meaningful. This is why this story stands out in my memory.

Another resident I would like to talk to you about is a woman I will call N-san. She was afflicted with progressive supranuclear palsy, which is a difficult medical term referring to a form of chronic paralysis. Among the characteristic symptoms of this illness are a narrowing field of vision and stiffening of the joints so that the sufferer eventually becomes unable to move. Also, in the later stages, the swallowing function becomes weaker and the sufferer becomes unable to talk. However, people with this illness do retain clear awareness up until the end. N-san was particularly fond of animals so she took part in the animal visit sessions every month. When she was first admitted to Kishiro-so, she was still able to move her body to some extent. When a dog came up to her, she tried her best to move her rigid body and stretch out her hand toward the dog, and this was very impressive to witness. But she was suffering from a progressive disease, and gradually she found it harder and harder to move, and toward the end she was bedridden.

In the course of animal-assisted activities a dog owner visited N-san even though she was bedridden. Since N-san had to stay in bed the whole day, she couldn't take part in the club activities. But because she liked

animals, she joined AAA and a dog would come up and sit on her bed. Usually, as her joints were stiff, when we gave her support with going to the toilet or changing her clothes, we had a hard time. But if we took a little dog in and let it up onto her bed, after a short while her body would relax and she could bend her outstretched arms a little more than usual. Of course, when we provided toilet and dressing support, we would call to her and slowly move her body, but it was still difficult to do. So I think that, all in all, the dog had the power to ease N-san's tension. It is for this reason that N-san's case stands out in my memory.

I believe that conducting these animal-assisted activities is producing a variety of beneficial effects at many kinds of facilities. One thing, as was mentioned earlier, is that people have to come and live in these facilities for various reasons, and in so-doing they often have to part with animals they were keeping. Of course, when facing this move, some people often say that if they can't take the animal with them they will refuse to go into the facility. So, for this reason, some residents have been permitted to join the facility together with the dog or cat they had been keeping at home. It was not that Kishiro-so officially announced a policy that residents could keep their own pets; it was just that things turned out that way. But even so, I think it was because Kishiro-so accepted animal-assisted activities that such a thing became possible.

Later, in the course of accommodating these residents, our staff also began to develop an interest in animal-assisted activities. Study meetings were held at the facility on this theme with Dr. Murata providing



instruction. This was the catalyst for a dog being kept at the facility. This is a photo of that dog, a male Shih Tzu called Chaashuu. Chaashuu had been a regular participant in the animal visits for a long time and was used to being with people. When time allowed, I took him around the residents' dining room and also into some of the residents' own rooms, and many of the residents looked forward to this contact with Chaashuu. However, it seemed that Chaashuu himself enjoyed being given presents more than anything, and he liked meeting the young female volunteers more than he enjoyed contact with the residents.

Actually Chaashuu died in September last year and, as he was so well loved by everybody including facility staff, residents, visiting tradespeople and other visitors, there was a continuing atmosphere of sadness for many days afterwards. About a month after he died, a relative of one of the residents who was concerned about what we would do now that Chaashuu was gone, introduced us to a homeless dog that the police had taken into their care. This was a pug named Kuro, and we began keeping Kuro at our facility from October of last year. We don't know where this dog originally came from. Possibly he was abandoned. But he had no name, so we chose the name Kuro which we thought would be easy for the residents to remember.

At the beginning Kuro was a quiet dog that did not bark or yelp. However recently he has started to become excited and yelp loudly whenever visitors come. So now we are consulting with Dr. Murata on what to do about this in future. But since Kuro has already started living with us in Kishiro-so I hope he will be able to visit the residents and give them some comfort and peace of mind in the same way as Chaashuu did.

Now I would like to talk about the animal-assisted activities themselves.

In the past, special elderly nursing homes in general accommodated many lively residents as well as many who, although they may have used a wheelchair, were clearheaded and not suffering from dementia. But over the last five years, the general condition of residents

has been growing steadily more severe. This has also been true at Kishiro-so - the number of residents with more severe conditions is increasing. So while in the past there were many residents who looked forward to the monthly animal visits, or who waited expectantly for the chance to meet their favorite animal, in recent years it has become more difficult for many residents to do even this. However, even though people with dementia have poorly functioning memories, their sensibilities do remain steady. So they are able to clearly understand what is happening in a given situation. Accordingly, we are changing our AAA practices to focus on this aspect.

Kishiro-so has a policy of taking appropriate care of our residents while placing importance on the life they have led previous to their arrival. So when a new resident comes to live at Kishiro-so, we ask them and their family members to tell us as much as they can about their life history. Since the facility is carrying out these animal visit activities, among the questions we ask are whether the resident has kept any animals and whether they like animals or not. If the resident likes animals, we encourage them to take part in the animal visit activities every month. These visits are only once a month and the length of the visits is also short. So recently many of the residents taking part tend to forget even those animals they met during previous visits. But even so, thanks to the stimulation they receive from the animals, the residents can remember the good old days and talk about them, even if only for a short time. Also, they can communicate with the animals in a calm atmosphere. Accordingly, we want to continue with these animal visit activities while placing emphasis on these positive points.

Lastly, I would like to say thank you to the people who bring their animals along to visit these facilities. There are two things that really impress me when I see them at work. One concerns the animals. When they visit the facility, these animals interact with the residents in a very calm manner despite the fact that many of the residents find it difficult to communicate using words due to the progression of their dementia, etc. My feeling is that this is because the animals receive plenty of affection from their owners everyday, and



also because even though they can't speak they are emotionally accessible to the residents.

Another thing is that the owners of the animals are also very adept when addressing the residents and in making contact with them. In nursing care work, communication is very important but it is easy to become carelessly entrenched in words alone and devote all our efforts toward understanding the residents verbally. But in nursing care work it is also very important to grasp the feelings of each resident that they cannot put into words. The people who visit the facility with their animals are experienced in communicating non-verbally with these animals on a daily basis, and they engage in this communication by making use of their feelings and sensitivity. For this reason, these owners are very adept at involving the residents in the activities, and I find that quite impressive.

Since many of the residents who receive the animal visits are now in a severe condition, the amount of time they can spend in contact with the animals is quite short. But even so, this time for remembering the good old days and enjoying contact with animals is very precious. My staff and I are very thankful that we too can share these precious moments with the animals, the animals' owners and the residents. Thank you very much for listening.

福田 美穂氏（社会福祉法人 信愛報恩会 信愛病院）

Miho FUKUDA, Shinai Hospital, Social Welfare Corporation Shin-ai Hoon Kai

---

Hello everybody. My name is Miho Fukuda and I work as an occupational therapist at Shinai Hospital.

Located in Kiyose City in Tokyo Prefecture, Shinai Hospital is a 199-bed hospital with general wards, recovery rehabilitation wards, palliative care wards and sanatorium-style wards that include specialist dementia care wards. With the cooperation of the Japan Animal Hospital Association, animal-assisted activities (AAA) started up at the hospital in 1997, and animal-assisted therapy (AAT) was introduced in 2000.

AAT is a form of adjuvant therapy involving the use of animals as intermediaries that is carried out as a specialized treatment procedure in the context of human medical treatment. Led by medical staff, the treatment consists of setting out one or more therapeutic goals tailored to the needs of individual patients, such as improved psychological, physiological or social functioning, selecting appropriate animals, volunteers and handlers, and also evaluating the therapeutic effects.

At this hospital, AAT sessions take place three times each month on the first, third and fourth Tuesdays, running for one hour from 3:30 pm. The sessions take place in the occupational therapy rooms and are carried out by a staff team that includes three occupational therapists, one medical therapist, two handlers and two activity dogs from the Japan Animal Hospital Association. Usually two or three patients participate in each session. In principle, the therapy is offered to patients who are fond of animals, those who have experienced keeping animals at home, and those who the medical staff judge are likely to improve their motivation as a result of being in contact with animals.

The AAT day begins with a staff meeting to discuss the day's programs. The occupational therapists and

medical therapist provide information about the patients who will be coming to the session, the handlers explain what the activity dogs can and cannot do, and then the medical therapist decides which of the activity dogs will be suitable for each individual program.

Next, before moving onto the individual programs, the dogs and the patients enjoy some time interacting together. Two or three programs are then conducted with each patient. After the programs are completed, the dogs and the patients share another short period of interaction time and then the patients return to their own wards. Finally, the staff members hold an evaluation meeting in which they exchange opinions about the day's sessions.

Let me explain the flow of the AAT for the patients from start to finish.

First of all, a rehabilitation staff meeting is held to consider which patients we would like to introduce to AAT, to judge whether each of these patients is suitable for the therapy or not, and to draw up a program plan. Then, in consultation with the patient's primary physician and the chief nurse of the ward, we make sure that the plan is suitable for the patient concerned. After that, the patient observes an AAT session. Lastly, we obtain a consent form signed by the patient and/or a family member agreeing to the patient's participation in the therapy and to video recordings of the sessions, and then the AAT itself can begin.

In principle, individual AAT programs are carried out over a six-month period. A video recording is made of the first session and the last session at the end of the six-month period. Evaluations of physical function and movement ability are also carried out at these times. During the AAT period, the patient's condition during each session and the result of the program are also

recorded. In the case of patients whose conditions we expect to continue to improve, AAT may be continued for longer than six months.

From the introduction of AAT in July 2000 up to the present time, a total of 37 patients—13 male and 24 female—have participated in the program. The majority of these patients have been in their eighties and their most common major medical condition has been cerebrovascular disease, also known as stroke.

Now I would like to give you a partial introduction to the AAT program that we carry out at our hospital.

First, let's look at ball throwing. This patient has light movement paralysis on the right side of the body caused by a cerebral infarction. The patient has difficulty maintaining their balance while standing so they are standing using a walking aid. As they continue to throw the ball (by taking one hand off the walking aid) they are simultaneously practicing maintaining their balance and using their right hand. Also, by seeing the dog fetch the ball happily, the patient is motivated to throw the ball repeatedly many times.

The next practice I'd like to show you is scarf tying. This is the same patient we saw in the previous photo. The intention behind scarf tying is to practice making delicate movements of the right hand and to promote the simultaneous use of both hands. The patient can exercise their own initiative and the practice can also become a cue toward increasing communication with other people. For instance, the patient can choose a scarf that suits the dog, which invites positive comments from surrounding people who tell the patient that the dog looks cute wearing that particular scarf.

In this next practice, the dog jumps through a hula-hoop. This patient also has moderate paralysis on the right side of the body due to a stroke. The patient keeps hold of the hula-hoop in a fixed position and fixed angle using their paralyzed right hand so that it is easier for the dog to jump. This practice is used as a means of rehabilitating the right hand.

After that, the same patient strokes the dog in a standing position. The patient puts their weight on their paralyzed right leg and strokes the dog with their right hand. This exercise combines balanced standing with moving and controlling the right hand as an approach to dealing with the sensory paralysis of the right hand.

Next comes walking using a walking aid. The patient walks together with a member of the rehabilitation staff. The handler controls the dog by adjusting its lead and walking diagonally a little way in front of the patient. In this way, the patient can enjoy walking while calling to the dog.

This next practice is walking the dog using a wheelchair. Due to a subarachnoid hemorrhage, this patient has paralysis along the left side of the body in addition to an attention deficiency on the left side due to a higher cerebral dysfunction that was an after-effect of the hemorrhage. The patient moves their own wheelchair while paying careful attention not to hit the dog that is walking slightly in front on the patient's left side.

Now, let me introduce you to this patient's case.

The patient is a 40-year-old woman who I will call A-san. Three years earlier she had experienced a subarachnoid hemorrhage. Among the aftereffects she was left with motor paralysis on the left side of her body, sensory paralysis and higher cerebral dysfunction. Please refer to the slides for information on the course of the disease and the rehabilitation objectives. Since this patient loves animals, we expected AAT to have a greater than usual rehabilitation effect on her. She had been participating in AAT for two years prior to this time point. The AAT targets were based on the rehabilitation targets, which included seated posture improvement, right hand and feet muscle strengthening, and higher cerebral dysfunction improvement. In the AAT program, our planned approach called for stroking a dog in a seated position, ball throwing, wheelchair walking, and tackling the patient's memory impairment.

This was a therapeutic process. The photograph on the left shows the patient stroking the dog in a seated position at the time when the AAT program began. The patient was afraid to lean her upper body forward or to the left side because it was easy for her to fall over due to the movement and sensory paralysis on the left side of her body, so the range of her right-hand reach was limited. The photograph on the right shows her appearance two years later. In this photograph, her fear of reaching the right hand forward is less pronounced and she can stroke the dog while keeping herself balanced. We can't see much improvement in the sensory paralysis of the left hand and foot, but her ability to balance her right hand and foot has improved. With the improvement in her seated postural balance, the patient has become able to keep stroking the dog without falling down even when seated in a place without back support.

In addition, there has been an improvement in her endurance. She is able to move the wheelchair a greater distance by herself and at present she can move around almost anywhere inside the ward by herself. She takes part in rehabilitation sessions five or six times each week apart from AAT, so we can't judge that her improvement is due to AAT alone, but certainly AAT, which she undertakes three times a week, has made a contribution to her improvement as an adjuvant therapy.

In summary, in AAT, an occupational therapist or a physiotherapist chooses an animal that best meets the objectives of the individual patient, plans a program that includes the movements they wish the patient to practice intentionally, and then carries out the program. Also, a handler controls the dog in accordance with the program while paying attention to the behavior of the dog. Meanwhile, the patient relaxes in a pleasant atmosphere while interacting with the dog, and is consequently more able to move in order to engage with the animal on their own initiative. The patient's movements as a result of this process are more natural than would be the case if they were not interacting with the animal, and this also motivates the patient to move more as witnessed by increases in number of times a

given movement is performed or in the duration of the exercise. For this reason, AAT is considered useful as an adjuvant therapy for rehabilitation. For information on reference books on this subject, please look at the slide.

Let me close by saying that I obtained prior agreement from the patients concerned to show the pictures used in this presentation. Thank you very much for listening.



## 当院における動物介在療法 (AAT) の取り組み



社会福祉法人信愛報恩会 信愛病院  
法士)

福田 美穂 (作業療法  
士) 笠原 みゆき (作業療

公益社団法人日本動物病院福祉協会顧問 桑名 斉 (医師)  
豊内 裕子 (獣医師)

【Slide 1】

## 当院のAAT② 1日の流れ

1. ミーティング
2. ふれあい
3. AATプログラム  
(1人2~3種類)
4. ふれあい
5. 反省会



【Slide 5】

## はじめに



社会福祉法人信愛報恩会  
信愛病院

- ・東京都清瀬市
- ・一般病棟、回復期リハビテーション病棟、緩和ケア病棟、介護療養型病棟(認知症専門病棟36床含む)など全199床
- ・1997年~AAA導入
- ・2000年~AAT導入

【Slide 2】

## 当院のAAT③ 導入~終了まで

- ミーティング** 症例紹介・適応判定・プログラム立案  
↓  
担当医・病棟看護師長への確認
- 見学・同意書** AAT参加、ビデオ撮影同意  
↓
- 開始** 初回 ビデオ撮影、心身機能・動作能力評価  
↓  
(約6ヶ月継続) 各回の記録  
↓
- 終了** 最終 ビデオ撮影、心身機能・動作能力評価

【Slide 6】

## AATとは (CAPP活動マニュアルより)

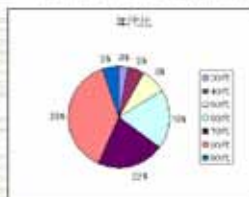
### AAT(Animal Assisted Therapy)

人間の医療の現場で専門的な治療行為として行われる動物を介在させた補助療法。  
医療従事者の主導で実施。  
精神的・身体的機能、社会的機能の向上など、治療を受ける人に合わせた治療目標を設定し、適切な動物とボランティア(ハンドラー)を選択、治療後は治療効果の評価を行う。

【Slide 3】

## 患者内訳 2000年7月~2012年2月

・現在まで37名参加 (男性13名 女性24名)



【Slide 7】

## 当院のAAT①

- ・頻度: 月3回 (第1、3、4火曜日) 15:30~16:30
- ・スタッフ: 作業療法士3名、理学療法士1名、ハンドラー2名+活動犬2匹
- ・場所: 作業療法室
- ・対象患者: 2~3名 (動物好き・原則として飼育歴あり・動物の介在で意欲向上が見込める)



【Slide 4】

## プログラム紹介① ボール投げ



【Slide 8】

## プログラム紹介② スカーフ結び



【Slide 9】

## プログラム紹介⑥ 散歩(車いす) +左側に注意を向ける



【Slide 13】

## プログラム紹介③ フラフープ遊び



【Slide 10】

## 症例紹介

入氏 女性 40代  
 病名(障害) くも膜下出血(左片麻痺、感覚麻痺、高次脳機能障害)  
 経過: X-3年 発症 急性期病院を経て同年当院一般病棟に入院  
 X-2年 当院介護療養型病棟に転棟  
 リハビリテーション(PT OT ST)週5-6回実施  
 AAT開始  
 リハビリテーション目標: 座位バランス改善 左手足の機能改善 体幹・右手足の筋力強化、高次脳機能障害改善(左側への無視、記憶障害、自覚性の低下など)  
 AAT目標: 座位バランス改善 右手足の筋力強化 高次脳機能障害改善  
 AATプログラム: 座位でなでる(ブラッシング) ボール投げ 車いす散歩 記憶へのアプローチ(当日の活動犬の名前、プログラムの想起)

【Slide 14】

## プログラム紹介④ 立位でなでる



【Slide 11】

## 症例紹介 座位でなでる(ブラッシング)



X-2年 開始時



X年

【Slide 15】

## プログラム紹介⑤ 散歩(歩行器)



【Slide 12】

## 症例紹介 座位でなでる(ブラッシング)



X年

【Slide 16】

## まとめ


**OT PT**

個々の患者に合わせて  
たAATプログラム立案  
と動物の選択

**ハンドラー 活動犬**

活動犬のコントロール

**動物が介在**



**患者**

楽しい雰囲気、リラックス  
できる

→ 患者自身の主体的な  
動きが引き出される。

→ 結果として目的とする  
動作を多く・長く遂行できる。

リハビリテーションの補助療法として有用

【Slide 17】

## 参考文献

- ・CAPP活動マニュアル(日本動物病院福祉協会 2009)
- ・横山章光他 精神医学領域におけるアニマル・アシステッド・セラピー  
(精神科治療学 1996)
- ・高柳友子 医療におけるAnimal Assisted Therapyの応用と課題(心の  
臨床 1996)
- ・高柳友子 動物とのふれあい活動および動物介在療法の実際と課題(  
Journal Of Clinical Rehabilitation 1997)
- ・堀敏志 アニマル・アシステッド・セラピー(OTジャーナル 2000)
- ・高柳友子 長谷川元 水越美奈 山崎恵子 医療と福祉のための動物  
介在療法(医歯薬出版 2003)

【Slide 18】

## ご清聴ありがとうございました。



【Slide 19】





柴内 裕子氏 (公益社団法人 日本動物病院福祉協会 顧問)

Hiroko SHIBANAI, Consultant, JAHA (Japanese Animal Hospital Association)

---

We have heard talks on AAA and AAT so now let's talk about AAE.

I have been fortunate to have been busy with AAE (Animal Assisted Education) mainly focused on elementary schools. Thanks to the wonderful volunteers and wonderful animals, this JAHA activity has not had any accidents to date.

AAE is programmed into the school curriculum in most schools now, but schools are busy, and generally speaking when a new program or a new event is introduced to school, teachers do not like it. It is even worse to have animals involved. They worry that an incident is bound to happen and, in this day and age, dealing with so-called 'monster parents' is not an easy task for teachers. So it was extremely difficult to make the first step. However, since the time when the first school made the brave decision to accept us, many years have passed.

In many cases when a school principal wishes to give a presentation about our activities at their principals meeting, they ask us to visit their school. Or, if a teacher moves from a school which has the program to another school, he or she may ask us to come to that new school. This is how the program spreads.

This image shows, I believe, Dai-hachi (No.8) Elementary School in Nerima-ku. In many cases, the AAE activities are held in the gymnasium on the left.

Totsuka-sensei, who has already talked about JAHA, is now chairperson of CAPP. What is more, related to education in schools as assisted by animals, Rebecca is now chair of IAHAIO. I think it is truly wonderful that the IAHAIO chairperson is a specialist from the 'Human side'. The issue of the human-animal relationship is ultimately how we should treasure animals if we humans are truly to proceed peacefully. Our aim should

be to create a mutually happy planet with both medical sides understanding that animals are useful and helpful to human health and also welfare. Today we do have Yokoyama-sensei here with us but, up until today, there have been few people from the human medical side getting involved. But now, with Rebecca as IAHAIO chairperson and a conference being held next year in Chicago, I think it is a great chance for many people from Japan to participate and support Rebecca who has come all the way for us today. So please consider participating.

Those comments are a little away from my topic today. The need to have animals as part of education was clearly stated at the IAHAIO conference in Rio, part of the Rio Statement. To make sure that it is safe and hygienic for children, the statement clearly says that the animals used must have experienced the love of their parent(s). That they knew their parent(s) means that there is a responsibility on the animals. If that is the case, we may worry whether or not our school animals had the experience of being parented. It is difficult to expand on this issue now so I shall save it for another time. But I do trust that if the owners take along truly healthy animals that love children then AAE objectives can be met.

Today I only have one more slide to show you and then I will show you a video taken at an elementary school.





On the right of the slide is the AAE. Recently the term “Animal Therapy” has become established in Japan as an easy and comfortable word to use. In fact the term was around 26 years ago when JAHA started CAPP activities but now the media is using “Animal Therapy” because it is easy to understand. However, it is not an internationally accepted term. Animal Therapy also refers to treatment given to animals as well. There are three distinctions being used at activity sites. Even today there are three, and AAE (Animal Assisted Education) is the third one. Before that we had the Kishiro-so Home’s ‘AAA’ (Animal Assisted Activity) and before that AAT (Animal Assisted Therapy). So today I am talking about AAE under which accidents are never allowed to happen. To ensure that we must make appropriate preparations and, from the start, our CAPP has always put extreme importance on emergency management to prevent accidents.

People think ‘Oh, my darling animal is always good so I am sure I can take him (or her) to the elementary school or kindergarten and let the children touch him.’ But if some kind of accident happens it will become something really serious. Therefore it is essential to have good risk controls in place to carry out activities.

I am going to show you an AAT case study today, but taking pictures or filming at elementary schools is not really allowed which is very disappointing. While I am sure that some private schools will allow us if we explain our needs well enough, at present, to even take a single picture we have to inform them how we will use the photo and obtain permission from the students’ families and teachers. Even then the photo cannot be used for any other purposes. This is the current situation in Japan.

One day when I visited a junior high school, there were some wonderful pictures exhibited along the corridor. When our accompanying photographer tried to take a photograph of them, we were stopped because names were attached to the pictures. It is really strict and difficult. However, the video I am going to show today was taken by the Fathers’ Group at Akatsuka Elementary School in Itabashi-ku in Tokyo. Because

some fathers have very little opportunity to spend time with their children some of them formed a group and they organize fun-time events on Saturdays and Sundays. For one of the events they invited us to provide AAE. So with their permission, I can show you this video. It is already some years ago so some parts may look dated but let’s see.

Also in the case of elementary schools, when we are asked to attend at the headmasters’ meeting, our person responsible at the association or a team member visits the school to exchange an agreement (memorandum). It is normal before any activity for the persons responsible on both sides to exchange such a memorandum. But we use it to make sure of several issues such as how to handle things in the event of an accident. Furthermore, before a program we conduct a survey with questionnaires to find out the ages and numbers of the pupils, about their local environment, and what kinds of animal they are living with and so on. We tailor the program based on what we learn from the survey. We also ask to conduct it once more time about a month after the program to see the effects and find out if there were any problems.

In any case, the cooperation of the teachers is so important. Excuse my rather inappropriate use of words but the schools do not like bothersome tasks. But they let us go into their schools because our activities are believed to be reliable. But even then if we make a lot of preparations it will still be a burden to the teachers. I think the way to approach a request is as follows - if we do all the preparations, if we do all the cleaning and take away everything and only borrow the time of the students and the teachers then, if the teachers feel it was not too much hard work, they will ask us again.

At one elementary school we went to, the teacher of the first grade class did not turn up on the parents open day. There were three hyperactive children in the class that he (or she) could not control so he opted not to turn up at all (or maybe he could not face it). It was difficult enough just to try and make the students sit down let alone try to teach them mathematics or a language. So, because he could not handle his chaotic

class the teacher had given up coming to school. The open day came and we were called. We had been to the school a few times, so we knew there were there some hyperactive children running around out of control. But during our activity time, they did not stand out at all, and everything ended peacefully. Afterwards the headmaster came and asked us if we could come every day ! This is just one example of the effect we have. But, as Samuel Ross of Greenchimneys in his presentation says, animals are an important existence for hyperactive children. I do not wish to exaggerate by making sweeping statements but I do think animals have a special attraction for children and can play a big role in stabilizing their emotions.

So let's watch the video now...

Children copy things easily, whether good or bad. Nowadays I am pleased to hear that when an owner takes his or her dog for a walk, a child may come up and ask if they can touch the animal. Then they gently extend their arm with a non-threatening closed hand. I have recently experienced this myself at my local bank. I had my dog in a carrier and a lady asked if she could touch him. She extended her closed hand. I thought this was so good and that we really must spread more of such good things.

Only about a couple of days ago, we visited a school. There were supposed to be 23 first grade students present but, due to influenza, 5 children were off school. It was very cold. One of the things we must consider is that this kind of activity in winter is very cold. A school gym has no heating and, while the children are relatively fine, for we volunteers it can be very tough.

# 命に対する「責任」と捉え…

Our theme and mascot team ask us to consider  
our ‘responsibilities’ for the lives of others



責任 (クレアナ)  
kule.ana (Responsibility)