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**ANIMAL THERAPY IN COMPREHENSIVE HEALTH CARE:
CURRICULUM MODEL AND CONTENT IMPLICATIONS**

presented by

Sister Virginia Moller F.S.E.

has been accepted towards fulfillment
of the requirements for

Master of Science degree in Animal Science

William J. Magee

Major professor

Date

5/18/83

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ANIMAL THERAPY IN COMPREHENSIVE HEALTH CARE:
CURRICULUM MODEL AND CONTENT IMPLICATIONS

By

Sister Virginia Möller F.S.E.

A Thesis

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

MASTER OF SCIENCE

Department of Animal Science
1983

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ABSTRACT

ANIMAL THERAPY IN COMPREHENSIVE HEALTH CARE: CURRICULUM MODEL AND CONTENT IMPLICATIONS

By

Sister Virginia Möller F.S.E.

In the past decade the perspective and attitudes behind human service organizations have begun to expand. Most human service professionals "are aware that the American society has reached such a state of complexity, perhaps even chaos, that ... usual unifaceted or piecemeal attempts to help clients resolve dilemmas are clearly outmoded" (Schulberg, 1973, p.6). Contributions by individual professionals must fit into a broader context of human services in order to be more effective.

This thesis is an attempt to develop a curriculum in animal therapy as a constituent of the larger, broader field of activity therapy within the scope of a comprehensive approach to health care. The various instructional components are developed at the undergraduate level and include the knowledge, comprehension, application, analysis, synthesis and evaluation levels of learning.

A curriculum survey questionnaire; designed by the researcher, was used to gather data on basic objective areas. This questionnaire was sent to 25 individuals of varying degree, profession and exposure to the field of animal therapy. The results revealed the primary strengths and weaknesses of the program.

Dedicated to
Mother Mary Margaret Dalaski, F.S.E.
whose time and support have
greatly aided my achieving
this goal.

ACKNOWLEDGEMENTS

I wish to extend sincere appreciation to Dr. William Magee, my masters committee chairman for his patience, personal concern and dependable professional guidance and advice; Dr. Alice Whiren, my thesis director for her time, challenging questions, suggestions and guidance as advisor throughout the writing of this paper; Mother Mary Honora Kroger, R.S.M., a committee member, for her concern for academic excellence and her positive challenges to clarify the nature of my study; Dr. Duane Ullrey, a committee member, for his concern and support.

Special gratitude is extended to the Department of Animal Science, particularly Dr. Ronald Nelson in allowing me the freedom to pursue professional excellence in this area of study.

Special gratitude also is extended to Joanna Gruber and Judy Lentz for time and efforts in typing this thesis.

I am deeply grateful to my religious community, The Franciscan Sisters of the Eucharist whose support and encouragement has opened this area as a viable professional thrust within the mission of the Community.

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CHAPTER 1

INTRODUCTION

People have chosen to use scarce resources to keep domesticated animals as pets for several millennia without much thoughtful evaluation of their utility. Today, however, as a result of the increasing estrangement between individual persons and the natural environment, scholars from many disciplines are becoming increasingly aware of the significance of the human/companion animal bond. The technique of animal (pet) facilitated therapy has achieved a measure of acceptance among therapists, but the concept of animals for use in this milieu is still not well understood and it is difficult to explain the phenomenon of the interactions. As a consequence, much additional research is still required.

Statement of the Problem

At the same time that we see more and more attempts to use animals in the treatment of human beings, especially in the areas of geriatrics, physically disabled, emotionally disturbed, rehabilitation and correction (Arkow, 1980), there is considerable confusion and lack of direction concerning animal-aided therapy. The need for highly imaginative and extremely rigorous research to establish principles and boundaries in this area is tremendous (Levinson, 1972). Not only does this apply to the animal as co-therapist, but more importantly to the therapist himself. It is only through a rigorous selection and training process that the

therapist will be prepared to best utilize the animal as an aid to facilitate the release of the client into the person-to-person interactions required of today's society. At the present time there is no formal curriculum designed to meet these requirements. This lack affects not only the therapy fields but also education, social work, mental health, human medicine and veterinary medicine. In fact, practicing veterinarians see and feel the lack of formal exposure to the dynamics of the human/animal relationship most keenly, even to the point where it may impede their practice since 70% of their time is actually spent with the owner (A Veterinarian's Perspective. Latham Letter. Winter 1981, p 1).

Purpose

Within this frame of reference, the purpose of this thesis is to develop a course of study which could be implemented as a part of an undergraduate degree program. It is of the utmost importance to learn whether we have in animal therapy a tool which permits us to examine at length the elusive something which occurs in therapy and promotes healing. Within this search we must realize that animals are not a panacea, a healing source for all people and therefore this form of therapy will be reviewed and developed within the broad framework of comprehensive health care.

Assumptions

Several basic assumptions were made by the researcher following an assessment of the foregoing problems. These assumptions are included in support of the conceptual framework for the study.

1. In a world of technology and scientific advance some people have become more and more divorced from their roots in the simple realities of creation and are no longer in touch with the natural world. The machine dominates our thinking and life space (Galbraith, 1958; Mumford, 1966).

2. Contact with the inanimate and non-verbal animal world is most important to a wholesome emotional development.

3. Animals may provide a link between the natural environment and the man-built environment.

4. Animals and people communicate on a sensory-perceptual level which is basic and primitive.

5. For some people the very presence of an animal aids in the accomplishment of normal developmental tasks from childhood through old age.

6. Some people have lost the key to self-understanding. This is in part due to the withdrawal from the healing forces of nature (Levinson, 1969; Frank, 1959; Harding, 1963).

7. In order for animals to be useful in the healing process for a client, a therapist must be present to facilitate and interpret the interactions taking place between the client and the animal.

8. Animal therapy is not a panacea for all human ailments. It is one of a number of new approaches under investigation which will hopefully restore the client to some degree of "normal" functioning.

9. An individual, regardless of the ailment, can best be helped through a comprehensive health care approach by a competent health care team.

Objectives

The following objectives were a direct outgrowth of the assumptions and are included here to further clarify the reader's understanding of the conceptual framework.

1. To review the literature about the value of the human/companion animal bond and its benefits to individuals and society as a whole.
2. To show that in some cases animals can be instrumental in restoring sound mental health to certain individuals through the therapeutic milieu.
3. To demonstrate the necessity for specialized breeding, selection and training of the animals to be used for therapy and the training of the therapist as to how to best utilize the animal in the therapy setting.
4. To examine the concept of the comprehensive approach to health care facilitated by a health care team composed of medical staff and activity therapists, psychologists, social workers and other professionals.
5. To develop an animal therapy training program pooling resources from many disciplines and professions across the university setting.

Limitations of the Study

The limitations of the present study include:

1. The program will not be experimentally tested against another program. This study consists primarily in the development of a sequential approach to animal therapy in a comprehensive health care framework.
2. Since this program will not undergo experimental research, it will not be possible to demonstrate at this time that the program does indeed establish the skills necessary for a trained animal therapist.

Conceptual Definitions

Therapy: The intervention process of returning an individual to sound mental health; treatment serving to bring about social adjustment.

Activity Therapy: Any of the adjunct therapies such as music, play, dance, horticulture, recreation, art or animal therapy. An activity therapy is always used in relation to or as a supplement to a primary therapy; medical, drug, shock or physical therapy.

Therapist: A person who implements a remedial treatment of a disease or other physical or mental disorder.

"Institutions and organizations which indoctrinate therapists in one point of view only are pure anachronisms in today's situation" (Rogers, 1963, p. 13). For this reason it is imperative to view the therapist as a member of a comprehensive health care team. As a member of such, he is immediately and inevitably thrust into a dynamic, synergic approach toward improvement and/or maintenance of an individual's total physical, psychological, and social well-being.

Within this process there is not a single well-defined set of elements describing the therapist; rather, the elements develop organically. A therapist within this context presupposes his entrance into the dynamic which develops the "personhood" of the individual and from this assumption certain core traits can be delineated.

Within a general framework, the therapist's warmth, empathy, adequacy of personal adjustment and length of professional experience have all been established as positive correlation of therapeutic efficacy. Singer (1965, p. 69) adds that the therapist should be childlike, that is, "characterized by activity and reflected in attentive involvement, openness to experience, readiness for surprise, willingness to stand uncertainty and the capacity

to shift flexibly the focus of perception and inquiry".

An animal therapist must possess these traits and, in addition, he must develop a sensitivity to the animals he utilizes an energy transformation agents. Such a therapist must develop a "third ear", so to speak, which is attuned to subliminal cues from both the client and the animal. Emotionally he must be able and willing to surrender part of his functioning to the animal and be able to permit the client to use the animal and not feel slighted because of it (Levinson, 1972). In order to do this, the therapist must not only love the animal but also develop a working understanding of the animal's normal behavior and attain absolute control over the animal. If the therapist is secure in the animal's love and respect, he will have little difficulty in facilitating animal-client interactions and utilizing them for the benefit of his client's well-being.

Mental Health: refers to an individual's total physical, emotional, intellectual, spiritual and creative response to his (her) environment.

Self-Esteem: a proper respect for oneself as a human being; regard for one's own abilities, standing or position.

Companionship: a fellowship, rapport, association, friendship.

Companion: comrade, guide, friend.

Bond: a tie of loyalty, sentiment or friendship; attachment; affinity; affiliation.

Human/Animal Bond: a mutual bond that occurs between an individual and an animal. It is most often seen between a person and his pet. The bond has both physical and psychological benefits playing deeply on the emotional needs of the person.

Health Care Team: a team of professionals dedicated to accomplish

a comprehensive approach to health care; total patient care. The team may be composed of traditional health care staff such as physicians, nurses, pharmacists, psychiatrists, physical therapists and aides as well as psychologists, social workers, mental health agents and activity therapists - pooling many disciplines in an integrated approach to health care. Membership on a team is determined by the needs of the individuals being served. For example, the needs of the elderly will differ from the needs of a hyperactive eleven year old; therefore, the team for the elderly might include a physical therapist which would not be needed on the eleven year old's team.

Comprehensive Health Care: health care that is wholistic in nature, directed toward improvement and/or maintenance of an individual's total physical, psychological and social well-being and toward prevention of illness, injury and disease.

Creative Process: a basic mode of operation in which individuals participate while resolving a crisis. This process consists of four states or levels of development; preparation, incubation, illumination and verification. For a more detailed description see Appendix A.

Original Nature: the nature of the organism before its modification by environmental experiences; at the time of conception (Reuter, 1941).

Human Nature: the acquired patterns of behavior or habits, attitudes and ideas which people learn in social life (Young, 1939).

Energy Transformation Object: any object which when used in the therapeutic setting facilitates the transfer of energies; in the context of this paper, an animal.

Individual/Person: the word individual connotes a biopsychological concept. Within the context of the proposed model this term is to be

understood as an organism with a unique set of innate physical, emotional, mental, spiritual and creative capacities. As an individual develops and matures, he acquires a human nature and achieves a position in society. Only after participation in this process is he considered a person (Reuter, 1941). "We are individuals at birth but we become persons when we acquire status in a group, a reputation, a role and a conception of our place among our associates and ... our contemporaries..." (Hiller, 1933, p. 479). To further develop this concept, Wojtazla (1979) explains that a person is viewed as a wholistic being whose actions speak who he is... This pre-supposes that the individual is capable and willing to enter into the dynamics of conscious human action. In the words of Johann (1966, p. 162) "To be a man (person) ... is to be essentially involved in the work of forging a world that is always new, the world of communion. As persons, we are each of us responsible to and for the other, and only in mutual fulfillment of this responsibility do we secure for ourselves a place in the real."

Client: In order to consider the concept of client, one needs to consider the nature of human beings within the context of the laws and rhythms which hold and manifest the norm. Natural laws define and order the nature and manner of all bodies in the universe. All of nature exists and functions in patterns which are governed by these basic laws. Thus, human beings, like all other creatures, exist as part of a total unit and interact with all other parts. The individual who is developed within his "personhood" (a person) is in a dynamic interaction with all other parts of the universe holding it into its potential harmonic balance. The person who is either unable or unwilling to see himself as part of this dynamic will be defined as client.

Environment: "Environment is the sum total of the physical, chemical, biological, social, economic, political, aesthetic structural surroundings for organisms". (U.S. Dept. of Health, Ed. and Welfare Ed. Division, 1976 p. vi). Included within this spectrum are three conceptually distinct but interrelated concepts of environment: the natural, the man-made or human constructed and the human behavioral (Bubolz et al., 1980).

The natural environment is defined as that formed by nature and is composed of physical and biological components as well as spatial relationships.

Re-structuring of the natural environment's physical and biological components results in the human constructed environment. Within this aspect of environment are contained the concepts of housing, city planning and all our social and cultural institutions such as educational, political and religious systems. This environment is the product of man's intellectual and social capacities to mold the natural environment to meet his physical and socio-psychological needs and desires (Bubolz et al., 1980).

The third aspect of environment concerns the human itself. "Human beings constitute environments for all other human beings" (Bubolz et al., 1980, p. 106). The family, peers, friends, enemies, colleagues are all included in this unit.

Animals: Any living being typically differing from a plant in having the ability to move voluntarily. For purposes of this study the human being is not included in this concept.

Since the term animal is so broad, the following list has been developed from common experience and those animals most discussed in

the literature. Particular emphasis is placed upon the therapy and companion animals. (Table 1).

The characteristics sought after in a therapy animal are still under investigation. In general they include:

- a) affection and unquestioned obedience to its master.
- b) people orientation (overbounding love and enjoyment of being with people).
- c) the specific behavior of traits; quietness, gentleness, highly active, alert, will be directly dependent on the needs of the client. The responsibility of matching their needs with a specific animal lies in the hands of the therapist and health care team.

Interactions: Interaction is defined as a relationship of reciprocal influence between components of a system (Bubolz, 1980). Interaction in the proposed models occurs when any component of the framework is influenced or acted upon in return (Figure 1). Interaction can take place between the client (individual) and the animal, the client (individual) and his environment, the client and the therapist, the therapist and the animal, the therapist and the environment and the animal and the environment.

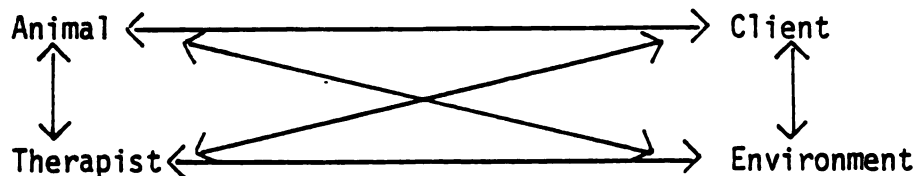


FIGURE 1. Model Interactions.

Table 1. Common Therapeutic Animals

| Farm Animals | Companion Animals | Therapy Animals |
|--------------|----------------------------|-----------------|
| Cow | Dog | Dog |
| Horse | Cat | Cat |
| Sheep | Bird | Bird |
| Goats | Horse | Horse |
| Pigs | Rabbit | |
| Poultry | Rodent | |
| | • hamsters, mice | |
| | • gerbels, guinea pigs | |
| | • rats | |
| | Reptiles (turtles, snakes) | |

Transactions: Transaction is defined as a relationship of interactions among components of a system which result in a settlement. Transactions in these models occur when any two components of the framework influences or acts on any other component and is influenced in return in such a way as to thrust the individual (client) into the most optimum position in order to enter to his fullest capacity the dynamics of balance he holds within the environment.

Conceptual Framework for Animal Therapy

The following is a conceptual approach to the examination of the interdependence of the person and his environment; the dynamics of balance he holds within the environment and the consequences of his rejection or inability to hold that balance and its restoration through the interjection of a member of the comprehensive health care team.

Demonstrating these concepts are three models (Figures 2,3,4) with primary attention given to the therapy model in which the animal functions as an energy transformation object.

Dynamics of the Models

In the balanced model (Figure 2) the person is able to relate to his environment. He holds in harmony the interaction between the natural environment and the man-made environment. Normally, society and our environment itself provides the person with tools necessary to implement the process of this balance, the tools he uses to maintain this balance.

Occasionally the individual is not able to acquire these skills (tools) and a problem arises (Figure 3). This impediment can be either willful as in the case of the deviant (willful crime) or unintentional as in the

case of an abused child or mental retardation or physical impairment. When this happens the individual is separated from his environment and the balance is thrown off. It is here that a health care professional must enter (Figure 4) in order to help restore the ruptured balance by providing a team of therapists which will supply the tools necessary to restore the balance the client has lost.

Organization of the Study

The study is divided into three areas. Following a review of the literature in Chapter II, there is a chapter that contains the sequential development of a program in animal therapy as a constituent of the larger, broader field of activity therapy within the scope of a comprehensive approach to health care. The various instructional components are developed at the undergraduate level and include Bloom (1956) levels of learning. The fourth chapter includes a description of the researcher's evaluation tool, a questionnaire utilizing the leger scale and an analysis of the data collected from the questionnaire. The questionnaire was sent out as a way of evaluating the program development found in the third chapter. The final chapter summarizes the scope and basic concepts of the study in addition to general conclusions and recommendations.

Summary

This section of the research paper gave a brief introduction of the human/companion animal bond (CAB) and its potential use in therapy with a comprehensive approach to health care. Basic terminology, specific objectives and underlying assumptions were presented as well as the limitations and organization of the study.

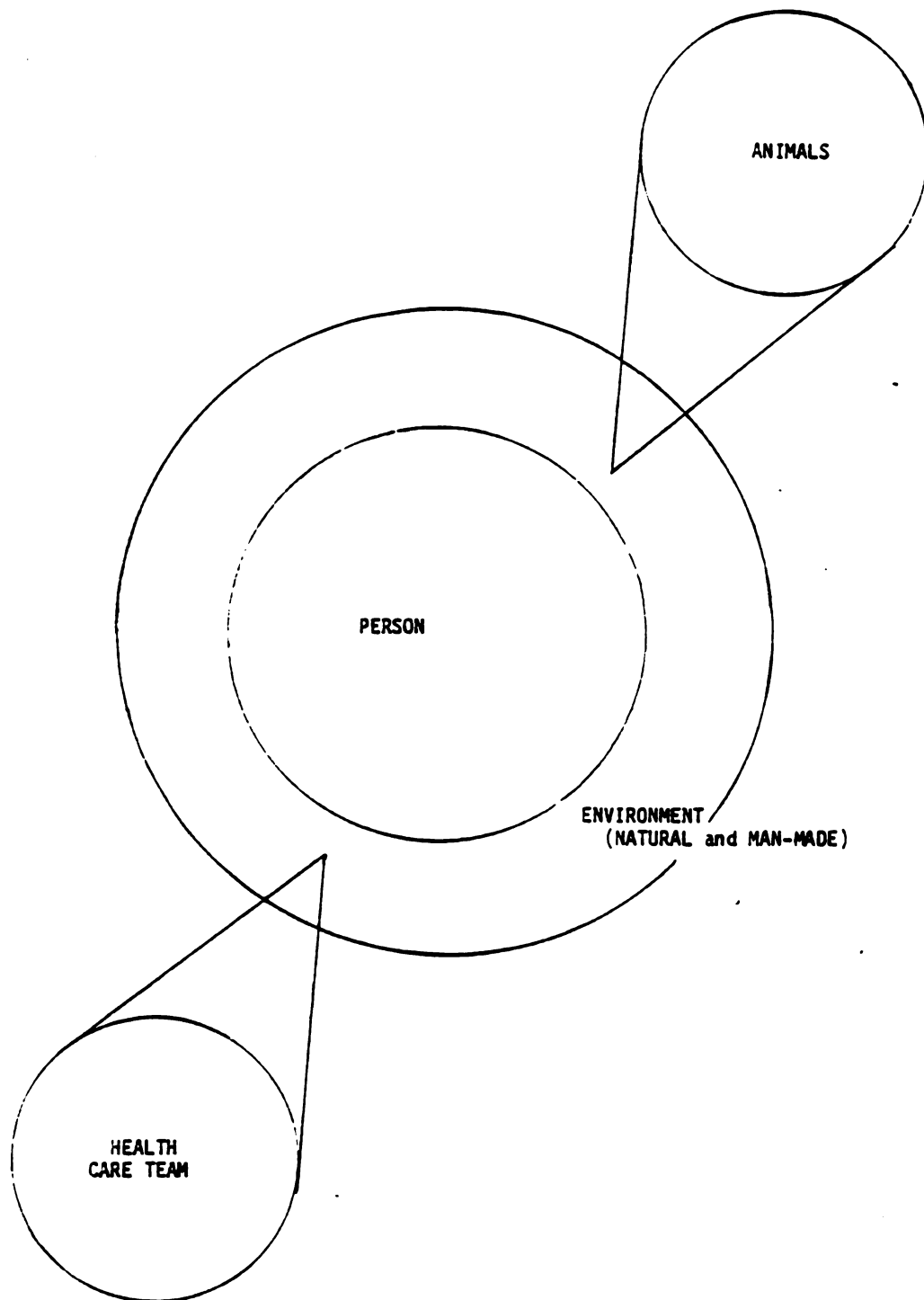


Figure 2. The Balanced Model. This model demonstrates that a person can relate to his/her environment. The individual holds in harmony the interaction between the natural environment and the man-made environment.

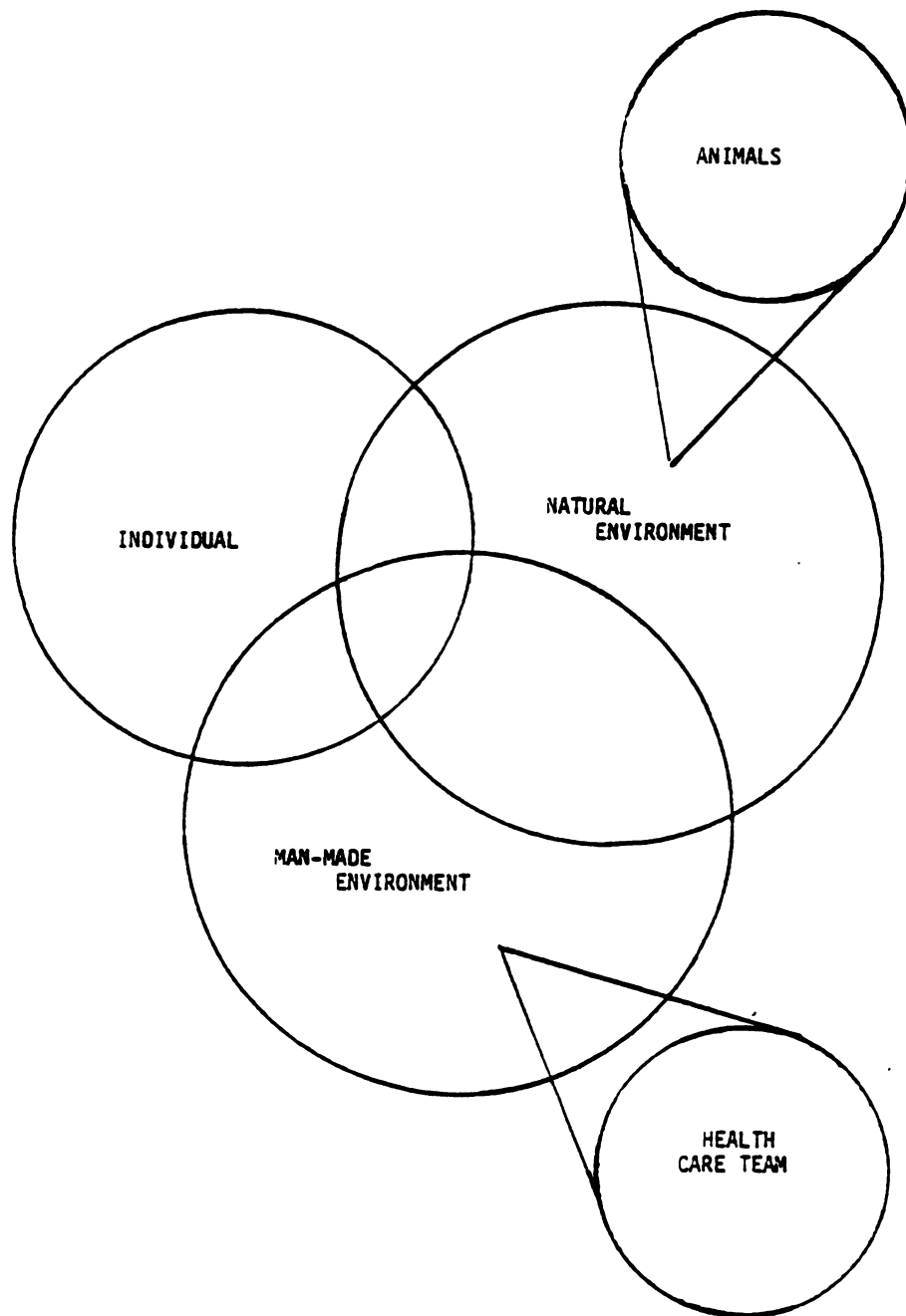


Figure 3. The Unbalanced Model. This model demonstrates that an individual can be separated from his environment and experience an imbalance.

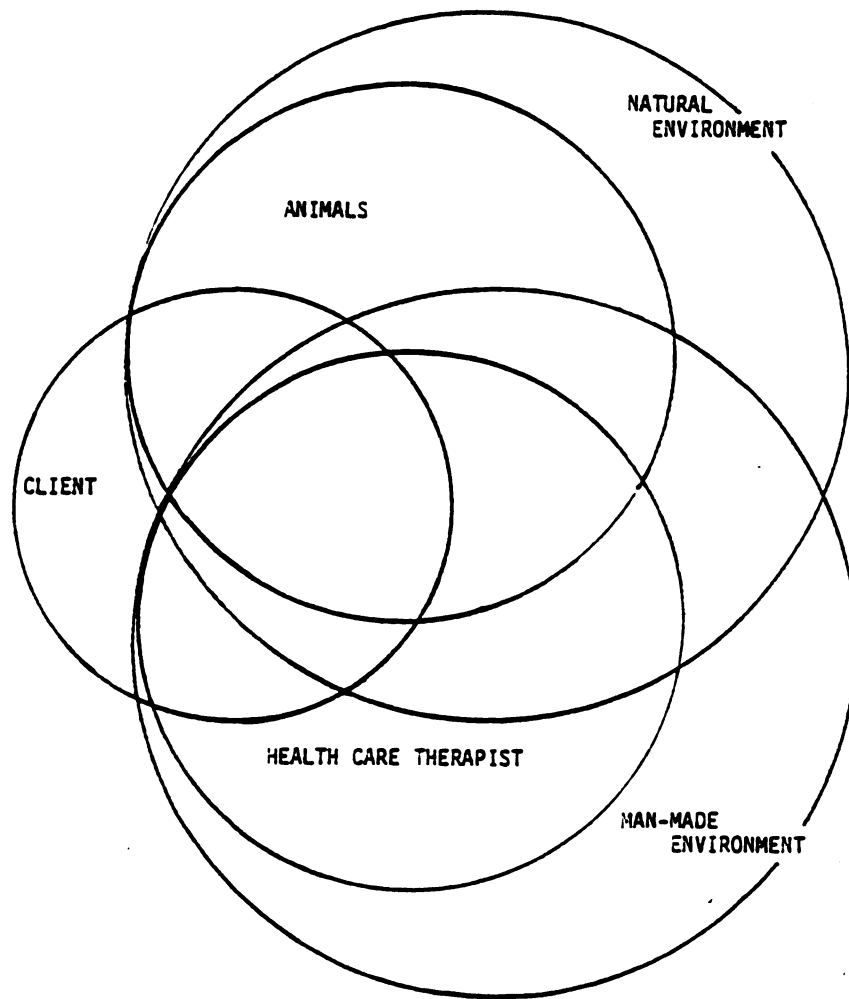


Figure 4. The Therapy Model. This model demonstrates the entrance of a therapist to help restore the ruptured balance.

CHAPTER II

Introduction

The subject of this chapter is the psychological relationship between humans and animals, in general, and the role animals have played and are playing in the therapeutic process. The material covered is divided into the following major headings: a) historical perspectives; b) contemporary social conditions; c) animals and human development; d) animal facilitated therapy; e) need for comprehensive approach to health care and f) animal therapy and comprehensive health care.

Historical Perspectives

The keeping of animals as pets is not just an outgrowth of modern day society, but springs from ancient human traditions. Even the most superficial reading of history provides numerous references to the hunter, farmer and warrior having obtained pleasure and companionship from animals (Levinson, 1969). It is only recently, however, that we have identified this phenomenon sufficiently to name it: The Human-Companion Animal Bond.

It has often been stated that civilization began with the domestication of plants and animals, and it is really only after humans progressed to this point that they were emancipated, freed to turn mind and hands to the development of the constructed environment; the devising of new techniques; the building of cities; the development of philosophies,

science and art; and the refinement of religion (Barloy, 1978; Hyams, 1972).

There are various theoretical reconstructions of the origin of domestic animals, all of which may be based in truth. For example, Reed (1959) discusses the possibility of domestication resulting from man's desire to utilize pets as decoys, while others believe religion was the prime motivator as in the case of mummified cats of Egypt (Saner, 1952). Fenner (1963, p. 39) states "It can not surprise us that several authorities believe that the habit of keeping young animals as pets is at the root of domestication in general. In this form it is certainly an overstatement, but it is conceivable, and even probable, that pet-keeping provided one of the bases on which domestication on an economic scale developed later on. The mothering instinct of the human female may well have played a part in this process too. Levinson (1969, p.5) indicates that "there is as much reason to believe that men's psychological needs were the primary cause for the domestication of animals as that man needed to use animals for such material purposes as the saving of human labor and the satisfaction of a hunger for food". Levinson (1969, p.5) continues that "although the domestication of animals for food and labor may have and probably did coincide with their adoption as pets, the two roles must not be confused or equated. The domesticated animal was strictly a 'servant' of man. His cousin, the animal pet, became in short order man's master. The different functions obviously developed to satisfy different human needs. The former catering to man's soma - the latter to man's psyche."

In support of this theory Mugford (1977) clearly indicates that although the habit of keeping animals as pets is not a recent development

their primary role has evolved to meet the needs of their owners. Where once animals served primarily as food, co-hunters, herders and protectors, changes in family structure, population shifts from land-oriented living to high speed technological urban dwelling, declining birth rate and improved medical care have all contributed to a change in the role of the animal to that of companion and social interaction facilitator. This shift in roles has resulted in an increasing awareness of the human/animal bond and its potential within the field of health care, particularly in the area of mental health.

Contemporary Social Conditions

Many of the facets which Toffler (1970) describes in his Future Shock and Orwell (1949) illustrates in his 1984 are uncomfortably present in our current world and local communities. The very qualities which stood this country and its culture in such good stead in previous types of external threat or internal stress, are no longer 'good enough'. Whether admitted or not, the balance of stress from within and the pressures from outside with which individuals, families, groups and organizations have to cope is increasingly subject to rapid and unexpected change. Shifts in attitude, values, topics of conversation and subjects of attention and concern in our daily lives all play into this situation. However, "the major risks are attached to the integrity and identity of the individuals and groups whose boundaries have to cope with much greater openness and exposure to the environments in which we live" (Bridger, 1976, pp. 1-8). In the words of Levinson (1972, p. 5), "If we are to meet new and forever changing problems and conditions, we will have to find and incorporate into our lives new relationships between man and his immediate

environment, including animals." This condition, in part, arises from the individual's inability to "come to terms with his inner self and to harmonize his culture and his membership in the world of nature". More and more we see that individuals become alienated from themselves by refusing to acknowledge their irrational self, that part of them which houses their animal instincts. This alienation and estrangement increases proportionality with the ability to conquer natural forces. In her book Psychic Energy, Harding (1963, p. 4) states, "The increase in power that science has made available to man has not been equalled by a corresponding increase in the development and wisdom of human beings", and in light of the earlier statement concerning the individual's difficulty with balancing their inner and outer worlds, Harding goes on to state, "It is easier to assume that the problem lies outside of one's own psyche than to undertake responsibility for that which lurks within oneself."

Many of the present day therapies, such as "primal scream" therapy, sensitivity training, nude therapy and others, unconsciously attempt to bring harmony between the individual's inner being and his natural environment, forcing him to face his irrational self. However, it seems that more direct, more effective solutions must be found (Levinson, 1972).

One approach to revitalizing this relationship between man and nature is through the use of animals. Not only do they provide a means of contact with nature but through two prominent qualities, namely the ability to offer love and tactile reassurance without judgement or criticism and their maintenance of a sort of perpetual infantile dependence, animals may also provide a bridge to healthy social interaction. Parents have long seen the value of involving animals in the home as a means of teaching their children responsibility. A child's interaction with an

animal - caring for it, feeding it, exercising it, and thus becoming responsible for its safety, helps him to develop a sense of responsibility and a feeling of self-respect and self-worth. Moreover, interaction with a pet tends to make the child recognize that there are limits within which he must behave in relation to the animal. If he begins to abuse it, the animal will react by showing obvious signs of displeasure, or by trying to get away. In either case, the child learns a valuable lesson in reality testing. He also learns that love and devotion require give and take. For many, these concepts are first experienced and learned through a relationship with an animal.

In a society such as ours, which seems to foster alienation, animals can be of particular help to those groups forced into marginal positions - children without families, the aged, the mentally impaired, the emotionally disturbed and the physically handicapped, both in and out of institutions, as well as inmates of correctional facilities. All of these suffer from isolation, a scarcity of rewarding activities and a sense of rejection by the world around them (Levinson, 1972).

Animals and Human Development

Developmental tasks from childhood to old age at times can be better accomplished with the help of animals who offer unconditional affection, stimulation, and protection. For some they afford opportunities for giving which enhance their human owners' self esteem and capacity for relating to others on an emotional level (Levinson, 1972). Herman goes so far as to say, "By the mechanisms of displacement, projection and identification, a dog or other pet may serve as a major factor in the maintenance of psychological equilibrium" (Herman, 1965 p. 713). For

most adults, identification with the animal and displacement and projection onto it is unconscious. However, among children it is a conscious process. The animal can serve as a companion, a pal, a confidant where the absence of barriers between the child and the animal allows for easy exchange and interaction.

The animal-companion serves a variety of functions for a variety of people. The childless couple's lap dog plays a role different from that of the dog in a large family; the elderly man's cat a different role from the hyperactive child's dog. Also, depending on the individual, a particular animal, such as a horse or cow rather than a dog or a cat, might be more suited to meet their unique needs. However, there is a definite lack in the literature relative to this subject area and much is still to be learned about proper placement of animals to meet specific needs of individuals and animals. The few examples found are generally drawn from experiences of animal shelter personnel and therapists. The following is one instance that deals particularly with the effect a cat had on the unique needs of a middle child in a family of five children (Levinson, 1969, p. 169).

Geraldine was the unfavorite child in a family with five children. Both parents had been honor students at college; the two older sisters were pursuing the same path to academic success, and the two younger brothers had already passed Geraldine in school. Geraldine was not stupid; she merely happened to be the one person of normal intelligence in a family of high academic gifts and ambitions. Her inferiority had been so impressed upon her that she knew she would never be able to learn what she was taught in school. The child's clothes were hand-me-downs from her older sisters, as were her toys. As Geraldine approached her tenth birthday she began to clamor for a cat. Her mother brought her to the Shelter one morning and told her to pick out the cat she wanted and be quick about it. Unfortunately, Geraldine was too unsure of herself to make any decision quickly. After a despairing glance at the array of cats, she sat down in a corner and cried. Her mother then started to select a cat for her, but I persuaded her that

Geraldine would be much happier to choose her own, especially as it was to be a birthday gift. I suggested that she leave the child with me for the day, so that she would have enough time to look over all the cats and find the one she really wanted most. Mother was not too happy about this arrangement, but in the end she consented. Geraldine spent the day happily taking the cats one by one from their cages, petting and playing with them. In the end she chose a gray-and-black, neutered tiger cat about a year old, who had come into the Shelter as a gaunt, terrified stray, abandoned by its owners and left to shift for itself. When Mother returned, she was not much pleased by her daughter's selection, but I pointed out that Geraldine would love the cat all the more if she gave it the food and care it needed and could experience the joy of watching it become contented. I emphasized also to the mother that she should make it clear to the other children that this was Geraldine's cat, not theirs; I even got her to admit that it would be almost the first real possession the child had ever had. In subsequent weeks I made calls at the house, pretentiously to check upon the health of the cat, but really to make sure that the girl was not being gypped out of the only thing she valued as her own. Geraldine was for the first time doing reasonably good work in school, and she was happy at home. She has realized that she now occupies a position of respect in the family constellation, because she owns the cat. Her parents are delighted at the change in her. She is never going to reach academic heights, but she is growing up to be a cheerful, happy, normal girl. To be sure, any other possession might have had a similar effect upon her, with the exception that a cat is a responsive creature and deluges her with the affection she has needed and lacked all her life.

Needless to say, there are also some undesirable aspects to the human/animal relationship. Some children who fail to relate to their parents and peers use their pet as a refuge, allowing the animal to provide for their every emotional need, thus the child feels no necessity for rejoining the group. On occasion the animal-companion's uninhibited sexual activities will lead the child into similar activities which may in turn lead to anxiety and possibly force the child to retreat into daydreaming or autoerotic activities (Levinson, 1969a, 1972). Stekel (1959) indicates that on occasion, childhood experiences with animals could develop into a "zoanthropic fixation". Levinson illustrates a case in his book on pet psychotherapy (1969b, p. 34-35).

The younger of two boys, I grew up on a farm, in the country. Very early in life I developed a great interest in animals, especially in birds. My first toy was a little metal cock, actually a sort of whistle. My brother and I played animals for hours. Animal figures were our favorite playthings. Some of them we associated with fairy tale figures such as enchanted princes. I still preserve a little cloth monkey, and were I not afraid of being laughed at, I would even now take it with me to bed, as I used to when I was a little boy.

I got my knowledge of the facts of life watching mating animals. Once I tried to abuse a hen, but the fowl raised such a ruckus that I became frightened and gave up at a very tender age, and always visualized myself as an animal in the act. It did not matter which animal; I was every one of them in turn. Besides fairy tales, it was Kipling's The Jungle Book which strongly spurred my imagination. I read the book a hundred times if I read it once, and I wished I had grown up among wolves.

When I was in high school, I was constantly puzzled by the "strange" propensity of my classmates to run after girls. I thought of dogs and horses, and dreamed of getting rich and having a corral filled with animals. My first introduction to sexual intercourse at the time, although successful was a disappointment as compared with masturbation accompanied by visions of animals. But I soon came across one prostitute with a bird's face, and I became her frequent guest. I had begun to notice animal features on human faces at an earlier period.

A performance of Rostand's Chanticleer gave me the opportunity to acquire a discarded rooster costume, and an 'ad' in the paper brought me the acquaintance of a girl as confused as I, and the two of us enjoyed a glorious imitation of a poultry yard romance. Unfortunately, the girl soon left Vienna, and I was stranded again. My attempts to play the rooster with prostitutes brought only humiliation and mockery.

My unhappy state became acutely tragic when, at the age of twenty seven, I became engaged to a very nice girl. I was impotent on the wedding night, and with tears in my eyes confessed everything to her. She was willing to put up with my impotence, but she would not "debase" herself - and our love - with animal personifications.

Such examples point out reasons why pets cannot just be indiscriminately introduced into the family and why a disturbed child cannot be automatically helped by giving him an animal-companion. The introduction of an animal-companion must be carefully thought out, especially in the case where the animal is used in therapy, and guidance must be supplied throughout the specified interactive period.

Another area where animals have made a significant contribution to

human development is in dealing with the process of bereavement. Everyone faces the task of accepting death and handling grief. Since bereavement is one of the traumatic events in a person's life (Arthur and Kemme, 1964), direction and help in coping with it are often necessary. This is especially true of children. Too often, for the child, bereavement may result in insecurity, anxiety, fear, distrust of the world, and physical discomfort (Levinson, 1972). Some families feel that a child, if aware of the imminence of death of a family member, should postpone his happy childish pursuits. Parents will often impose the "adult" imperative to feel sad when the child sees no reason to do so. This conflict may be a source of confusion and anxiety. A pet may provide an acceptable release to this conflict (Levinson, 1972). The death of a pet can cause emotional shock, but it also may serve as a preparation for the greater shock of losing a significant other. It provides not only the child, but also the adult, an opportunity to learn how to better cope with death and the accompanying emotions, how to develop a realistic and healthy attitude towards death through discussion of the subject. It is now accepted that previous experiences may enhance the ability to cope.

Interestingly enough, the professional person most exposed to the emotions and conflicts arising from the death of animal-companion is the veterinarian. Therefore veterinarians are in a position to play a key role in facilitating the coping process (Thomas, 1982). Despite the fact that the veterinarian holds an important role in helping individuals deal with grief responses, it "appears to be an often neglected aspect of veterinary training" (Thomas, 1982, p. 277).

On the lighter side, play is an important ingredient in human-animal interaction. Play can be extremely relaxing, but as we grow older we tend

to play less and less. In addition, the games we do play tend to become more serious and competitive (Ryder, 1973). Playing with a child or animal is often the only opportunity an adult has to engage in uninhibited play. A study by Bath et al. (1976) reports eighty percent of Swedish owners credit their dogs with giving them an outlet for their playfulness, possibly establishing 'dog-play' as a more popular leisure activity than any participative sport. Bustad (1980), indicates a source of laughter as a major benefit of the human/animal bond. He maintains that we are realizing more and more that it is very healthy to laugh, to dissipate our cares and self-concern in the happy surrender of laughter. Samuel Butler (1969) also claims that the great pleasure of a dog is that a person may make a fool of himself with him, and not only will the dog not scold you, but he will also make a fool of himself.

In examining how play develops in monkeys and what happens when its development is lacking, it becomes apparent that play, in that it seems to be so spontaneous, carefree and frivolous, is one of the most important aspects of social development. If one observes the monkey island at a zoo, one is very aware of the playful antics of man's evolutionary cousins (Soumi and Harlow, 1971). Aldis (1975), notes that play provides essential early stimulation which serves to reinforce social bonds between parents and infants and exercising motor patterns relevant to later adult behaviors. For children, animals can be played with and invested with fantasied powers such as the ability to talk. The freedom to utilize animals in play offers the child an opportunity to relieve inner anxieties and concerns. This can happen because of an animal's non-judgemental approach to life (Dolnihov and Bishop, 1970).

The Child and Animal Companions

At birth the child begins to lay the foundation for his future mental health, through his interaction with his environment. There is a need to be loved which, if satisfied, will grow into a need to love (Harlow and Suomi, 1970). From the birthing process itself we learn an invaluable lesson -- "there is a 'natural' conflictual situation of desiring to move on, reach out and develop against the reluctance to relinquish an established, valued and known position" (Bridger, 1976, p. 3). This situation occurs repeatedly throughout the maturational process. Normal aspirations are in later life equally accompanied by momentary, if not deeply regretted, normal resistances to change (Bridger, 1970).

As the child grows, this "normal" valuable conflict experience becomes internalized through the help of the family, extended family, peers, school, work and so on. The individual develops through experiences of achievement and failure, love and hate, triumph and humiliations, and the roles he undertakes in groups. The process is a continuous one of learning, unlearning and adaptive change (Bridger, 1976). When these processes and experiences suffer unfavorable interference, excessive damage or over-protection, then individuals find themselves ill prepared for later struggles (Bridger, 1976). The first two years of life, when a child may undergo traumatic events without being able to understand their cause or verbalize their own fears, are the most crucial in regard to the development of sound mental health. Unfortunately it is during this period that millions of children experience these deterrents (Report of Joint Commission on Mental Health of Children, 1970). So where does the animal-companion fit? For the normal child, an animal may fulfill the need to be loved and to love in an uninhibited way, provide a challenge

of continuing responsibility, provide instruction concerning the many natural life processes, such as sexual development and the birth process, become an instrument for power and ego satisfaction, a means of stimulating social interaction for shy children, and afford constant companionship (Bossard and Bol, 1966). What better way as Heiman (1956) reports, for a child to learn about the so-called "animal" nature of man than by growing up with animals and observing them in their grooming, their play and sexual activity, as well as watching them perform bodily functions. Levinson (1972) provides us with innumerable accounts of the benefits of pets on a child's "normal" development from inspiration to achieve the physical tasks of walking and talking, to development of a sense of identity and self worth. Carithers (1958) also supports children having pets as benefiting both development and mental health. These benefits include learning about living organisms, developing a sense of responsibility and providing companionship. He also goes into some of the potential health hazards of pet ownership, but concludes that the benefits outweigh the risks.

From a theoretical viewpoint, Winnicott (1953) has developed the concept of the "transitional object". This object, usually something soft, such as a blanket or a stuffed toy, becomes the child's most treasured possession. Contact with something soft, warm and cuddly seems to satisfy some of the infant's inner needs. It acts as a bridge between himself and the environment and indicates that a beginning is being made in reconciling reality and fantasy. As the normal child proceeds through the maturation process, his need for a transitional object decreases until it disappears. However, in times of crisis or emotional tension, the transitional object may reappear and could become "a defense against

anxiety". Levinson (1972) indicates that the animal-companion could be used as a transitional object both for the normal child and in the therapeutic process with the abnormal child. Wolfe (1977) explored this concept in relation to the adolescent and found that animal-companions provided consolation, reduced stress and facilitated adaptation to traumatic events. The animal could be this transitional object for the adolescent where the more traditional form could not fulfill this role due to fear of being ridiculed by family and peers.

The Adult and Animal-Companions

Animals can aid the individual in coping with the tasks demanded of him as a mature person (Levinson, 1972). Preparation for parenthood, combating loneliness, focusing attention away from self onto meaningful activity, and as a child-substitute are a few of the benefits resulting from the human/companion-animal bond (Bustad and Hines, 1980; Levinson, 1972). Ryder (1973) indicates that companion-animals can, and often do, assist the individual in his battle against what he identifies as the two commonest sources of emotional disorder and unhappiness -- "Deprivation and frustration". Given half a chance, an animal will provide abundant love and almost total freedom.

Companion-animal owners, if alert to the nature of their relationship with their pet, are in a position to learn a good deal about themselves which can lead to a clearer understanding of their relationships to other human beings (Levinson, 1972).

Another important way in which the human/animal bond is benefiting individuals is the fact that animals make us feel important - they make us feel needed and wanted. This is of particular value to our elderly

population. An animal companion can provide a boundless measure of love and unqualified approval which is especially effective with the elderly when so much of the non-verbal signals they receive from society are negative (Corson, 1980). "Many elderly and lonely individuals have discovered that pets satisfy their needs and enable them to hold on to the world of reality, of care, of human toil and sacrifice, and of intense emotional relationships" (Levinson, 1972, p. 111).

More and more we are seeing in the literature that companion animals not only provide the much needed psychological advantages but also provide an enjoyable means for meeting the physical needs of the elderly as well (Jernigan, 1973). The following example illustrates what an animal-companion can do to restore the physical health of an aging person while fulfilling basic psychological needs.

Dr. J. Antelyes, a well-known New York veterinarian, has provided the following illustration of what a pet can mean to an aging person:

Mrs. G., a widow in her mid-sixties, whose children were all married, lived alone in a small apartment. She was obese, chronically bedridden, and always "doctoring". She could walk only a few steps without assistance, complained of continual pains in her chest, back, and legs, shortness of breath, asthmatic attacks, and cardiac weakness. She would frequently take twenty or more medicines daily for relief of her broad spectrum of symptoms. Three months after a married daughter had given her a puppy, she stopped telephoning and visiting her physician, reported that her symptoms had disappeared, and began to lose weight, decided not to stay in bed any more, and took only an occasional tablet for dyspnea. At last report, both dog and owner were quite healthy and appeared to be enjoying their relationship immensely (1967).

Companion-animals are also useful as temporary substitutes for relatives and friends who have died. These animals often form a bridge to new relationships, as seen in the following account from Lawie (cited in Levinson 1970, p. 103).

Mr. Foster was a man of 72 whose wife had recently died.

His son and daughter-in-law tried to spend every weekend with him, although they had to drive 100 miles each way to do so. The son wanted his father to live with him, but the old man refused. He still had friends in the small town where he had lived most of his life, he did not wish to invade his son's home, and he was sure that he would not be as happy elsewhere as he was in his own familiar surroundings. During the week he was alone, and it soon became evident that he was not eating enough to stay healthy. He and his wife had had a cat, but it had died about a month before his wife did, and he had not had the energy to replace it. The son came to the Shelter to get a cat for his father, in the hope that the animal might relieve the old man's loneliness. He selected a four-year-old, neutered male of placid disposition and quiet habits. A month later the son reported on the results.

His father had been delighted with his pet, who soon adapted himself to the old man's uneventful life. At mealtimes he occupied a chair at the table, although he was not fed there, and contributed purrs and a variety of remarks in answer to conversation, with the result that the man ate more than formerly. In the afternoon they sat together in the garden. By the end of the first week, an elderly lady who lived next door had made friends with the cat and through it, with the man. The lady had remained a spinster from choice, but she liked cats and she enjoyed talking with her neighbors. Gradually the two senior citizens fell into the habit of eating their noonday meal together, with the cat acting as chaperone. The son soon put matters upon a business basis by paying the woman a sum each month for feeding his father at noon, thus insuring one adequate meal each day. The old man and his cat are inseparable. Both are old, both want affection, and both enjoy the quiet life.

Similar case studies continue to be reported that will develop a foundation for continued serious research of the function of the animal companion in relation to the elderly adult.

Animal Facilitated Therapy

Today in our efforts to behave in a scientific fashion, our ways of helping people who are drained emotionally and suffer from isolation, a scarcity of rewarding activities, a sense of rejection by the world around them, are becoming less and less effective. As we have seen, various authorities support the argument that contact with nature,

particularly through the use of animals, may be the very thing which enables these individuals to function to their fullest capacity in today's society. However, current information on the efficacy of the relationship between humans, animals and the "natural" world is as yet in its infancy stage of development.

Although the use of animals as companions fulfilling specific human needs dates far back into pre-civilization, little has actually been recorded in terms of significant documentation, systematic implementation of research and analysis of data. It is only in the past two decades that this area has begun to make an impact upon the field of health care.

Wolfe (1979), in a survey prepared for the American Human Association, reported on the use of animals within an institutional setting, finding 48% of the institutions serviced utilize animals in some way and affirm animals as having a positive effect on the residence.

Levinson (1972), in a survey to determine how many psychotherapists in New York State utilize animals in their practice, found that a majority of the therapists, 162 out of 278 (58%), recommended animals for home use, while 50 of 152 therapists (33%) had used animals as therapeutic aids at one time or another, and 25 out of 148 were currently using animals. Levinson also indicated from his findings that almost any animal could be used to aid the therapeutic process, although dogs seemed to hold preference. Corson (1980) has gained prominence in this area for his work with the institutionalized elderly at Castle Nursing Home, Millersburg, Ohio. His studies with fifty (50) severely involved mental patients at Ohio State University Psychiatric Hospital is now considered one of the classics of the field. In this study, forty-seven (47) out of the fifty (50) participating patients showed significant improvement.

It is important to note that this was a last resort therapy after these patients failed to respond to the more traditional modes of therapy. Throughout the course of the study, there was some indication that patients exhibited definite preferences towards a specific behavioral trait in a dog, however, there was not sufficient evidence to make a definite statement concerning the relationship between the choice of dog and the diagnostic category of the patients.

In reviewing the literature, there appear to be three recurring variations in the approach and methods utilizing animals in the therapeutic setting. They may be summarized as follows: (1) institutional environments such as nursing homes, residential schools, prisons, and psychiatric care facilities, (2) community mental health clinics in both private and family therapy situations and (3) private practices.

Animals and Children in Residential Settings

There are a limited number of studies done in the area of the use of animals with children in residential settings. Levinson (1972), the modern pioneer in animal therapy with children, found pets particularly valuable in dealing with culturally underprivileged children; non-verbal, severely ego-disturbed children whose contact with reality is tenuous; some schizophrenic children, especially those who fear physical closeness; and disturbed children in general, having a great need for physical contact, yet fear human contact because of past negative experiences.

An example of animal co-therapists playing an important role in residential treatment of disturbed children is seen in the story of Skeezer, a female dog of uncertain breed who spent seven years on the sixth floor of Children's Psychiatric Hospital in Ann Arbor, Michigan

(Yates, 1978). The staff reported that the dog was often the first to make contact with the severely withdrawn child, drawing him into a relationship with his surroundings, peers and doctors.

One of the most difficult aspects of child therapy, especially with the severely withdrawn non-verbal child, is to establish rapport, and thus open the door to communication and sound mental health (Kanner, 1979). But even skilled mental health workers may find it difficult to breach the barriers that seal a child off from reality. Levinson (1972) reflects on this problem and suggests contact with animals as one possible solution. Children who are internally disorganized and have a short attention span often do not permit therapists to enter their fantasy world. Since pets have no such problems, the child can accept him as a real playmate and accompany him into the real world, hopefully enough for the therapist to make contact.

Animals and Deviancy

Levinson (1972) and others (Grenier, 1972) have also pointed out the efficacious effects animals have had on individuals in rehabilitation centers and correctional facilities.

Pets are perhaps more needed in these types of institutions than in any other because of the unique needs of these people. These groups forced into marginal positions within society often enter the facility feeling isolated, abandoned, depressed and angry. They crave warmth and acceptance, but generally receive none. The companionship and affection of a pet and an opportunity to be responsible for an animal's well-being can help promote emotional growth, develop patience and self-control, and aid the individuals in expressing positive feelings about themselves (Levinson,

1972). Ryder (1973) feels that pets can assist in combating the effects of frustration and social deprivation. He also goes into some possible negative aspects of the relationship, such as promoting narcissism and using pets as scapegoats. Levinson (1970, 1971) in a survey prepared for caretaking institutions received both positive and negative responses to keeping pets at such institutions. However, he feels the negative aspects are directly resultant of incidental rather than planned presence of animals in the individual setting.

Lee recounts in Curtis (1981) how these principles have taken hold in Lima State Hospital for the Criminally Insane in Ohio. He describes how it started when one of the patients found an injured wild bird and tried to nurse it. He noticed many of the men got involved with it, and it gave him an idea. He got permission and money from the superintendent to buy a fish tank and two parakeets as an experiment. He recounts how some of the men became very nurturing toward them, and how interest spread through the hospital. One man who left to serve out his time in prison took one of the parakeets - it was found in his duffel bag. Lee reports that the effect of the patients was dramatic. He did not imply that the animals alone cured or socialized anybody, but he felt that they certainly established trust and communication between the therapists and prisoners.

Animals and the Physically Handicapped

An area where the use of animals has met with considerable success is programs aimed at helping the physically and mentally impaired (Randolph, 1981). Perhaps the most well-known of these programs is the Seeing Eyes for the Blind. The physical benefits to the individual are

rather obvious; however, little attention has been given to the psychological benefits. "This unique relationship, which should be studied further, 'is the concept of team effort utilized to the fullest degree in providing not only economic and personal independence and feelings of self-worth for the human member but emotional stability as well' .. None could deny the contribution of the canine member" (Arkow, 1980, p. 12).

Similar programs have been initiated for the deaf. The Hearing Dog Program begun by the American Humane Association trains dogs to respond to sounds -- the telephone, door bell, baby crying, smoke alarm, and other significant sounds, and alert their owners by running between them and the sound until the person responds (Curtis, 1979).

Another approach which has received wide acclaim and acceptance in both special education and medical fields is the "Riding for the Handicapped" programs which are global in scope. The Cheff Center located in Augusta, Michigan is the oldest and most well-known center in the United States, as well as the largest center of its kind in the world. Built expressly for therapeutic riding, McCowan (1982), director of the center, explains, "Each person who rides here benefits in his own way. These people can be anything they want when they are on the back of a horse. And that means an awfully lot." In addition to the building of self-esteem, McCowan points out that the physical involvement necessary for riding stimulates muscles that would never develop in a wheelchair. The rider's exercises on the horse's back become fun rather than the tiresome and often painful process of traditional therapy sessions. In conjunction with the service to the handicapped, the center also provides courses for students interested in becoming certified instructors for such programs.

The courses include classes in barn management, general horse care, safety, physical therapy, human anatomy and recognition of specific mental and physical handicaps and their symptoms (Curtis, 1981).

Corson (1975, p. 285-286) aptly summarized the dynamic that occurs in this type of therapy: "The essence of pet-facilitated. . .therapy is to introduce a non-threatening loving pet to serve as a catalytic vehicle for forming adaptive and satisfying social interactions. The patient often relates positively to the pet in non-verbal and tactile interactions. Then gradually, the circle of social interaction widens to include at first the therapist who introduced the pet, and later other patients and medical personnel, with a progressive expansion of positive social interactions outside the hospital. The initial non-verbal forms of interaction are eventually enriched and strengthened with verbal communication and wholesome emotional expressions and warmth."

In order for this dynamic to be viable, Levinson (1972, p. 158) states: "We need highly imaginative and extremely rigorous research to establish principles and boundaries in the use of pets in ... therapy... Much must be learned about how to train animals for special...therapeutic work with both children and adults." He goes on to say: "I should like to see a comprehensive, planned program for the introduction of pets into..therapy..in private practice, in homes, in schools, and in residential treatment centers. Such a program would require close cooperation and collaboration between those involved in the treatment of emotionally disturbed...and those concerned with the training of pets. Both groups of professionals would have to learn from each other ... A program of this kind would call for careful staffing, extensive training programs, and the expenditure of large sums of money. But I think it would pay big

dividends in helping millions to sound mental health."

Need for Comprehensive Approach to Health Care

The concept of team health care has probably existed as long as the medical profession. It has evolved along with growth in medical knowledge, increasing technical skills, and division of labor within the medical profession (Katz et al., 1972). However, the emergence of collaborating professionals and the development of a comprehensive approach to health care is a recent advancement. Due to its recent evolution, there are unresolved questions regarding the effectiveness of comprehensive health care teams, their optimum size and composition, and the appropriate patterns of leadership and decision-making processes. Gaps exist in the information available on effectiveness, acceptability, and efficiency of team care, and the factors which may influence such effectiveness. Also, coordination of interdisciplinary teams and team dynamics are poorly understood. Despite these unanswered questions, there is demonstrable "need" for such an approach to health care. For example, handicapped (chronically ill, elderly) persons living at home often require a wide range of services. They are apt to be dependent on others for assistance in simple daily activities. They also have the increased social and psychological risks of economic dependence, narrowed social interaction, geographic confinement, decreased mental stimulation, and stress connected with possible death (Katz, 1972). Some of these risks create the need for medical attention from a doctor, nurse or hospital. However, attention is needed more often from the problems of interrupted income, poor housing, home maintenance, personal care, and psychological stress (Blenker, 1968; Morris and Harris, 1972). Meeting all of these needs requires that

various professionals and agencies integrate their skills in the medical, psychological, social, and vocation fields since the complexity of needs cannot be met by one of the professions alone. The use of multidisciplinary team care is a possible method for obtaining the appropriate integration of services, increasing efficiency, and avoiding fragmentation of the care of the disabled (Katz, 1972).

Animal Therapy and Comprehensive Health Care

Animal therapy, indeed, any of the activity therapies, cannot be viewed as a panacea for medical or social/psychological problems. Clients with physiological and/or psychological disturbances require the services of trained health care professionals: physicians, nurses, psychiatrists and psychologists. However, the introduction of an activity therapy, such as animal therapy, may enhance the treatment milieu (Levinson, 1969a). For example, Corson (1975) reported positive results using pet-facilitated therapy (dogs) in 28 out of 30 patients in one study and 47 out of 50 in a later study, where more traditional modalities had failed. Friedmann, et al (1978) reported in a follow-up study of 92 heart patients (64 men and 28 women) after discharge from the University of Maryland Hospital that of the 39 patients who did not own pets, 11 died within one year of discharge. In contrast, only 3 of the 53 pet owners died within the same time frame. Although this is not strictly an example of directed animal therapy, it does speak of the favorable effects of pet ownership on survival rate and warrants further investigation.

In light of the accumulating evidence and anecdotal reports, the health professionals must begin to take note of results that are observed. The enthusiastic support which animal therapy, and many of the activity

therapies, has and is receiving, and the success stories described in all the incidental observations are so encouraging that one must conclude that if properly presented and maintained, these therapies can be of significant benefit to the clients being served (Arkow, 1980).

More and more we are seeing that traditional approaches are no longer adequate. Too often our conventional remedies have failed us. The comprehensive team from various health-related fields should contribute to the establishing of companion animal programs and use their expertise to insure that such programs are soundly conceived, evaluated and executed.

By way of example, Falles (1960) reported a case of an eight year old child who had given up hope of an injured leg ever healing. His pediatrician prescribed a dog and the results were instantaneous. The child's hope was restored and healing could begin again.

Often it is not only the child who benefits but the entire family as seen from the following excerpt:

"One day Billy's leg at long last began to mend. Then another surprising thing happened: The mother, who had actually been worrying herself sick, began to develop a brighter disposition. And a small sister, who had been unhappy and feeling "pushed out" of the family because of the attention given her sick brother, also brightened. She, at last, had a new affection and interest - for she was given the job of feeding Brownie Gal.

The dog helped the whole family by getting them "out of themselves" and knitting them closer together. In that climate, Billy was able to get well.

This is not an isolated instance in which a physician worked with a veterinarian in prescribing a healing therapy. It is becoming a common practice for veterinarians to become involved with the mental health of the family whose pet he treats. The relationship between man and his pets has changed; therefore, it follows that the functions of the

veterinarian must also be transformed. He can no longer limit himself to safeguarding the physical health of the family pet. It is encouraging to note that the trend is so great that eventually veterinarians will undoubtedly become members of mental hygiene teams (Antelyes, 1967).

Summary

The implications of this chapter are more far-reaching than just the use of animals in therapy. The entire complex of social issues in therapy is involved and the need for a comprehensive approach to health care is broached. Many questions remain unanswered and it is the hope that these unanswered questions might stimulate curiosity and activate further and more comprehensive research in these areas.

CHAPTER III

THE CURRICULUM

Purpose

In the past decade the perspective and attitudes behind human service organizations have begun to expand. Most human service professionals "...are aware that the American society has reached such a state of complexity, perhaps even chaos, that ... usual unifacted or peicemeal attempts to help clients resolve dilemmas are clearly outmoded" (Schulber, 1973, p. 6). Contributions by individual professionals must fit into a broadercontext of human services in order to be more effective.

The following is an attempt to develop a program in animal therapy as a constituent of the larger, broader field of activity therapy within the scope of a comprehensive health care approach. The various instructional components are developed at the undergraduate level and include the knowledge, comprehension, application, analysis, synthesis and evaluation levels of learning (Bloom, 1956). These levels are apparent within the behavioral and enabling objectives which are set in a framework of the knowledge base model (Figure 5).

Methods

Many important activities preceded the actual writing of this curriculum. The first important activity was to determine the behavioral and enabling objectives. In order to develop these objectives, the

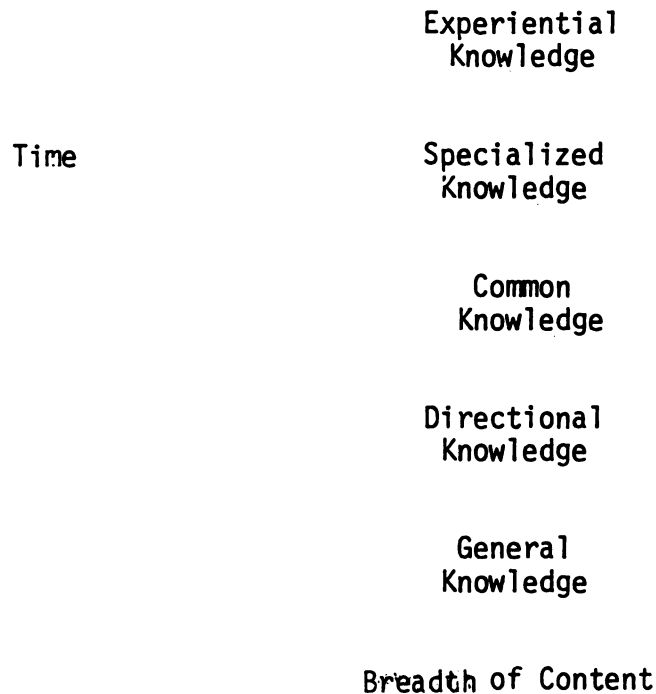


Figure 5. Knowledge Base Model

researcher considered the knowledge, attitudes, understanding and skills that these particular students need when they enter the "world of work". The entering student's need for a broad base education was also taken into consideration. The researcher relied on her own experience in the field of Animal Therapy as well as the experiences of many other individuals including; activity therapists (music, dance and horticulture), counselors (child, family and marriage), educators, psychologists, social workers, community health professionals, veterinarians and animal scientists.

Upon completion of these objectives a questionnaire (Appendix C) was prepared and sent to the above mentioned experts for evaluation. The format of the questionnaire and the results will be examined in

depth in Chapter IV.

Explanation of Knowledge Base Model

General Knowledge:

General education is the essential complement to specialized education which aims primarily to prepare a student for a particular vocation, profession, or discipline. General education assists the student's general development as a human being and as a citizen.

The breadth of the general education concept requires a broad, coordinated program for its implementation. Such a program can and should be varied with significant choices open to each student. The sum of the general education program, however, should improve the student's understanding and appreciation of, and ability to respond articulately to all or most of the following:

- a) Methodologies, issues, and prospects in natural and social sciences.
- b) The nature, thrust, and social impact of technology.
- c) Historical and comparative perspectives on contemporary American civilization.
- d) Alternative value systems inherent in religion and philosophy.
- e) Personal and social illuminations found in literature and the arts.
- f) Fundamental facts related to pressing problems of our times.
- g) Communication, especially reading and writing, as a means of clarifying and developing ideas, and of conveying those ideas to others.

Directional Knowledge:

This knowledge base is a further development of the general knowledge base. It helps the student begin to focus in on a particular field of study. If the student's desire is to pursue further education in a professional school, e.g. Veterinary or Human Medicine, the student's courses from this knowledge base would be primarily geared toward preparing him for that goal, whereas a student working to pursue a career in social work or psychology would take courses in social science rather than natural science. Either way, through this knowledge base the student's special interests and competencies are highlighted at the same time that more direction and emphasis is given to the developing program of study.

Common Knowledge:

In all related professions there is a common knowledge base, i.e. a body of knowledge, skills and competencies shared equally. For example, any therapist, whether from a social work or psychological background must be aware of and be able to implement the therapeutic process. Although there are many approaches to therapy there are certain core competencies or skills all therapists must demonstrate, such as empathy and establishing rapport with the client. Information necessary to the function of any activity therapy is considered part of the common knowledge base. It includes: knowledge of various types of media used by therapist (animals, plants, toys) to aid in the therapeutic process, the physical surroundings and its effect on the therapeutic process, the sequencing of human growth and development, human anatomy and physiology, medical terminology and charting, abnormal development (physical, emotional and mental), family dynamics, the healing process, the comprehensive approach to health care and the therapeutic process itself. This common knowledge base will enable

the student to make informed decisions concerning the selection of the methods and medium used in the therapeutic process, the setting in which the process is implemented and the procedures most appropriate to the client's condition.

Specialized Knowledge:

The primary aim of this knowledge base is to prepare the student for a particular discipline within the scope of the common knowledge base. It is within this phase of development that the student is presented with the specific tools of his trade, the primary theories, facts, knowledge and processes of implementation of animal therapy. This phase begins the process of synthesis of all previous knowledge bases through a primary focus, i.e. animal therapy.

Experiential Knowledge:

This knowledge base provides the student with hands-on experience of the processes of implementing an activity therapy, specifically animal therapy, with a comprehensive health care approach.

Development of Instructional Objectives

The instructional objectives are broken into three main parts:

1) behavioral, 2) enabling and 3) domain

Behavioral Objectives:

Within this development there are ten major headings (see page 48). Each behavioral objective is, in turn, broken down into sub-categories. For example, Animal Perspectives is broken into the following sub-categories: 1) uses of animals, 2) history of domestication of animals, 3) development of human/companion-animal bond, 4) training and handling of animals and

5) benefits and liabilities of owning an animal. This system is used in order to better identify a particular skill within a specific objective.

Enabling Objectives:

The enabling objectives are broken down into two areas; knowledge and skills. This was done to more clearly see the balance between "book" learning and "practical skills" learning. This researcher feels in order for a student to graduate with a well-rounded education both theoretical and informative skills learning are required.

Objective Domain:

This category further delineates the enabling objectives by classifying them as cognitive, affective or psychomotor. The purpose again is a question of balance, for a balance of all three is an indication of a well-rounded curriculum development.

Content Area and Curriculum Development

This category specifies the competencies developed within the curriculum structure. These areas are itemized in Table 2 and the curriculum is developed on the following pages.

Content Areas

Table 2

Competencies: To develop knowledge and skills with respect to:

- I. General Education
 - Communication
 - Logical thinking and skills
 - Writing skills
 - Development of Civilization
 - Ecology
 - Ethics
- II. Human Growth and Development
 - Physical
 - Emotional and Cognitive
 - Spiritual
- III. Animal Perspectives
 - Uses
 - History
 - Human/Companion - Animal Bond
 - Benefits and Liabilities
 - Potential Problems
 - Training
 - Handling
- IV. Animal Growth and Development; Production and Management
 - Behavior
 - Selection of Animals for Therapy
 - Physical
- V. Organization Skills
- VI. Family
 - Minorities
- VII. Abnormal Behavior
- VIII. The Therapeutic Process
 - Principles
 - Charting
 - Intervention
 - Varied Activity Therapies
 - Particular Activity Therapy
 - Animal Therapy in relation to Comprehensive Health Care
 - Body Mechanics
- IX. Comprehensive Health Care
- X. Human Services
 - Referral

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE | | |
|--|--|---|-----------|----------------|----|
| | | | CL | A ² | PM |
| 1.1 Students will communicate thoughts, content matter, feelings and observations in a clear, concise manner, both verbally and in written form. | <p>Knowledge</p> <p>1.1.1 Students will define and evaluate through discussion the most essential conditions for good communication, namely mutual trust, understanding, confidence, respect, and knowledge of the matter under consideration.</p> <p>1.1.2 Students will explore and evaluate the impact that factors such as experience, personality, temperament, value, judgements, interests, attitudes and semantics have on the communication process.</p> <p>1.1.4 Students will explain the dynamics of action-reaction interdependence in the communication process.</p> <p>1.1.5 Students will differentiate between official or formal channels and informal channels of communication by giving examples of each.</p> <p>1.1.6 Students will identify various forms of communication media and compare and contrast their effectiveness.</p> | <p>Skills</p> <p>1.1.3 Given the knowledge base inherent in the communication process students will demonstrate their mastery of the communication skills through verbal and written exercises.</p> <p>1.2.1 Students will write a message which clearly expresses the purpose intended and be able to recognize the purpose in another's communication.</p> | | | |
| 1.2 Students will identify and implement the primary skills involved in the communication process, both written and verbal. | | | | | |
| 1 Cognitive; 2 Affective; 3 Psycho-Motor | | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE | |
|--|--|--|-----------|------------------|
| | Knowledge | Skills | C | DOMAIN A2 PM3 |
| <p>1.3 Students will identify and overcome barriers to effective communication.</p> | <p>1.2.2 Students will demonstrate their ability to select details in support of their purpose and recognize details that support the main theme of another's communication</p> <p>1.2.3 Students will organize details and ideas when sending messages.</p> | <p>1.2.4 Students will demonstrate their ability to effectively use their skills of reading, speaking and writing.</p> | | |
| | <p>1.3.1 Students will identify and group the following barriers due to:</p> <p>a) organizational structure, b) status and position, c) language and d) resistance to change.</p> | <p>1.3.2 Students will be able to define and use the following as a means of overcoming communication barriers: a) feedback, b) sensitivity to the world of the receiver, c) use of direct simple meaningful language, d) effective listening, e) use of actions such as reinforcements and f) repetition.</p> | | |
| <p>1.4 Students will be able to outline the origins and development of culture and Western Civilization and make assumptions as to its implications to modern society.</p> | <p>1.4.1 Students will consider and discuss the origins and development of the Greek World through an interdisciplinary study of history, literature, philosophy, religion, and art.</p> | | | |

1Cognitive; 2Affective; 3Psycho-Motor

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | | |
|--|---|---|------------------|----------------|-----------------|
| | Knowledge | Skills | C | A ² | PM ³ |
| 1.5 Students will recognize patterns, develop a logical thinking sequence, and implement the basic principles involved in spatial relationships. | <p>1.4.2 Students will consider and discuss the origins and development of the Roman World through an interdisciplinary study of history, literature, philosophy, religion, and art.</p> <p>1.4.3 Students will use information about the history of Western civilization to explain aspects of the development of American thought and behavior.</p> | <p>1.5.1 Students will demonstrate their understanding of the nature and significance of the "scientific method" approach to solving a problem.</p> <p>1.5.2 Students will distinguish between deductive and inductive reasoning.</p> <p>1.5.3 Students will evaluate a given space in relation to a particular purpose.</p> <p>1.5.4 Students will discuss the concepts of form and function and explain through discussion the relationship that exists between them.</p> | | | |
| 1.6 Students will demonstrate an understanding of the basic principles and interrelationships found in an eco-system highlighting the interdependence of human growth and development on the natural and man-made environment. | | 1.6.1 Students will state the relevance of plants to modern society and apply that knowledge to the therapeutic process. | | | |
| 1 Cognitive; 2 Affective; 3 Psycho-Motor | | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | |
|--|--|---|------------------|-------------------|
| | Knowledge | Skills | C | A ² PM |
| 1.7 Students will examine in detail an eco-system and demonstrate an understanding of the relationships between the basic elements as a means of greater clarification of the effect of environment upon human growth and development. | 1.6.4 Students will recognize and describe the social conditions which lead to individual human development. 1.7.1 Students will demonstrate their understanding of the interrelationship of the elements of an eco-system by a) identifying and defining abiotic and biotic elements; energy input and utilization and nutrient input and cycling and b) schematically illustrating three examples of eco-systems. | 1.6.2 Students will discuss the nature of soils and their relation to plant growth, animal health, and environmental quality; using this as a knowledge base they will be able to apply these interrelationships to the therapeutic process. 1.6.3 Students will state the relevance of animals to modern society and apply that knowledge to the therapeutic process. | | |
| 1.8 Students will clarify values and examine beliefs on the nature of the right and the good as it relates to personal and professional decisions. | | | | |
| 1 Cognitive; 2 Affective; 3 Psycho-Motor | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE | | |
|---|--|--|-----------|--------|--------------------------------|
| | | | Skills | Domain | |
| | | | | C | A ² PM ³ |
| <p>11. Students will demonstrate knowledge of the basic principles of the developmental stages over the life span of a human being integrating the aspects of physical, cognitive, psychological, social, moral and spiritual development so that students will possess a base of knowledge from which to make educated decisions concerning clients involved in the therapeutic process.</p> <p>11.1 Students will demonstrate an understanding of cell biology by describing all the components and all the activities of both the nucleus of the cell and the cytoplasm of the cell.</p> <p>11.2 The student will demonstrate the function of genetics by describing the general principles involved in the determination of inheritance or transmission of biological properties from generation to generation.</p> | <p>Knowledge</p> <p>11.1.1 Each student, when asked, will identify the factors responsible for the chemical make-up of the cell: proteins, enzymes, carbohydrates, lipids, minerals, vitamins and gases.</p> <p>11.1.2 Each student will list the nutrient and environmental requirements of the cell.</p> <p>11.1.3 Each student will demonstrate through examples, the principles involved in cellular metabolism.</p> <p>11.2.1 Students will define the following genetic terms: hybrid, F₁ and F₂, generation, phenotype, dominant, recessive, homozygote, heterozygote, segregation, alleles, and chromosomes.</p> <p>11.2.2 Each student, when asked, will explain all of the following:</p> <p>a) the mechanisms of hereditary transmission, b) the role of chromosomes in reproductive cell formation, c) the results of the failure of normal hereditary transmission, d) the causes of mutation and genetic abnormalities, and e) behavioral genetics and its social implications.</p> | | | | |

¹Cognitive; ²Affective; ³Psycho-Motor

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | | |
|---|---|--------|------------------|----------------|----------------|
| | Knowledge | Skills | C | A ² | P ³ |
| <p>11.3 Students will demonstrate the acquisition of basic knowledge of the nine primary systems of the body, relating structure to function, in order to effect intelligible decision-making skills concerning disabling conditions.</p> | <p>11.3.1 Students will identify with 100 percent accuracy all the bones and articulations of the human body by categorizing them according to type, structure, formation, growth and function.</p> <p>11.3.2 Students will list and classify the muscles of the human body in terms of their location, structure and functions describing the relationship of muscle to bone and their joint role in the support and movement of the body.</p> <p>11.3.3 Students will list the two major types of nerve cells, their structures and main functions.</p> <p>11.3.4 Students will explain the mechanism of nerve impulse and conduction, identifying and defining the major components.</p> <p>11.3.5 Students will be able to name the organs of the nervous system identifying their location and the relationship between the structure and its functions.</p> <p>11.3.6 Students will discriminate between the sympathetic and parasympathetic components of the autonomic nervous system.</p> <p>11.3.7 Students will identify and list the spinal and cranial nerves and the organs and/or senses they control.</p> | | | | |
| <p>1. Cognition; 2. Affective; 3. Psycho-Motor</p> | | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | | |
|-----------------------|--|--|------------------|----------------|-----------------|
| | Knowledge | Skills | C | A ² | PM ² |
| | <p>11.3.8 Students will summarize, through discussion, the five major senses of the body including their location and the relationship of structure to functions.</p> <p>11.3.10 Students will analyze the major endocrine glands as to their impact on human behavior. This will include the names, locations and functions of the gland.</p> <p>11.3.11 Students will state the major functions of the circulatory system.</p> <p>11.3.12 Students will demonstrate knowledge of the lymphatic system and its relationship to disease and infection.</p> <p>11.3.13 Students will illustrate, through examples, their understanding of the mechanisms involved in respiration.</p> <p>11.3.14 Students will list the major organs involved in the digestive process and their functions.</p> | <p>11.3.9 Students utilizing the above knowledge will indicate the impact the nervous system has on behavior and vice versa. Students will be able to utilize this knowledge throughout the intervention period.</p> | | | |

¹Cognitive; ²Affective; ³Psycho-Motor

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | |
|---|--|--|------------------|--------------------------------|
| | Knowledge | Skills | C ¹ | A ² PM ³ |
| <p>11.4 Students, through supervised observations of human behavior in many different environments, will discriminate between appropriate and inappropriate behavior for a particular age, sex, situation or context.</p> | <p>11.3.15 Students will demonstrate knowledge and understanding of the necessity for a well balanced daily diet and the emotional, behavioral and medical effects of inadequate diet.</p> <p>11.3.16 Students will identify the major organs of the urinary system.</p> <p>11.3.17 Students will state the major functions of the reproductive system, including the main organs and hormonal changes which occur and their impact upon behavior.</p> <p>11.3.18 Students will compare and contrast the organs and functions of the male and female reproductive tract.</p> <p>11.3.19 Students will demonstrate through examples their knowledge of the basic physiology of the female sexual cycle.</p> | <p>11.3.20 Students will utilize the above knowledge base, throughout the therapeutic involvement with a client, to assess physiologically based behavioral changes.</p> <p>11.4.1 Through observation of various age groups, students will identify the basic steps of physical development, and utilize that knowledge to implement the therapeutic process.</p> | | |
| | | | | |

¹Cognitive; ²Affective; ³Psycho-Motor

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE | |
|--|--|--------|-----------|----|
| | Knowledge | Skills | C | PM |
| 11.5 Students will understand and identify the foundation of social interaction. | <p>11.4.2 Students will discuss the various ways physical development influences the socio/psychological development of the individual.</p> <p>11.5.1 Students will identify, list and discuss the many ways in which a child learns cultural values and expectations (T.V., readings, family systems and others).</p> <p>11.5.2 Students will state the relationship between organismic and mechanistic developmental theory and behavior.</p> <p>11.5.3 Students will discuss those aspects which influence socialization namely, parental behavior, social deprivation, sex roles, and the development of moral judgement.</p> <p>11.5.4 Students will identify and define the role of social institutions (such as religion and education) in society today and examine their relationship to development.</p> <p>11.5.5 Students will compare and discuss the following theories of social and cognitive development: Mead and Skinner</p> <p>11.5.6 Students will demonstrate an understanding of cognitive development and its effect on social behavior.</p> | | | |
| | | | | |
| | | | | |
| | | | | |

¹Cognitive; ²Affective; ³Psycho-Motor

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | |
|---|---|--|------------------|--------------------------------|
| | Knowledge | Skills | C | A ² PM ³ |
| 11.6 Students will compare and contrast the concepts and philosophies of the major world religions and their impact on the process of human growth and development. | 11.5.7 Students will communicate the impact of peer groups on individual social behavior and personality development. | 11.5.8 Students will identify and discuss and utilize knowledge of the factors which influence personality development in order to provide superior client care. | | |
| | 11.5.9 Students will determine the degree of effect parental relationship has on the personality development of an individual. 11.5.10 Students will compare the various stages of development as discussed by Freud, Piaget and Erickson. 11.6.1 Students will discuss the psychology of religion. | 11.6.2 Students, through observation, will discover some of the impact of religion and spiritual development on the total human being, and utilize their findings to facilitate the implementation of the therapeutic process. 11.6.3 Given this knowledge base, students will formulate skills which they will then implement to make knowledgeable decisions in relating clients to the most beneficial form of intervention. | | |
| 1 Cognitive; 2 Affective; 3 Psycho-Motor | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE | | |
|---|---|--------|-----------|----------------|------------------|
| | | | C | A ² | P-M ³ |
| <p>III.1 Students will summarize the role animals have played in the service of man.</p> <p>III.2 Students will discuss the Human/Animal Bond and its effect on present day society.</p> <p>III.3 Students will identify, through examples, and describe the nature of the relationship between animals and human growth and development.</p> | Knowledge | Skills | | | |
| | <p>III.1.1 Students will differentiate between domestic and wild species of animals.</p> <p>III.1.2 Students will categorize animals according to their use; food, fiber, work, companion, therapy.</p> <p>III.1.3 Students will trace the history of the domestication of animals, discussing the various theories.</p> <p>III.2.1 Students will trace the history, through literature research, of the human/animal bond and summarize the major points of emphasis.</p> <p>III.2.2 Students will identify and state the benefits and liabilities of human animal interaction.</p> <p>III.2.3 Students will identify potential problems which could arise from the human/animal bond and implement corrective measures where possible.</p> <p>III.3.1 Students will, through participation in supervised sessions, observe, share, and state in their own words, the interaction between an animal and a child or adult.</p> <p>III.3.2 Students will chart their observations of instances where animals have aided individuals, especially children, in the achievement of developmental tasks.</p> | | | | |

¹Cognitive; ²Affective; ³Psycho-Motor

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE | | |
|---|--|---|-----------|----|-----|
| | Knowledge | Skills | C1 | A2 | PM3 |
| IV.1 Students will demonstrate their knowledge of how animals, particularly domestic animals, behave, why they do what they do, and the practical implications of their behavior in relation to use in the therapeutic setting. | <p>IV.1.1 Students will identify and list the major determinants of behavior.</p> <p>IV.1.2 Students will summarize the main ethological approaches to animal behavior.</p> <p>IV.1.3 Students will identify the behavioral changes which occur under domestication.</p> <p>IV.1.4 Students will demonstrate an understanding, through giving examples, of the effects of selective breeding on temperament and uniformity of response to training.</p> <p>IV.1.7 Students will evaluate appropriate housing for particular species of animals and evaluate the effects of shelter on their animal's behavior.</p> | <p>IV.1.5 Students will learn the basic skills of handling animals and the effects of handling and mishandling on the animal's behavior.</p> <p>IV.1.6 Students will recognize sexual behavior patterns in both male and female animals, and the effects of sterilization on an animal's behavior in order to enhance their ability to choose an animal for therapy work.</p> | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | |
|--|--|--|------------------|-------------------|
| | Knowledge | Skills | C | A ² PM |
| IV.2 Students will describe the effects of breeding, nutrition, handling and housing on animal growth and development. | IV.1.8 Students will discuss the processes of learning, aggression and socialization as they relate to an animal's behavior. | IV.1.9 Students, through supervised field study, will identify and chart specific behavior patterns in various species of animals, as they relate to age, sex and breed. IV.1.10 Given this knowledge base the student will make informed decisions in the selection of the species, breed, age and sex of the animals to be used in the therapeutic process. IV.1.11 Combining this knowledge base with previous knowledge bases, students will match an animal with individual client needs and conditions thus enhancing the therapeutic process and outcome. | | |
| | IV.2.1 Students will outline the principles of selection: breeding for specific traits. | IV.2.2 Students will summarize and implement the fundamental principles of animal nutrition. IV.2.3 Students will match specific species and breeds of animals with the proper housing conditions necessary to meet their developmental needs. | | |
| | | | | |

¹Cognitive; ²Affective; ³Psycho-Motor

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE | |
|--|--|---|-----------|-----------------|
| | Knowledge | Skills | C | DOMAIN A2 PM |
| Management V.1 Students will demonstrate a general knowledge of management principles and functions and be able to implement them as an animal therapist on a comprehensive health care team. | <p>V.1.1 Students will define management and describe the management process.</p> <p>V.1.2 Students will identify and define the major principles of management: interdependence and interrelationship, authority and responsibility, definition, objective and supervision.</p> <p>V.1.3 Students will define and give examples of the following: a) planning, b) organizing, c) implementing (control, staffing, directory and actuating) and d) evaluation or appraisal.</p> <p>V.1.4 Students will logically arrange the functions of management with the proper corresponding principles of management.</p> | <p>V.1.5 Within a supervised situation, students will implement their knowledge of the management process by assuming responsibility of direction of the health care team's approach to a simulated case study.</p> | | |
| Cognition, Affective; Psycho-Motor | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | |
|---|---|---|------------------|--------------------------------|
| | Knowledge | Skills | C ¹ | A ² PM ³ |
| V.2 Students will list in order the steps involved in the decision making problem - solving processes and be able to implement them as an animal therapist on a comprehensive health care team. | <p>V.2.1 When asked, each student will list a) the principles of problem solving, b) how to arrive at or identify a problem, including the ability to differentiate between a symptom and the actual problem and various approaches to solving the identical problem.</p> <p>V.2.2 Students will write a) the definitions of role and role negotiation, leadership, power, authority, decision-making, goal setting, joint planning, problem solving and open communication and b) explain by citing examples which were observed in supervised sessions in various human service programs.</p> | | | |
| V.3 All students will list the variables that influence comprehensive team dynamics. | <p>V.3.2 Students will list the major functions of a comprehensive team, namely providing comprehensive health care, back-up services, health education, coordination and supervision.</p> <p>V.3.3 Each student will list factors which influence team dynamics such as mutual trust, communication, mutual support, clarity of team objectives, conflict management, utilization of resources and team competencies, control methods and organizational environment (restrictive, pressure</p> | V.3.1 Each student will operationalize team dynamics. | | |
| ¹ Cognitive; ² Affective; ³ Psycho-Motor | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE | |
|--|---|--------|-----------|-----------------|
| | Knowledge | Skills | C | DOMAIN A2 PM |
| VI.1 Utilizing the psychodynamics of the family system, the student will be able to make informed decisions concerning the therapeutic process of a particular client. | <p>VI.1.1 Students will identify, through examples, the eight basic developmental tasks of the family system; a) physical maintenance - providing shelter, food, clothing, health care, b) allocation of resources - meeting family needs and costs, apportioning material goods, facilities, space, authority, respect, affection, c) division of labor - deciding who does what, assigning responsibility for procuring income, managing the household, caring for family members, and other specific tasks, d) socialization of family members - guiding the internalization of increasing by mature and acceptable patterns of controlling elimination, food intake, sexual drives, sleep, aggression, e) reproduction, recruitment, and release of family members bearing or adopting children and rearing them for release at maturity, incorporating new members by marriage, and establishing policies for inclusion of others: in-laws, relatives, guests, friends, f) maintenance of order - providing means of communication establishing types and integrity of interaction, patterns of affection and sexual expression - by administering sanctions insuring conformity to group norms, g) placement of members in the large society - fitting into</p> | | | |
| ¹ Cognitive; ² Affective; ³ Psycho-Motor | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE | |
|-----------------------|--|--|-----------|-------|
| | Knowledge | Skills | DOMAIN | |
| | | | C | A2 PM |
| | <p>the community, relating to church, school, organizational life, political and economic systems, and protecting family members from undesirable outside influences, h) maintenance of motivation and morale-rewarding members for achievements, satisfying individual needs for acceptance, encouragement and affection, meeting personal and family crises, refining a philosophy of life and sense of family loyalty (through rituals, festivals and traditions); and be able to utilize this system within the therapeutic process.</p> <p>VI.1.3 Students will discuss their personal experiences of family in relation to the eight basic developmental tasks.</p> <p>VI.1.5 Students will recognize potential problem areas in family development.</p> | <p>VI.1.2 Students will observe families in many different settings.</p> <p>VI.1.4 Students will define and recognize the difference between semi-open and semi-closed family systems, and adjust the therapeutic process accordingly.</p> <p>VI.1.6 Students will understand and utilize Erickson's, Freud's and Jung's approaches to personality development within the family system.</p> | | |

1 Cognitive; 2 Affective; 3 Psycho-Motor

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN |
|---|---|---|---------------------|
| | Knowledge | Skills | C A2 PM |
| <p>VI.2 Students will know how to acquire information concerning a specific family's relationship to the community which includes a) sources and adequacy of income, b) use of community services (physicians, mental health clinic), c) participation in community institutions (church, school) and d) the extended kin group (aunts, cousins).</p> <p>VI.3 Students will know how to acquire information about a specific family's power structure, decision making procedures and interrelationships.</p> | <p>VI.1.7 Students will identify the family's role in the development of personality and social role.</p> <p>VI.1.8 Students, through supervised field studies will be able to identify and differentiate between marital, parental, childhood and adolescent disturbances, which will aid in the therapeutic process.</p> <p>VI.2.1 Students will identify the strengths and weaknesses in the family's support system.</p> <p>VI.2.2 Students will recognize potential problem areas.</p> | <p>VI.2.3 Students will recommend the family to services qualified to deal with their particular needs.</p> | |
| | <p>VI.3.1 Students will identify the strong relationships between family members as well as the relationships which are a source of conflict.</p> | <p>VI.3.2 Students, through observation, will identify the individual family member who makes the decisions.</p> | |
| | <p>VI.3.3 Students will identify families that are thought to meet the needs of all individual members within the family unit.</p> | <p>VI.3.4 Students will suggest possible intervention where necessary and aid the family in obtaining appropriate services.</p> | |
| | | | |

Cognitive; 2 Affective; 3 Psycho-Motor

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | | |
|---|--|--|------------------|----------------|-----------------|
| | | | C | A ² | PM ³ |
| VI.4 Students will identify and use effectively knowledge concerning the effect of minority status on a) child rearing, b) development, c) interpersonal relationships, behavior and d) family structure. | <p>Knowledge</p> <p>VI.4.1 Students will list the historical, structural and functional components of minority family systems in America.</p> <p>VI.4.2 Students will compare and contrast the cultural differences between minority and majority groups in America.</p> <p>VI.4.3 Students will identify the major social consequences resulting from being a member of minority group in white America.</p> | <p>Skills</p> <p>VI.4.4 Given this knowledge base students will draw on the concepts developed in order to more effectively meet individual client needs.</p> | | | |
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| | | | | | |

¹Cognitive; ²Affective; ³Psycho-Motor

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | |
|--|--|--------|------------------|-------------------|
| | Knowledge | Skills | C | A ² PM |
| VII.1 Students will utilize the current systems of classifying individuals with abnormal behavior to the degree necessary to aid them in the implementation of the therapeutic process and identify the consequences and problems associated with the process of labeling. | <p>VII.1.1 Students will distinguish between organic disorders (those caused by known physical damage) and functional disorders (those which are psychologically caused) in order to aid them in the therapeutic process.</p> <p>VII.1.2 Students will discriminate between neuroses, character disorders and psychoses.</p> <p>VII.1.3 Students will identify the major characteristics of the following neuroses: a) anxiety neurosis, b) phobias, c) dissociative neurosis, d) conversion reaction, e) obsessive - compulsive neurosis and f) neurotic depression.</p> <p>VII.1.4 Students will distinguish between individual differences and neurotic behavior.</p> <p>VII.1.5 Students will define sexual deviation and dysfunction, alcoholism, addiction and sociopathic behavior and classify them as character disorders.</p> <p>VII.1.6 Students will identify the major characteristics of the following psychoses: a) affective psychosis, b) schizophrenia and c) organic psychosis.</p> | | | |
| 1 Cognitive; 2 Affective; 3 Psycho-Motor | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE | |
|--|---|---|-----------|----|
| | Knowledge | Skills | C | PM |
| <p>VII.2 Students will discuss the various genetic theories resulting in abnormality and the basic medical therapies used to treat them.</p> | <p>VII.2.1 Students will define the following: a) Down's syndrome, b) Tay-Sachs disease, c) phenylketonuria (PKU) and d) Huntington's chorea and discuss their impact on normal mental health of the family unit.</p> <p>VII.2.2 Students will be able to discuss the genetic factors involved in schizophrenia through use of literature and case studies.</p> <p>VII.2.3 Students will understand enough about the psychotropic drugs to communicate effectively with the members of the medical world and other members of the comprehensive health care team.</p> | <p>VII.1.7 Students will apply the previous knowledge base to the therapeutic process and participate in role-playing situations to demonstrate their understanding of the concepts of abnormal behavior.</p> | | |
| | | <p>VII.2.4 Students will develop sources of information which will enable them to understand the effects and side effects of these drugs as they relate to communication with, safety, or behavior of a client under therapy.</p> | | |
| <p>1 Cognitive; 2 Affective; 3 Psycho-Motor</p> | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE | | |
|--|--|--------|-----------|----------------|----|
| | Knowledge | Skills | C | A ² | PM |
| <p>VII.3 Students will demonstrate, through examples, knowledge of the physical dimensions of the healing process.</p> | <p>VII.2.5 Students will discuss in their own words the convulsive therapies (electroconvulsive therapy and psychosurgery) and their social impact.</p> <p>VII.3.1 Students will define the following: a) health, b) disease, c) illness, d) disability, e) chronicity, f) mental health and g) mental illness.</p> <p>VII.3.2 Students will list the basic processes involved in physical healing.</p> <p>VII.3.3 Students will be able to identify the impact that impairment has on the social, physiological and spiritual dimensions of the person who is impaired and those of his immediate family.</p> | | | | |
| | | | | | |
| | | | | | |
| <p>¹Cognitive; ²Affective; ³Psycho-Motor</p> | | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | |
|--|---|--|------------------|-------------------|
| | Knowledge | Skills | C | A ² PM |
| VIII.1 Students will identify and implement the basic principles of the therapeutic process. | <p>VIII.1.1 Students, through directed observation will identify instances of and discuss the following terms:</p> <p>a) rapport, b) respect, c) responsibility, d) non-directive approach, e) directive approach and f) establishment and maintenance of limits within the therapeutic setting.</p> <p>VIII.1.3 Students, through directed observation will identify the client's situation and progress at any given point throughout the process of therapy.</p> | <p>VIII.1.2 Students through role-playing and supervised clinical situations, will learn to develop a firm, supportive relationship with a client, establishing rapport as early as possible in the process.</p> <p>VIII.1.4 Students, through supervised clinical experience, will demonstrate their ability to structure the therapeutic setting in order to maintain respect for the client's ability to solve his/her own problems.</p> <p>VIII.1.5 Recognizing therapy as a gradual process, the student will estimate and develop time-frames which will enhance rather than hinder the process.</p> | | |
| Cognitive; ² Affective; Psycho-Motor | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE |
|--|---|---|--|
| | Knowledge | Skills | DOMAIN C A ² PM ³ |
| VIII.2 Students will be conversant with: a) the various forms of charting; medical, psychological, b) procedures for recording data and observations, c) terminology and d) evaluation. | VIII.2.1 Students, when given sample case studies will identify the following components: a) data, b) observations, c) terminology and d) evaluation. VIII.2.2 When given a sample chart, the students will verbalize their understanding of the terminology and explain in their own words the meaning of such terms in relation to the client. VIII.2.3 Students, when asked, will a) describe what they understand by record keeping, b) list the various types of records and c) describe the importance of proper record keeping in relation to health care systems. | VIII.1.6 The student, through supervised clinical experiences, will demonstrate their ability to establish limitations that are necessary to anchor the therapy to the world of reality without inhibiting the freedom of the process. < | |

¹ Cognitive; ² Affective; ³ Psycho-Motor

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE | | |
|--|--|---|-----------|----|----|
| | Knowledge | Skills | C | A2 | PM |
| VIII.3 Students will demonstrate knowledge of the functions of the therapeutic process in the following forms of intervention: a) Individual psychotherapies, b) group and family therapies, c) biological therapies, d) activity therapies and e) community prevention. | <p>VIII.3.1 Students will compare and contrast the primary principles and functions of the following individual psychotherapies: a) psychoanalytic therapies (psychoanalysis and psychoanalytic therapy); b) humanistic-existential therapies (client-centered therapy, existential therapy, gestalt therapy and reality therapy), c) behavioral therapies (increasing behavioral frequency: systematic desensitization, implosion and flooding, assertion training), d) primal therapy, e) Kalsarian therapy and f) rational-emotive therapy.</p> <p>VIII.3.2 Students will demonstrate an understanding of the variety of group techniques through exposure to supervised clinical observation periods.</p> <p>VIII.3.3 Students, through supervised observation will discuss their understanding of family therapy groups and the impact of this technique on the mental health of the client.</p> <p>VIII.3.4 Students will be able to differentiate between primary, secondary and tertiary prevention.</p> | | | | |
| | | VIII.3.5 Students, through supervised experiences, will know how and when to utilize professionals and when to utilize trained helpers (parents, college students, volunteers) to aid in the therapeutic process. | | | |
| Cognitive; Affective; Psycho-Motor | | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | |
|---|--|---|------------------|--------------------------------|
| | Knowledge | Skills | C ¹ | A ² PM ³ |
| VIII.4 Students will compare and contrast the primary principles and functions of the activity therapies, and demonstrate, through examples, their usefulness as a means of implementing the therapeutic process. | <p>VIII.4.1 Students will discuss the philosophy of activity therapy.</p> <p>VIII.4.2 Students will write at least four contrasting characteristics between activity therapy and the primary or traditional modes of therapy.</p> <p>VIII.4.3 Students will demonstrate the need for the activity approach to therapy through giving examples of its efficacy.</p> | | | |
| VIII.5 Students will explain all the major components of a particular activity therapy and use them in a therapeutic setting; the major components being a) mastery of a particular activity (play, horticulture, music, animals, or art), b) implementation of the therapeutic process, c) general body mechanics and d) relatedness to a primary therapy. | <p>VIII.5.1 Each student will diagrammatically explain the forms of health care intervention (including mental health) available to the client and the relationship between the activity therapies and the health care system.</p> <p>VIII.5.2 When asked, all students will describe in their own words, the operational procedures of activity therapy as they relate to a comprehensive health care approach.</p> | <p>VIII.5.3 Through supervised instruction, students will demonstrate their ability to implement the components of a particular activity therapy in a role-playing situation.</p> <p>VIII.5.4 Students will implement the therapeutic process through the medium of a particular activity under the direction of a trained therapist.</p> | | |

¹Cognitive; ²Affective; ³Psycho-Motor

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE | |
|---|--|---|-----------|----|
| | Knowledge | Skills | C | PM |
| VIII.6 Students will implement an animal therapy program within the framework of comprehensive health care. | <p>VIII.6.1 Students will describe, through examples, the various uses of animals in therapy as identified by Levinson (1969, 1974), Corson (1980), Bustad (1980 and Katcher (1979).</p> <p>VIII.6.2 Students will demonstrate an understanding of the philosophy and efficacy of animal therapy in relation to a primary therapy.</p> <p>VIII.6.3 Students will list the benefits and problems which arise from the use of animals in therapy.</p> <p>VIII.6.4 Students will identify the major skills of an animal therapist: ability to train and control an animal, ability to select particular animals to meet the unique needs of the individual client, ability to choose the most efficacious setting to carry out the therapeutic process (barn, office, yard), ability to utilize the animal as an energy transfer medium and ability to implement the therapeutic process as an activity therapist in relation to a primary therapist.</p> | <p>VIII.6.5 Given the previous knowledge base and through supervised observations, the students will demonstrate their ability to implement the major skills of an animal therapist which will most benefit the needs of their clients.</p> | | |
| Cognitive; Affective; Psycho-Motor | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | |
|---|--|--|------------------|----|
| | | | C | PM |
| <p>XI.4[*]In order to facilitate team dynamics, students will demonstrate writing and reporting techniques in order to effectively communicate their observations of the client.</p> <p>XI.5 Students will demonstrate their ability to question appropriately in order to obtain the information necessary to function effectively in their role and still maintain harmony on the team.</p> | <p>Knowledge</p> <p>XI.5.1 Students will list the variables that influence organizational effectiveness.</p> <p>XI.5.2 Students will explain: a) their understanding of interpersonal communication, credibility, empathy, and pattern of communication in groups and b) list the variables that affect the interpersonal competence and membership skills.</p> | <p>Skills</p> <p>XI.4.1 Given a simulated client, the students will demonstrate their observational skills through compiling a case report.</p> <p>XI.4.2 Under supervision, students will fill out case reports on individual clients.</p> <p>XI.4.3 Given a case report, students will determine the client's needs and call upon the particular team member best equipped to aid the client.</p> | | |
| <p>1 Cognitive; 2 Affective; 3 Psycho-Motor</p> | | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN |
|---|---|--|--|
| | Knowledge | Skills | C ¹ A ² P ³ M |
| IX.3 Students will identify the unique skills that a particular professional brings to the team to be able to utilize this knowledge in making decisions for the benefit of the client. | IX.2.4 Students will give examples of their understanding of the organizational approaches to supervision in this type of approach (comprehensive health care). | IX.2.3 Students will discover role definitions and operational responsibilities for supervision within the comprehensive approach and be able to utilize this base knowledge to facilitate team communication and operational procedures. | |
| | | IX.2.5 Students will identify and describe individual team member's responsibilities to the client. Given this knowledge, the student will aid in the formulation and organization of the client's individual therapeutic program. XI.3.1 Students, in a supervised setting, will demonstrate their ability to draw upon the expertise of a particular member of the team to fulfill a specific need of the client. XI.3.2 Students will demonstrate an ability to know how to relinquish their role as primary therapist to another team member when such a movement will benefit a client. | |
| Cognitive; ² Affective; ³ Psycho-Motor | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN | | |
|--|--|--|------------------|----------------|-----------------|
| | Knowledge | Skills | C | A ² | PM ³ |
| IX.1 All students will interpret an interdisciplinary approach to client care and contribute productively to the comprehensive team approach. | IX.1.1 Each student, when asked, will: a) list two characteristics each of the medical, social and psychological perspectives to the evaluation of the client functioning and needs, b) give three advantages of team or comprehensive approach to health care over non-team approach, c) discuss the role of the activity therapist in team care. IX.1.2 Students will be able to define the concept of "team" in relation to comprehensive health care. | | | | |
| | IX.1.4 Students will describe: a) the elements of comprehensive health care-team approach, and b) describe the philosophy behind it. The response should be based upon class discussion and supervised clinical experiences. IX.2.2 Students will identify and list the factors which influence team cooperation and efficiency. | IX.1.3 Students will categorize the roles of different team members according to their primary dynamic; medical, social, psychological, intellectual or spiritual. | | | |
| IX.2 Each student will measure the effectiveness and dynamics involved in the comprehensive approach to health care by giving specific examples. | | IX.2.1 Students will moderate conflict among persons. | | | |

¹Cognitive; ²Affective; ³Psycho-Motor

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN |
|---|---|--------|------------------|
| | Knowledge | Skills | |
| IX.1 Students will analyze human and community needs and review and examine existing and emerging resources to meet those needs. | <p>X.1.1 Students will list and discuss the ecological approach to human services.</p> <p>X.1.2 Students will be able to identify and describe the major social changes which affect human and community needs.</p> <p>X.1.3 Students will list the institutions and organizations which are able to meet these needs.</p> <p>X.2.1 Students will identify, by listing location and primary function, human services available in a given community.</p> <p>X.2.2 Students will demonstrate knowledge of various rules of referral for a given community and state through oral and written discussions.</p> <p>X.3.1 Each student will: a) list the institutions and organizations which are able to meet the needs of the client involved, b) list the various kinds of needs and requirements of the particular client and c) match the needs and the organizations on the basis of suitability.</p> | | |
| X.2 Given the needs of a particular client, the student will refer client to an appropriate service. | | | |
| X.3 Given a randomly arranged list of institutions and organizations, and of the needs and requirements of individual clients, the student will match the needs and requirements with suitable community institutions or organizations. | | | |
| Cognitive; Affective; Psycho-Motor | | | |

| BEHAVIORAL OBJECTIVES | ENABLING OBJECTIVES | | OBJECTIVE DOMAIN |
|---|--|---|------------------|
| | Knowledge | Skills | |
| X.4 Given a randomly arranged list of organizations and agencies in the community, the student will classify each agency as a health organization, a consumer protection or legal organization. | X.4.1 Each student will identify various consumer protection, legal aid, and social welfare agencies and organizations in the community and describe the process of client referral to each. | | |
| X.5 Given a case history, a student will list the problems and needs of the client which might benefit from the assistance of a community service. The student will also be able to relate each problem to the community resources which might prove useful in resolving the problem. | | X.6.1 Each student, based on their training and material provided to them, will a) list all the community resources which can offer services to the mentally ill, b) identify the community resources from a list of general resources, c) match these resources with client's needs and c) state at least one strategy for client-service interfacing. | |
| X.6 Given a randomly arranged list of resources, each student will identify community mental health resources which can offer services to the clients; match services with client needs and develop strategies for client-service interfacing. | | | |
| X.7 Each student, will note all the major advantages of getting clients involved in social or religious activities including involvement in an activity therapy in relation to progress toward normalization. | X.7.1 Each student will: a) explain the concept of "normalization", b) list the activities, including activity therapies that aid the client's progress toward normalization and c) explain activities for different kinds of clients. | | |
| Cognitive; ² Affective; ³ Psycho-Motor | | | |

Development of Instructional Courses

Each of the previous objectives has been incorporated into a specific course which provides the student with an adequate balance between skills and knowledge. The following are two examples taken from the sequential course development.

Sample Courses:

Animal Therapy: A Comprehensive Health Care Approach

- a) Purpose and Description: This course will build, in part, on the general knowledge base obtained in the previously mentioned courses. Students will be exposed to the primary theories, facts, knowledge and client care processes as they specifically relate to the use of animals in therapy. The relationship between animal therapy and the traditional modalities of therapy will be explored and how one complements the other in the comprehensive approach to health care.

b) Major Content Areas:

- Subject Areas: II. Human Growth and Development
 III. Animal Perspectives
 IV. Animal Growth and Development
 VI. Family
 VII. Abnormal Behavior
 VIII. The Therapeutic Process
 IX. Comprehensive Health Care

Animal Therapy Practicum

- a) Purpose and Description: This course is a required practicum in animal therapy for fourth year students. It will enable these students to integrate and apply their knowledge concerning

the processes of therapy, specifically animal therapy, in relation to the various problems of the client, as acquired in previous courses. The program will emphasize therapeutic processes as it applies to specific disabilities.

b) Major Content Areas:

- Subject Areas III. Animal Perspectives
 IV. Animal Production and Management
 VIII. The Therapeutic Process

The sequential course development is intended to provide a guideline for colleges and universities interested in implementing such a degree program as this. Table 3 aptly summarizes the relationship between the Knowledge Base Model, the objectives and the sequential course development.

Relationship of the Conceptual Framework and the Curriculum

Through the conceptual framework one can organize the objectives of the curriculum clarifying the competencies necessary for efficacious intervention with the individual segments of the therapy model (Figure 4; p. 16)

Table 3. Relationship Between Conceptual Framework and Curriculum Competencies.

| Model Segment | Competency |
|-------------------------------|--------------|
| Client | II, VI, VII |
| Environment-Natural Animal | I III, IV |
| Environment-Man-Made | VI, IX, X |
| Therapist | I, V, VII |

Summary

Chapter three was an attempt to develop an animal therapy curriculum as a constituent of the larger, broader field of activity therapy within the framework of a comprehensive approach to health care.

Table 3. Relationship between Knowledge Base Model and Sequential Course Development.

| Knowledge Base Model | Objectives | Courses* |
|-----------------------------|--|--|
| General Knowledge Base | I 1.1, 1.2, 1.3 1.4, 1.5 III 1, 2 | 1, 2, 3, 4, 5, 7, 8, 9, 12, 13, 15, 16, 17, 19, 20, 26, 28, 29 |
| Directional Knowledge Base | II III 1, 2 IV 2 | 5, 11, 12, 13 17, 22, 24 |
| Common Knowledge Base | III V 1, 2 VI 1, 2, 3 VII VIII 1, 2, 3, 4, 6 X | 5, 6, 7, 8 10, 12, 13, 15 17, 18, 19, 21, 22 22, 23, 24, 25 26, 27, 28, 29 30, 31 |
| Specialized Knowledge Base | IV 1 VIII 2, 5, 6 IV | 6, 11, 12, 13, 18 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 29, 30, 31 |
| Experimental Knowledge Base | IV VI 2 VIII 2, 5, 6 IX | 6, 10, 11, 12, 13 14, 18, 19, 20, 21 22, 23, 24, 25 26, 27, 28, 29 30, 31 |

* Course numbers and descriptions can be found in Appendix D.

CHAPTER IV

RESEARCH PROCEDURES AND ANALYSIS OF THE DATA

The purpose of Chapter IV is to discuss the selection of the population, the instrument used, and the treatment and analysis of the data. A survey questionnaire designed by the researcher to ascertain the feasibility of the curriculum developed and its potential as a four year undergraduate degree program preparing students in the field of Animal Therapy was the method of collecting the data.

Selection of Population

The sampling frame was composed of individuals in the following disciplines or fields of study: 1) Activity Therapy (dance, music and horticulture), 2) Counseling (child, family and marriage), 3) Education, 4) Community Health Science (physicians, nurses, others), 5) Social Work, 6) Psychology, 7) Veterinary Medicine and 8) Animal Science. The reasoning behind such a diverse sampling of disciplines was to show the far-reaching effects of the use of animals in therapy. As pointed out in the review of literature, every one of these disciplines is affected to some degree.

The individuals were personally contacted by the researcher followed by a letter (Appendix B) requesting them to review the enclosed questionnaire (Appendix C).

Instrument Used

A curriculum survey questionnaire was designed by the researcher. The questionnaire consisted of two parts. Part One, a demographic sheet, requested background information: degree held, profession, observation and/or use of animals in therapy, personal comments on the use of animals in therapy, like-dislike of animals and ownership of a companion animal (pet). In part two the individuals were asked to evaluate by means of a likert scale the behavioral and enabling objectives developed within the curriculum framework. Space was provided for the individuals to make anecdotal comments pertinent to the study. See Appendix C.

Likert Scale. The Likert Scale was coded in the following way:

N/C = No comment (based on evaluator's unfamiliarity with area).

5 = Essential: Indispensable for student's association of appropriate knowledge, attitude and skills.

4 = Strongly Recommended: Enhances student's acquisition of appropriate knowledge, attitude and skills.

3 = Recommend: Important for student's acquisition of appropriate knowledge, attitude and skills.

2 = Optional: Less important for student's acquisition of appropriate knowledge, attitude and skills.

1 = Non-essential: Could be omitted and students would still acquire appropriate knowledge, attitude and skills.

Ninety-three percent of the questionnaire were returned within a reasonable time period. Of these, three (3) were incomplete and therefore were not included in the numerical analysis of the data. However, two of these incomplete samples were able to be included in the descriptive analysis.

Treatment of the Data

Although this study was primarily based upon the likert scale the data received on the questionnaire were handled through both numerical and descriptive analysis.

The numerical analysis consisted of a basic frequency sort on three areas: 1) by degree (Ph.D., M.S., M.A. and B.S. or B.A.), 2) by profession (activity therapist, counselor, community health scientist, animal scientist, social worker, nurse, physician, D.V.M. educator and psychologist), and 3) by exposure to animal therapy (no prior experience, read or observed it and read and participated or utilized it).

The descriptive analysis consisted of a compilation of the personal comments returned on the questionnaire.

Numerical Analysis of the Data

Visual inspection of the total mean responses (Table 4) for each of the ten objective areas revealed the following areas to be essential to the development of the student as an animal therapist.

Animal Perspectives: This area concerns the history, use, handling and training of an animal, as well as and more important by the development of the human/companion animal bond including the benefits, liabilities and potential problems of animal ownership and use in therapy.

Family: This area covers the eight basic developmental tasks of the family system focusing on the psychodynamics of the family system and the effects of minority status on family dynamics.

Ethics: This area deals with the clarification of values and the examination of beliefs on the nature of the right and the good as it relates to personal and professional decisions.

Table 4. Total mean distribution of reported importance of 10 objective areas.

| | | |
|-----|-----------------------------|------|
| I | General Education | |
| | Communication | 4.5 |
| | Logical Thinking | 3.5 |
| | Writing Skills | 4.2 |
| | Development of Civilization | 3.1 |
| | Ecology | 4.3 |
| | Ethics | 4.5 |
| II | Human Development | 4.4 |
| | Physical | 2.9* |
| | Emotional & Cognitive | 4.0* |
| | Spiritual | 3.3* |
| III | Animal Perspectives | 4.2 |
| | Uses | 4.1 |
| | History | 3.7 |
| | Human/Companion Animal Bond | 4.6 |
| | Benefits & Liabilities | 4.4 |
| | Handling | 4.1* |
| | Training | 4.4* |
| IV | Animal Growth & Development | 4.0* |
| | Behavior | 3.6* |
| | Selection for Therapy | 4.5 |
| | Physical | 4.0 |
| V | Organizational Skills | 4.0 |
| VI | Family Minorities | 3.6* |
| VII | Abnormal Behavior | 4.0 |

Table 4 (continued). Total mean distribution of reported importance of 10 objective areas.

| | |
|----------------------------------|------------|
| VIII Therapeutic Process | 4.3* |
| Principles | 4.3 |
| Charting | 4.0 |
| Intervention | 4.2 |
| Knowledge of a Specific Activity | |
| Therapy | 4.2* |
| Animal Therapy as it Relates | |
| to C.H.C. | 4.5 |
| Body Mechanics | 4.4 |
| IV C.H.C. | 4.0 |
| X Human Services | 3.7 |
| Referral | <u>4.4</u> |
| | n=19 |

*Some participants answered no comment (based on evaluator's unfamiliarity with content area).

The Therapeutic Process: This area covers the basic principles involved in the process, charting skills, intervention procedures, concepts specific to a particular activity therapy (in this case animal therapy), the relationship of activity therapy to a comprehensive approach to health care and basic body mechanics.

Writing and Communication: This area deals with the general knowledge base inherent in the communication process including the impact of such factors as experience, personality, temperament, value, judgements, interests, attitudes and semantics on the process; the essential conditions for good communication, namely, mutual trust, understanding, confidence, respect, and knowledge of the matter under consideration, and the dynamics of action-reaction interdependence in the communication process.

Human Growth and Development: This area covers the basic principles of development over the lifespan of a human being integrating the aspects of physical, cognitive, psychological, social, moral and spiritual development.

A further inspection reveals the following areas as non-essential to the program.

Development of Civilization: This area covers the origins and development of culture and Western thought as an attempt to explain certain aspects of the development of American thought and behavior.

Physical Development of Humans: This area covered in detail the physical growth and development of the human being. The primary criticism here was the amount of detail necessary - the level of competency was not realistic. It was not that this area was totally non-essential to the program.

The remaining areas fell in the strongly recommended rating. These

areas consisted of:

Animal Growth and Development: This area primarily deals with the behavior of domestic animals and the practical implications of their behavior in relation to their use in the therapeutic setting.

Organizational Skills: This area deals with management and leadership principles and their functioning within a comprehensive health care team setting.

Abnormal Behavior: This area covers the basic characteristics of abnormal behavior and how to identify them.

Comprehensive Health Care: This area presents an interdisciplinary approach to health care pointing out advantages and possible disadvantages of such an approach to the healing process and the place of the activity therapist in such an approach.

Table 5 shows the breakdown by degree, profession and exposure to animal therapy. Of these categories, the one that seems to show a substantial difference in rating is the Activity Therapists. They consistently rated higher than the total mean rating. Surprisingly, the sort of exposure to animal therapy was not significantly higher although those individuals with no prior experience did rate higher on the Animal Perspectives and Animal Growth and Development categories.

Descriptive Analysis of the Data

The descriptive analysis is broken down into two major headings; 1) General comments and 2) Comments dealing with specific curricular areas or objectives.

General Comments: The comment most frequently interjected regardless

Table 5. Mean distribution of reported importance of ten (10) objective areas by degree, profession and exposure to animal therapy.

| Objective | CATEGORY | | | | | | | | | |
|--------------------------------|----------|---------|------------------|------------|--------|--------|----------------|------------|------|------|
| | Degree | | | Profession | | | | Experience | | |
| | PhD | Masters | Activity Therapy | DVM | C.H.S. | Social | Animal Science | Read | None | Used |
| I. General Education | | | | | | | | | | |
| Communication | 4.6 | 4.5 | 4.5 | 4.8 | 4.6 | 4.2 | 4.6 | 4.6 | 4.6 | 4.3 |
| Logical Thinking | 3.1* | 4.0* | 5.0 | 2.0* | 4.8 | 3.4* | 3.0* | 3.1* | 4.6 | 3.8* |
| Writing Skills | 4.3 | 4.3 | 4.5 | 4.0 | 4.2 | 3.4* | 4.6 | 4.3 | 3.6 | 4.5 |
| Development of Civilization | 3.1 | 3.2 | 3.5 | 3.3 | 2.4* | 3.4 | 3.3 | 2.9* | 2.0 | 3.6 |
| Ecology | 4.3 | 4.5 | 4.5 | 4.3 | 4.4 | 3.8 | 4.3 | 4.3 | 4.3 | 4.3 |
| Ethics | 4.7 | 4.3 | 4.5 | 4.8 | 4.8 | 4.4 | 4.6 | 4.7 | 4.6 | 4.3 |
| II Human Development | | | | | | | | | | |
| Physical | 2.6 | 3.1 | 3.0 | 2.5* | 3.4 | 2.8 | 3.0 | 3.4 | 1.6 | 4.0* |
| Emotional & Cognitive | 3.8 | 4.5 | 5.0 | 3.3* | 4.4 | 3.8 | 4.3 | 3.9 | 4.6 | 3.8 |
| Spiritual | 3.4 | 3.5 | 4.5 | 2.8* | 3.8 | 3.4 | 3.0 | 3.1 | 3.0 | 4.6 |
| III Animal Perspectives | | | | | | | | | | |
| Perspectives | 4.3 | 4.5 | 5.0 | 4.3 | 4.6 | 3.8 | 4.6 | 4.0 | 5.0 | 4.3 |
| Uses | 4.1 | 4.6 | 5.0 | 3.8 | 4.4 | 4.0 | 4.3 | 3.9 | 5.0 | 4.6 |
| History | 3.8 | 4.1 | 4.0 | 3.5 | 4.2 | 4.4 | 2.6 | 3.8 | 4.0 | 4.3 |

Table 5 (continued) Mean distribution of reported importance of ten (10) objective areas by degree, profession and exposure to animal therapy.

| Objective | CATEGORY | | | | | | | | | |
|--------------------------------|----------|---------|------------------|------------|--------|--------|----------------|------------|------|------|
| | Degree | | | Profession | | | | Experience | | |
| | PhD | Masters | Activity Therapy | DVM | C.H.S. | Social | Animal Science | Read | None | Used |
| Human/Companion Animal Bond | 4.9 | 4.8 | 5.0 | 4.8 | 4.2 | 4.6 | 5.0 | 4.4 | 5.0 | 4.8 |
| Benefits & Liabilities | 4.7 | 4.8 | 5.0 | 4.5 | 4.0 | 4.6 | 4.6 | 4.2 | 5.0 | 4.6 |
| Handling | 4.5 | 4.6 | 4.5 | 4.5 | 2.8* | 4.6 | 4.6 | 3.8 | 4.3 | 4.5 |
| Training | 4.7 | 5.0 | 5.0 | 4.8 | 3.4* | 4.8 | 4.6 | 4.2* | 5.0 | 4.5 |
| IV Animal Growth & Development | 4.2 | 4.6 | 5.0 | 4.3 | 3.2* | 4.0 | 4.3 | 3.8 | 4.3 | 4.1 |
| Behavior | 3.6 | 4.5 | 5.0 | 3.8 | 3.0* | 3.2* | 4.3 | 3.1 | 4.3 | 4.1* |
| Selection for Therapy | 4.9 | 5.0 | 5.0 | 5.0 | 3.4* | 4.8 | 5.0 | 4.2 | 5.0 | 4.8 |
| Physical | 3.8 | 4.8 | 5.0 | 4.0 | 3.8 | 4.4 | 3.0 | 3.7 | 4.6 | 4.1 |
| V Organizational Skills | 3.9 | 4.5 | 4.5 | 4.0 | 4.0 | 3.4 | 5.0 | 4.5 | 3.0 | 3.8 |
| VI Family | 4.1 | 4.6 | 5.0 | 4.5 | 4.4 | 4.2 | 3.3 | 4.2 | 4.3 | 4.5 |
| Minorities | 3.4* | 4.1 | 4.0 | 3.3* | 2.8* | 4.8 | 3.6 | 3.4 | 4.0 | 4.0* |

Table 5 (continued) Mean distribution of reported importance of ten (10) objective areas by degree, profession and exposure to animal therapy.

| Objective | CATEGORY | | | | | | | | | |
|--|----------|---------|------------------|-----|--------|--------|----------------|------|------|------|
| | Degree | | Profession | | | | Experience | | | |
| | PhD | Masters | Activity Therapy | DVM | C.H.S. | Social | Animal Science | Read | None | Used |
| VII Abnormal Behavior | 3.9 | 4.3 | 5.0 | 3.8 | 4.0 | 3.6 | 4.3 | 3.0 | 4.6 | 3.6 |
| VIII Therapeutic Process | 4.2* | 4.6 | 5.0 | 4.3 | 4.8 | 4.4 | 3.3* | 4.2* | 4.6 | 4.5 |
| Principles | 4.2 | 4.8 | 5.0 | 4.5 | 4.0 | 4.2 | 4.6 | 4.4 | 3.6 | 4.6 |
| Charting | 3.7 | 3.8 | 5.0 | 3.8 | 4.2 | 3.8 | 3.6 | 4.0 | 3.6 | 4.1 |
| Intervention | 4.1 | 4.6 | 5.0 | 4.0 | 4.2 | 4.0 | 4.6 | 4.2 | 4.3 | 4.0 |
| Knowledge of a Specific Activity Therapy | 3.9* | 3.8 | 5.0 | 4.5 | 4.4 | 3.4* | 5.0 | 4.1* | 4.6 | 4.3 |
| Animal Therapy as it relates to C.H.C. | 4.7 | 4.6 | 5.0 | 4.5 | 4.0 | 4.6 | 5.0 | 4.4 | 5.0 | 4.5 |
| Body Mechanics | 4.4 | 4.6 | 5.0 | 4.5 | 3.6 | 4.2 | 5.0 | 4.6 | 5.0 | 4.0 |
| IV C.H.C. | 3.7 | 4.6 | 5.0 | 3.8 | 3.8 | 3.2 | 5.0 | 4.1 | 3.6 | 4.1 |
| X Human Services | 3.6 | 3.8 | 4.5 | 3.3 | 3.6 | 4.0 | 4.6 | 3.8 | 3.3 | 3.8 |
| Referral | 4.2 | 4.6 | 4.5 | 4.5 | 4.4 | 4.4 | 4.3 | 4.6 | 3.3 | 4.6 |
| | n=10 | n=6 | n=2 | n=4 | n=5 | n=5 | n=3 | n=10 | n=3 | n=6 |

of profession, degree, or exposure to animal therapy was concerning the rigor of the program. While all applaud rigorous programs, there seemed to be concern that the number of concepts and the amount of specialized knowledge to be integrated is beyond the scope of a four-year bachelors program. Another area of general concern was the clarity of roles, namely that of student and that of professional, particularly in the clinical setting. The student must always be conscious of the fact that he is the learner and the professional is ultimately the individual holding the prime responsibility for the situation. Unless the student enters the clinical situation with this clearly in mind he/she is likely to alienate him/herself from the professional, thus blocking the creative learning process inherent within a clinical internship situation.

Curricular Areas: The comments in these areas will be addressed not only by objective area but also by profession, that is; social scientist, animal scientist, activity therapist and so forth.

General Education: The primary concern expressed in this content area was the inappropriateness of performance regarding the physical structure and development of the human being. Some activity therapists expressed concern that non-verbal communication be clearly included in the area of communication and writing and the social scientist expressed the desire for a broader knowledge base which would include more of the social sciences such as political science, sociology and economics.

Family: The objectives concerning minorities were the primary target in this area, with social scientists demanding a broader, more expansive scope and others stating that minority status is currently being overemphasized. "This emphasis only reinforces the minority's belief that he is inferior or disadvantaged". One veterinarian states,

"We should be emphasizing the fact that all people are equal and have the same opportunity to succeed."

Comprehensive Health Care: While most accepted this innovative concept, a few questioned its acceptability for all students. One veterinarian was not sure all students were capable or willing to work within this type of system. Some individuals, mainly in the field of social science, thought this system too limiting.

Animal Perspectives: Some animal scientists wondered whether the care, feeding and management of animals shouldn't be someone else's responsibility rather than the responsibility of the animal therapist. A basic understanding of this area is necessary to becoming a good animal therapist. In the words of a veterinarian, "the ability to work with animals, to understand animal behavior and to be able to recognize characters in individual animals that make them useful in the therapeutic process are absolutely necessary for an animal therapist". An activity therapist noted, although there is some redundancy in the objectives, it is necessary to fulfill the requirements as listed, in order to achieve a "freedom in the use of animals. This level of competency is absolutely necessary to becoming an effective animal therapist." One other comment brought up by a veterinarian specifically addressed the potential communicable infectious diseases of animals in the area of liabilities and potential problems arising with pet ownership.

Summary

Chapter IV presented the selection of the population, a review of the survey questionnaire and a discussion of both the numerical and the descriptive analyses of the collected data.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Chapter V is divided into three main sections, that is, a summation of the study, conclusions drawn from the study and recommendations for further study.

Summary

The purpose of the study was to develop a workable four-year bachelors degree program integrating animal therapy as an activity therapy into a comprehensive approach to health care.

Methodology: A curriculum survey questionnaire was used to gather data on the basic objective areas. The questionnaire was sent to 25 individuals of varying degree, profession and exposure to the field of animal therapy. Twenty-three questionnaires were returned, but only twenty-one were usable for the study. The questionnaire consisted of two parts. Part One requested background information, and Part Two contained the ten objective areas to be evaluated by means of a Likert Scale.

Analysis of the Data: The survey questionnaire revealed that:

1. Nearly all the objective areas were pertinent to the development of the four-year undergraduate program.
2. The following areas were revealed as essential to the program development: Animal Perspectives, Family, Ethics, The Therapeutic Process,

Human Growth and Development, and Writing and Communication.

3. The following areas were revealed as non-essential: Development of Civilization and the Physical Development of the Human Body.

4. Animal Growth and Development, Organizational Skills, Abnormal Behavior, and Comprehensive Health Care fell in the strongly recommended rating.

5. There were no significant differences in rating with the exception of the activity therapists who consistently rated higher than the total mean rating.

6. The primary weaknesses of the program were the number of concepts to be learned in the given four-year time span and the clarity of student/professional roles in a clinical setting.

7. The primary strengths of the program were the development of the knowledge base, exposure and hands-on experiences with animals and the development of these principles with their application to the therapeutic milieu.

Conclusions

Prior to drawing conclusions from the results of the questionnaires, some limitations of the study and caution regarding the applicability of the conclusions must be pointed out.

The curriculum material was not field tested. Supplementing these objectives through a pilot study would probably give valuable information as to the applicability and essential nature of each objective area. The population sampling was small. Although 92% of the questionnaires were returned, there were only twenty-one (N=25) individuals who reviewed the curriculum program.

On the basis of the questionnaire findings the researcher concluded the developed objectives with some modification would successfully fulfill the requirements for an individual seeking training as an animal therapist.

Incorporating points from the related literature and the analysis of the data on the survey questionnaire the following conclusions were drawn:

1. Both in reports found in the literature and from responses to the questionnaire there is evidence of the need to implement training programs for activity therapists not in isolation but within a comprehensive approach to health care.

2. While comprehensive health care may not be "the way" for all programs to be designed, it is true, as seen in the literature that unifaceted programs no longer effectively train our young people to meet the multidimensional client dilemmas and thus leave them unprepared to cope with the complexity of today's societal needs. In order to be more effective it is therefore more realistic to implement programs which will fit into the broader context of human services.

Instructional Recommendations

The following recommendations are made as a result of this study:

1. The length of the program should be increased to provide the needed time to integrate the many necessary concepts included in the program. It is the recommendation of this researcher to expand the program to a five-year undergraduate bachelors program or possibly a six-year program culminating in a master of science or arts degree.

This researcher would prefer to lengthen the time rather than delete concepts. She thinks, and for the most part is supported by questionnaire results, that most of the concepts are crucial to adequately prepare a

student as an animal therapist.

2. The curriculum should be implemented in such a way as to provide the student with ample supervised clinical experiences should the program be expanded to a six-year period.

Recommendations for Further Study

Results of this study made apparent the need for further study and research. The following recommendations as derived from this study are presented as follows:

1. Another study should be conducted with a larger population in order to gather a greater amount of data for the scientific ratings of objectives than was possible in this study.

2. Implementation of a pilot study would provide more adequate information as to the relevance of the objective areas.

3. More detailed descriptions of the courses involving the training, handling and preparing of animals for therapeutic use would help alleviate the considerable confusion and lack of direction concerning animal-aided therapy.

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APPENDIX A

APPENDIX A

DEFINITION OF THE CREATIVE PROCESS

Throughout history a significant number of attempts have been made to define the creative process, and, surprisingly, for an area which has been deliberately obscured by many, there is a good correspondence among the various definitions. Indeed, the accepted stages of the process, mentioned in the first report of this committee: namely, preparation, incubation, illumination, and verification, are consistently noted in such descriptions regardless of the field of activity. The following explanations of the above noted stages, as provided by Dr. Craik (School of Personality Assessment and Research, Berkley, California), will clarify this issue.

Preparation

The stage of preparation entails several requirements. The individual must be sufficiently acquainted with the structure of his domain to enable him to recognize or put to himself a problem, or discrepancy, or vision. In order to acknowledge the existence of a problem, he must often have the independence to perceive gaps and inadequacies in accepted understandings and in common sense wisdom. He must have the personal qualities that allow him to devote himself to a problem, to direct his attention and invest his energies in a solution, rather than being distracted by the innumerable other courses of action open to him. He must have a sense of urgency and commitment

to the exploration and mastery of his problem.

Incubation

Having brought his skills, knowledge, and inquiring vigilance to bear upon the problem, along with the authority of his discipline and the indications of his past experience in a focused and conscious attempt to reach a solution, the individual must then be able to withdraw from the certainties of skill and knowledge to the uncertainties of his inner depths and processes, from the specifics of analysis to the haziness of an, as yet, unrealized synthesis. He must become detached rather than engrossed, passive rather than active, open minded rather than critical, diffused rather than concentrated. Here, the ability to turn from analytical, differentiated thinking to analogical metaphorical thinking becomes crucial.

Illumination

The stage of illumination is frequently described as a period of exhilaration, excitement and elation. The long-awaited synthesis or insight may come in a flash of clarity, but, as often, comes in a swirl of ideas and images, tumbling upon each other in a frenzy of groupings and regroupings that gradually achieves a coherence and order that sparks off implications in all directions. This is an unusual state of consciousness, somewhat akin to dreaming and to ecstatic states. In order to reap the fruits of preparation and incubation, the individual must tolerate, even welcome, this strange state of mind. As he trusted, during the period of frustrations and dry runs, in the eventual coming of this phase of insight, so now he must dwell in psychological disorder, trusting in his ultimate mental stability. At this stage,

he must suspend the boundaries of his everyday consciousness as well as his critical judgement.

Verification

Having let himself go, the creative person must now pull himself and his insights together, to evaluate the results critically, and, if so warranted, to ready himself for working out of his insights into the actual world. He must evaluate his solution and carefully judge its appropriateness to the problem. This process involves a different and even more demanding, kind of detachment than that achieved during incubation. Here he must appraise the merits of his own product. He must modify, elaborate, adopt, or even discard. If he can finally look with favor upon his solution, he must test it, express it, construct it, or in some similar way, realize it. While the periods preceding, with the possible exception of the stage of preparation, have been solitary periods, periods of self-absorption, periods of dealing with a relatively pliable psychological reality, now the individual faces a period in which he must confront the hard, unyielding, often abrasive reality of men, matter and events.

APPENDIX B

MICHIGAN STATE UNIVERSITY

DEPARTMENT OF ANIMAL SCIENCE
ANTHONY HALL

EAST LANSING • MICHIGAN • 48824

August 3, 1982

Dear

Pursuant to our telephone conversation of August, 1982 I am enclosing a copy of the proposed curriculum in Animal Therapy as part of the broader field of Activity Therapy within the Comprehensive Health Care Approach.

I am keenly aware of your busy schedule and time commitments and hesitate to request your comments by return mail. However if possible will you please review the material and return your comments to me by August 19, 1982?

Thank you for your willingness to contribute your time and effort to this proposal. If you are interested I would be glad to send you a copy of the results of this survey I am conducting relative to this curriculum.

Sincerely,

Sister Virginia Moller, F.S.E.

j1

APPENDIX C

Please answer the following:

I. Demographics

1. I hold the following degree(s)

| | |
|--------------------------------|---------------------|
| <input type="checkbox"/> PhD | Major Field: _____. |
| <input type="checkbox"/> MA/MS | Major Field: _____. |
| <input type="checkbox"/> BA/BS | Major Field: _____. |
| <input type="checkbox"/> Other | Major Field: _____. |

2. I hold the following professional degree(s) and/or registration and/or license:

| | |
|----------------------------------|--------|
| <input type="checkbox"/> M.D. | |
| <input type="checkbox"/> D.O. | |
| <input type="checkbox"/> D.V.M. | |
| <input type="checkbox"/> Nursing | |
| <input type="checkbox"/> Other | _____. |

3. I have (observed) (read about) the use of animals in therapy

☐ Yes ☐ No Please describe

4. I have personally used animals in therapy. Describe briefly.

5. Please comment briefly on your understanding and feelings about the use of animals in therapy.

6. I (do) (do not) like animals.

7. I have an animal companion (pet) in my home.

☐ Yes ☐ No

II. Curriculum

Directions: Will you please evaluate the following objectives for a proposed program in Activity Therapy concentrating on Animal Therapy by circling the appropriate number using the following scale:

N/C = No comment (based on evaluator's unfamiliarity with area).

5 = Essential: Indispensable for students' acquisition of appropriate knowledge, attitude and skills.

4 = Strongly Recommended: Enhances student's acquisition of appropriate knowledge, attitude and skills.

3 = Recommend: Important for student's acquisition of appropriate knowledge, attitude and skills.

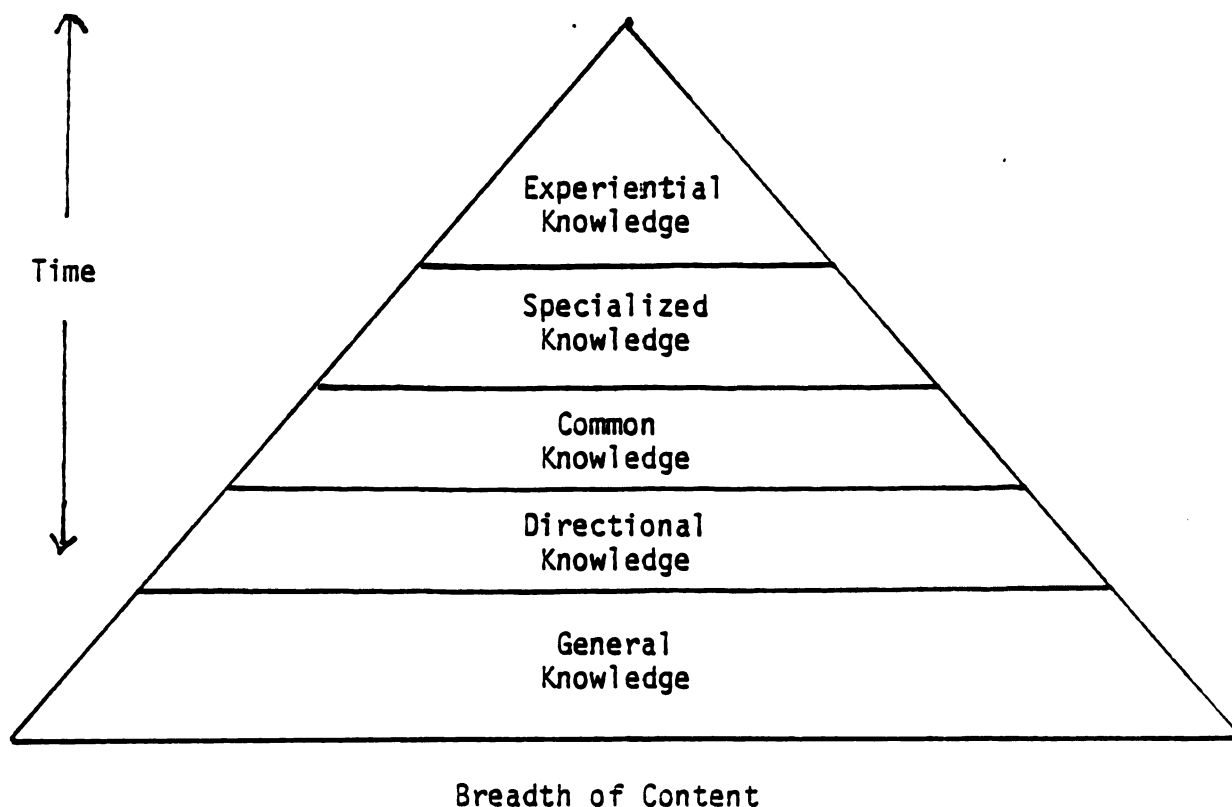
2 = Optional: Less important for student's acquisition of appropriate knowledge, attitude and skills.

1 = Non-essential: Could be omitted and students would still acquire appropriate knowledge, attitude and skills.

Introduction

In the past decade the perspective and attitudes behind human services organizations have begun to expand. Most human service professionals "... are aware that the American society has reached such a state of complexity, perhaps even chaos, that ... usual unifaceted or piece meal attempts to help clients resolve dilemmas are clearly outmoded "(Schulberg, 1973, p. 6). Contributions by individual professionals must fit into a broader context of human services in order to be more effective.

The following is an attempt to develop a program in animal therapy as a constituent of the larger, broader field of activity therapy within the scope of a comprehensive health care approach. The various instructional components are developed at the undergraduate level and include the knowledge, comprehension, application, analysis, synthesis and evaluation levels of learning (Bloom,1956). These levels are apparent within the behavioral and enabling objectives which are set in a framework of the knowledge base model (Fig. 6).



(Fig.6)

General Knowledge:

General education is the essential complement to specialized education which aims primarily to prepare a student for a particular vocation, profession, or discipline. General education assists the student's general development as a human being and as a citizen.

The breadth of the general education concept requires a broad, coordinated program for its implementation. Such a program can and should be varied with significant choices open to each student. The sum of the general education program, however, should improve the student's understanding and appreciation of, and ability to respond articulately to all or most of the following:

- a) Methodologies, issues, and prospects in natural and social sciences.
- b) The nature, thrust, and social impact of technology.
- c) Historical and comparative perspectives on contemporary American civilization.
- d) Alternative value systems inherent in religion and philosophy.
- e) Personal and social illuminations found in literature and the arts.
- f) Fundamental facts related to pressing problems of our times.
- g) Communication, especially reading and writing, as a means of clarifying and developing ideas, and of conveying those ideas to others.

Directional Knowledge:

This knowledge base is a further development of the general knowledge base. It helps the student begin to focus in on a particular field of study. If the student's desire is to pursue further education in a professional school, e.g. Veterinary or Human Medicine, the student's courses from this knowledge base would be primarily geared toward preparing him for that goal whereas a student working to pursue a career in social work or psychology would take courses in social science rather than natural science. Either way, through this knowledge base the students' special

interests and competencies are highlighted at the same time that more direction and emphasis is given to the developing program of study.

Common Knowledge:

In all related professions there is a common knowledge base, i.e. a body of knowledge, skills and competencies shared equally. For example, any therapist whether from a social work or psychological background must be aware of and be able to implement the therapeutic process. Although there are many approaches to therapy there are certain core competencies or skills all therapists must demonstrate, such as empathy and establishing rapport with the client. Information necessary to the function of any activity therapy is considered part of the common knowledge base. It includes: knowledge of various types of media used by therapist (animals, plants, toys) to aid in the therapeutic process, the physical surroundings and its effect on the therapeutic process, the sequencing of human growth and development, human anatomy and physiology, medical terminology and charting, abnormal development (physical, emotional and mental), family dynamics, the healing process, the comprehensive approach to health care and the therapeutic process itself. This common knowledge base will enable the student to make informed decisions concerning the selection of the methods and medium used in the therapeutic process, the setting in which the process is implemented and the procedures most appropriate to the client's condition.

Specialized Knowledge:

The primary aim of this knowledge base is to prepare the student for a particular discipline within the scope of the common knowledge base. It is within this phase of development that the student is presented with the specific tools of his trade, the primary theories, facts, knowledge and processes of implementation of animal therapy. This phase begins the process of synthesis of all previous knowledge bases through a primary focus, i.e. animal therapy.

Experiential Knowledge:

This knowledge base provides the student with hands-on experience of the processes of implementing an activity therapy, specifically animal therapy, within a comprehensive health care approach.

Content Areas

Competencies: To develop knowledge and skills with respect to:

| | |
|---|----|
| I. General Education. | 1 |
| 1. Communication. | 1 |
| 2. Humanities and Literature. | 2 |
| 3. Patterns identification, logical thinking, spatial relationship. | 3 |
| 4. Ecology. | 3 |
| 5. Ethics | 4 |
| II. Human Growth and Development | 5 |
| 1. Physical | 5 |
| 2. Psycho-Emotive | 8 |
| 3. Cognitive. | 9 |
| 4. Spiritual. | 9 |
| III. Animal Perspectives. | 10 |
| 1. Types. | 11 |
| 2. Uses | 11 |
| IV. Animal Growth and Development; Production and Management | 13 |
| 1. Behavior | 13 |
| 2. Physical | 14 |
| V. Organization Skills. | 15 |
| 1. Management | 15 |
| 2. Leaderships. | 15 |
| VI. Family | 17 |
| 1. Eco-Systems. | 17 |
| 2. Dynamics | 17 |
| 3. Minorities | 19 |
| VII. Abnormal Behavior. | 21 |
| 1. Functional disorders | 21 |
| 2. Organic disorders. | 22 |
| 2.1 genetic. | 22 |
| VIII. The Therapeutic Process | 24 |
| 1. Principles | 24 |
| 2. Charting | 25 |
| 3. Intervention | 25 |
| 4. Activity Therapy | 26 |
| 5. Animal Therapy | 28 |
| 6. Body Mechanics | 29 |
| IX. Comprehensive Health Care | 30 |
| X. Human Services | 33 |
| 1. Identification | 33 |
| 2. Referral and Follow-up | 34 |

I. General Education

- | | | | | | | | |
|-------|--|-----|---|---|---|---|---|
| I.1 | Students will communicate thoughts, content matter, feelings and observations in a clear, concise manner, both verbally and in written form. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.1.1 | Students will define and evaluate through discussion the most essential conditions for good communication, namely mutual trust, understanding, confidence, respect, and knowledge of the matter under consideration. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.1.2 | Students will explore and evaluate the impact that factors such as experience, personality, temperament, value, judgements, interests, attitudes and semantics have on the communication process. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.1.3 | Given the knowledge base inherent in the communication process students will demonstrate their mastery of the communication skills through verbal and written exercises. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.1.4 | Students will explain the dynamics of action-reaction interdependence in the communication process. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.1.5 | Students will differentiate between official or formal channels and informal channels of communication by giving examples of each. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.1.6 | Students will identify various forms of communication media and compare and contrast their effectiveness. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.2 | Students will identify and implement the primary skills involved in the communication process, both written and verbal. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.2.1 | Students will write a message which clearly expresses the purpose intended and be able to recognize the purpose in another's communication. | N/C | 5 | 4 | 3 | 2 | 1 |

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|-------|--|-----|---|---|---|---|---|
| I.2.2 | Students will demonstrate their ability to select details in support of their purpose and recognize details that support the main theme of another's communication | N/C | 5 | 4 | 3 | 2 | 1 |
| I.2.3 | Students will organize details and ideas when sending messages. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.2.4 | Students will demonstrate their ability to effectively use their skills of reading, speaking and writing. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.3 | Students will identify and overcome barriers to effective communication. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.3.1 | Students will identify and group the following barriers due to: a) organizational structure, b) status and position, c) language and d) resistance to change. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.3.2 | Students will be able to define and use the following as a means of overcoming communication barriers: a) feedback, b) sensitivity to the world of the receiver, c) use of direct simple meaningful language, d) effective listening, e) use of actions such as reinforcement of verbal announcements and f) repetition. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.4 | Students will be able to outline the origins and development of culture and Western Civilization and make assumptions as to its implications to modern society. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.4.1 | Students will consider and discuss the origins and development of the Greek World through an interdisciplinary study of history, literature, philosophy, religion, and art. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.4.2 | Students will consider and discuss the origins and development of the Roman World through an interdisciplinary study of history, literature, philosophy, religion, and art. | N/C | 5 | 4 | 3 | 2 | 1 |

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|-------|--|-----|---|---|---|---|---|
| I.4.3 | Students will use information about the history of Western civilization to explain aspects of the development of American thought and behavior. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.5 | Students will recognize patterns, develop a logical thinking sequence, and implement the basic principles involved in spatial relationships. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.5.1 | Students will demonstrate their understanding of the nature and significance of the "scientific method" approach to solving a problem. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.5.2 | Students will distinguish between deductive and inductive reasoning. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.5.3 | Students will evaluate a given space in relation to a particular purpose. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.5.4 | Students will discuss the concepts of form and function and explain through discussion the relationship that exists between them. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.6 | Students will demonstrate an understanding of the basic principles and interrelationships found in an eco-system highlighting the interdependence of human growth and development on the natural and man-made environment. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.6.1 | Students will state the relevance of plants to modern society and apply that knowledge to the therapeutic process. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.6.2 | Students will discuss the nature of soils and their relation to plant growth, animal health, and environmental quality; using this as a knowledge base they will be able to apply these interrelationships to the therapeutic process. | N/C | 5 | 4 | 3 | 2 | 1 |
| I.6.3 | Students will state the relevance of animals to modern society and apply that knowledge to the therapeutic process. | N/C | 5 | 4 | 3 | 2 | 1 |

- I.6.4 Students will recognize and describe the social conditions which lead to individual human development. N/C 5 4 3 2 1
- I.7 Students will examine in detail an eco-system and demonstrate an understanding of the relationships between the basic elements as a means of greater clarification of the effect of environment upon human growth and development. N/C 5 4 3 2 1
- I.7.1 Students will demonstrate their understanding of the interrelationship of the elements of an eco-system by a) identifying and defining the basic elements, abiotic element, biotic, energy input and utilization, nutrient input and cycling and b) schematically illustrating three examples of eco-systems. N/C 5 4 3 2 1
- I.7.2 Students will illustrate through examples, a few of the aspects in the natural eco-system that effect human growth and behavior. N/C 5 4 3 2 1
- I.8 Students will clarify values and examine beliefs on the nature of the right and the good as it relates to personal and professional decisions. N/C 5 4 3 2 1
- I.8.1 Students will discuss and draw conclusions on the following fundamental problems; a) the objectivity of moral judgements, b) the criteria of right and wrong and c) the foundations of ethical responsibility. N/C 5 4 3 2 1
- I.8.2 Students will discuss and draw conclusions regarding the philosophical treatment of ethical issues arising from conflicting obligations of professionals to their clients, profession, career, personal values and society. N/C 5 4 3 2 1

Comments:

II. Human Growth and Development

Students will demonstrate knowledge of the basic principles of the developmental stages over the life span of a human being integrating the aspects of physical, cognitive, psychological, social, moral and spiritual development so that students will possess a base of knowledge from which to make educated decisions concerning clients involved in the therapeutic process.

II.1 Students will demonstrate an understanding of cell biology by describing all the components and all the activities of both the nucleus of the cell and the cytoplasm of the cell.

II.1.1 Each student, when asked, will identify the factors responsible for the chemical make-up of the cell: proteins, enzymes, carbohydrates, lipids, minerals, vitamins and gases.

II.1.2 Each student will list the nutrient and environmental requirements of the cell.

II.1.3 Each student will demonstrate through examples, the principles involved in cellular metabolism.

II.2 The student will demonstrate the function of genetics by describing the general principles involved in the determination of inheritance or transmission of biological properties from generation to generation.

II.2.1 Students will define the following genetic terms: hybrid, F_1 and F_2 , generation, phenotype, dominant, recessive, homozygote, heterozygote, segregation, alleles, and chromosomes.

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| II.2.2 | Each student, when asked, will explain all of the following: a) the mechanisms of hereditary transmission, b) the role of chromosomes in reproductive cell formation, c) the results of the failure of normal hereditary transmission, d) the causes of mutation and genetic abnormalities, and e) behavioral genetics and its social implications. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3 | Students will demonstrate the aquisition of basic knowledge of the nine primary systems of the body, relating structure to function, in order to effect intelligible decision-making skills concerning disabling conditions. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.1 | Students will identify with 100 percent accuracy all the bones and articulations of the human body by categorizing them according to type, structure, formation, growth and function. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.2 | Students will list and classify the muscles of the human body in terms of their location, structure and functions describing the relationship of muscle to bone and their joint role in the support and movement of the body. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.3 | Students will list the two major types of nerve cells, their structures and main functions. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.4 | Students will explain the mechanism of nerve impulse and conduction, identifying and defining the major components. | N/C | 5 | 4 | 3 | 2 | 1 |

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|---------|--|-----|---|---|---|---|---|
| II.3.5 | Students will be able to name the organs of the nervous system identifying their location and the relationship between the structure and its functions. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.6 | Students will discriminate between the sympathetic and parasympathetic components of the autonomic nervous system. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.7 | Students will identify and list the spinal and cranial nerves and the organs and/or senses they control. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.8 | Students will summarize, through discussion, the five major senses of the body including their location and the relationship of structure to functions. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.9 | Students utilizing the above knowledge will indicate the impact the nervous system has on behavior and vice versa. Students will be able to utilize this knowledge throughout the intervention period. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.10 | Students will analyze the major endocrine glands as to their impact on human behavior. this will include the names, locations and functions of the gland. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.11 | Students will state the major functions of the circulatory system. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.12 | Students will demonstrate knowledge of the lymphatic system and its relationship to disease and infection by giving examples. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.13 | Students will illustrate, through examples, their understanding of the mechanisms involved in respiration. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.14 | Students will list the major organs involved in the digestive process and their functions. | N/C | 5 | 4 | 3 | 2 | 1 |

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|---------|---|-----|---|---|---|---|---|
| II.3.15 | Students will demonstrate knowledge and understanding of the necessity for a well balanced daily diet and the emotional, behavioral and medical effects of inadequate diet. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.16 | Students will identify the major organs of the urinary system. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.17 | Students will state the major functions of the reproductive system, including the main organs and hormonal changes which occur and their impact upon behavior. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.18 | Students will compare and contrast the organs and functions of the male and female reproductive tract. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.19 | Students will demonstrate through examples their knowledge of the basic physiology of the female sexual cycle. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.3.20 | Students will utilize the above knowledge base, throughout the therapeutic involvement with a client, to assess physiologically based behavioral changes. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.4 | Students, through supervised observations of human behavior in many different environments, will discriminate between appropriate and inappropriate behavior for a particular age, sex, situation or context. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.4.1 | Through observation of various age groups, students will identify the basic steps of physical development, and utilize that knowledge to implement the therapeutic process. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.4.2 | Students will discuss the various ways physical development influences the socio/psychological development of the individual. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.5 | Students will understand and identify the foundation of social interaction. | N/C | 5 | 4 | 3 | 2 | 1 |

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|---------|---|-----|---|---|---|---|---|
| II.5.1 | Students will identify, list and discuss the many ways in which a child learns cultural values and expectations (T.V., readings, family systems and others). | N/C | 5 | 4 | 3 | 2 | 1 |
| II.5.2 | Students will state the relationship between organismic and mechanistic developmental theory and behavior. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.5.3 | Students will discuss those aspects which influence socialization namely, parental behavior, social deprivation, sex roles, and the development of moral judgement. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.5.4 | Students will identify and define the role of social institutions (such as religion and education) in society today and examine their relationship to development. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.5.5 | Students will compare and discuss the following theories of social and cognitive development: Mead and Skinner | N/C | 5 | 4 | 3 | 2 | 1 |
| II.5.6 | Students will demonstrate an understanding of cognitive development and its effect on social behavior. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.5.7 | Students will communicate the impact of peer groups on individual social behavior and personality development. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.5.8 | Students will identify and discuss and utilize knowledge of the factors which influence personality development in order to provide superior client care. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.5.9 | Students will determine the degree of effect parental relationship has on the personality development of an individual. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.5.10 | Students will compare the various stages of development as discussed by Freud, Piaget and Erickson. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.6 | Students will compare and contrast the concepts and philosophies of the major world religions and their impact on the process of human growth and development. | N/C | 5 | 4 | 3 | 2 | 1 |

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| II.6.1 | Students will discuss the psychology of religion. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.6.2 | Students, through observation, will discover some of the impact of religion and spiritual development on the total human being, and utilize their findings to facilitate the implementation of the therapeutic process. | N/C | 5 | 4 | 3 | 2 | 1 |
| II.6.3 | Given this knowledge base, students will formulate skills which they will then implement to make knowledgeable decisions in relating clients to the most beneficial form of intervention. | N/C | 5 | 4 | 3 | 2 | 1 |

Comments:

III. Animal Perspectives

- | | | | | | | | |
|---------|--|-----|---|---|---|---|---|
| III.1 | Students will summarize the role animals have played in the service of man. | N/C | 5 | 4 | 3 | 2 | 1 |
| III.1.1 | Students will differentiate between domestic and wild species of animals. | N/C | 5 | 4 | 3 | 2 | 1 |
| III.1.2 | Students will categorize animals according to their use; food, fiber, work, companion, therapy. | N/C | 5 | 4 | 3 | 2 | 1 |
| III.1.3 | Students will trace the history of the domestication of animals, discussing the various theories. | N/C | 5 | 4 | 3 | 2 | 1 |
| III.2 | Students will discuss the Human/Animal Bond and its effect on present day society. | N/C | 5 | 4 | 3 | 2 | 1 |
| III.2.1 | Students will trace the history, through literature research, of the human/animal bond and summarize the major points of emphasis. | N/C | 5 | 4 | 3 | 2 | 1 |
| III.2.2 | Students will identify and state the benefits and liabilities of human animal interaction. | N/C | 5 | 4 | 3 | 2 | 1 |
| III.2.3 | Students will identify potential problems which could arise from the human/animal bond and implement corrective measures where possible. | N/C | 5 | 4 | 3 | 2 | 1 |
| III.3 | Students will identify, through examples, and describe the nature of the relationship between animals and human growth and development. | N/C | 5 | 4 | 3 | 2 | 1 |
| III.3.1 | Students will, through participation in supervised sessions, observe, share, and facilitate their own words, the interaction between an animal and a child or adult. | N/C | 5 | 4 | 3 | 2 | 1 |
| III.3.2 | Students will chart their observations of instances where animals have aided individuals, especially children, in the achievement of developmental tasks. | N/C | 5 | 4 | 3 | 2 | 1 |

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|--|-----|---|---|---|---|---|
| III.4 Students will train animals to work with children and adults in a therapeutic setting. | N/C | 5 | 4 | 3 | 2 | 1 |
| III.4.1 Students will learn basic skills of handling domestic/companion animals. | N/C | 5 | 4 | 3 | 2 | 1 |
| III.4.2 Students will train animals in basic obedience skills. | N/C | 5 | 4 | 3 | 2 | 1 |

Comments:

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|---|-----|---|---|---|---|---|
| IV. Animal Growth and Development, Production and Management | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.1 Students will demonstrate their knowledge of how animals, particularly domestic animals, behave, why they do what they do, and the practical implications of their behavior in relation to use in the therapeutic setting. | | | | | | |
| IV.1.1 Students will identify and list the major determinants of behavior. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.1.2 Students will summarize the main ethological approaches to animal behavior. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.1.3 Students will identify the behavioral changes which occur under domestication. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.1.4 Students will demonstrate an understanding, through giving examples, of the effects of selective breeding on temperament and uniformity of response to training. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.1.5 Students will learn the basic skills of handling animals and effects of handling and mishandling on the animal behavior. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.1.6 Students will recognize sexual behavior patterns in both male and female animals, and the effects of sterilization on an animal's behavior in order to enhance their ability to choose an animal for therapy work. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.1.7 Students will evaluate appropriate housing for particular species of animals and evaluate the effects of shelter on their animal behavior. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.1.8 Students will discuss the processes of learning, aggression and socialization as they relate to an animal's behavior. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.1.9 Students, through supervised field study, will identify and chart specific behavior patterns in various species of animals, as they relate to age, sex and breed. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.1.10 Given this knowledge base the student will make informed decisions in the selection of the species, breed, age and sex of the animals to be used in the therapeutic process. | N/C | 5 | 4 | 3 | 2 | 1 |

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|---------|--|-----|---|---|---|---|---|
| IV.1.11 | Combining this knowledge base with previous knowledge bases, students will match an animal with individual client needs and conditions thus enhancing the therapeutic process and outcome. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.2 | Students will describe the effects of breeding, nutrition, handling and housing on animal growth and development. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.2.1 | Students will outline the principles of selection: breeding for specific traits. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.2.2 | Students will summarize and implement the fundamental principles of animal nutrition. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.2.3 | Students will match specific species and breeds of animals with the proper housing conditions necessary to meet their developmental needs. | N/C | 5 | 4 | 3 | 2 | 1 |
| IV.2.4 | Students will be familiar with the major considerations involved in the implementation and maintenance of a food animal operation, (beef, swine, dairy, poultry), pleasure animal operation (riding stable, zoo) and purebred breeding operation (dog kennel, etc.). | N/C | 5 | 4 | 3 | 2 | 1 |

Comments:

Organization Skills

Management

- | | | | | | | | |
|-------|--|-----|---|---|---|---|---|
| V.1 | Students will demonstrate a general knowledge of management principles and functions and be able to implement them as an animal therapist on a comprehensive health care team. | N/C | 5 | 4 | 3 | 2 | 1 |
| V.1.1 | Students will define management and describe the management process. | N/C | 5 | 4 | 3 | 2 | 1 |
| V.1.2 | Students will identify and define the major principles of management: interdependence and interrelationship, authority and responsibility, definition, objective and supervision. | N/C | 5 | 4 | 3 | 2 | 1 |
| V.1.3 | Students will define and give examples of the following: a) planning, b) organizing, c) implementing (control, staffing, directory and actuating) and d) evaluation or appraisal. | N/C | 5 | 4 | 3 | 2 | 1 |
| V.1.4 | Students will logically arrange the functions of management with the proper corresponding principles of management. | N/C | 5 | 4 | 3 | 2 | 1 |
| V.1.5 | Within a supervised situation, students will implement their knowledge of the management process by assuming responsibility of direction of the health care teams approach to a simulated case study. | N/C | 5 | 4 | 3 | 2 | 1 |
| V.2 | Students will list in order the steps involved in the decision making problem - solving processes and be able to implement them as an animal therapist on a comprehensive health care team. | N/C | 5 | 4 | 3 | 2 | 1 |
| V.2.1 | When asked, each student will list a) the principles of problem solving, b) how to arrive at or identify a problem; including The ability to differentiate between a symptom and the actual problem and various approaches to solving the identical problem. | | | | | | |

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|-------|--|-----|---|---|---|---|---|
| V.2.2 | Students will write a) the definitions of role and role negotiation, leadership, power, authority, decision-making, goal setting, joint planning, problem solving and open communication and b) explain by citing examples which were observed in supervised sessions in various human service programs. | N/C | 5 | 4 | 3 | 2 | 1 |
| V.3 | All students will list all the variables that influence comprehensive team dynamics. | N/C | 5 | 4 | 3 | 2 | 1 |
| V.3.1 | Each student will operationalize team dynamics in his own words. | N/C | 5 | 4 | 3 | 2 | 1 |
| V.3.2 | Students will list the major functions of a comprehensive team; namely providing comprehensive health care, back-up services, health education, coordination and supervision. | N/C | 5 | 4 | 3 | 2 | 1 |
| V.3.3 | Each student will list factors which influence team dynamics such as mutual trust, communication, mutual support, clarity of team objectives, conflict management, utilization of resources and team competencies, control methods and organizational environment (restrictive, pressure for conformity, free, supportive, respect for differences). | N/C | 5 | 4 | 3 | 2 | 1 |
| V.4 | All students will list all possible methods of evaluating and measuring team effectiveness. | N/C | 5 | 4 | 3 | 2 | 1 |
| V.4.1 | Students will compile a list, comparing and contrasting methods of objective evaluation of team effectiveness. | N/C | 5 | 4 | 3 | 2 | 1 |
| V.4.2 | Students will implement and utilize objective evaluation procedure in discerning the effectiveness of the team and its services. | N/C | 5 | 4 | 3 | 2 | 1 |

VI. Family

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|--------|--|-----|---|---|---|---|---|
| VI.1 | Utilizing the psychodynamics of the family system, the student will be able to make informed decisions concerning the therapeutic process of a particular client. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.1.1 | Students will identify, through examples, the eight basic developmental tasks of the family system; a) physical maintenance - providing shelter, food clothing, health care, b) allocation of resources - meeting family needs and costs, apportioning material goods, facilities, space, authority, respect, affection, c) division of labor - deciding who does what, assigning responsibility for procuring income, managing the household, caring for family members, and other specific tasks, d) socialization of family members - guiding the internalization of increasing by mature and acceptable patterns of controlling elimination, food intake, sexual drives, sleep, aggression, e) reproduction, recruitment, and release of family members - bearing or adopting children and rearing them for release at maturity, incorporating new members by marriage, and establishing policies for inclusion of others: in-laws, relatives, guests, friends, f) maintenance of order - providing means of communication, establishing types and interirity of interaction, patterns of affection and sexual expression - by administering sanctions insuring conformity to group norms, g) placement of members in the larger society - fitting into the community, | N/C | 5 | 4 | 3 | 2 | 1 |

relating to church, school, organizational life, political and economic systems, and protecting family members from undersirable outside influences, h) maintenance of motivation and morale-rewarding members for achievements, satisfying individual needs for acceptance, encouragment and affection, meeting personal and family crises, refining a philosophy life and sense of family loyalty (through rituals, festivals and traditions); and be able to utilize this system within the therapeutic process.

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|--------|---|-----|---|---|---|---|---|
| VI.1.2 | Students will observe families in many different settings. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.1.3 | Students will discuss their personal experiences of family in relation to the eight basic deveopmental tasks. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.1.4 | Students will define and recognize the difference between semi open and semi closed family systems, and adjust the therapeutic process accordingly. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.1.5 | Students will recognize potential problem areas in family development. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.1.6 | Students will understand and utilize Erickson, Freud's and Jung's approaches to personality development within the family system. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.1.7 | Students will identify the family's role in the development of personality and social role. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.1.8 | Students, through surpervised field studies will be able to identify and differentiate between marital, parental, childhood and adolescent disturbances, which will aid in the therapeutic process. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.2 | Students will know how to acquire information concerning a specific family's relationship to the community which includes a) sources and adequacy of income, b) use of community services (physicans, | N/C | 5 | 4 | 3 | 2 | 1 |

mental health clinic), c) participation in community institutions (church, school) and d) the extended kin group (aunts, cousins).

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|--------|--|-----|---|---|---|---|---|
| VI.2.1 | Students will identify the strengths and weaknesses in the family's support system. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.2.2 | Students will recognize potential problem areas in the family's support system. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.2.3 | Students will recommend the family to services qualified to deal with their particular needs. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.3 | Students will know how to acquire information about a specific family's power structure, decision making procedures and interrelationships. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.3.1 | Students will identify the strong relationships between family members as well as the relationships which are a source of conflict. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.3.2 | Students, through observation, will identify the individual family member who makes the decisions. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.3.3 | Students will identify families that are thought to meet the needs of all individual members within the family unit. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.3.4 | Students will suggest possible intervention where necessary and aid the family obtaining appropriate services. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.4 | Students will identify and use effectively knowledge concerning the effect of minority status on a) child rearing, b) development, c) interpersonal relationships, behavior and d) family structure. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.4.1 | Students will list the historical, structural and functional components of minority family systems in America. | N/C | 5 | 4 | 3 | 2 | 1 |

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|--------|---|-----|---|---|---|---|---|
| VI.4.2 | Students will compare and contrast the cultural differences between minority and majority groups in America. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.4.3 | Students will identify the major social consequences resulting from being a member of minority group in white America. | N/C | 5 | 4 | 3 | 2 | 1 |
| VI.4.4 | Given this knowledge base students will draw on the concepts developed in order to more effectively meet individual client needs. | N/C | 5 | 4 | 3 | 2 | 1 |

Comments:

VII. Abnormal Behavior

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|--|-----|---|---|---|---|---|
| VII.1 Students will utilize the current systems of classifying individuals with abnormal behavior to the degree necessary to aid them in the implementation of the therapeutic process and identify the consequences and problems associated with the process of labeling. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.1.1 Students will distinguish between organic disorders (those caused by known physical damage) and functional disorders (those which are psychologically caused) in order to aid them in the therapeutic process. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.1.2 Students will discriminate between neuroses, character disorders and psychoses. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.1.3 Students will identify the major characteristics of the following neuroses: a) anxiety neurosis, b) phobias, c) dissociative neurosis, d) conversion reaction, e) obsessive - compulsive neurosis and f) neurotic depression. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.1.4 Students will distinguish between individual differences and neurotic behavior. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.1.5 Students will define sexual deviation and dysfunction, alcoholism, addiction and sociopathic behavior and classify them as character disorders. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.1.6 Students will identify the major characteristics of the following psychoses: a) affective psychosis, b) schizophrenia and c) organic psychosis. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.1.7 Students will apply the previous knowledge base to the therapeutic process and participate in role-playing situations to demonstrate their understanding of the concepts of abnormal behavior. | N/C | 5 | 4 | 3 | 2 | 1 |

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|--|-----|---|---|---|---|---|
| VII.2 Students will discuss the various genetic theories resulting in abnormality and the basic medical therapies used to treat them. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.2.1 Students will define the following: a) Down's syndrome, b) Tay-Sachs diseases, c) phenylketonuria (PKU) and d) Huntington's chorea and discuss their impact on normal mental health of the family unit. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.2.2 Students will be able to discuss the genetic factors involved in schizophrenia through use of literature and case studies. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.2.3 Students will understand enough about the psychodrugs to communicate effectively with the members of the medical world and other members of the comprehensive health care team. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.2.4 Students will develop sources of information which will enable them to understand the effects and side effects of these drugs as they relate to communication with, safety, or behavior of a client under therapy. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.2.5 Students will discuss in their own words the convulsive therapies (electroconvulsive therapy and psychosurgery) and their social impact. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.3 Students will demonstrate, through examples, knowledge of the physical, social, psychological and spiritual dimensions of the healing process. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.3.1 Students will define the following: a) health, b) disease, c) illness, d) disability, e) chronicity, f) mental health and g) mental illness. | N/C | 5 | 4 | 3 | 2 | 1 |
| VII.3.2 Students will list the basic processes involved in physical healing. | N/C | 5 | 4 | 3 | 2 | 1 |

VII.3.3 Students will be able to identify the impact V/C 5 4 3 2 1
the impairment has on the social,
physiological and spiritual dimensions of
the person who is impaired and of his
immediate family.

Comments:

VIII. The Therapeutic Process

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|--|-----|---|---|---|---|---|
| VIII.1 Students will identify and implement the basic principles of the therapeutic process. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.1.1 Students, through directed observation will identify instances of and discuss the following terms: a) rapport, b) respect, c) responsibility, d) non-directive approach, e) directive approach and f) establishment and maintenance of limits within the therapeutic setting. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.1.2 Students through role-playing and supervised clinical situations, will learn to develop a firm, supportive relationship with a client, establishing rapport as early as possible in the process. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.1.3 Students, through directed observation will identify the clients situation and progress at any given point throughout the process of therapy. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.1.4 Students, through supervised clinical experience, will demonstrate their ability to structure the therapeutic setting in order to maintain respect for the client's ability to solve his/her own problems. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.1.5 Recognizing therapy as a gradual process, the student will estimate and develop time-frames which will enhance rather than hinder the process. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.1.6 The student, through supervised clinical experiences, will demonstrate their ability to establish limitations that are | N/C | 5 | 4 | 3 | 2 | 1 |

necessary to anchor the therapy to the world of reality without inhibiting the freedom of the process.

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|----------|---|-----|---|---|---|---|---|
| VIII.2 | Students will be conversant with: a) the various forms of charting; medical, psychological, b) procedures for recording data and observations, c) terminology and d) evaluation. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.2.1 | Students, when given sample case studies will identify the following components: a) data, b) observations, c) terminology and d) evaluation. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.2.2 | When given a sample chart, the students will verbalize their understanding of the terminology and explain in their own words the meaning of such terms in relation to the client. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.2.3 | Students, when asked, will a) describe what they understand by record keeping, b) list the various types of records and c) describe the importance of proper record keeping in relation to health care systems. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.2.4 | Students, given a simulated client, will demonstrate effective charting, record keeping and evaluation skills which effectively communicate their observations. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.3 | Students will demonstrate knowledge of the functions of the therapeutic process in the following forms of intervention: a) individual psychotherapies, b) group and family therapies, c) biological therapies, d) activity therapies and e) community prevention. | N/C | 5 | 4 | 3 | 2 | 1 |

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|----------|--|-----|---|---|---|---|---|
| VIII.3.1 | Students will compare and contrast the primary principles and functions of the following individual psychotherapies: a) psychoanalytic therapies (psychoanalysis and psychoanalytic therapy); b) humanistic-existential therapies (client-centered therapy, existential therapy, gestalt therapy and reality therapy), c) behavioral therapies (increasing behavioral frequency: systematic desensitization, implosion and flooding, assertion training), d) primal therapy, e) Kaiserian therapy and f) rational-emotive therapy. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.3.2 | Students will demonstrate an understanding of the variety of group techniques through exposure of supervised clinical observation periods. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.3.3 | Students, through supervised observation will discuss their understanding of family therapy groups and the impact of this technique on the mental health of the client. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.3.4 | Students will be able to differentiate between primary, secondary and tertiary prevention. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.3.5 | Students, through supervised experiences, will know how and when to utilize professionals and when to utilize trained helpers (parents, college students, volunteers) to aid in the therapeutic process. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.4 | Students will compare and contrast the primary principles and functions of the activity therapies, and demonstrate, through examples, their usefulness as a means of implementing the therapeutic process. | | | | | | |

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| VIII.4.1 | Students will discuss the philosophy of activity therapy. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.4.2 | Students will write at least four contrasting characteristics between activity therapy and the primary or traditional modes of therapy. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.4.3 | Students will demonstrate the need for the activity approach to therapy through giving examples of its efficacy. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.5 | Students will explain all the major components of a particular activity therapy and use them in a therapeutic setting; the major components being a) mastery of a particular activity (play, horticulture, music, animals, or art), b) implementation of the therapeutic process, c) general body mechanics and d) relatedness to a primary therapy. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.5.1 | Each student will diagrammatically explain the forms of health care intervention (including mental health) available to the client and the relationship between the activity therapies and the health care system. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.5.2 | When asked, all students will describe in their own words, the operational procedures of activity therapy as they relate to a comprehensive health care approach. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.5.3 | Through supervised instruction, students will demonstrate their ability to implement the components of a particular activity therapy in a role-playing situation. | N/C | 5 | 4 | 3 | 2 | 1 |

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| VIII.5.4 | Students will implement the therapeutic process through the medium of a particular activity under the direction of a trained therapist. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.6 | Students will implement an animal therapy program within the framework of comprehensive health care. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.6.1 | Students will describe, through examples, the various uses of animals in therapy as identified by Levinson (1969, 1974), Corson (1980), Bustad (1980 and Katcher (1979). | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.6.2 | Students will demonstrate an understanding of the philosophy and efficacy of animal therapy in relation to a primary therapy. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.6.3 | Students will list the benefits and problems which arise from the use of animals in therapy. | N/C | 5 | 4 | 3 | 2 | 1 |
| VIII.6.4 | Students will identify the major skills of an animal therapist: ability to train and control an animal, ability to select particular animals to meet the unique needs of the individual client, ability to choose the most efficacious setting to carry out the therapeutic process (barn, office, yard), ability to utilize the animal as an energy transfer medium and ability to implement the therapeutic process as an activity therapist in relation to a primary therapist. | N/C | 5 | 4 | 3 | 2 | 1 |

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|---|-----|---|---|---|---|---|
| VIII.6.5 Given the previous knowledge base and through supervised observations the students will demonstrate their ability to implement the major skills of an animal therapist which will most benefit the needs of their clients. | N/C | 5 | 4 | 3 | 2 | 1 |
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Body Mechanics and Physical Rehabilitation

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| VIII.7 Students will develop proper body mechanics of lifting and movement of both people and equipment and be able to teach these skills to their clients. | N/C | 5 | 4 | 3 | 2 | 1 |
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| VIII.7.1 Students will state and implement the principles of leverage, friction and motion. | N/C | 5 | 4 | 3 | 2 | 1 |
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| VIII.7.2 Students will identify specific limitations of movement in relation to specific disabilities and adjust the therapy program accordingly. | N/C | 5 | 4 | 3 | 2 | 1 |
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Comments:

IX. Comprehensive Health Care

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|--------|---|-----|---|---|---|---|---|
| IX.1 | All students will interpret an interdisciplinary approach to client care and contribute productively to the comprehensive team approach. | N/C | 5 | 4 | 3 | 2 | 1 |
| IX.1.1 | Each student, when asked, will: a) list two characteristics each of the medical, social and psychological perspectives to the evaluation of the client functioning and needs, b) give three advantages of team or comprehensive approach to health care over non-team approach, c) discuss the role of the activity therapist in team care. | | | | | | |
| IX.1.2 | Students will be able to define the concept of "team" in relation to comprehensive health care. | N/C | 5 | 4 | 3 | 2 | 1 |
| IX.1.3 | Students will categorize the roles of different team members according to their primary dynamic; medical, social, psychological, intellectual or spiritual. | N/C | 5 | 4 | 3 | 2 | 1 |
| IX.1.4 | Students will describe: a) the elements of comprehensive health care-team approach, b) describe the philosophy behind it. The response should be based upon class discussion and supervised clinical experiences. | N/C | 5 | 4 | 3 | 2 | 1 |
| IX.2 | Each student will measure the effectiveness and dynamics involved in the comprehensive approach to health care by giving specific examples. | N/C | 5 | 4 | 3 | 2 | 1 |
| IX.2.1 | Students will moderate conflict among persons. | N/C | 5 | 4 | 3 | 2 | 1 |
| IX.2.2 | Students will identify and list the factors which influence team cooperation and efficiency. | N/C | 5 | 4 | 3 | 2 | 1 |

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|--------|--|-----|---|---|---|---|---|
| IX.2.3 | Students will discover role definitions and operational responsibilities for supervision within the comprehensive approach and be able to utilize this base knowledge to facilitate team communication and operational procedures. | N/C | 5 | 4 | 3 | 2 | 1 |
| IX.2.4 | Students will give examples of their understanding of the organizational approaches to supervision in this type of approach (Comprehensive health care). | N/C | 5 | 4 | 3 | 2 | 1 |
| IX.2.5 | Students will identify and describe individual team members responsibilities to the client. Given this knowledge, the student will aid in the formulation and organization of the client's individual therapeutic program. | N/C | 5 | 4 | 3 | 2 | 1 |
| IX.3 | Students will identify the unique skills that a particular professional brings to the team to be able to utilize this knowledge in making decisions for the benefit of the client. | N/C | 5 | 4 | 3 | 2 | 1 |
| XI.3.1 | Students, in a supervised setting, will demonstrate their ability to draw upon the expertise of a particular member of the team to fulfill a specific need of the client. | N/C | 5 | 4 | 3 | 2 | 1 |
| XI.3.2 | Students will demonstrate an ability to know how to relinquish their role as primary therapist to another team member when such a movement will benefit a client. | N/C | 5 | 4 | 3 | 2 | 1 |
| XI.4 | Students will demonstrate effective writing and reporting techniques to effectively communicate their observations on the client in order to facilitate team dynamics. | N/C | 5 | 4 | 3 | 2 | 1 |

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|--------|--|-----|---|---|---|---|---|
| XI.4.1 | Given a simulated client, the students will demonstrate their observational skills through compiling a case report. | N/C | 5 | 4 | 3 | 2 | 1 |
| XI.4.2 | Under supervision, students will fill out case reports on individual clients. | N/C | 5 | 4 | 3 | 2 | 1 |
| XI.4.3 | Given a case report, students will determine the client's needs and call upon the particular team member best equipped to aid the client. | N/C | 5 | 4 | 3 | 2 | 1 |
| XI.5 | Students will demonstrate their ability to question appropriately in order to obtain the information necessary to function effectively in their role and still maintain harmony on the team. | N/C | 5 | 4 | 3 | 2 | 1 |
| XI.5.1 | Students will list the variables that influence organizational effectiveness. | N/C | 5 | 4 | 3 | 2 | 1 |
| XI.5.2 | Students will explain: a) their understanding of interpersonal communication, credibility, empathy, group and pattern of communication in groups and b) list the variables that affect the interpersonal competence and membership skills. | N/C | 5 | 4 | 3 | 2 | 1 |

Comments:

X. Human Services

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|--|-----|---|---|---|---|---|
| X.1 Students will analyze human and community needs and review and examine existing and emerging resources to meet those needs. | N/C | 5 | 4 | 3 | 2 | 1 |
| X.1.1 Students will list and discuss the ecological approach to human services. | N/C | 5 | 4 | 3 | 2 | 1 |
| X.1.2 Students will be able to identify and describe the major social changes which affect human and community needs. | N/C | 5 | 4 | 3 | 2 | 1 |
| X.1.3 Students will list the institutions and organizations which are able to meet these needs. | N/C | 5 | 4 | 3 | 2 | 1 |
| X.2 Given the needs of a particular client, the student will refer to client to an appropriate service. | N/C | 5 | 4 | 3 | 2 | 1 |
| X.2.1 Students will identify, by listing location and primary function, human services available in a given community. | N/C | 5 | 4 | 3 | 2 | 1 |
| X.2.2 Students will demonstrate knowledge of various rules of licesure for a given community and state through oral and written discussions. | N/C | 5 | 4 | 3 | 2 | 1 |
| X.3 Given a randomly arranged list of institutions and organizations, and of the needs and requirements of individual clients, the student will match the needs and requirements with suitable community institutions or organizations. | N/C | 5 | 4 | 3 | 2 | 1 |
| X.3.1 Each student will: a) list the institutions and organizations which are able to meet the needs of the client involved, b) list the various kinds of needs and requirments of the particular client and c) match the needs and the organizations on the basis of suitability. | N/C | 5 | 4 | 3 | 2 | 1 |
| X.4 Given a randomly arranged list of organizations and agencies in the community, the student will classify each agency as a health organization, a consumer protection or legal organization. | N/C | 5 | 4 | 3 | 2 | 1 |

- X.4.1 Each student will identify various consumer protection legal aid, and social welfare agencies and organizations in the community and describe the process of client referral to each. N/C 5 4 3 2 1
- X.5 Given a case history, a student will list the problems and needs of the client which might benefit from the assistance of a community service. Also the student will be able to relate each problem to the community resources which might prove useful in resolving the problem. N/C 5 4 3 2 1
- X.5.1 Each student, when asked, will: a) list the major needs of the client, b) list the major problems of the client, c) match the above mentioned needs and problems in a suitable and logical fashion, and d) provide a matching list of community assistance and services for the above mentioned needs and problems of the client. N/C 5 4 3 2 1
- X.6 Given a randomly arranged lits of resources, each student will identify community mental health resources which can offer services to the clients; match services with client needs and develop strategies for client-service interfacing. N/C 5 4 3 2 1
- X.6.1 Each student, based on their training and material provided to them, will a) list all the community resources which can offer services to the mentally ill, b) identify the community resources from a list of general resources, c) match these resources with client's needs and c) state at least one strategy for client-service interfacing. N/C 5 4 3 2 1
- X.7 Each student, will note all the major advantages of getting clients involved in social or religious activities including involvement in an activity therapy in relation to progress toward normalization. N/C 5 4 3 2 1

X.7.1 Each student will: a) explain the concept of "normalization", b) list the activities, including activity therapies that aid the clients progress toward normalization and c) explain the principles involved in selecting these activities for different kinds of clients.

N/C 5 4 3 2 1

Comments:

APPENDIX D

Content Areas

Competencies: To develop knowledge and skills with respect to:

- I. General Education
 1. Communication
 2. Humanities and Literature
 3. Patterns identification, logical thinking, spatial relationship
 4. Ecology
 5. Ethics
- II. Human Growth and Development
 1. Physical
 2. Psycho-Emotive
 3. Cognitive
 4. Spiritual
- III. Animal Perspectives
 1. Types
 2. Uses
- IV. Animal Growth and Development; Production and Management
 1. Behavior
 2. Physical
- V. Organization Skills
 1. Management
 2. Leaderships
- VI. Family
 1. Eco-Systems
 2. Dynamics
 3. Minorities
- VII. Abnormal Behavior
 1. Functional disorders
 2. Organic disorders
 - 2.1 genetic
- VIII. The Therapeutic Process
 1. Principles
 2. Charting
 3. Intervention
 4. Activity Therapy
 5. Animal Therapy
 6. Body Mechanics
- IX. Comprehensive Health Care
- X. Human Services
 1. Identification
 2. Referral and Follow-up

General Courses

1) General or Introductory reading, writing and speaking

a) Purpose and Description: The course will serve as a means of acquiring adequate skills in the English language. It will concentrate on 1) the students personal writing, voice and on his responses to the things, people and institutions central to his experience, 2) improving the student's ability to read and 3) principles and practice in adapting to audiences, creating and structuring messages, and developing effective delivery of informal speeches.

b) Major Content Areas

Competencies: I. General Education

1. Communication

2. Humanities and Literature

2) Humanities

a) Purpose and Description: The course(s) will serve as a vehicle to introduce the student to the origins and development of Western Civilization; the performing arts and visual arts. The course(s) may concentrate on 1) civilization as seen through an interdisciplinary study of history, literature, philosophy, religion and art; 2) preparation for, attendance at, and evaluation of events in the performing arts and 3) the visual arts in an interdisciplinary study of the origins of Western culture.

b) Major Content Areas

Competencies: I. General Education

2. Humanities and Literature

3) Literature

- a) Purpose and Description: To provide the student with an opportunity to explore ways of life and living far beyond his immediate power to participate, and to provide the student with the chance to explore vicariously situations which are too dangerous, too fraught with consequences for him to explore fully in reality. The course(s) should explore the major forms of literature, the aims and process of literary study and the cultural and personal functions of literature.

b) Major Content Areas

Competencies: I. General Education

2. Humanities and Literature

4. Ecology

4) Logic or Math

- a) Purpose and Description: To provide the student with an organized approach to learning the skills of logical thinking, patterns and spatial relations. Any math, computer science, physics or logic course should provide adequate material for acquiring these skills.

b) Major Content Areas

Competencies: I. General Education

1. Communication

3. Pattern identification, Logical thinking and Spatial relationships.

5) General Biology

- a) Purpose and Description: To provide the student with concepts, procedures and perspectives appropriate to developing a basic

literacy in biology with emphasis on fundamental biological principles and their relation to world society. The course(s) should cover the structure and behavior of cells and their subunits, interactions of tissues, genetics, and the development, history and relations of organisms.

b) Major Content Areas

Competencies: I. General Education

3. Pattern identification, Logical thinking and Spatial relationships.

II. Human Growth and Development

1. Physical

III. Animal Growth and Development

1. Physical

6) Anatomy and Physiology

a) Purpose and Description: The course will serve as a basic introduction to the human body systems. The course(s) should be an integration of structure and function with particular emphasis on the skeletal, muscular and nervous systems of the body.

b) Major Content Areas

Competencies: II. Human Growth and Development

1. Physical

VII. Abnormal Behavior

2. Organic disorders

VIII. Therapeutic Process

6. Body mechanics

7) Soil and Our Environment

a) Purpose and Description: To serve as a means of acquiring adequate

knowledge of the interrelatedness of soil and environment. The course should cover the nature of soils and their relation to plant growth, water use and conservation, environmental quality, animal health and anthropology.

b) Major Content Areas:

Competencies: I. General Education

4. Ecology

VIII. Therapeutic Process

4. Activity Therapy

8) Plants, Man and the Environment

a) Purpose and Description: the course(s) will serve as a means of understanding man's relationship to plants and the environment.

The course should cover the relevance of plants to modern society on issues such as food production, environmental quality and factors which govern the distribution of plants.

b) Major Content Areas:

Competencies: I. General Education

4. Ecology

VIII. The Therapeutic Process

4. Activity Therapy

9) Nature and Man

a) Purpose and Description: The course(s) will serve as a means of exploring man and his natural environment. Chief emphasis is on identifying characteristic animal life in broad areas of nature and how man fits, misfits into these. Lectures, laboratory and field trips will illustrate this relationship.

b) Major Content Areas

Competencies: I. General Education

4. Ecology

5. Ethics

10) Human Growth and Development

a) Purpose and Description: A series of courses which provide the student with the basic knowledge of growth and developmental processes of the human being from the physical, social/psychological, intellectual and spiritual perspectives. The courses should cover theories and recent research in the above mentioned areas. There should also be an applied course in the series which deals with some of the problems which may arise or develop throughout the process of development.

b) Major Content Areas:

Competencies: II. Human Growth and Development

VI. Family

VII. Abnormal Behavior

11) Animal Behavior

a) Purpose and Description: To provide the student with methods of discerning the how's and why's of an animal's behavior. The course(s) should include description of the known behavior of the various vertebrate phyla with emphasis on behavioral patterns. Lectures, discussions, demonstrations and laboratory should include animal communications, reproduction, restraint, handling, housing and feeding habits.

b) Major Content Areas:

Competencies: IV. Animal Growth and Development

Production and Management

D7
III. Animal Perspectives

VIII. Therapeutic Process

5. Animal Therapy

12) Introduction to Principles of Animal Science

a) Purpose and Description: To serve as a basic introduction to livestock utilization and management. Adaptation, economics, production and management systems, selection, breeding, feeding, health, housing of beef and dairy cattle, swine, sheep and horse enterprises.

b) Major Content Areas:

Competencies: IV. Animal Growth and Development

Production and Management

III. Animal Perspectives

2. Uses

V. Organizational Skills

13) Animal Production

b) Major Content Areas:

I. General Education

1. Communication

III. Animal Perspectives

IV. Animal Growth and Development

Production and Management

V. Organizational Skills

14) Principles of Animal Development

a) Purpose and Description: To provide the student with the basic knowledge of the growth and development of animals, especially vertebrates. The course will develop the principles through modern experimental studies.

b) Major Content Areas:

IV. Animal Growth and Development

Production and Management

2. Physical

15) Introduction to Management

a) Purpose and Description: The course will serve as a basic introduction to the principles of management which can be applied to any field of study.

b) Major Content Areas:

Competencies: I. General Education

1. Communication

V. Organizational Skills

16) Human Communication

a) Purpose and Description: To provide the student with basic principles of communication. Course should present the process and functions of communication, principles underlying communication behavior and practice in analyzing communication situations and practice in speaking and writing.

b) Major Content Areas:

Competencies: I. General Education

1. Communication

17) Family and Individual Development

a) Purpose and Description: To provide the student with an overview of family development. The course should encompass predictable individual developmental changes over the life span including cognitive, moral, physical, psychological and social aspects.

b) Major Content Areas:

Competencies: I. General Education

1. Communication

II. Human Growth and Development

V. Organizational Skills

VI. Family

VII. Abnormal Behavior

VIII. Therapeutic Process

3. Intervention

18) Abnormal Development

a) Purpose and Description: To provide the student with an understanding of the nature of abnormal behavior and development and its social significance. The course(s) will include a description of symptoms and dynamics of psychological disorders; the neuroses and psychosomatic reactions, sociopathic behavior and character disorders, functional and somatogenic psychoses and some consideration of therapies and theories of prevention.

b) Major Content Areas:

Competencies: VII. Abnormal Development

VIII. The Therapeutic Process

IX. Comprehensive Health Care

X. Human Services

19) Disabling Conditions, a Comprehensive Health Care Approach

a) Purpose and Description: This course will draw on the knowledge base of the Process of Healing within a Comprehensive Health Care Approach. It will provide an overview of the chronic and transitional disabling conditions that a therapist would be called upon to work with. Students will be exposed to primary theories,

facts, knowledge and client care concepts which are drawn from the disciplines of psychology, sociology and anthropology. Definition of roles would be included in these conditions to clarify what the physician, nurse, therapist and technicians are each responsible for in working together to treat the disability. Further, the process of treatment could be given for each disability, and again, the clarification of what each professional's responsibility is in that process.

b) Major Content Areas:

Competencies: I. General Education
 1. Communication
 V. Organizational Skills
 VII. Abnormal Development
 VIII. The Therapeutic Process
 IX. Comprehensive Health Care
 X. Human Services
 1. Identification

20) Counseling and Psychotherapy

a) Purpose and Description: Detailed study of psychotherapeutic interviews aimed at developing skills as a psychotherapist. Therapeutic and assessment techniques, interview dynamics and psychotherapeutic movement will be studied and techniques for introducing therapeutic movement and processes.

b) Major Content Areas:

Competencies: I. General Education
 1. Communication
 VII. Abnormal Behavior

VIII. The Therapeutic Process

IX. Comprehensive Health Care

21) Introduction to Counseling Theory

a) Purpose and Description: Provide the students with basic knowledge of therapeutic process. Course will cover selected theories of counseling and counseling processes with emphasis given to students learning a systematic approach to counseling.

b) Major Content Areas:

Competencies: VIII. The Therapeutic Process

22) Human/Animal Bond

a) Purpose and Description: Students will be exposed to primary theories, facts and knowledge concerning the concept of a human/animal bond as it relates to human growth and development, life styles and ethics. This knowledge base will be drawn from the disciplines of psychology, sociology, anthropology, philosophy animal science, and zoology.

b) Major Content Areas:

Competencies: III. Animal Perspectives

VIII. The Therapeutic Process

5. Animal Therapy

23) Activity Therapy: A Comprehensive Approach

a) Purpose and Description: The course will serve as a basic introduction to activity therapy for third and fourth year therapy students. The course is intended to provide a knowledge base of all activity therapies for the future therapist. Students will be exposed to primary theories, facts knowledge and client care concepts relating to the activity therapy as they relate to a

primary therapy. The course is intended to serve as a foundation on which to expand and develop a specific activity therapy, for example, animal therapy and its role within a comprehensive approach to health care.

b) Major Content Areas:

Competencies: VIII. The Therapeutic Process

IX. Comprehensive Health Care

VII. Abnormal Behavior

24) Animal Therapy: A Comprehensive Health Care Approach

a) Purpose and Description: This course will build, in part, on the general knowledge base obtained in the previously mentioned courses. Students will be exposed to the primary theories, facts knowledge and client care processes as they specifically relate to the use of animals in therapy. The relationship between animal therapy and the traditional modalities of therapy will be explored and how one complements the other in the comprehensive approach to health care.

b) Major Content Areas:

Competencies: II. Human Growth and Development

VI. Family

VIII. The Therapeutic Process

IV. Animal Growth and Development

VII. Abnormal Behavior

IX. Comprehensive Health Care

III. Animal Perspectives

25) Animal Therapy Practicum

a) Purpose and Description: This course is a required practicum in

animal therapy for fourth year students. It will enable these students to integrate and apply their knowledge concerning the processes of therapy, specifically animal therapy, in relation to the various problems of the client, as acquired in previous courses. The program will emphasize therapeutic processes as it applies to specific disabilities.

b) Major Content Areas:

Competencies: III. Animal Perspectives

IV. Animal Production and Management

VIII. The Therapeutic Process

26) The Process of Healing Within a Comprehensive Health Care Approach

a) Purpose and Description: The course will serve as a basic introduction to the healing process within a comprehensive approach to health care. The course is intended to provide second and third year students with a knowledge base of the ordered processes involved in treatment, an overview of responsibilities of particular members of the health care team, a description of interactions between professionals and how communication can be best utilized to insure a comprehensive approach to treatment, a description of environment and attitudes that are conducive to treatment, both for the client and for the professional staff and a recognition of what the causes of the disorder were and what the client is returning to - to alert the professional to work toward more preventative health care and the need for supportive treatment beyond discharge from the hospital or treatment program.

b) Major Content Areas:

Competencies: I. General Education

1. Communication

V. Organizational Skills

IX. Comprehensive Health Care

X. Human Services

27) The Community and Its Health

a) Purpose and Description: To provide the student with a basic orientation to community health. The course(s) should offer a multidisciplinary examination of the nature of community health and health services delivery systems. The health system is considered in relation to an interacting field of elements: biological, environmental, individual lifestyle, and health care organizations. It should provide the student with integrated, holistic perspective from which to view the function, scope, and design of the health care services systems.

b) Major Content Areas:

Competencies: VIII. Therapeutic Process

3. Intervention

IX. Comprehensive Health Care

X. Human Services

28) Roles of the Helping Professions and Organizations in Community Services

a) Purpose and Description: To provide students with skills needed for 1) analysis of human and community needs and 2) evaluation of services to meet these needs. The course should include examination and review of existing and emerging resources to meet human and community needs; role of professionals and volunteers in providing such services, and the process of referral of individuals

to specific services which will meet their needs.

b) Major Content Areas:

- Competencies:
- I. General Education
 - 1. Communication
 - VIII. Therapeutic Process
 - 3. Intervention
 - IX. Comprehensive Health Care
 - X. Human Services

29) Management of Human Resources

- a) Purpose and Description: The course will serve as a means of acquiring skills in management functions, supervision and interdisciplinary team work in a comprehensive health care setting.

b) Major Content Areas:

- Competencies:
- I. General Education
 - 1. Communication
 - IX. Comprehensive Health Care
 - X. Human Services

30) Body Mechanics and Physical Rehabilitation

- a) Purpose and Description: This course would provide the student with the skills necessary to the development of the proper body mechanics of lifting and movement, both people and equipment. The physical rehabilitation aspect of the course would cover an overview of concerns and awarenesses the therapist should have about what their clients are working with or against, depending upon their specific disability, which should allow the therapist the ability to modify the activity for fullest participation by the

client. It should also provide the student with information which will allow him as therapist to set realistic goals and realistic evaluation of the extent of rehabilitation possible for the individual client.

b) Major Content Areas:

Competencies: VII. Abnormal Behavior

VIII. Therapeutic Process

6. Body Mechanics

31) Medical Terminology and Charting

a) Purpose and Description: The course will provide students with the skills necessary to interpret medical terminology and read medical charts. It should also cover systems of keeping charts, the purpose of charts and skills necessary to develop new systems of charting that will best record information necessary for comprehensive records on individual clients.

b) Major Content Areas

Competencies: VIII. Therapeutic Process

2. Charting

IX. Comprehensive Health Care

X. Human Services

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