



中華錫安傳道會
社會服務部



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資助

「重拾動力 —— 動物治療學師計劃」

動物治療經驗分享集及成效研究報告



合辦



研究推行

作者簡介

計劃顧問：

范德穎精神科專科醫生
香港動物治療基金會會長；家庭治療學院會員；
亞洲專業輔導協會（香港）註冊臨床督導

研究團隊：

羅致光博士
香港大學社會工作及社會行政學系副教授

黃蔚澄博士
香港大學社會工作及社會行政學系助理教授；
臨床心理學家

喻慧敏小姐
香港大學社會工作及社會行政學系高級研究助理

社工團隊：

伍恩豪先生
「重拾動力——動物治療學師計劃」督導；
中華錫安傳道會社會服務部總幹事

黎立顯先生
「重拾動力——動物治療學師計劃」負責人 / 社工；
服務協調主任（身處不利環境青年服務）

梁鳳兒女士
「重拾動力——動物治療學師計劃」社工；
服務協調主任（內部行政支援服務）

吳仲偉先生
「重拾動力——動物治療學師計劃」社工；
社會工作人員

周煥傑先生
「重拾動力——動物治療學師計劃」社工；
社會工作人員

梁皓雯小姐
「重拾動力——動物治療學師計劃」社工；
社會工作人員

鳴謝

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研究推行：



香港大學
社會工作及社會行政學系

合作夥伴：



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序言

本會慈雲山錫安青少年綜合服務中心由 1999 年起提供青少年就業培訓服務，2005 年更成立慈雲山錫安青少年綜合服務中心分處青少年就業培訓及創藝發展中心，成為全港首間一站式青少年就業培訓及輔導中心。

最初，本會提供青少年就業服務的焦點在於協助青少年過渡由學校到工作的種種預備與適應。其後，有特別就業困難的青少年引起本會社工的關注。特別就業困難的青少年，往往長時間不願尋找工作，極難獲聘，或重複失業。多年來，有不少家長要求我們服務其不願離開家門的隱蔽青年子女。

2008 年，我們試辦了寵物美容課程，協助有特別就業困難的青少年。我們發現了平日不開口說話、不喜歡接觸人的隱蔽青年，對著小狗時會展現出少見的笑容。他們慢慢地變得健談和投入起來。平日連自己都不照顧的青年人，竟然願意為小狗梳洗。我們總結了我們的發現：「有些隱蔽青年、社交退縮的青少年，怕人不怕狗！」

以此為基礎，我們設計了一個多元介入的計劃——「重拾動力——動物治療學師計劃」（「重拾動力」計劃），為年齡介乎 15-24 歲的「隱蔽」、「半隱蔽」及有精神健康問題的年青人提供一站式服務，包括動物治療、個人輔導、基本工作態度及能力訓練及其他支援服務。

我們很感謝「中銀香港暖心愛港計劃」的資助，「重拾動力」計劃得以在 2010 年 9 月正式展開，為期兩年。香港大學社會工作及社會行政學系替計劃進行成效研究，結果令人鼓舞。研究顯示服務使用者，在自尊感、社交焦慮、就業效能感的平均得分都有統計顯著性的正向增加。服務使用者的失業人數比率，由接收個案時的 84.6%，大幅減至後測時的 32.7%。

鑒於計劃成效理想，我們會延續此計劃。我們很感謝「傅德蔭基金有限公司」，資助由 2013 年 1 月 1 日起的延續計劃——「重拾動力——動物治療青年計劃」，計劃為期兩年。

「重拾動力」計劃得以成功推行，我們特別感謝計劃顧問范德穎醫生（香港動物治療基金會會長），由計劃一開始就帶領我們結合動物治療，靈活地、專業地輔導隱蔽青年。我要感謝我們的社工團隊，我們一起學習、一起服務青年人。我們幫助社會上隱蔽青年人從不孤單。我們十分感謝各合辦單位：香港動物治療基金會、亞洲動物基金、唐狗會、利民會及蘭桂坊扶輪社。沒有他們的協助，計劃根本不可能進行。

期望社會上更多人士關注及幫助隱蔽青年，引領他們走出精彩人生。

伍恩豪先生

中華錫安傳道會社會服務部總幹事

序言

我很高興能夠參與這個全球創先利用動物治療幫助隱蔽青年的計劃。本計劃無論在個案數量、持續時間、專業領域達到的深度和廣度、動物治療手段的集中度和多樣化、臨床的紀錄和評估，以致研究的部分都十分突出，在國際動物治療的發展上具有重大意義。

在過去兩年中我一直與所有參與計劃的社工緊密合作。由構思設想如何落實運用動物治療的理念、舉辦講座、記者招待會等宣傳推動，到引進了香港第一隻全職的治療犬「發發」，以及後期加入科研的部分去檢測「動物治療」的成效，我都親身參與。這是我繼十年服務動物福利慈善工作之後，進一步達成我在香港推動動物治療的願望。

每月我與中華錫安傳道會社會服務部總幹事伍恩豪先生 (Henry)、中心服務協調主任黎立顯先生 (Steven)、各位社工們（大部份之前沒有伴侶動物經驗）以及香港動物治療基金會（基金會）的義工們一起作個案討論和臨床督導，逐步從理論到實踐去策劃這個香港有史以來最具規模的動物治療計劃，再胼手胝足的去總結歸納心得和經驗，漸見開花結果，滿園香盈豐碩，怎能不心存感激？

國際上的動物治療研究極為有限，而涉及本計劃所涵蓋範圍的更絕無僅有。因此我們不得不勉為其難，在這裡把我們摸著石頭過河歷程的經驗和學習心得，總結為應用指引和技巧，希望能收拋磚引玉之效。當然這些總結不一定可以直接應用到其他的個案群組，但讀者若能同時參照研究報告的個案分析和科學研究結果，相信我們的實戰經驗及心得，未嘗不具參考價值。

各社工撰寫的動物治療個案報告都很有啟發性。不單展現了處理隱蔽個案的複雜性，更彰顯出治療師在進行全人干預的介入時，他們能否對導致個案社交退縮的潛在心理、社交、生理影響因素（精神疾病、身體及/或智力殘疾）作出準確深入的基本個案評估，以及能否創新和靈活地運用動物治療的重要性。所有或大或小的成就，實有賴各位團隊同工的堅毅和投入。

當然，彷彿「從天而降」從流浪犬變身成基金會治療犬的發發，也是我們治療團隊不可或缺的灵魂「動物」。

最後再次感謝 Henry 破格接納基金會提出讓發發入宿中心的建議——讓發發得以長駐中心，名正言順的當上了中心的犬大使 (Centre Dog)，打造了香港第一隻全職治療犬！這大膽的創舉為沒有動物經驗的社工提供實戰培訓的機會，使他們有機會認知及關顧動物，加速他們與發發建立正面互信的關係，進而變身治療師。正名「治療犬」後的發發有「身份」、有「地位」、有「粉絲」，吸引了許多青少年能全時間接觸發發，造就了負責照顧發發起居生活的實習崗位（中心休息發發返回基金會渡假）。正如研究報告指出，能一舉達成多項治療目標的常用手法就是安排案主參與照顧發發。我以為長駐中心的犬大使 Centre Dog 發發使計劃變得更靈活、積極和主動，這點可能才是計劃成功的關鍵。

范德穎精神科專科醫生

香港動物治療基金會會長

家庭治療學院會員

亞洲專業輔導協會（香港）註冊臨床督導

序言

當「肥仔」變成「發發」

我們經常會把人與人的相遇相知用「緣份」作解釋。甚麼叫緣份，或者每個人的定義都不盡相同，但感覺總會給自己一點線索，給我們一點「有緣」或「無緣」的界定。

我和肥仔首次相遇的畫面很簡單：一個下午，太太跟小兒散步，街角遇上該是剛被遺棄的他，太太跟小兒覺得他很可憐，然後便把他帶回家暫住，希望有街坊會領回他。就這樣，肥仔與我的一段關係便促成了。可是，當時剛巧家中愛犬離世不久，家人和我仍需要一點時間調適。與太太商議過後，還是決定為他找來義工和獸醫朋友作為「另一頭好住家」。然後，肥仔便離開了我們的家。善忘的我便沒有再問起他的去向。

肥仔因此成了我們家人中的一個回憶

過了一段時間，閒談間我也會跟家中三歲大的小兒談起這位過客：「你還記得肥仔吧？」小兒的回應總是——搖搖頭。與肥仔相處過的我們知道，小兒的搖頭動作並不代表他已經把肥仔忘記，只是，搖頭的舉止是肥仔的慣常動作。兒子搖搖頭的回應，是想跟我說，他不但記得肥仔，還記得他以前在家中的經典動作——搖搖頭。話說回來，其實我們從來都沒有正式給他一個名字，我們叫他做肥仔，只是因為兒子每次說他很肥的時候，他對那個「肥」字都會有點回應，於是我們猜想，他以前的名字應該叫肥仔！

從肥仔到發發

2011年，經同事喻小姐介紹之下，得悉有關中華錫安傳道會慈雲山錫安青少年綜合服務中心的「重拾動力」計劃，知道他們以動物作溝通橋樑，成功協助了一群在社會中失落了的青年——「隱蔽青年(隱青)」。研究青年自殺及心理的我，對「隱青」這課題十分感興趣，便冒昧到錫安青年中心參觀。

參觀時，中心成員向我介紹了他們其中的一位義工——「發發」。看見發發，我便不由自主地想起肥仔。當時，不論其外觀和動靜，發發都令我懷疑他就是當天那被遺棄的肥仔。於是，向太太的朋友義工詢問過後，我便知道原來緣份就是這麼微妙，今天擔上了狗義工的發發，便是當天的肥仔。

生命的微妙

這一場巧遇，除了因著那份人與動物的緣份而怦然心動，最重要的是：從被遺、然後給我們三口子的家庭帶來回憶、及至現在讓更多同樣「被遺忘」的年青人建立回憶、自信。每一步都像是經過巧妙的安排。發發雖沒有經過什麼專業的訓練，也沒有拿到什麼畢業證書，但以他的本性和經歷，成功讓一群原本不願與人接觸的年青人慢慢走出密閉的世界，重新抖擻，面向人群，重新融入社會。

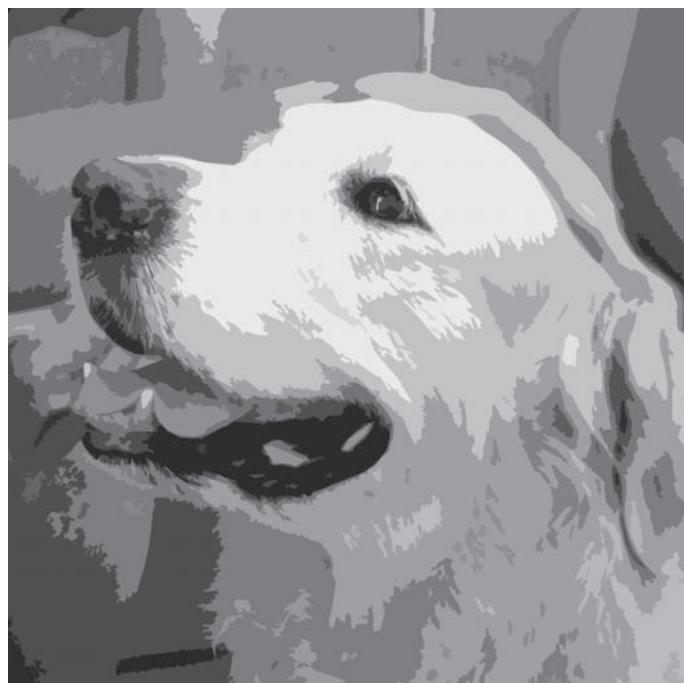
很高興我有幸能和肥仔結緣，亦很感激中華錫安傳道會的堅持及遠見，「重拾動力」計劃讓我親睹了一個完整以及令人鼓舞的故事，從被遺棄到被眾人所愛，從一文不值到建立價值、從需要幫助到伸手助人，我相信「發發」的故事會在小小的一角鼓勵着我們。

黃蔚澄博士

D.Psyc.(Clinical), Reg.Clin.Psyc., AFHKPsS, MAPS
香港大學社會工作及社會行政學系 助理教授

「重拾動力 — 動物治療學師計劃」

動物治療經驗分享集



「重拾動力 — 動物治療學師計劃」

簡介



計劃簡介：

本機構自 2000 年起已為協助青少年解決失業問題而開辦不同種類之就業服務，本中心得到「中銀香港暖愛港計劃」資助進行「重拾動力 — 動物治療學師計劃」。

計劃目的：

- 為欠缺人際溝通技巧或心理有困擾的青少年提供跨專業的心理健康支援、輔導和動物治療，讓他們重拾自信與人交往，建立自我人生意義。
- 向有特別就業困難的青少年提供一站式復康性質的職業訓練讓他們掌握基本工作態度和能力。

服務對象：

15-24 歲隱蔽或半隱蔽的青少年，包括：

- 人際關係溝通困難或 / 及心理困擾青少年
- 特別就業困難的青少年

服務日期： 9/2010-11/2012

服務內容：

◎ 報名查詢熱線

提供基本「半隱蔽」青年問題及相關精神健康詢問，轉介恰當服務，避免問題惡化。

◎ 個案輔導

由社工與青少年訂定目標，採用靈活形式處理個人心理健康和人際相處問題。

◎ 臨床心理評估與治療

為疑似有心理健康問題青少年提供評估，並為精神困擾的青少年提供輔導。

◎ 動物治療

動物治療透過三個模式進行，為青少年提供不同場合與動物互動的機會，讓他們選擇參與動物治療的形式：

- 計劃中的重要夥伴亞洲動物基金、唐狗會定期招募狗主、狗大使到訪中心作親善探訪，與青少年交流互動
- 中心更飼養了治療犬，讓社工可以隨時借助動物作媒介，與青少年進行輔導，協助他們理解並處理個人的問題
- 社工帶同治療犬發發家訪個案

◎ 動物護理及寵物美容訓練

將青少年的興趣轉化成為職業訓練內容，透過動物護理及美容和其配套的工作態度訓練，令青少年「未學做工，先學做人」。

◎ 人際溝通支援小組

小組透過互相支持和激勵，參考而不盲從社會價值標準衡量自己，提點參加者發掘自己的人生優缺點，為自己定下有意義的人生目標。

◎ 動物護理及寵物美容實習

向青少年提供動物護理、寵物美容及一般工作實習機會，讓他們經驗服務別人的喜悅和工作的責任，建立自我人生意義。



治療犬發發

治療犬發發是一隻八哥犬，今年五歲，自 2011 年 2 月開始長駐中心（中心休息發發返回基金會渡假），與計劃的青少年接觸。若情況適合，社工也會帶同發發一同家訪未能外出的隱蔽青少年。發發之前也是被主人遺棄的家犬，經香港動物治療基金會收養及借給中心作為計劃的治療犬，由流浪犬到治療犬，發發的經歷激勵著不少的青少年。



動物治療介入指引與技巧

范德穎精神科專科醫生

香港動物治療基金會會長；家庭治療學院會員；
亞洲專業輔導協會（香港）註冊臨床督導



動物治療的必要組件

首先，我們來檢視「重拾動力」計劃之所以被確認為一個動物治療 (Animal-Assisted Therapy) 的幾個必要組件：

1. 參與此計劃的治療師均是**註冊社工**，他們都有處理隱蔽青年的訓練和經驗；動物治療由一位對伴侶動物及動物福利有深厚認識、對推動動物治療有心有力的資深**精神科醫生**參與計劃及定期的督導。他亦是家庭治療學院會員及專業輔導的註冊臨床督導，能全方位督導治療師有關隱蔽青年精神健康、心理及家庭問題的困難。計劃尚包括**臨床心理學家**的諮詢及評估服務。
2. 此計劃特別針對**隱蔽青年組群**。根據過往對隱蔽青年個案臨床觀察和評估，鎖定了缺乏自信心、不善與人溝通接觸、畏縮以致隱蔽之行為等心理特徵。參照文獻中的動物治療元素都恰好能符合這群組的心理輔導需要。
3. 計劃引進給予個案在不同的場合與動物互動的機會，讓個案選擇參與**不同形式的動物治療**：包括接觸及照顧長駐中心的治療犬發發、參與寵物美容課程及其他動物輔助活動等。而動物在治療師與隱蔽青年個案的關係建立，針對其心理特徵及困難加以輔導和治療的過程中亦扮演重要的角色。正如科研結果所顯示，參與動物治療能大大提高治療的成效（1.5 至 2.4 倍），而且接近四分一的計劃參加者都是為了動物治療項目而來的。
4. 治療師須考慮案主對動物的態度和經驗，就其心理及家庭狀況為每個個案度身訂立**特定的介入策略和具體的治療目標**：例如幫助個案重拾自尊、培養面對和解決問題的信心、反省人際關係的障礙、增強社交互動的技巧、對升學 / 公開就業 / 職業培訓的積極性、重建個人及家庭的力量等。
5. 計劃會對青少年參與動物治療前後的治療成果作出評估。在介入過程亦會對案主的精神、心理、情緒行為、人際關係、升學、就業培訓等各方面作定期的**評估及紀錄**。大部分個案都會被邀請參與一個**科研計劃**，以檢測動物治療的有效性和相關因素。

可見本計劃已具備所有動物治療的必要組件，不限於動物輔助活動，符合作為日後其他服務參考與研究的動物治療計劃。

介入形式和技巧

「重拾動力」計劃應用的基本介入理念和技巧，與其他針對隱蔽青年的心理介入沒有分別。因為它也同樣是基於一個「**多元互動**」的模式去理解導致年青人個案選擇從現實生活退縮隱蔽的潛在心理、社交、生理影響因素，先作出準確深入的個案評估，並通過相同的階段：接觸到建立關係→評估→形成假設→目標設定→規劃和實施不同的干預措施（包括轉介到其他專科服務）→督導→檢討→個案終結。

可是，如何把動物治療這個獨有的元素運用在個案上，文獻沒有相關的計劃作參考。而且，執行過程中亦必須考慮許多客觀條件的限制，因此要在動物治療的基礎理論上逐步摸索前進，才能通過實踐，發展本計劃的細節。有幸後期又得到香港大學社會工作及社會行政學系為動物治療加入了科研的部分，俾能提供客觀獨立的評估和分析。其中量化的研究數據確認本計劃的成效是科學客觀和具備參考價值；質化的研究結果與我們實踐出來的構想的介入原則、理念、手法和預期亦大致吻合。

以下將介紹我們團隊經過兩年的臨床摸索總結出來其中動物治療的**治療元素**、**應用指引**、**介入技巧**，以及數則**案例解說**以供參考討論。

A. 動物治療中的治療元素

除了過去動物治療文獻中論述的治療元素，這次計劃的個案分享中亦可觀察到另一些有影響力的新元素，可以在將來推行動物治療計劃中作為參考：

1. 作為個案與治療師 / 陌生人 / 同儕 / 家庭等產生社交互動的催化劑
2. 作為人際交往溝通和建立依附關係的教材 —— 學習同理心 / 溝通互信互助
3. 激發人們內心愛護培育幼兒的天性 —— 個案成為治療動物的照顧者
4. 視為生活陪伴 —— 感到彼此可互相支持和共同面對 / 傾訴心聲 / 減少孤獨無助感
5. 能給予個案無條件正向的關懷 —— 產生正能量 / 積極情緒和生趣 / 減少抑鬱情緒
6. 能給予個案恆常非批判性的接納 —— 提高自尊心 / 減低社交焦慮和隱蔽心理
7. 產生安全感及鎮定效果 —— 動物可轉移壓力 / 舒緩緊張及平復情緒
8. 能給予個案身體接觸 —— 產生親密和溫馨的感覺
9. 能給予個案掌控感和自我價值感 —— 減少無力感 / 肯定自我及能面對挑戰
10. 能與個案產生互動與連繫 —— 產生被需要和被關心的感覺 / 培養責任感
11. 能為個案重新建構家庭的概念 —— 將動物視為家人 / 反思家庭價值
12. 能給予個案重新參與生活、工作、學習和社交的動力 —— 重拾希望及面對現實

B. 動物治療應用指引

1. 動物治療只應視為一種治療手段，而不是目的
2. 動物治療不是對單一個案的所有問題、或在單一診斷的個案群組中所有個案之靈丹妙藥
3. 動物治療一般被視為特定的個案群組作為輔助性治療，只作為綜合治療許多方法中之一項選擇，毋須應用於每一個個案當中
4. 動物治療不排斥其他治療方法，一般可兼容社工之個案處理、輔導、精神科藥物治療，臨床心理學家之心理評估和治療，以及其他在職培訓和家庭治療工作等
5. 動物治療在推行之前，必須充份考慮個案對動物的態度、接觸動物的經驗和參與的意圖
6. 動物治療只應用於經過詳細綜合評估及討論後認為合適的個案，才會以適當的方式進行。治療師或督導者可以考慮各種利害因素作出修正或終止
7. 動物治療須個案自願接受下才可進行。個案在治療過程中有權隨時終止治療
8. 動物治療應採用人與動物互動的方式，而不是僅僅視接觸動物作為獎勵或懲罰





9. 動物治療運用不當可能有害及危險，因此進行前要為所有個案作風險評估
10. 動物治療不得妄顧動物權益，無論何時必須在個案利益和動物福利之間取得合理平衡
11. 動物治療須以靈活和驗證的方式套用在不同情況以針對個別個案需要，而不是硬性因循固定細節
12. 動物治療開始之前應作基線評估，過程中要有清晰紀錄，持續監察和定期評估的機制
13. 動物治療須為每個個案訂下具體及量化的治療目標，過程中要有清晰之紀錄。可能情況下亦應訂定治療結果之參數
14. 動物治療必須揀選適當的治療動物進行，而治療的形式、次數、接觸時間和支援等均須尋求有相關經驗的專家參與設計

C. 動物治療介入技巧

為方便討論，現將其特殊技術和問題分為四個類別討論。但事實上，這幾個類別間存在互動性，實踐中不易獨立撕裂。故此最終仍應以個案特質及整體狀況作綜合考慮：

1. 計劃安排方面

- a. 動物治療必須是整個介入計劃的一個明確的組成部分，藉以爭取從所有來源轉介目標個案，促使個案在充份知情的情況下參與計劃
- b. 整個介入計劃要有充份的宣傳和推廣，藉加強透明度、加強社會大眾對有關計劃的認識、認同、接納和配合
- c. 可透過加入動物治療的必要組成部分（專業治療人士、治療對象、動物治療手法、明確治療目標、評估及紀錄有機制）把其他現有的動物輔助活動轉化成動物治療
- d. 計劃亦可利用不同形式的動物輔助活動或其他相關活動（如寵物美容，動物探訪、專題研討等），儘量提高個案對動物主題的興趣以及和動物互動的機會
- e. 整個介入計劃的持續時間應該配合目標個案及治療目標的一般進度，以及動物治療的療程
- f. 整個介入計劃須同時提供動物治療以外的介入措施以供不合適或不願意參與和中途退出的個案有所選擇
- g. 動物治療及整個介入計劃需要整個機構不同層面的參與和支持，因此啟動之前必須有足夠的諮詢和商議
- h. 計劃必須考慮是否需要邀請合適的合作夥伴或顧問，包括：轉介個案的機構、為目標個案提供各項非動物治療跟進及其他治療的專業服務、提供動物治療的訓練和督導、提供治療動物或動物輔助活動之機構、提供動物福利知識及意見、科研學術機構等

2. 個案處理方面

- a. 動物治療應以個案為中心，以個案的福利為第一優先考慮，尊重自主權，為個案給力而不是以權威脅迫
- b. 無論任何時候都對個案採取積極和支持的態度，示範正面樂觀的態度
- c. 動物治療應有明確的計劃章程及治療目標，並容許個案可在任何時間參與或退出
- d. 評估隱蔽青年常見的心理問題（包括缺乏自信——恐懼社交互動、害怕失敗的、迴避行為和態度；缺乏自信和社交技巧差；慣性利用空想逃避挑戰）及擬定介入手段及目標
- e. 透徹了解個案以及與所有相關的社會和心理因素；要靈活的作假設，擬定介入策略
- f. 進度需按個別情況釐訂，活用系統脫敏法循序漸進強化及延伸正向行為及態度
- g. 探索個案及其家庭過往任何與動物有關的經歷，態度、情感和意義
- h. 須考慮個案過往對待動物的態度和經驗後鼓勵個案自願參與動物治療
- i. 利用動物 / 治療犬接觸個案，提供話題、減輕壓力和抗拒
- j. 觀察及啟導個案在「與動物互動」和「人際關係」兩種情境表現的異同
- k. 以個案與動物的關係進而鼓勵他們反思與他人相處的困難和解決問題
- l. 以個案與動物的關係去鼓勵個案改變、啟動他們的自信、同理心和責任感
- m. 靈活利用動物 / 治療犬的角度和反應去輔導個案，可減低抗拒和提高領悟
- n. 鼓勵其他家庭成員參與計劃，強化和改善親子關係和溝通

3. 治療師方面

- a. 治療師扮演一個不離不棄的同行者角色，以各種方法鼓勵及支援個案重投社會
- b. 治療師態度要真誠——不作虛假的讚賞、不要作出無法實現的承諾
- c. 治療師須承擔對個案提供持續關顧和適切跟進的責任
- d. 所有治療師均需具備為隱蔽青年提供專業社工服務的足夠訓練、能力、經驗；以及在其社工服務領域有足夠的監督
- e. 計劃開展前先透過講座、工作坊、探訪及個案討論等形式接受基本動物治療的訓練





- f. 治療師須考慮本身過往對待動物的態度和經驗後自願參與動物治療
- g. 治療師計劃前及過程中須先與治療動物建立正面態度和關係
- h. 在動物治療方面亦需透過有相關經驗的團隊作即時支援，及透過定期個案討論獲得足夠的專業監督
- i. 治療師要將本身的專業經驗和技能（例如：認知行為治療、支援輔導、家庭工作、社交技巧訓練、人際交往訓練、互動小組、戲劇治療等）與動物治療在「評估」、「假設」、「訂立目標」和「介入」的各個階段靈活結合起來施行
- j. 治療師須與個案其他不同專業治療師（包括醫生、護士、心理學家、職業治療師、社工、輔導員等）聯繫溝通，分工合作
- k. 與其他相關動物工作者及組織—寵物美容師、訓犬師、動物福利機構、獸醫診所—緊密合作，以發揮動物的治療效果同時兼顧動物福利
- l. 適時的轉介其他專業服務（如臨床心理學、精神健康服務等）和保持溝通渠道暢達

4. 治療動物方面

- a. 計劃必須全面關注動物 / 治療動物的福利，其中包括關顧其生理及情緒上的需要：如飲食、健康狀況、疲勞、緊張和焦慮等
- b. 計劃應儘可能提供不同種類及多過一隻的治療動物以供選擇
- c. 需根據動物特性、健康及壽命，為計劃不同群組搭配合適的動物，亦必須考慮治療師、個案及公眾的接受性；配對與個案群組有相似障礙或背景的治疗動物可能會產生較強治療效益
- d. 治療動物可能需要經過篩選和配對，甚至在進行計劃前接受適當的訓練（包括一般的服從訓練以及配合個案的需要的特定訓練）
- e. 治療動物篩選的要求可能與動物輔助活動的要求不同；並儘可能掌握治療動物的背景和來源、被虐或疏忽照顧的歷史
- f. 治療動物必須絕育：以體現動物權益之基本立場及負責任主人確保動物身心健康之理念。儘可能選擇使用獲救或領養動物作為治療動物，以鼓勵領養和關注被遺棄動物
- g. 不建議選用購買和繁殖而來之純種血統動物作治療動物，以避免產生動物明星效應，鼓吹商業買賣和唯利是圖的不人道繁殖，以堅守防範動物受虐被棄的宗旨
- h. 治療動物需要根據各項相關的法律要求領取牌照晶片植入、接種疫苗、瘋犬病等
- i. 治療動物需要定期接受獸醫檢查和進行治療，以確保健康適合作動物治療

- j. 每次進行動物治療前後必須由熟悉治療動物的治療師觀察其情緒行為及評估風險
- k. 計劃需要同時引入或由非政府動物福利組織協助進行動物福利教育：成為負責任的寵物主人，流浪動物政策，動物福利原則等
- l. 計劃除安排治療動物外，亦可應用其他動物輔助活動、寵物美容、動物福利活動、個案家居飼養動物或社區動物進行動物治療，增加接觸動物的機會
- m. 安排治療動物長駐中心在果效上更有優勢，能有足夠相處互動的時間和空間，製造更多樣化的情景發展關係，接受觀察及進行輔導。同時能為個案製造更多培訓、就業和輪值護理、生活照顧等機會
- n. 可利用圖表、指示卡制定明確、連貫的指引，讓個案能對治療動物的行為和情緒的變化有更清晰的了解，以推動更多互動接觸
- o. 必須為治療動物訂立日常生活的規劃和程序，俾能安排個案參與，從而增加責任感及成就感
- p. 利用治療動物的正面性格特質（溫暖、外向的、可靠的和一致的）作誘導；亦可利用治療動物的負面性格特質（敏感、膽小、怕陌生）作為個案的輔導及挑戰，誘導同理心
- q. 必須注意治療動物與個案互動過程中的情緒行為反應，作為個案的輔導材料
- r. 可安排治療動物和個案一同經歷蛻變或挑戰的過程，鼓勵個案視治療動物為同行者





D. 動物治療輔導技巧解說

各位治療師已在本報告的個案分享環節裡報告了他們如何在個案輔導中靈活發揮動物治療的效益，譬如如何利用案主對動物的喜好作為接觸點；如何利用照顧治療犬發發的起居飲食需要作為中心實習的工作，繼而培養個案的責任感、自信心和成就感等。

我在這裡再選取了幾個案例在輔導技巧方面作較深入的補充和解說。

1. 輔導案例解說一

案主面談當日因與男友鬧翻而情緒不穩，故沒有參加寵物美容班，但到中心找社工傾訴。社工如何運用動物治療的記錄如下：

面談內容：

事件	如何運用動物治療
案主剛來到中心時，心情較為低落，對在場認識的學員不瞅不睬	工作人員見案主心情較差，所以先安排案主到獨立的房間，讓她先休息一會，然後帶發發到房間陪伴案主，案主雖沒有平日見到發發時雀躍的表現，但也望著發發，輕輕替發發掃背
案主主動說出：「如果男友好似發發咁，喺我唔開心時陪下我就好啦！」	工作人員便以發發為對象，問案主：「你現在覺得發發可以怎樣陪你」。案主回應：「我只想男友坐在我身旁」，工作人員之後鼓勵案主一同坐在地上，讓發發可以靠近案主，而發發也合作地坐在她身旁
當案主的心情稍為好一點後，案主向工作人員分享現時與男友的情況，案主表示困擾，不知道應如何相處	過程中，發發也陪伴在側。而案主一邊說出自己的情況，一邊仍跟發發有眼神接觸及繼續摸牠的背
工作人員嘗試澄清案主現時對事情的看法時，工作人員以發發為中心，嘗試要案主從發發角度去看事情，從而讓案主明白人與人之間的相處應持甚麼態度	「如果你係發發，你期望人地係點對你？」 「如果你係發發，你覺得人地點對你先算係好？」案主初時不能以發發的角度回答問題，所以我們也從發發最基本的生活條件開始討論，繼而再鼓勵案主明白到，一個人總不能完全代入另一人的角色，也需要時間、觀察及體諒，就如人與人相處一樣
工作人員邀請案主一同帶發發出去散步	過程中，案主見到發發可以外出而開心時，她自己也感到開心，心情似乎也開懷一點

解說：

- 案主雖然沒參加中心活動，但仍主動找社工求助，證明社工與案主已成功建立信賴之伙伴關係。
- 案主到達中心時情緒低落，不願意與人說話。社工首先利用治療犬發發與她獨處，以動物產生的安全感及鎮定效果來冷卻案主的情緒。
- 在社工巧妙安排下案主觀察及啟導了她「與發發互動」和「與男友相處」兩種情境表現的異同。
- 社工又利用發發「化身」成為案主男友，暫代入男友的角色，使案主可以平息激動情緒，繼而冷靜的探討與男友之間相處上的困難。
- 社工靈活透過發發的觀點角度去輔導案主談論她與男友的關係，一方消除她的抗拒感，同時使她較易作出客觀全面的了解。

- f. 發發能夠提供給予案主感覺親密和撫慰的身體接觸。（這正是動物治療獨到之處！）這些令案主能從與發發的互動與連繫中產生被需要和被關心的感覺，從而反思與她男友相處關係。
- g. 社工利用發發的正面性格特質（親近他人和願意守候的優點）作為個案輔導的起點，給予案主一個非語言的暗示，令她感到男友也可以這樣陪著她，燃起與男友改善關係的希望。
- h. 社工再次利用奇蹟問句 (magical questions) 透過想象發發的觀點和想法去輔導案主談論她與男友的關係，期望能啟動她的同理心，想像他人的感受。
- i. 譬如案主未能掌握如何代入發發的觀點，可藉此引導她體會男友未必能常常理解她的感受，每件事都令她滿意。（這一點以後亦可引用令她反思經常疑心他人在她背後談論她的衣著和外表的感覺，學習處理精神病的徵狀。）
- j. 社工進而鼓勵她學習與他人相處多些耐性、觀察和體諒。
- k. 最後社工又以發發喜歡出外散步而製造一個案主可以令他人開心的示範，作為輔導結束的一個正向行為。再次暗示發發和案主一同經歷蛻變或挑戰的過程，鼓勵個案視發發為同行者，為日後的治療工作鋪路。

2. 輔導案例解說二

案主是一個因患上思覺失調而需要輟學的學生。可是他卻因為不甘心放棄而不能面對現實，考慮其他的出路，在退縮隱蔽消沉和盲目掙扎後反覆挫敗的兩端中來回。社工把握了治療犬發發的一個壞習慣 / 行為問題來輔導他：

面談內容：

- a. 案主這陣子又因期望自己再次回到校園、正規地上課而感困惱。案主對自己期望過高，期望現實中不存在的完美；當自己達不到期望時會感沮喪、自我否定，繼而逃避、隱蔽；當醒悟到自己在浪費時間時，又會出外走走，與社會連繫。只是，每當案主想到學業、回到校園時，又會再一次發現自己追不上進度，循環又會重覆地出現。
- b. 面談時，發發正對牠的新玩具（一個波）發狂。工作人員以此現象形容案主對學業的抓狂，案主也表示很相似。接著，工作人員叫案主協助將波收起，當我們將波收起，發發便冷靜下來。工作人員以此作比喻，將「重返校園」比喻為「波」，勸喻案主在這「波」出現時，將它收起，並轉移想法到技能訓練之上。
- c. 工作人員陪同案主帶發發出外，發發在草叢邊探索要小便時，案主以為牠亂吃東西而硬拉牠離開。工作人員以此比喻案主與人相處的情景，教導案主要顧及別人的感受、了解別人的需要，好像當他不認識發發，不了解牠要小便時的表現時，便會誤以為牠是想找東西吃一樣。工作人員希望以此教導在人際相處常碰壁的案主，對朋友作任何行為時，要多思考別人的感受。

解說：

- a. 首先社工利用治療動物發發作為提供話題以減輕案主的壓力和抗拒；
- b. 先令案主觀察及接納發發和「案主」在對比某種情境下行為表現的相同之處；
- c. 這裡社工利用了治療動物發發的負面行為特質（對球發狂）作為個案的輔導材料；
- d. 與案主討論如何處理治療動物的行為問題進而鼓勵他反思自己應如何面對現實的困難和解決問題—接受發發的行為問題—一時間改不了，祇有控制環境以免重蹈覆轍。
- e. 治療動物和案主經歷相近的挑戰，鼓勵個案視治療動物為同行者。因此案主亦不得不接受他也要暫時收起返校讀書這個「令人發狂」的球了。
- f. 社工再透過討論發發的觀點角度去輔導案主理解與他人相處的關係，期望能啟動他的同理心，想像他人的感受。
- g. 利用案主誤會發發亂吃東西阻止而引起衝突的契機作為個案的輔導材料，明白人與人之間也會發生誤會和矛盾。從而啟發他的同理心，改進他人際關係。



3. 輔導案例解說三

社工已跟案主建立關係，上一次家訪亦已成功利用發發邀請聽覺有障礙的案主一同下樓放狗大小便。

面談內容：

- a. 當日社工致電表示帶狗家訪，乘公車冒雨到達後，引領發發從狗袋中走出來，牠一貫合作地坐在廳中乘涼，牠夾著我與案主成「L」形方便傾談。
- b. 案主見牠臉有一絲笑容，亦蹲下來掃他背，社工亦教他放膽拍牠的頭及掃牠的下頸示意友好，他亦肯做。社工為發發代言：「看！發發都記得你，所以比你摸。這是牠對人友好的方式。」從案主的身體反應可見他接受「我們」的出現和如此表達。他都有斷續的摸發發。因案主較肥，俯身久了亦會起身小休。
- c. 社工見案主有更多自然動作，亦配合更多活動，包括 a) 在他聽不清楚我說話時，走向他較好的耳邊重覆說話；b) 引導他蹲地摸發發但礙於其肚大不成功；c) 指令發發躺下露出肚，教案主掃其肚，顯示狗狗感到環境安全才會有此行為，亦藉此反映對案主的信任。案主都有掃其肚。
- d. 社工在對他耳邊重覆說話時，案主有一次回答他是喜歡狗。而他亦表達這次在家比上次在中心時更能自在地摸發發，相信家裡是他的安全地帶，社工亦鼓勵他多外出。
- e. 此時社工自覺可能說話太多，看到案主都斷續的摸發發，似是窺探式的。故社工決定不多說，試用非引導式的回應方式反映案主的行為和感受，又感受一下那種交流。但為時很短。
- f. 社工走前著案主給水發發飲及一起下樓放狗大小便，教他了解狗之行為，社工嘗試叫案主替發發執糞，但不成功。

解說：

- a. 首先社工利用帶治療動物發發家訪作為建立關係的工具，因案主說喜歡狗但沒法飼養。
- b. 利用動物 / 治療犬接觸個案，提供話題、減輕壓力和抗拒；
- c. 利用發發作為共治療師 (co-therapist)，一邊模擬發發說話表達牠的感受，一邊又藉此向與案主討論敏感問題，以減低其抗拒。
- d. 以鼓勵案主學習與發發溝通和接觸去鼓勵個案改變和啟動他的自信心；
- e. 社工利用發發的角度和反應去鼓勵案主，指出發發的表情是對案主的接納。
- f. 社工利用發發接受撫摸的表現帶出發發和「案主」在家中感到較安全的共同之處，把案主隱蔽行為轉化學成可理解的現象，進一步消除對社工的抗拒；
- g. 以循序漸進的形式鼓勵案主撫摸發發，從發發對案主的信任推展到案主與動物的關係，進而鼓勵他反思與他人相處的困難和解決問題；
- h. 最後又藉發發的生理需要很自然地強化了案主接受要求配合外出的行動。



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動物治療個案分享

出走安舒區

黎立顯先生



背景

阿富(化名)母親來電求助，表示其 21 歲兒子自 16 歲中三輟學便隱蔽在家五年，喜歡「角色扮演」(Cosplay) 和網上打機，不重視梳洗及換衫，最長可一個月不出街，他稱會在網上化名女仔，以取得別人關心。母親已無法改變這些情況，於是來電求助。

阿富的家庭關係複雜，其父母已離婚，母親患憂鬱症後一直搬回娘家住，父親已再婚及有兩名子女，但他是個案之法定撫養人，在個案未能被繼母接納而生母又無力照顧下，他被安排與嫲嫲共住公屋，卻又與嫲嫲因生活習慣和互相期望不同而常起衝突。

阿富無目標只喜歡打機，嫲嫲責怪他游手好閒及深夜打機嘈吵，雙方關係惡劣，嫲嫲更表明想他搬走。父親就抽離地盡量少接觸個案及前妻，母親則常被嫲嫲投訴卻又無可奈何。

問題

阿富原來一直沒有尋找任何協助，初中時轉校兩次及有曠課情況，自中三後修讀過保安及飽餅課程，在母親提點下曾任職個多月的保安。他大部份時間也是打機，家中各管教者沒有輔助他建立人生，而他也不自覺有此需要。他在成長的時間缺少導引，可說是在一個沒有寄託和保護的環境下過渡其青少年期。

另外，他缺乏一般人常有的支援系統。朋友系統上，阿富只有網上朋友，大家只是偶爾「網聚」，見面時亦只是片語數句或談網上遊戲，未能改善他的社交技能和解決他生活上的困難。工作系統上，他是失學、失業，而且沒有技術，財政上需依靠家人，在家食住以節省支出，間中在網上轉賣武器以賺取金錢。

阿富在自我期望和自我身份認同上極少。因他長期生活的空間和時間均集中在家，不用接觸別人，故他不需理會外界的要求，形成自我世界，他早、午、晚顛倒，變成「晚上活動，日光睡覺」，他亦可選擇幾天才沖涼或刷牙，生活常規對他來說變成沒有意義。亦由於他很多時間也是網上打機，需要的溝通、感應技能、思考智慧均很狹窄，也令他的態度行徑比同齡的較膚淺。

阿富因著生活和本身條件的限制，慢慢發展出一套以自己為中心的生活方式，以應付自己的缺乏(無外界的支援、無資源、無社會角色、缺乏技巧和技能等)，亦減低內心的不安，形成一種習慣。

介入焦點及進展

雖然阿富在這困境中，社工也抱著「不放棄」的態度嘗試尋找其強處和出路。社工在家訪中除了要接受嫲嫲的不斷訴苦，亦從他喜歡的電腦入手對話，在言語間表達關心訊息，原來他也接受別人找他。及後，阿富願意定期與社工接觸，他亦表示知道處身於一個艱苦的生活，有動機改變，嫲嫲及父親也看到他有心與陌生人相處，對他也起了信心，亦接受社工的提議，多給一點忍耐，剛好此時他接受母親勸導做了三天的保安替假，嫲嫲對他的態度也轉好。



社工以此契機介紹「重拾動力」計劃其他的活動給他，包括實習和寵物美容。原來阿富及母親從前有養狗，對狗有感情。社工循著他的步伐增加他與外間的接觸。在寵物美容班時，社工讓導師明白，容許他以嘗試與人和狗接觸為主要的目標，以學習寵物美容技術為次要目標。嘗試過後，阿富才正式地參與一連四天的寵物美容班。同時，他亦參加本中心之展翅計劃課程。社工一直向其家人反映他的改變，藉此增加溝通的機會。

學會了基本的寵物美容技巧後，激起阿富與班內另一同學報讀外間的寵物美容證書課程，課程的費用更得到嫻嫻的資助。在等候開課的期間，他參加了中心實習。實習期間，阿富也有負責照顧中心治療犬發發的工作。阿富表現雖有缺失，如發惡或不願上班，但總體也能完成實習。實習讓阿富能賺取實習津貼、生活有了秩序、減少打機的時間，更重要是得到家人的支持。

因阿富與母親均喜歡狗，社工在與他及母親面談時亦會帶同發發參與，邀請他們談及狗的話題，以增加面談時輕鬆的氣氛。此方式似乎相當受用，阿富和母親感覺也相當良好。他倆更接受社工進一步的邀請出席每月一次的治療犬小組，一同享受親子樂。

後期轉變

阿富自行完成十堂的寵物美容證書課程後，做過幾天的寵物屋兼職。最後雖因表現不佳而被辭退，但亦增加了對自己的認識，他認識到自己對做寵物行業的興趣不足，暫時較適合做兼職，希望有約四千元左右的收入。生活規律方面，他已遷就嫻嫻在晚上打機時將光線較暗及聲浪較低，亦提早關機，此等行為獲得嫻嫻讚賞。母親一直希望能與個案同住，現已與子共同申請恩恤遷戶，剛獲批准。工作方面，阿富亦被母親要求下任職全職保安，等待轉職機會。

阿富參與了計劃內的其他活動，對戶外的群體活動尤其雀躍。阿富亦十分願意與社工面談，甚至願意代表計劃向有關人士分享其轉變。以下是他在一次活動後的親筆感想節錄：

「這幾個活動令我非常開心，令我認識到好多人、新朋友，認識到香港有好多地方可以去，這個活動令我同人多一點談話，雖然一開始有點戒心，跟一些陌生人傾，但他們主動地跟我們傾，個人感覺他們很好，可以交個朋友，或一個談天的朋友。」

工作人員反省

社工就阿富的個案採用了動物治療進行介入，再配合計劃內的其他項目及外在資源，依據其個別情況進行度身定做的治療方法。

動物在治療中起了以下作用：

1. 增強社工與阿富的關係

社工與阿富要有合作和互信的關係，才能有效達到協議的目標。在建立和維繫關係的過程中，狗隻有其角色—增廣和加深了社工對阿富的認識。當阿富透露對狗的認識時，不免會說及小時的家庭情況，此側面地協助社工了解其過去。而他在與不同的狗玩耍也增加了他生活的興趣，讓他的生活有所寄託，更願意與社工見面。

2. 增加阿富訓練社交技巧的機會

阿富回歸社會的過程中，狗隻充當一種中介角色。在行為和態度上，阿富都是不善於與人溝通，外間的人不會像社工般主動地接觸他、體諒他；但在計劃的寵物美容班和治療犬小組中，阿富便可按著自己的能力，逐步與人實踐溝通；遇到困難時，也可轉而注視於狗，透過沉默或摸摸狗來找支持。

3. 成為阿富與母親和其他人溝通的橋樑

阿富和母親曾有一段養狗的好時光，母親亦喜歡與狗玩耍，社工便以此連繫他倆參與計劃的動物活動，藉此與狗主交流，增加阿富與人的接觸。後期，阿富更與常來的「狗醫生」主人傾談工作的詳情，得到對方的欣賞。工作人員於輔導期間引入治療犬發發，阿富與母親也能較易表達自己的情緒感受，雙方也能對對方表達關心。

4. 增加訓練阿富紀律和信心的機會

阿富參加計劃的輔導、實習、寵物美容班、治療犬小組、人際支援小組後，他的生活更能與社會接軌，也有更自律的生活。為狗隻美容和照顧發發時，阿富的心理和能力也被提昇，令他更感到自己有能力去做好事情，加強自信心。

社工透過互信的關係，與阿富訂出可行的目標，然後執行。過程中，社工得悉他源於以往有養狗，對狗有好感、不抗拒，而阿富和母親也喜愛治療犬發發，故此狗成了一個誘發個案動機的媒介。初期，阿富與狗相處已感到相當自然，往後他更報讀寵物美容課程；狗加強了他與人接觸，並令他更有紀律地生活。他在計劃活動中顯出自己的能力和信心，更好的是母親能與他一同經歷這些改變。這些改變也是循序漸進地發生，阿富與社工檢討時也認同這些改變，更表示與從前的自己比較，整個人也截然不同。

「對於喜愛動物的人而言，動物比人更有親和力。」黎立顯



衝破人格障礙的陰霾

梁鳳兒女士

背景

芷婷（化名）自七年前被精神科醫生診斷為患上「邊緣人格障礙」¹，開始接受精神及心理治療。芷婷因著年少時的傷痛經歷及病情影響，對人漸漸失去信心，常躲在家甚少外出，只能與極少數朋友維持關係。芷婷與社會失去聯繫，只活在自己的痛苦世界裡，故情緒常跌入低谷，並有自殘的行為，包括割手、服藥、酗酒等。

芷婷對動物極有興趣，並在家中飼養狗隻。醫務社工表示自芷婷飼養動物後，性格比從前開朗，人際關係有所改善；因要飼養愛犬，芷婷也有穩定工作。但另一方面，芷婷的性格和病情雖稍有進步，但仍很封閉自己，極少與工作、家庭以外的世界聯繫。故醫務社工得悉「重拾動力」計劃中的動物元素後，積極轉介芷婷參加。芷婷接受「重拾動力」計劃服務至今約有一年半。

問題、解決問題 / 介入焦點

初與芷婷接觸時，芷婷的情緒已很不穩定、起伏很大。這次跟她接觸傾談甚爽，下次會面情緒可以變得極度低落、甚至拒絕面談。情緒轉變實有其箇中原因，但芷婷不懂表達內裡的感受，負面的思想在封閉的內心不斷打轉，轉化為了逃避、拒絕，指控、怪責別人，甚至自憐、自我傷害的形態。

另一方面，芷婷對陌生人及環境均有強烈戒心，好不容易才能前往中心參加計劃。認識工作員初期，芷婷的行為表現古怪、退縮，如在活動中瑟縮一角、常說不再參加活動、退出計劃、在中心內傷害自己等等。到介入的期間，芷婷對已建立的關係也缺乏信心，極為敏感別人的說話，不時對人存有懷疑，覺得別人不信任她。

情緒不穩、不和的人際關係也是芷婷的表徵問題。故此，介入焦點也是針對這兩方面。由於芷婷對動物極感興趣，與動物有很強的情感連繫，故此工作員特意使用動物於輔導過程及工作關係中。透過動物輔助治療式的介入，讓芷婷的負面情緒得以舒緩；並透過治療犬或動物活動，增加芷婷與人接觸、聯繫的機會。

進展

基於對人和事也高度敏感的特徵，初與工作員接觸時，芷婷也有著邊緣青少年的刺探行為（testing out behavior），包括在活動中表現退縮、瑟縮一角、不表明原因地表示退出計劃、向工作員透露有自毀行為、面談時情緒失控等。經過這個階段後，芷婷與工作員的關係漸有進展。芷婷開始能出席中心的動物治療活動，表現也相當穩定、情緒也見開懷，並能向工作員表達心中憂慮，或是分享參與活動後興奮的感受。

介入約半年後，芷婷因家庭的事大受困擾，情緒大幅波動，甚至曾暈倒入院。當她想談及家裡的事時，卻欲言又止。案主終沒道出箇中原因，卻開始談及過去的經歷、深入的內在問題，但到一個階段又因恐懼而退縮，並害怕被家人責怪而欲退出計劃。案主和工作員的關係也變得反覆，案主時而拒絕到訪，或是態度惡劣；時而表示歉意，表達悔疚，這種消極攻擊（passive-aggressive）的行為模式也維持了一段時間。

芷婷的情緒持續低落，也影響其在中心活動的情緒。加上公司人事調動後裁減其職位，案主最終需入院接受治療。然而，住院也成為案主的轉機，芷婷情緒明顯改善。唯案主出院返家後，情緒再一次變得反覆，芷婷在情緒低谷、家庭困擾中繼續掙扎求存。



¹ 人格障礙是甚麼？

一個人的「性格」，包括他的思想、感受及行為。在十多二十歲時，大部分人都已經因先天遺傳及兒時經歷形成了自己的性格，有自己在思想上、情緒上和行為上獨特的方式。在我們往後的人生中，這些方式會大致保持相同。對於某些人來說，他們部份的性格會令他們很難控制自己的情緒和行為，以及和別人相處。因此他們會感到不開心或困擾，並且發覺自己常常傷害別人。那樣，他們便可能有人格障礙。要改變這些特質對他們來說是很困難的。有人格障礙的人生充滿困難，因此常常會有其他精神健康的問題，例如抑鬱症、濫用藥物及酗酒問題。（資料來源：青山醫院精神健康學院）

終結時轉變

在出院後一次的動物輔助治療的面談中，芷婷略為透露了家中的困擾。由於案主不能清楚地表達事情，工作人員也花了好些時間和功夫才理解到情緒困擾，乃源於家人患病並有一些攻擊性行為所致。亦在此時，芷婷才慢慢同意讓工作人員與家人接觸，並為家人尋找適合的服務。至今，工作人員成功引入其他專業同工介入案主家庭，協助提供支援。芷婷情緒的波動實在與其家庭困擾緊緊相扣；能舒緩其家庭問題，大大幫助案主穩定其情緒。縱然芷婷未能完全脫離情緒低谷，但能點出案主不是問題的核心，其情緒波動乃家中另一成員的問題所致；並能協助案主在過程中離開過去無奈、忍讓的解決問題模式，願意接受其他社工介入其家庭問題，是整個個案進展的重點所在。

人際關係方面，在個案完結時，芷婷已參與了不少中心的活動，如寵物美容班、狗狗探訪活動、實習等。與工作人員建立了穩定的關係，與中心的部份社工、導師、學員也能有基本的溝通和傾談。芷婷與人接觸、聯繫的機會也增加了不少。

工作人員反省

以動物輔助治療作為介入手法也是工作人員的首次。對動物有特別愛好的個案而言，動物實在有助工作人員與其建立工作關係，特別是一些轉介、非主動求助的個案。除要掌握怎樣在介入中處理動物外，工作人員也需要有意識地運用動物元素於案主的處境或情況中。怎樣運用動物，由基本的關係建立，到怎樣解決問題，也是一個進程；工作人員需因應每個個案的獨特背景及問題，一邊介入，一邊摸索。

接收精神病患個案也是本計劃的特色。除基本的輔導技巧外，處理精神病患個案需要工作人員很大的明白、接納和耐性。個案進展會相對的慢，介入的密度也相對的高。誇專業的個案會議，諮詢精神科醫生、臨床心理學家、精神復康同工的專業意見，對工作人員怎樣處理個案也有很大幫助；多接納案主的限制、與案主定下界線、工作人員自我反映感受、作案主人際相處、情緒控制的學習榜樣也是誇專業同工一些實質、具體的技巧和建議。其中，本計劃顧問范德頌精神科醫生提醒同工以「當他是常人」的態度來輔導精神病患者，也是工作人員在處理此個案時很重要的原則。

動物角色

1. 建立工作關係

動物成了工作人員與芷婷建立工作關係的重要元素。在初認識案主之時，其家中的愛犬受傷，芷婷主動向社工借用狗籠，成了工作人員與她建立關係的好機會。及後，工作人員以探訪芷婷的愛犬為名家訪案主。家訪期間，芷婷主動展示小手作及愛犬的物品給工作人員看，工作人員與案主的關係又踏進一大步。案主曾表示有不少社工、助人同工也給她拒絕，相信動物是案主接受工作人員的一個重要元素。

2. 解決問題

動物為案主帶來正面情緒，抗衡其負面情緒

基於案主與動物有極強的感情連繫，動物實在能令案主感到歡愉。大部份時間，寵物美容課程、每月的狗活動、治療犬等也能令芷婷稍為放下不快的情緒，轉移其注專。有時遇到心愛的狗醫生、狗大使，芷婷更會得意忘形、開懷大笑，那興奮的感覺能持續好一陣子。另一方面，案主與治療犬也建立了相當重要的關係，案主不時自發地購買禮物、零食給治療犬，也多次提及希望能與治療犬為伴。案主也相當同意動物能給她帶來平靜、安全的感覺。





動物成了案主與他人接觸的媒介，啟動案主與人建立關係

芷婷在前往中心活動初期，因對陌生人有戒心，缺乏信心與人溝通，行為表演退縮。芷婷與社工建立一定關係後，工作人員以學習照顧愛犬的技巧為吸引點，再邀請芷婷參與。芷婷願意嘗試，與同學、導師相處融洽。期間導師邀請芷婷上課前一同午膳，芷婷也表示歡迎。漸漸地，芷婷在中心活動中表現自然，由最初需社工從中心外尋找她進來，到現在主動步入活動室；並與其他青年、導師、社工、狗主有不錯的溝通。可見動物有助案主克服與陌生人接觸的障礙，為案主提供正面的人際經驗，協助案主重新與社會連繫。

動物啟動了工作人員協助案主解決問題的關係

介入期間，芷婷的家犬被鄰家的大犬咬，案主為此事相當擔心，卻又有極大的無力感。工作人員多番鼓勵下，芷婷終打破沉默、屈讓的機制，與大犬的狗主傾談，對方也答允往後會使用狗帶。這次乃案主為保護自己的利益而發聲的一次突破性經驗。工作人員藉此讚賞、肯定案主，並強化這次經驗於其他的生活境況，特別在面對家庭困擾的事上。除情緒輔導及鼓勵案主與人連繫外，動物也成為工作人員協助案主解決問題的契機，也影響著往後工作人員介入其家庭問題。

由隱青到職青的轉化

吳仲偉先生

阿力的故事

阿力(化名)未參加計劃前可算是個隱蔽青年。阿力於中一時開始對讀書缺乏興趣，成績亦越來越差。逐漸在學校生事，而中一的時候更因經常生事而被老師懲罰，導致無心向學。在缺乏學校支援下，阿力重讀中一後輟學。家庭因父母離異，缺乏家庭支援、指導及照顧，輟學後便開始了沒有目標的隱蔽生活。

阿力在家隱蔽約一年多。隱蔽期間，阿力的生活就只有上網打機、打波，沒有想過關於尋找工作問題。最後因爺爺勸導及學校社工的介入，遂到本中心參加展翅青見計劃。完成核心課程後，阿力修讀了一個電腦軟件及維修應用課程。經個案社工輔導及轉介下，阿力獲轉介至「重拾動力」計劃。

阿力最初很怕貓狗，但在個案社工的鼓勵下也參加了「重拾動力」計劃。接觸後，阿力才發覺貓狗十分可愛，而且不會像人一樣看不起人。參加計劃的同時，由於阿力學歷低、缺乏工作經驗，缺乏自信心，且找工作的動機低，使多次見工都失敗，中心更聘請了阿力成為展翅青見計劃 Action S5 的實習生，除協助中心運作及文書工作外，阿力更負責照顧中心的治療犬發發，包括其日常起居飲食。實習提升了阿力個人的責任感及工作態度，照顧發發更為阿力帶來滿足感及自信心。個案社工更積極讓阿力以自己走出隱蔽的經歷，鼓勵其他隱蔽青年重投社會。昔日隱蔽在家的生活已不再，現在的阿力開朗了不少，生活也變得充實。

阿力由隱蔽青年到穩定工作，更能成功獲得導師及上司的賞識，阿力在這些方面的個人成長實在有顯著的進步，可見「重拾動力」計劃對青少年的幫助及成功。社工期望阿力可以運用自己的經歷，以朋輩的身份向其他參加「重拾動力」計劃的隱蔽青年講述自己的經歷，希望以身作則，成為他們的一個榜樣，鼓勵他們重投社會，找回他們失去的動力。

另外，阿力曾協助工作員帶領其中一個「重拾動力」計劃的青年支援小組，協助統籌小組的義工服務及戶外活動，並於活動期間協助策劃及帶領其他參加的半隱蔽青少年完成事工，達到提升自信心、擴闊社交網絡及改善人際溝通技巧的個人及小組目標。

工作員反省

阿力曾經表示「人會說人壞話，動物不會說人壞話」。可見動物有助工作員與案主建立關係。阿力最初很怕貓狗，但經鼓勵及嘗試後，終於鼓起勇氣與治療犬發發接觸。亦因為治療犬發發的友善，讓一向很怕貓狗的阿力，也放下戒心，願意向治療犬發發傾訴心事。

而其後照顧治療犬發發的工作，更讓阿力學懂培養良好的工作態度，如責任感、主動、積極等。阿力講述日常照顧治療犬發發的得著及感受，包括照顧牠的起居飲食、帶領牠出外散步等，不單能提升個人責任感，更可改善其工作態度，可見動物治療給他帶來的個人成長。





動物治療前線經驗分享

地點：中心

參與者：阿力、其他「重拾動力」計劃參加者、治療犬發發、社工
是次面談目的及治療目標：

1. 對阿力而言，期望透過照顧治療犬發發提升他的效能感、自信心；並透過向其他參加者分享照顧治療犬的經驗、個人經歷及轉變過程，提升與人溝通的技巧；透過整理參加計劃後的得著及感受，以過來人身份勉勵其他青少年。
2. 對於其他「重拾動力」計劃參加者而言，期望透過接觸治療犬發發，讓他們認識「重拾動力」計劃、動物治療、動物於計劃的角色；並透過阿力的經歷，讓參加者認識他的得著、學習和成長，並以他為一個榜樣。

面談經過	目的及分析	治療犬發發角色
1. 首先邀請阿力帶治療犬發發做幾個簡單指令，如“Sit”、“Hand Hand”等	<ul style="list-style-type: none"> • 讓參加者見到阿力與治療犬發發的關係 • 讓參加者感受阿力專業、認真的良好工作態度 • 提升阿力的效能感、自信心，帶出計劃對他個人成長的轉變 	阿力需要給治療犬發發指令動作，如“Sit”、“Hand Hand”等
2. 邀請參加者猜想阿力的年齡、學歷、於中心工作年期、現時實習的薪金等	<ul style="list-style-type: none"> • 以作打開話題，邀請參加者參與討論，亦讓阿力初步認識參加者，讓阿力認知別人對他的觀感 	坐下休息
3. 邀請參加者解釋為何有此感受（參加者表示見到阿力認識很多技能，感覺是中五程度）	<ul style="list-style-type: none"> • 參加者的回應帶出阿力即使年紀輕、學歷低，但其工作表現亦與一個具中五學歷、成熟、專業的職員相符；藉此讚賞阿力的工作態度、成長及轉變，鼓勵阿力不要自滿，而且應該繼續進步；同時，透過阿力向參加者分享，提升其自信心。 	坐下休息
4. 邀請阿力說出自己的過去的隱蔽經歷	<ul style="list-style-type: none"> • 以過來人經歷來表達對參加者現況的同感心，並以阿力及參加者相近的經歷拉近彼此的距離 	坐下休息
5. 邀請參加者思考為何阿力有如此大的轉變	<ul style="list-style-type: none"> • 嘗試提升參加者對阿力經歷了解的興趣、動機，以及評估參加者對之前分享内容了解、是否留心及明白 	坐下休息
6. 邀請阿力說出由隱蔽到參加展翅青見、Action S5、「重拾動力」計劃的經歷	<ul style="list-style-type: none"> • 讓阿力自我檢視由隱蔽到融入社會的經過 • 向參加者介紹中心服務，由阿力參與展翅青見經歷帶出中心舉辦展翅特訓班的訓練，由阿力參與 Action S5 帶出可安排在中心工作實習，再由阿力參與「重拾動力」計劃帶出動物治療對其個人成長的幫助 	坐下休息

面談經過	目的及分析	治療犬發發角色
7. 由阿力講解參加這些活動後的得著及感受	<ul style="list-style-type: none"> 讓阿力帶出參加不同計劃的得著；由他講述自己參與計劃後的轉變，是一個自我檢視、反思的過程 讓阿力帶出照顧治療犬發發的得著，讓他提升自信心、責任感，以及應有的工作態度 	阿力再一次給予治療犬發發一些指令動作
8. 邀請參加者嘗試觸摸治療犬發發	<ul style="list-style-type: none"> 鼓勵參加者嘗試接觸治療犬發發，藉此帶出治療犬發發於計劃的角色，再介紹「重拾動力」計劃內有關動物的活動：包括動物治療、寵物美容訓練、寵物美容實習等活動。 	參加者初次嘗試接觸治療犬發發
9. 阿力講解日常照顧治療犬發發的得著及感受，包括餵養、帶散步等，如何提升其個人責任感；而照顧發發日常起居飲食可改善工作態度	<ul style="list-style-type: none"> 向其他參加者分享照顧治療犬的經驗、個人經歷及轉變過程，提升與人溝通的技巧 以過來人身份勉勵其他計劃參加者，讓阿力整理參加計劃後的得著及感受 	阿力給予治療犬發發一些指令動作
10. 感謝阿力的分享及邀請阿力帶治療犬發發離開，工作人員繼續面談下半部份。當中亦有提及阿力過去經歷及轉變、治療犬發發對阿力的幫助、參加者在當中有甚麼可以參考及值得學習的地方		阿力與治療犬發發離開



走出山洞之生命重塑

周煥傑先生



背景

生仔（化名）現與媽媽同住，媽媽多年前與爸爸分居。爸爸一直都有精神病，心理醫生診斷他有暴躁的情緒病。因爸爸自生仔幾歲便沒工作做，故生仔自小到大也是由爸爸照顧。爸爸曾習武及喜歡賭馬，十多年裡爸爸也曾以暴力對待生仔及媽媽。故自分居後生仔與媽媽搬到同區居住，生仔也常常擔心害怕會在區內重遇爸爸。生仔一家沒拿綜援，媽媽任職清潔女工，是家庭的經濟支柱。

走上隱蔽之路

生仔在修讀一工商管理證書課程期間，不知何故突然沒有再返學。自此，生仔開始很怕接觸人，常在家睡覺及打機度日。工作員接觸他的初時，他也很少用眼神與人交流、回應不多、人容易累（可能與深宵打機有關）。據生仔的自白，他隱蔽主要因為自己外型問題，當時他深受脫髮的威脅，常常上網找尋「救星」及著媽媽幫自己代買生髮水。媽媽十分擔心生仔的情況，也曾為他買了一個電髮鏟。因生仔相信鏟走了頭髮後，可令頭髮生長得快些。可見，生仔十分注重外型，自我形象不高。

另外，為何會中途放棄了讀書？生仔表示因為愈讀便發覺愈迷茫，因所讀的課程學費貴，加上金融業或投資顧問需要大量人際網絡，但他自知性格內向，怕畢業後才發現自己原來不適合，到時便投資錯誤了。故盡早放棄為上策。

一些日本社會學家嘗試利用經濟學角度去分析青少年現今的狀況，現今青少年自少已接觸有關經濟活動，很快地已變成一位「主動的消費者」。在做事之前已懂得計算及思考事情的用處及對自己的幫助，若計算出來的結果是不值得，便寧願不做。久而久之，對身邊的事情都可以置之不理而不會產生任何不安之感。有關學說理念也能解釋生仔會過份計算自己所讀的學科與將來前途的關係，以決定繼續修讀的可行性。

探索建立關係期

工作員接觸生仔初期，無所不談，如電視節目、打機的樂趣、上一代媽媽心態、讀書的意義及社會貧富懸殊的由來等等。交談中，工作員會引導生仔多說出自己的看法和見解，間中也會反對他的觀點，過程中更了解他的思維，亦會滲入自力更生之道及生活與生存之間的現實討論。每次工作員探訪生仔都會與生仔補習英文及與他一起高談闊論，生仔與工作員的關係不知不覺地建立起來。

轉變行動期

之後，工作員與生仔傾談有關他的外型問題，一起討論外型與實力的關係、人最重要是什麼、追求與放棄之間的選擇，以及樣貌平凡但卻現今已成功的名人例子等。慢慢地，生仔開始接受及認同自己的努力對創造未來的重要性，並懂得表達多角度的想法，不像在探索期時只以單一的角度去看事物。另外，趁著生仔出外考會考的計劃，工作員也邀請生仔參加「重拾動力」計劃內的動物美容班，同時也有參加計劃內的人際支援小組，如信仰組、話劇組。生仔坦言現在重拾自信，覺得自己有能力完成事情，能力感得以提昇。以前總是覺得自己未必做到的事情，現在也會勇於去嘗試一番。

生仔參加動物美容班感開心，與狗狗相處沒有太大壓力，因牠們不會介意自己的樣貌。出席了數次之後，他表示喜歡與動物相處，照顧牠們及為牠們洗澡；他更覺得自己要有責任，因害怕會弄傷牠們。在動物治療的介入下，我們可以看到動物在生仔身上產生的微妙關係：動物成了生仔要照顧及關懷的對象，生仔的身份由之前只在家中被媽媽照顧，到現在轉變成照顧者。他憶述協助狗隻美容—先將棉花塞進狗隻的耳朵，按牠的肛門線，弄濕牠的毛，再落狗隻專用的沐浴液，搓遍全身，再用水沖遍牠全身，用手檢驗牠身上有否清潔液殘留，最後用布為牠抹乾……他覺得自己的責任重大了，之前全沒想過為動物清潔有那麼多的步驟，現在他一一學會了，也清楚知道自己去照顧動物的重要性。

之後，在動物美容導師的介紹下，生仔領養了兩隻不足十個月大的小貓。他自此肩負供養牠們的責任，因此得要出外工作賺取生活費，養活牠們與自己。他曾說過：「自己唔食，都要給小貓吃，不能令牠們捱餓！」可見，動物能有效地教導生仔要擔起責任，不可以一直隱蔽下去。所以，在工作員介紹下，他已任職多份不同工種的兼職。

新家庭的誕生

會考完畢後，生仔至今仍當著一份兼職，過著一些比較有規律的生活。他也表示令他努力工作的原因乃是兩隻小貓，他感到自己是牠們的媽媽，要好好照顧牠們。生仔有時會擔憂牠們食不好或睡不好，所以他會與牠們談天，即使不太明白牠們的意思，但也能感應出牠們對什麼有喜惡。

要一位隱蔽青年「重出江湖」，可能是一個與他一起探索新生命的歷程，先慢慢一步一步解開他心中的疑慮、不滿及混亂的地方，再為他發掘更多生命以外不同的可能性。

如要點出生仔這成功例子的重要因素，相信是「角色轉變」。由昔日「被照顧者」到現在「照顧者」的角色轉變，令生仔重新檢視自己。動物令他重建責任感，推動他要面對現實，重投現實社會之中。生仔現在的希望是與兩隻小貓一起成長，共建一個美好的家庭。

生仔隱蔽期間的內心獨白：「我是一隻受了傷的小鳥，根本飛不起」。現在，工作員眼中的他活脫脫是一隻勇於去飛的小鳥，繼續在生命裡四出覓食，尋找糧食帶回鳥巢給孩子享用。



突破性格的障礙

梁皓雯小姐

背景

亞寶(化名)於中學年代常常被同學欺負，高中畢業後就讀職業訓練課程，情況未見改善。畢業後曾任職文職工作，但工作往往未能持續，常常被僱主解僱，亞寶感到情緒受困擾，於是向精神科醫生求助，亞寶被診斷患有性格障礙，他當時25歲。

問題

亞寶性格偏執，認為身邊所有人都不了解及體諒他，更認為自己所做的一切也是合情合理，從來也不會為人設想。亞寶很害怕被遺忘及獨處，因此他會常常打電話給朋友，由於次數頻繁，造成滋擾，因此他的朋友也逐漸疏遠他。亞寶與人相處的技巧很弱，與人相處時，常會有一些不合宜的表現，如不斷重覆問同一條問題、大聲叫囂及鬧人等。

解決問題 / 介入焦點

亞寶參與「重拾動力」計劃之前曾參與中心的展翅青見計劃，計劃完結後，亞寶繼續有社工跟進他的情況，因此參與本計劃。計劃開始時，亞寶對工作人員的態度欠佳，更有一些滋擾性行為，以致工作人員需要先處理案主的情緒表達。

由於亞寶的情緒時有起伏，在面談時根本難以專注，因此工作人員亦安排亞寶與治療犬發發見面，希望以治療犬作為介入點，協助改善亞寶與人相處的技巧及自我控制的能力。亞寶起初很怕發發，擔心發發會咬他，所以只會遠觀牠。但工作人員也鼓勵亞寶與發發接觸，邀請亞寶與發發成為朋友，在學習與發發相處的過程，也學懂如何與人相處。

進展

亞寶在初期很怕發發，於是工作人員只會安排發發坐近工作人員，也會邀請亞寶嘗試摸發發，亞寶與發發見面數次之後才願意接觸牠，輕摸發發的背。這反映出他對發發及工作人員信任，也相信面談的環境也讓他感到舒服及安全。其後，每一次面談工作人員也會帶同發發與亞寶見面，漸漸地亞寶也會主動要求摸發發及與牠玩。亞寶與發發相處的過程中，工作人員也感受到亞寶安靜的情緒。有時，他會輕輕地摸發發，擔心大力會弄痛牠；亞寶也學會觀察發發的情緒變化，他逐漸能掌握發發甚麼時候可以讓他摸，怎樣代表發發很想亞寶陪牠玩等。

在面見的初期，亞寶常常會與工作人員爭辯一些與人相處起衝突時的處理方法，他常常會因為與工作人員的意見不一而大發雷霆。發發初時會因為亞寶的大聲而走開或不安地看著亞寶，工作人員向亞寶解釋因為犬隻對聲音很敏感，當他大聲說話時便會引起發發的好奇或恐慌。工作人員也利用這些情境向亞寶解釋，犬隻就如他的朋友一樣，當亞寶不好好控制自己的情緒時，他們也會跟發發一樣，選擇離開。亞寶起初也懷疑工作人員所說的，但他經歷了好幾次後，便相信發發不喜歡他大聲說話，自此亞寶的確能控制自己說話的聲線，情況也隨著治療不安的情緒而有改善。



終結時轉變

大約一年後，亞寶在控制情緒及與人相處時的情況有明顯改善，亞寶從與發發的相處中學習留意自己的情緒變化，也明白到性格障礙雖然令他變得固執及偏激，但亞寶也相信時間可以讓他改變，就如他一開始認為發發很醜樣，也不願意與牠做朋友一樣。經過一年的相處及互相認識，讓亞寶明白到只要他有信心、恒心及耐性，事情是有轉機的，也可以做到一些他認為不可能的事。

在個案跟進的後期，亞寶約兩至三個星期才到中心一次，但每次也會很雀躍地問及發發的情況。亞寶也坦言從前不會關心別人，也不會擔心自己的行為會影響到其他人，但發發讓他明白到「己所不欲，勿施於人」的道理。亞寶與發發之間的關係，讓亞寶多了一個知心友。這位朋友不會介意他是精神病患者，也不會計較他的背景，跟他做朋友；只要亞寶願意，發發隨時也在他的身旁。

結案時，亞寶仍需要定期接受精神科治療，但亞寶的態度較以往積極，除了會參加社區精神健康綜合社區中心（ICCMW）的小組活動外，也開始接受一些職業治療的訓練，並在一公司任職兼職文員，情況漸漸好轉。另一方面，亞寶與一位住院時認識的院友能夠保持聯絡，這位朋友出院後很快便找到一份穩定而合適的工作，生活也過得很充實，這位朋友成了亞寶的學習對象，這亦是亞寶這些年來第一位能夠交心，而不只是一同吃喝玩樂、四處生事的朋友。

工作人員反省

在使用動物治療的過程中，治療犬與案主的參與同樣重要，工作人員需要借助人與動物之間的互動以協助及改善案主所面對的困難。過程中，工作人員需要留意案主與動物的變化，由身體語言以致說話的內容，工作人員都需要留意。在輔導的過程中，治療犬也扮演一個很重要的角色，因此工作人員需要留意治療犬的狀態，例如治療犬是否願意與案主接觸、治療犬當天的工作量及身體健康等。工作人員需要了解治療犬的性格及習性，但更重要的是工作人員與治療犬之間的關係，若工作人員與治療犬也未能建立良好關係，工作人員根本難以在整過輔導過程中帶動案主與治療犬。



「重拾動力 — 動物治療學師計劃」 發佈宣傳及傳媒報導



新聞發佈會

本會於 2011 年 2 月 11 日舉辦新聞發佈會 — 「動物治療協助隱蔽青年新聞發佈會及新服務介紹 — 重拾動力計劃」，傳媒反應熱烈，計劃得到 15 個媒體報導，讓市民認識計劃及計劃如何協助隱蔽或半隱蔽青少年。



動物治療講座

本會於 2011 年 6 月 24 日觀塘翠屏社區會堂舉辦「動物治療講座及重拾動力計劃簡介會」。是次講座反應熱烈，約有 70 位社會福利機構的同工參加。簡介會內容包括動物治療簡介、重拾動力計劃內容講解、計劃參加者分享，讓與會者了解怎樣應用動物治療於協助服務對象達到治療目標。



基督教聯合醫院、香港樹仁大學分享會

由於計劃引入動物治療的創新，本會獲基督教聯合醫院的邀請，在 2011 年 6 月 16 日，與精神科醫生分享動物治療應用於隱蔽青年的前線經驗。另外，於 2012 年 4 月 3 日，獲得香港樹仁大學的邀請，向一眾社工系的學生分享動物治療的介入方法。

傳媒報導

計劃自推出以來，一直受傳媒廣泛報導。可見傳媒對動物治療的介入方法的興趣，以及社會關注隱蔽青年的問題。



South China Morning Post 文匯報



明報



太陽報



星島日報



商報



蘋果日報



成報



經濟日報



報章報導

日期	標題	媒體
12/2/2011	狗醫生助隱青重建自信	文匯報
12/2/2011	養狗助隱青重拾信心	成報
12/2/2011	隱青接觸動物重拾自信	星島日報
12/2/2011	動物治療法 隱青變開朗	經濟日報
12/2/2011	親親動物隱蔽青年拾自信	蘋果日報
12/2/2011	照顧動物助隱青重建自信	大公報
12/2/2011	動物治療助隱青溝通溝通效佳	香港商報
12/2/2011	狗醫生助隱青重返社區	明報
12/2/2011	Dogs help hermit teens out of their shells	South China Morning Post
12/2/2011	貓狗為伴隱青敞心扉	太陽報
25/6/2011	寵物治療助隱青重投社會	大公報
18/10/2011	Animal Attraction - Creature comforts	South China Morning Post Health Post
20/5/2012	狗大使助隱青走出幽谷	明報
10/6/2012	「生命戰士」自強不息寫人生	文匯報
11/6/2012	3月不出門 團體救隱青	香港商報
26/8/2012	Animal therapy demonstrates healing powers	South China Morning Post Health Post



寵物買家 PetsBuyer



寵藝 PetArte

雜誌報導

日期	標題	媒體
3/2011	協助隱蔽青年「重拾動力」 動物治療新方法	寵藝 PetArte
7/2011	中華錫安傳道會動物治療講座	寵物買家 PetsBuyer
7/2011	動物治療助隱青重返社會	寵物買家 PetsBuyer
7/2011	中華錫安傳道會「重拾動力」 動物治療學師計劃	寵藝 PetArte
8/2011	動物治療講座及重拾動力計劃	寵藝 PetArte
3/2012	動物輔助治療	寵藝 PetArte



明珠台新聞



香港寬頻新聞台



無線電視新聞



亞洲電視新聞

電視報導

日期	媒體節目
11/2/2011	無線電視新聞
11/2/2011	明珠台新聞
11/2/2011	香港寬頻香港新聞台
11/2/2011	蘋果動新聞
30-31/3/2011	亞洲電視新聞

「重拾動力 — 動物治療學師計劃」

成效研究報告



「重拾動力 — 動物治療學師計劃」成效研究 (報告摘要)

香港大學社會工作及社會行政學系
研究團隊

1. 香港的「隱蔽青年」現象在 2000 年代中期開始受到社會服務界的關注。「隱蔽青年」一般指和社會上各系統缺乏連繫，例如沒有在學 / 接受訓練或一份職業，自信心低落，亦缺乏有意義的社會關係。中華錫安傳道會慈雲山錫安青少年綜合服務中心得到「中銀香港暖愛港計劃」的資助，於 2010 年展開一項嶄新的「重拾動力 — 動物治療學師計劃」（「重拾動力」計劃），為年齡介乎 15-24 歲的「隱蔽」、「半隱蔽」及有精神健康問題的年青人提供一站式的服務，包括動物治療、個人輔導、基本工作態度及能力訓練及其他支援服務。
2. 根據服務對象的特點，「重拾動力」計劃界定「隱蔽」為持續與社會上各系統（包括社會系統及家庭系統）缺乏連繫超過三個月，人際關係薄弱，害怕或拒絕與人接觸或交談。「半隱蔽」指曾經在三個月或以內連續或間斷地與社會系統及內在系統只作有限度的連繫。他 / 她們的心理和行為上有抽離和逃避與人接觸的表現，例如長時間躺在床上，自困一角，日夜顛倒，獨自看電視 / 用電腦 / 聽歌等¹。
3. 「重拾動力」計劃的目標是：
 - 建立「隱蔽」、「半隱蔽」及有精神健康問題年青人在人際交往的自信心；及
 - 訓練其基本生活技能，尤其在工作方面的能力。

「重拾動力」計劃內容包括

項目	主要目標
查詢熱線及轉介	辨識及招募有需要的人士參加計劃
轉介臨床心理評估服務，為有需要人士進行智商、阿氏保加症、貝克抑鬱量表等評估	辨識有精神健康問題危機的人士，進行評估，及早介入和預防
個人輔導	建立社交自信及發掘人生意義
動物治療 (包括個人輔導及小組活動)	建立社交自信及發掘人生意義
職業訓練 (寵物美容班)	訓練基本工作態度及工作技能，鼓勵人際交往及個人表達
人際溝通支援小組	建立社交自信，發掘人生意義
成為寵物美容義工	加強自我效能感

¹ 伍恩豪 (2011·6月)。「重拾動力 — 動物治療學師計劃」簡介。「動物治療講座」及「重拾動力 — 動物治療學徒計劃」簡介會。

研究目的

4. 是項研究的主要目的為：
 - 檢視「重拾動力」計劃對服務使用者社會心理健康的影響；
 - 辨識有參與及沒有參與動物治療項目的服務使用者的分別；
 - 檢視在動物治療中，輔助動物所發揮的角色；及
 - 描繪「重拾動力」計劃的介入模式，並提出加強服務的意見。
5. 研究方法包括量性及質性資料搜集。量性資料分為兩類：(一) 服務使用者個案資料；及(二) 問卷調查。
6. 服務使用者個案資料指所有 115 名參與「重拾動力」計劃的年青人在機構個案接收表及個案完結記錄表所收集的資料。資料包括了服務使用者的概況，以及在接收個案和個案完結時，由工作人員評估其在參與「重拾動力」計劃之後的心理及社交行為改變。
7. 研究亦邀請所有參與計劃的服務使用者參與一份時間序列設計的問卷調查，結果有 56 名服務使用者完成問卷。問卷由參加者在接收和個案完結時分別自行填寫，目的是評估他們的社會心理健康（包括自尊感、社交焦慮、就業效能感）。此外，問卷亦會搜集服務使用者和伴侶動物²（在是項研究中指狗隻）過往的相處經驗及對它們的觀感。
8. 質性資料方面，研究回顧了 9 名服務使用者的個案記錄，並和十名服務使用者進行了個人或小組面談，以深入了解他們的經驗及對輔助犬隻的觀感。

主要研究結果

服務使用者概況

9. 在研究期間共有 115 名服務使用者參加了「重拾動力」計劃，男女比例為 6:4。
10. 雖然服務對象的年齡定為 15-24 歲，但機構工作人員表示，由於針對「隱閉」青年的服務有限，對於有需要又沒有其他選擇的服務使用者，即使超出年齡範圍，機構亦會酌情處理。結果顯示有四份一人超出 15-24 歲的年齡範圍，有 10% 為 14 歲以下。
11. 在 115 名服務使用者中，合資格的勞動人口佔 89.6% (103 名)，其中 86.4% 為失業。
12. 「隱蔽」、「半隱蔽」及有精神健康問題的比率為 3:4:3。
13. 在所有「重拾動力」計劃的服務使用者當中，約一半人參與了動物治療項目。而有精神健康問題服務使用者參加動物治療項目的機會較大，為其他個案類別的 1.5-2.4 倍。



² 伴侶動物指任何和其飼主一起生活的動物。伴侶動物這名稱，由於可以特顯動物和人類關係的特質，已漸漸代替「寵物」，更能被現代的人接受。



工作人員對社會心理健康影響的評估

14. 在接收個案及個案完結階段，工作人員都會對所有服務使用者進行評估，包括其自尊 / 自我效能、溝通 / 網絡、訂定目標的能力（針對「隱蔽」 / 「半隱蔽」服務使用者）及配合精神科治療（針對有心理健康問題的服務使用者）的程度。
15. 表一顯示工作人員對服務使用者各範疇評估的評均值。以 1= 很低 / 很少，2= 低 / 少，3= 一般，4= 高 / 多，5= 很高 / 很多為計，得分越高，在該範疇的表現就越正面。整體而言，工作人員在個案完結的評估顯示，服務使用者在上述各方面都有顯著的進步，並具統計上的顯注性。

表一：工作人員在接收及完結階段對服務使用者社會心理功能的評估

	平均績			標準差		95% 信賴水準	
	接收	完結	相差	接收	完結	t	顯著性(雙尾)
「隱蔽」 / 「半隱蔽」							
自尊 / 自我效能	2.1	3.1	+1	0.8	0.9	-9.2	0.00**
訂定目標的能力	2.2	2.9	+0.7	0.8	1.0	-7.1	0.00**
溝通 / 網絡	2.0	3.1	+1.1	0.7	1.0	-11.3	0.00*
精神健康問題							
自尊 / 自我效能	2.0	3.0	+1	0.8	0.9	-6.1	0.00**
配合精神科治療	2.9	3.4	+0.5	1.0	1.0	-3.2	0.04*
溝通 / 網絡	1.9	3.2	+1.3	0.8	1.6	-5.0	0.00**

* $p < 0.05$, ** $p < 0.001$

16. 研究比較了有否參與動物治療項目服務使用者的評估結果，結果顯示對「隱蔽」及「半隱蔽」的服務使用者而言，有參與動物治療項目的個案，工作人員所評估的社會心理健康（即自尊 / 自我效能、溝通 / 網絡、訂定目標的能力）平均得分，較沒有參加動物治療項目的個案略高。而有精神健康問題的服務使用者，參與動物治療項目的個案，只有在溝通 / 網絡方面被評為較沒有參加動物治療項目的個案略高。

問卷調查

樣本概況

17. 56 名完成了前 / 後測問卷調查服務使用者的概況和總體相約。男女比例為 6.6:3.4。有 23% 在 15-24 歲的年齡範圍之外，而 7% 為 14 歲或以下。樣本中，合資格的勞動人口佔 92.9%，其中 84.6% 為失業。「隱蔽」、「半隱蔽」及有精神健康問題的比率為 2.7:4.3:3.0。
18. 問卷調查樣本中，約 66% 參與了動物治療項目。有精神健康問題服務使用者參加動物治療項目的機會較大，為其他個案類別的大概 1.5 倍。
19. 對部份服務使用者而言，動物治療是其中主要吸引他們接受服務的一個環節。23% 表示「重拾動力」計劃若沒有動物治療項目的話，他們一定不會或多數不會參加計劃。

20. 之前曾經有和伴侶動物生活的經驗，以及對它們的觀感比較正面的服務使用者，參與動物治療項目的機會較高。

成效評量

21. 研究採用了三個測量工具，評量受訪者在自尊感、社交焦慮、就業效能感的改變，結果顯示樣本中的服務使用者，在自尊感、社交焦慮、就業效能感的平均得分都有統計顯著性的正向增加。

22. 被類別為「隱蔽」的服務使用者較其他兩類個案在自尊感和就業效能感方面的正向增加最為明顯，具統計上的顯著性。但對有精神健康問題的服務使用者而言，雖然測量工具的平均值顯示其社交焦慮有所減少，但在自尊感和就業效能感方面則沒有很大的分別。

23. 對於這兩組服務使用者在成效方面出現差異的原因，在今次搜集的資料中，並未能提供足夠的線索。我們推測這可能和精神健康問題和「隱蔽」、「半隱蔽」問題的本質不同有關。精神健康問題除了可能和其身體內生物化學物質有關之外，其心理社會功能亦可能會受藥物所影響。表二顯示不同類別服務使用者在自尊感、社交焦慮、就業效能感的評量結果。



表二：服務使用者類別及自尊感、社交焦慮、就業效能感的評量結果

	平均績			標準差		95% 信賴水準	
	前測	後測	相差	前測	後測	t	顯著性(雙尾)
自尊感 RSES³							
「隱蔽」	13.9	16.9	+3	3.2	4.5	-2.828	0.013*
「半隱蔽」	15.7	17.1	+1.4	4.3	5.1	-1.528	0.14
精神健康問題	15.6	15.5	-0.1	4.9	5.5	0.168	0.869
社交焦慮 IAS⁴							
「隱蔽」	45.5	43.1	-2.4	10.7	8.5	0.818	0.427
「半隱蔽」	47.3	43.7	-3.6	10.7	9.7	1.752	0.093
精神健康問題	48.4	44.8	-3.6	9.7	12.4	2.028	0.060
就業效能感 PESES⁵							
「隱蔽」	41.1	47.5	+6.4	9.1	9.5	-2.361	0.033*
「半隱蔽」	48.8	51.9	+3.1	10.4	9.7	-1.592	0.125
精神健康問題	44.8	46.1	+1.3	11.3	13.0	-0.946	0.358

* $p \leq 0.05$

³ Rosenberg's Self-Esteem Scale: Rosenberg, 1965. 平均值為 0-30 之間，數值越高代表自尊感越強。

⁴ The Interaction Anxiousness Scale: Leary, 1983. 平均值為 15-75 之間，數值越高代表社交焦慮越大。

⁵ The Perceived Employability Self-efficacy Scale: Houser & Oda, 1990. 平均值為 15-75 之間，數值越高代表就業效能感越強。

24. 「重拾動力」計劃的其中一個目標是訓練服務使用者的工作態度和習慣。研究結果顯示從新投入勞動市場的服務使用者數目有明顯的增長。在個案完結時，大約有 1/3(33.9%) 服務使用者有全職工作（每星期 35 小時或以上），而失業人數的比率亦由接收個案時的 84.6% 跌至後測時 32.7%⁶。

25. 相對沒有參與動物治療項目的服務使用者，有參加動物治療項目的個案在自尊感方面的正向增加較大，具統計上的顯注性。

治療犬 / 探訪犬隻所扮演的角色

26. 問卷亦包括了一個辨識服務使用者對治療犬 / 探訪犬隻觀感的量度工具，包括了 26 句形容治療犬 / 探訪犬隻的句子。結果顯示服務使用者最強烈的觀感，是覺得治療犬 / 探訪犬隻無條件地接納他 / 她；其次是覺得治療犬 / 探訪犬隻帶來愉快的感覺，感到和它們親近；以及令他 / 她可以暫時放下煩惱。

27. 其中最多服務使用者認同的首五句為：「犬隻探訪或治療犬活動令我感到愉快」；「來探訪的犬隻或治療犬無條件地接納我」；「犬隻探訪或治療犬活動令人感到（不）沉悶」；「來探訪的犬隻或治療犬令我忘掉煩惱」；及「來探訪的犬隻或治療犬不會批判我」。

28. 在聚焦小組中，服務使用者亦表達治療犬 / 探訪犬隻作為催化劑的作用，減低他們的焦慮，吸引他們接受服務。

「…作為隱青，最不想就是接觸人。若來到這裡又是要接觸人的話，吸引力就少，但狗隻就可以慢慢將我們（由隱蔽中）帶出…」

29. 治療犬 / 探訪犬隻亦被視為可以協助建立他們的自信：

「我以前覺得自己照顧自己都唔得，又點可以照顧啲狗？…但現在可以親手同佢（狗）沖涼，好有樂趣，好有成功感。」

成為介入工作的副手，協助他們學習新的技巧：

「…以前我收埋自己，好似唔識同人相處，唔識睇眉頭眼額。但見到啲狗既行為同表情，你都可以知道佢地既感覺。…同「發發」⁷相處，可以知道人地既感受多啲。」

以及培養責任感。

「…有時諗住如果唔準時，「發發」就無人睇…」

結論

30. 作為一個試驗性的項目，「重拾動力」計劃是本港首個將動物治療引入正統服模式的計劃，亦是少數針對「隱蔽」青年的服務。是次研究結果顯示計劃有助提升服務使用者的自尊感，減低他們的社交焦慮以及加強他們對自己工作能力的信心。事實上，超過半數的服務使用者在完成計劃之後都能夠找到受薪工作，失業百分比由 85% 降至 33%。這意味他 / 她們已走出其「隱蔽」的狀況，重新參與社會。

⁶ 樣本服務使用者中，有 52 人為 15 歲以上的勞動人口。此百分比以此為分母。

⁷ 「發發」為中心的治療犬。

- 31.再者，研究亦發現是次計劃中動物治療的部份，能夠成功令部份難以接觸的個案走出第一步，願意接受服務。部份服務使用者表示要是沒有動物治療部份，他/她們是不會參與計劃的。
- 32.「隱蔽」青年一般都害怕受人注目，對傳統的服務可能會有所顧忌，「重拾動力」計劃中獨特的動物治療部份，可以加強他們接受服務的動機。特別對於一些感到和人相處有壓力的人而言，狗隻被視為沒有威脅性、不會對人作出批判，令人感到歡樂及是參與計劃的動力。而計劃亦會按個案的意願和接受程度，彈性訂定介入的計劃。一般都會先鼓勵他/她們參與動物治療中的小組活動和寵物美容課程，讓他/她們在較輕鬆的環境和工作員建立關係後，才進行較深入的輔導。最後，動物治療中的小組活動和寵物美容課程，對這些年青人來說，可大大減低對接受社會服務可能帶來的標籤效應。



A Study to Evaluate the Effectiveness of the “Regain Momentum” Animal-Assisted Therapy Mentorship Program (Full Report)

Research Team of The Department of
Social Work and Social Administration,
The University of Hong Kong

SUMMARY

1. The phenomenon of profound social withdrawal among young people in Hong Kong has been noted by social service providers since the mid-2000s. They were characterized by their disengagement in social ties, e.g. not attending school / training nor having a job, lacking in meaningful social relationships, and having low self-esteem. The “Regain Momentum” Animal-Assisted Therapy (AAT) Mentorship Program (RM Program) was a 2-year pioneering project launched by the Chinese Evangelical Zion Church in 2010 with funding from the Bank of China Caring HK- A Heart Warming Campaign. This pioneering project aimed at providing a one-stop AAT, individual counseling, work attitude training and support services for young people aged 15-24 who were withdrawn / semi-withdrawn and / or those with mental health issues.
2. In this program, withdrawn youths are defined as young people who have been disengaged from their internal / external social ties (e.g. society, family) for *3 months or more*. Their interpersonal relationships are weak, and tend to fear or avoid making contact / communicate with others. Semi-withdrawn youths are those who have been disengaged from these ties continuously or intermittently for *less than 3 months*. They appear to be detached and avoid making contact with others. For example, some would stay in bed for long periods of time, hide themselves in a corner, reversing days and nights, watching TV / using the computer / listening to music on his own¹.
3. The objectives of the RM Program were:
 - to establish / enhance the self-confidence of the withdrawn / semi-withdrawn young people; and / or those with a mental health problem in their social interaction; and
 - to equip them with basic life skills, especially employment skills.

The protocol of the RM Program included:

<i>Component</i>	<i>Key objective(s)</i>
Inquiry hotline and referral	Identify and recruit prospective participants
Referral to further clinical assessment (IQ test, assessment for Asperger’s Syndrome, BDI assessment) when required	Identify at-risk individuals for early assessment and prevention of mental health problems

¹ Ng, H. (June, 2011). An Introduction to the “Regain Momentum” Animal-Assisted Therapy Mentorship Program. Briefing session on “Animal-assisted Therapy” and “Regain Momentum” Animal-Assisted Therapy Mentorship Program.

The protocol of the RM Program included (cont'd):

<i>Component</i>	<i>Key objective(s)</i>
Individual counseling	Build up social confidence; and discover life meaning / purpose
AAT (individual counseling and small group activities)	Build up social confidence; and discover life meaning / purpose
Employment training (pet grooming)	Facilitate personal expression and social interaction; nurture basic work attitudes; and work skills training
Professional-led support group	Build up social confidence; and discover life meaning / purpose
Pet grooming skills workshops / training	Increase self-efficacy

Objectives of the study

- (a) To evaluate the impacts of the RM Program on the psychosocial well-being of the clients;
- (b) To identify and compare profiles of the clients who had and had not participated in the AAT components of the RM Program;
- (c) To examine the role played by the assisted animal(s) in the intervention process; and
- (d) To delineate the intervention framework, in particular the AAT component, and provide input in the enhancement of the service protocol.

4. Both quantitative and qualitative data were collected. Two sets of quantitative data were used, including (a) service statistics of all the service recipients and (b) questionnaire survey. For qualitative data, case recordings of nine cases were reviewed and individual / small group interviews were conducted with ten clients who had participated in the AAT component(s). The purpose was to solicit their experience in the RM Program and to explore their perception of the assisted animals.

5. Information from the agency's intake and termination forms were collected from all service recipients during this period to provide an overview of the profile of the clients as well as psychosocial changes assessed by their case worker after participated in the RM Program. A total of 115 cases were included in this dataset.

6. Among all the clients served, 56 cases have been successfully enumerated for a time-series questionnaire survey. The questionnaire survey was self-administered by the participants both at intake and at termination of service. It was constructed to assess the psychosocial health (including self-esteem, social interaction anxiety, perceived employability self-efficacy), as well as their experiences and attitude towards companion animals (dogs) of the clients.

Key findings of the study

Profiles of the clients from service statistics

7. Among the 115 clients serviced during the period studied, the male-to-female ratio was around 6:4.
8. Although the inclusion criteria for age was 15-24 years old, about 1/4 of the clients were outside the targeted age range, and 10% were aged under 14. Agency workers revealed that these cases were included because their service needs matched with the aims of the program and, most importantly, they had no access to other services at the time of engagement.
9. 89.6% (n=103) of the clients were eligible to participate in the labour force (i.e aged 15 and above), among them, 86.4% did not have a job at the time of being engaged.
10. The ratio of withdrawn: semi-withdrawn: mental health problem clients was around 3:4:3.
11. Around half of the clients had participated in the AAT component(s) of the RM Program. Clients with mental health problem were most likely to participate in the AAT component. Their rate of participation was nearly 1.5 - 2.4 times more than the other two groups.

Psychosocial changes assessed by case worker

12. All clients were assessed by their case workers at both intake and termination on their levels of self-esteem / self-efficacy, communication / networking, capacity to set personal goals (for withdrawn / semi-withdrawn clients), and compliance to treatment (for cases with mental health problems).
13. All cases had shown distinctive improvements in all the areas being assessed by their workers at termination.
14. When the mean scores of the outcome measures were compared between those who had participated in AAT component(s) and those who had not, withdrawn / semi-withdrawn clients who had participated in the AAT component(s) had a slightly more positive increase in their mean scores (i.e. self-esteem, goal setting and communication / network). For clients with a mental health problem, the difference was only found in the area of communication /networking.

Questionnaire survey

Profiles of the participants

15. Among the 56 participants who completed the pretest and posttest questionnaires, the demographic profiles were similar to the overall sample, with male to female ratio 6.6:3.4, 23% of the respondents fell outside the targeted age range and 7% were aged under 14 years old (all $p < 0.05$). Besides, 92.9% of the respondents were eligible for the labour force and among them, 84.6% were unemployed. The ratio of withdrawn: semi-withdrawn: mental health problem client was 2.7:4.3:3.0.
16. Within this group, around 66% had participated in the AAT component(s) of the program and those with a mental health problem were 1.5 times more than the other two groups (withdrawn and semi-withdrawn).

17. The AAT component(s) seemed to be a key attraction for some of the study participants, 23% said that they would definitely not or possibly not join the RM Program if there were no AAT component(s).
18. Clients who had previous experience in companion animal ownership and those with a more positive attitude towards companion animals were more likely to participate in the AAT component.

Outcome measures

19. Three measurement tools were used to assess the self-esteem, interaction anxiety and perceived employability of the clients. There were positive changes in the mean scores of all the three scales and the differences were statistically significant.
20. Clients categorized as withdrawn seemed to be able to benefit most in increasing their self-esteem and their perceived employability and the differences were statistically significant.
21. For clients with a mental health problem, there was a reduction in their interaction anxiety but the other two areas did not show distinctive difference before and after participating in the RM Program.
22. The unemployment rate of respondents had dropped from 84.6% to 32.7%.
23. AAT component showed statistically significant improvement for clients' self-esteem.

Perception on the role of the therapy dog / visiting dog

24. A Pet Bonding Scale (PBS)² was used to identify the perception of the participants on the assisted dog(s) in the AAT component(s). Among the 26 statements included in the PBS, the five most strongly felt statements were: (i) "The dog visit / therapy dog makes me feel happy" ; (ii) "The visiting dog/therapy dog accepts me just the way I am" ; (iii) "The dog visit/therapy dog is not boring" ³ ; (iv) "The visiting dog / therapy dog takes my mind off my trouble" ; and (v) "The visiting dog / therapy dog does not judge me." Results indicated that the most important roles the therapy / visiting dog played for the respondents were: (1) providing unconditional positive regard; (2) inducing a sense of happiness; and (3) a distraction from their worries.
25. The qualitative data collected from the focus group / individual interviews with participants also reviewed that the therapy dog / visiting dog was a significant factor that motivated them to engage in the program. This 'catalytic effect' has been attributed to the perception that dogs are less anxiety provoking. ("...for people like us who are withdrawn, we really don't like to make contact with others; the programme would be less attractive if we have to face other people. But a dog can bring people out gradually...").

² Anderson, D.C. (2007). Centre for the study of animal wellness Pet Bonding Scale, CSAWPBS (Johnson, Meadows, 2003). Assessing the human-animal bond: A compendium of actual measures (pp.7-9). Indiana: Purdue University Press.

³ The original statement was: 'The dog visits/therapy dog are boring'. Since this was a negatively worded statement, it was recoded in the analysis.

26. The therapy dog / visiting dog was also considered able to help build up their confidence (“Before, I felt that I couldn't even take care of myself, how could I take care of a dog? It was highly satisfactory to be able to bath the dog, and a great sense of achievement...”).
27. Dogs were also considered helpful as an adjunct in therapeutic intervention, e.g. as a facilitator for them to learn new skills: (“I used to hide myself, not knowing how to relate with others and don't know how to read people's non-verbal gestures... with FatFat [the treatment dog], I know how he feels from his behaviour and gesture... I can learn to be more sensitive to other people's feelings”); and induce a sense of responsibility: (“...if I'm not on time, no one would be able to take care of Fat Fat.”)

Conclusion

28. As a pilot project, the RM Program is a viable initiative in providing services for the withdrawn youth. Results have shown that it has helped to improve the self-esteem, reduce the social anxiety level and increase the perceived employability of the youth participated. Over half of the participants were able to engage in gainful employment after participation in the Program.
29. The distinctive feature of the AAT component is found to be particularly helpful for withdrawn youth who tend to be “invisible” and shy away from traditional service model. The use of AAT as an agent to facilitate the engagement of the young people and the fluidity of the intervention process are able to accommodate individual preferences and readiness. In addition, the introduction of AAT components such as the dog visitation program or the pet grooming training may have taken away some of the stigma often attached to receiving social service.

BACKGROUND

1. The “Regain Momentum” Animal-Assisted Therapy (AAT) Mentorship Program (RM Program) was a 2-year pioneering project launched by the Chinese Evangelical Zion Church in 2010 with funding from the Bank of China Caring HK- A Heart Warming Campaign. This pioneering project aimed at providing an one-stop AAT, individual counseling, work attitude training and support services for young persons aged 15-24 who were withdrawn / semi-withdrawn and/or those with mental health problems. The catchment area was East Kowloon.
2. In this program, withdrawn youths are defined as young people who have been disengaged from their internal / external social ties (e.g. society, family) for 3 months or more. Their interpersonal relationships are weak, and tend to fear or avoid making contact / communicate with others. Semi-withdrawn youths are those who have been disengaged from these ties continuously or intermittently for less than 3 months. They appear to be detached and avoid making contact with others. For example, some would stay in bed for long periods of time, hide themselves in a corner, reversing days and nights, watching TV / using the computer / listening to music on his own⁴.
3. The objectives of the RM Program were:
 - to establish / enhance the self-confidence of the withdrawn / semi-withdrawn young people; and
 - to equip them with basic life skills, especially employment skills.
4. There were seven service components in the RM Program:

<i>Component</i>	<i>Key objective(s)</i>
Inquiry hotline and referral	Identify and recruit prospective participants
Referral to further clinical assessment (IQ test, assessment for Asperger’s Syndrome, BDI assessment) when required	Identify at-risk individuals for early assessment and prevention of mental health problems
Individual counseling	Build up social confidence; and discover life meaning / purpose
AAT (individual counseling and small group activities)	Build up social confidence; and discover life meaning / purpose
Employment training (pet grooming)	Facilitate personal expression and social interaction; nurture basic work attitudes; and work skills training
Professional-led support group	Build up social confidence; and discover life meaning / purpose
Pet grooming skills workshops / training	Increase self-efficacy

5. As a pilot project, the intervention plan was individually tailored based on the needs, readiness and the preferences of the participated youths, and might include one or more of the service components. Since Not all the clients were comfortable in the presence of companion animals⁵, for some of the service recipients, they only received non-AAT services.

⁴ Ng, H. (June, 2011). An Introduction to the “Regain Momentum” Animal-Assisted Therapy Mentorship Program. Briefing session on “Animal-assisted Therapy” and “Regain Momentum” Animal-Assisted Therapy Mentorship Program.

⁵ This refers to any non-human animal that shares its life with a human caregiver.

SCOPE AND METHODOLOGY

Objectives of the study

6. The objectives of the study were to:
- evaluate the impact of the RM Program on the psychosocial well-being of the clients;
 - identify and compare profile of the clients who have and have not participated in the AAT components of the RM Program;
 - examine the role play by the assisted animals in the intervention process; and
 - delineate the intervention framework, in particular, the AAT component, and provide input in the enhancement of the service protocol.

Study design

7. The evaluation study adopted both quantitative and qualitative approach in data collection for triangulation and to increase the robustness of the findings.

Quantitative data collection

8. Two sets of data were collected. The first set was the service statistics of all cases admitted to the RM Program from the start of the Program to July 2012. Data included the demographics of the cases, their presenting problems, type of services received and the outcome of the intervention as assessed by the case worker. Information of 115 cases were collected in this set of data. This data set provided a general picture of the profiles of the service recipients of this Program.
9. The second set of data was collected from clients who have completed a self-administered questionnaire survey before and after participated in the Program. Information collected from the questionnaire survey were mainly used for analysis of intervention outcomes. All intake cases were invited to participate in the questionnaire survey and a total of 56 sets of pretest and posttest questionnaires were successfully enumerated.
10. Among the 56 clients who had completed the questionnaire survey, 37 cases had participated in one or more AAT component(s) and 19 had not, and these two subgroups were used to compare outcomes of AAT and non-AAT participants.
11. The pretest and posttest questionnaire were constructed to assess the psychosocial health, as well as the experiences and attitude towards companion animals of the clients before and after the intervention. The areas measured and instruments used were:
- self-esteem (Rosenberg's Self-Esteem Scale (RSES): Rosenberg, 1965)⁶;
 - social interaction anxiety (The Interaction Anxiousness Scale (IAS): Leary, 1983)⁷;
 - self-efficacy on employment (The Perceived Employability Self-efficacy Scale (PES): Houser & Oda, 1990)⁸;

⁶ Rosenberg, M.(1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

⁷ Riaz, Z & Bano, N. (2011). Translation and adaptation of Interaction Anxiousness Scale (IAS) and its reliability assessment. The international journal of Educational and psychological assessment. December 2011, Vol. 9(1).

⁸ Daniels, J., D' Andrea, M. & Gaughen, K.J.S. (1998). Testing the validity and reliability of the Perceived Employability Scale (PES) among a culturally diverse population. Journal of employment counseling: Sept. 1998: 35, 3.

- history of companion animal ownership (constructed); and
- attitude towards companion animal (Lakestani et al, 2011)⁹.

12. For clients who had participated in the AAT component, a Pet Bonding Scale (Meadows, 2003)¹⁰ would be used to explore their attitude towards the assisted animal and their perceived roles.

Qualitative data collection

13. *Literature review:* A literature review on AAT with adolescents experiencing psychosocial difficulties pertinent to withdrawal behaviour was conducted. This formed the basis of the study framework in formulating the parameters for analysis of the AAT components.

14. *Review of case recordings:* Recordings of nine cases who had participated in the AAT components were reviewed to identify the working approaches of the worker.

15. *Individual / small group interviews:* Ten clients were interviewed individually or as a small group to explore their experiences in the AAT components and their perception on the role of the assisted animal.

⁹ Lakestani, N, Donaldson, M.L., Verga, M. & Waran, N. (2011). Attitudes of children and adults to dogs in Italy, Spain and the United Kingdom. *Journal of Veterinary Behaviour* (2011) 6, 121-129.

¹⁰ Meadows, J. (2003). Center for the study of animal wellness Pet Bonding Scale, CASWPBS. in

LITERATURE REVIEW

Animal-assisted therapy

16. Animal-assisted therapy (AAT) is defined as 'the use of trained animals in facilitating patients' progress towards therapeutic goals' (Parshall, 2003)¹¹.
17. Although there is still no coherent or a widely-accepted theoretical framework to explain the mechanism of the invention involving animals and why are they potentially therapeutic, literature focus on two major mechanisms: (1) the intrinsic attributes of the animals; and (2) the instrumental functions played by the animals in facilitating cognitive and social changes.

Benefits of human-animal interaction

Intrinsic attributes of the animals

18. To account for the human-animal affinity, an American biologist, E.O. Wilson, proposed the biophilia hypothesis, which suggested that in the evolutionary process, to increase the chances of survival, humans have developed an innate attraction to other living organisms¹².
19. It is commonly agreed that companion animals, in particular, dogs, has the capacity to draw human attention, and thus, increasing the social visibility of their human companion. In addition, companion animals can act as social lubricant. The unscripted behaviour of the animals is considered a stimulant for conversation and provided a neutral, external subject on which to focus. In addition, an individual with companion animals are also perceived as 'nicer' and more friendly as compared with those without¹³.
20. Furthermore, animals are found to possess intrinsic attributes that could create a de-arousing and calming effect¹⁴. Studies have demonstrated that interaction with a companion animal could result in a lowering of blood pressure, plasma cholesterol, plasma triglyceride, and skin conductance responses¹⁵ - all these pre-requisites for the relieve of psycho-physiological conditions such as depression, stress and anxiety.
21. The intrinsic characteristics of companion animals enabled their performance of a number of therapeutic roles; e.g. as a social support and buffer against health risk factors, catalyst for social interaction and fulfillment of the innate human need for acceptance¹⁶.

Instrumental functions of animals

22. Based on social cognitive theories, it was believed that animals could be used as a living interactive tool to bring about positive changes in a person's self-perception, and to add new skills and responses to their behaviour repertoires.

¹¹ Parshall, D.P. (2003). Research and Reflection: Animal-Assisted Therapy in Mental Health Settings. *Counselling and Values*; Oct 2003; 48, 1; ProQuest Education Journals.

¹² Wilkes, J.K. (2009). The role of companion animals in counseling and psychology: discovering their use in the therapeutic process Illinois: Charles C. Thomas Publisher.

¹³ Barrie, G., & Adrian F. (1999). *Pets and people: the psychology of pet ownership*. London: Whurr Publishers Ltd.

¹⁴ Beck, A.M. & Katcher, A.H. (2003). Future directions in human-animal bond research. *American behavioral scientist*, 47(1), 79-93.

¹⁵ Odendaal, J.S.J. (2005). Animal-assisted therapy — magic or medicine?. *Journal of psychosomatic research*, 49, 275-280

¹⁶ Urichuk, L. & Anderson (2003). *Improving Mental Health Through Animal-Assisted Therapy*. Alberta: The Chimo Project.

23. Animals are thought to be uniquely helpful in providing feedback on social behaviour, due to their unambiguous, 'honest', and immediate responses. As a living interactive tool, animals can help to create opportunities for the enhancement of self-efficacy (e.g. by incorporating animal training and care-taking into the AAT protocol), and through the structure of the intervention programme, facilitate the mastery of new skills and see both themselves and the world in a new way¹⁷.

AAT and young people who are withdrawn

24. The phenomenon of profound social withdrawal among young people in Hong Kong has only been noted by social service providers in the mid-2000s. Although studies in this area has been limited, young people who are assessed as withdrawn and needing intervention are characterized by disengagement in social ties, e.g. not attending school/training nor holding a job, lack of meaningful social relations; and have low self-image¹⁸⁻¹⁹.

25. Melson (2004) summarized the beneficial roles animals play in the lives of adolescents as: serving as attachment figure (functioning as a secure base), providers of social support, and outlets of nurturance (potentially instrumental in boosting the self-confidence and self-esteem)²⁰.

26. It was suggested that AAT was effective in helping to alleviate the problems of social isolation, anxiety, and self-esteem by the direct and indirect effects of the companion animal in reacting positively to positive stimuli, and for their ability to act as social lubricant and to provide unconditional positive regard and acceptance²¹.

¹⁷ Fine, A.H. (Ed.), Handbook on animal-assisted therapy: theoretical foundations and guidelines for practice (3rd ed.) San Diego: Elsevier

¹⁸ Teo, A.R. (2010). A new form of social withdrawal in Japan: a review of Hikikomori. International journal of social psychiatry, 56(178), pp.178-185.

¹⁹ Wong, V. & Ying, W. (2006). Social withdrawal of young people in Hong Kong: a social exclusion perspective. The Hong Kong journal of social work, 40(1/2), pp.61-92.

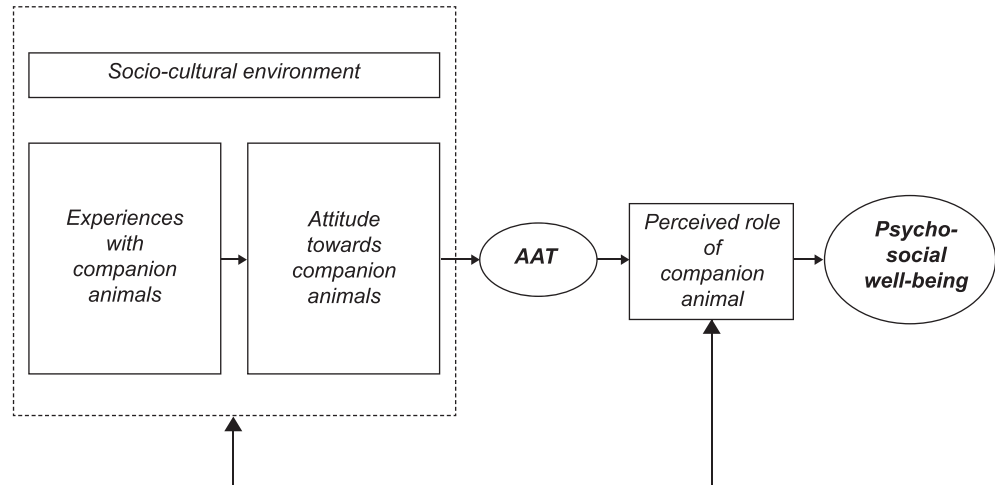
²⁰ Melson, G.F. (2004). Animals in the lives of adolescents: a biocentric perspective on development. <http://research.vet.upenn.edu/Portals/36/media/Melson.ppt>

²¹ Adams, N.. (2009). Animal assisted interventions for adolescents with emotional and behavioural problems.

CONCEPTUAL FRAMEWORK OF THE STUDY

27. Figure 1 illustrates the framework of this study. The companion animal in the AAT component is conceptualized as having intrinsic attributes and instrumental functions with which the clients are induced to feel being accepted unconditionally and being supported emotionally. These perceived roles of the companion animal will then facilitate a positive outcome on the psychosocial well-being of the individual. In addition, the perception on the role of the companion animal is affected by the experiences of the individual with companion animals.

Figure 1: Conceptual framework of the study



SERVICE DESIGN AND IMPLEMENTATION

28. The RM Program adopted a multimodal intervention approach which included multiple elements to address the psychological, social and emotional issues of the clients. Components of the multimodal intervention approach included AAT, individual counseling, support group, psychological assessment and employment skills training. They were illustrated in the following table:

<i>Component</i>	<i>Key objective(s)</i>
Inquiry hotline and referral	Identify and recruit prospective participants
Referral to further clinical assessment (IQ test, assessment for Asperger's Syndrome, BDI assessment) when required	Identify at-risk individuals for early assessment and prevention of mental health problems
Individual counseling	Build up social confidence; and discover life meaning / purpose
AAT (individual counseling and small group activities)	Build up social confidence; and discover life meaning / purpose
Employment training (pet grooming)	Facilitate personal expression and social interaction; nurture basic work attitudes; and work skills training
Professional-led support group	Build up social confidence; and discover life meaning / purpose
Pet grooming skills workshops / training	Increase self-efficacy

29. In delivering these services, the RM Program also worked in partnership with several agencies, including:

- Provision of clinical psychology service by The Richmond Fellowship of Hong Kong
- Provision of AAT by Animal Asia, Mongrel Club, and the Hong Kong Animal Therapy Foundation.

30. Cases were taken from referrals and the hotline inquiry service. The intake criteria were young persons aged 15-24 residing in East Kowloon who were suspected to have been disengaged from their social ties for three months or more. However, due to the inadequate alternative services in the area, the Program also accepted referrals beyond the age range. In addition, clients with mental health problems associated with withdrawal symptoms were also accepted.

31. After intake assessment by the worker, cases were then classified according to their withdrawal and mental health status. Withdrawn cases were clients who were disengaged from their internal / external social ties for 3 months or more; and semi-withdrawn cases were clients who were disengaged from internal / external social ties continuously or intermittently for less than 3 months.

32. The mode of the intervention, i.e. combination of the components that could best meet the needs of the clients, was worked out by both the client and the worker. Due to the nature of the problems, successful engagement of the prospective clients was critical for further intervention. The workers would need to be highly active in contacting and engaging the client through individual interviews, telephone contacts or home visits. There were also incidents where the therapy dog would accompany the worker for home visits to help in ice-breaking. Goals were evaluated regularly during the sessions and the plan could be revised accordingly.
33. Whether AAT component(s) were included in the intervention plan was primarily determined by the readiness of the client in making contact with companion animals (i.e. dogs in the RM Program), and the potential benefits they could derive from the interaction. Among the 115 intake cases, around half have participated in the AAT component(s).
34. For the AAT component(s), three models were used either independently or in combination with other therapeutic component(s), forming an integral part of the RM Program

Resident dog. The resident dog, Fat Fat (發發), is a 4-year old male dog adopted from an animal shelter under the Hong Kong Animal Therapy Foundation. He has been in residence in the agency centre since March 2011. Clients were able to interact with him freely at the centre, be an adjunct in individual counseling sessions, accompanying the worker during home visits and providing opportunities for practicing pet grooming and pet care skills (e.g. walk the dog, bathing).

Dog visitation program. This component was provided by two voluntary organizations²² who offered dog visitation program in Hong Kong. Visitation sessions were conducted once a month and the duration was 1.5 hours. It was a semi-structured program led by staff of the dog visitation program organization, the dog handlers²³ in partnership with the social worker of the RM Program. The sessions usually included elements such as learning how to interact and communicate with the visiting animal, making contact (e.g. hugging, giving order), and small group sharing. The purpose was to provide a relaxed and stimulating environment to facilitate interaction of the clients and the visiting dogs, as well as the handlers. Social workers of the RM Program would also be present to participate in small group sharing and to observe the behaviors of the clients, using them as material for further intervention.

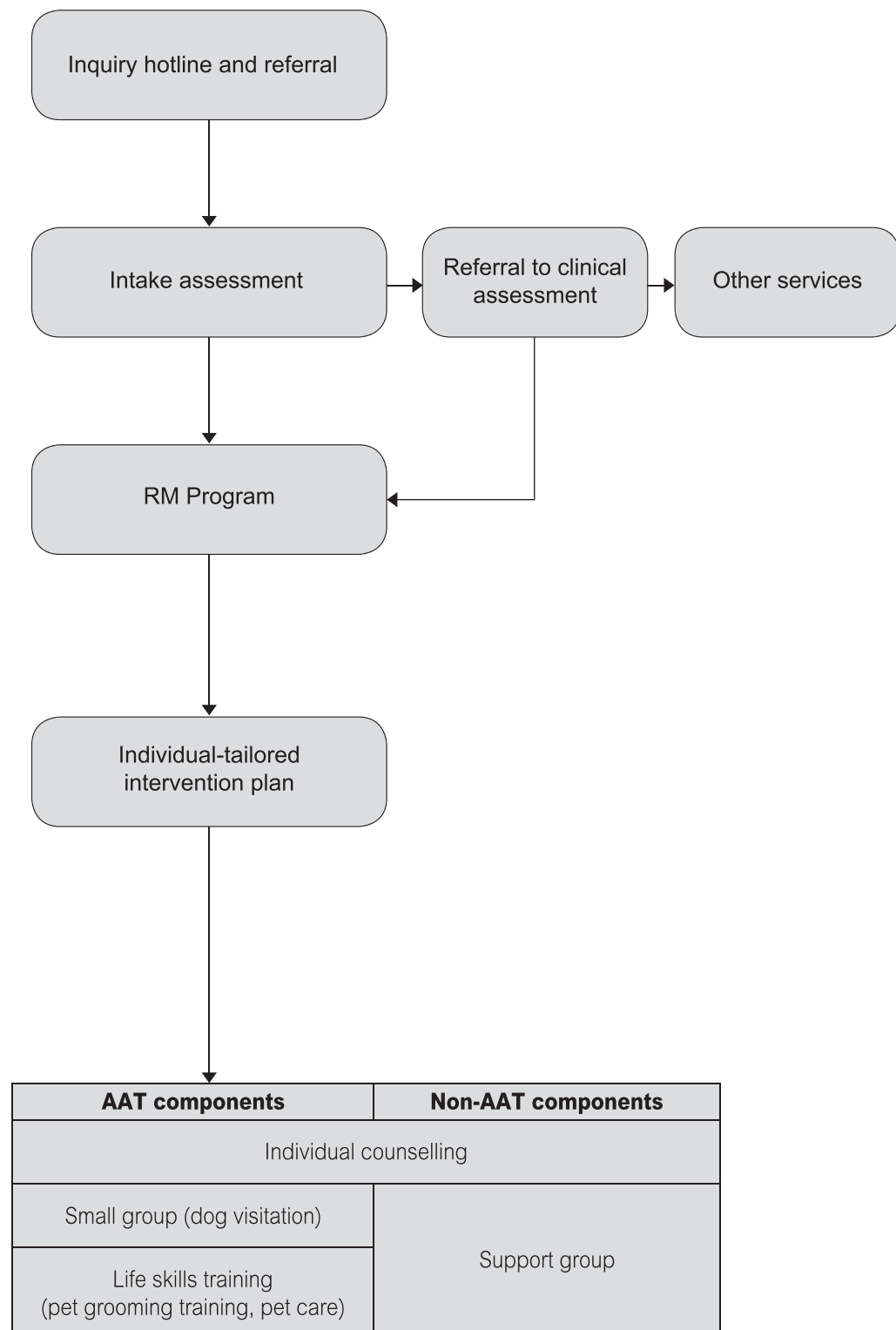
Dog grooming training. This was a training course conducted by a qualified trainer in four consecutive days held regularly once a month. The purposes were to train clients on their job attitudes and habits, provide opportunities for interaction with other co-trainees, and dog owners who brought their dogs in for grooming and to learn employment skill. Social workers of the RM Program would be present to facilitate the learning and to make observation for further intervention.

35. Workers of the RM Program played the role of a case manager, working collaboratively with the referring agency and where necessary, liaise with family, employer and the medical profession.

²² The Dr. Dog programme of Animal Asia and the Mongrel Club.

²³ This refers to the person who accompanies the therapy animal to the AAT sessions. They are usually the companion animal owner.

Figure 2: Flowchart of the RM Program



FINDINGS

Quantitative data analysis

36. Two sets of data were collected for the purpose of quantitative data analysis. The first set was service statistics at intake and termination of all cases admitted to the Program. The second set of data was a structured questionnaire administered both at intake and at termination to assess the outcome of the Program.

Service statistics

37. This was mainly collected from the intake and termination forms of all cases admitted during the service period. A total of 115 cases were successfully enumerated.

Profile of the cases

38. Among the intake cases, the ratio of male to female was around 6.4:3.6 (Table 1). The higher percentage of male clients was consistent with studies on social withdrawal of young people in Hong Kong and hikikomori in Japan²⁴.

Table 1: Respondents by gender

<i>Gender</i>	<i>n</i>	<i>%</i>
Male	74	64.3
Female	41	35.7
<i>Total</i>	<i>115</i>	<i>100</i>

39. The age range of the cases was a bit wider than the original target of 15-24, although they still occupied a large majority of the population (over 70%, Table 2). Around 16% of the cases were older than 25 years old and 10% were under 14 years old. Agency workers revealed that although these cases were beyond the project's targeted aged group, they were admitted because there was a genuine need and very limited alternative service was available for them in Hong Kong.

Table 2: Respondents by age

<i>Age range</i>	<i>n</i>	<i>%</i>
≤14	12	10.4
15-19	42	36.5
20-24	41	35.7
25-29	18	15.7
≥30	2	1.7
<i>Total</i>	<i>115</i>	<i>100</i>

40. Within this population, 103 (89.6%) were eligible to participate in the labour force²⁵, among them, almost 90% were unemployed (Table 3).

Table 3: Respondents by employment status

<i>Employment status</i>	<i>n</i>	<i>%</i>
Employed ²⁶	10	9.7
Underemployed ²⁷	4	3.9
Unemployed	89	86.4
<i>Total</i>	<i>103</i>	<i>100</i>

²⁴ Wong, V & Ying, W. (2006). "Social withdrawal of young people in Hong Kong: A social exclusion perspective", *The Hong Kong Journal of Social Work*, 40(1/2):61-92.

²⁵ This refers to those aged 15 and over based on the criteria adopted by the Census and Statistics Department of Hong Kong.

²⁶ Works over 35 hours per week.

²⁷ Works less than 35 hours per week.

Presenting problem

41. In this project, clients were categorized as withdrawn (disengaged with the external / internal system for over 3 months), semi-withdrawn (disengaged with external / internal system for less than 3 months); and suspected mental health problems²⁸ Semi-withdrawn clients occupied the highest percentage (43.7%) among the clients. Percentage of people who were withdrawn and those who had mental health problems were approximately the same (Table 4).

Table 4: Respondents by withdrawal / mental health status

<i>Withdrawal/ mental health status</i>	<i>n</i>	<i>%</i>
Withdrawn	33	28.7
Semi-withdrawn	50	43.5
Mental health problem	32	27.8
Total	115	100

42. Upon further analysis, we found that those who were under 14 years old had the highest percentage of 'withdrawn' cases (50.0% withdrawn). (Table 5) Although the actual number of cases may not be large (6 cases), this figure should still be worth our special attention particularly for this more vulnerable age group. Early identification and intervention is paramount in preventing the situation from continuing into their adulthood.

Table 5: Respondents by withdrawal / mental health status by age

<i>Age range</i>	<i>Withdrawn</i>		<i>Semi-withdrawn</i>		<i>Mental health problem</i>		<i>Subtotal</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
≤14	6	50.0	5	41.7	1	8.3	12	100
15-19	11	26.2	16	38.1	15	35.7	42	100
20-24	10	24.4	24	58.5	7	17.1	41	100
25-29	6	33.3	4	22.2	8	44.4	18	100
≥30	0	0.0	1	50.0	1	50.0	2	100
Total	33	28.7	50	43.5	32	27.8	115	100

43. Among those with mental health problems, individual diagnosed with neurosis, including depression, anxiety disorder, and obsessive compulsive disorder, occupied the highest percentage (34.4%), followed by psychosis (28.1%) (Table 6). Among those suffering from mental health problems, 62.5% were currently receiving treatment from a psychiatrist (Table 7).

Table 6: Respondents by type of mental health problem

<i>Diagnosis</i>	<i>n=32</i>	
	<i>n</i>	<i>%</i>
Depression, anxiety disorder, OCD	11	34.4
Psychosis	9	28.1
Slow learning disorder	3	9.4
ADHA	2	6.3
Borderline personality disorder	1	3.1
Others	3	9.4
Missing	3	9.4
Total	32	100

²⁸ Only cases reported to have a clinical diagnoses was included in this category.

Table 7: Respondents with mental health problems by professionals consulted / mental health service received

<i>Service received</i>	<i>n</i>	<i>%</i>
	<i>n=32</i>	
Consultation / treatment by psychiatrist	20	62.5
Consultation by clinical psychologist	4	12.5
Counselling service	0	0.0
Mental health agency service	3	9.4
Others	2	6.3
Missing	4	12.5
<i>Total</i>	<i>32</i>	<i>100</i>

44. As for their presenting problems, over half of the cases were assessed by the worker as having interpersonal problem (57.4%) and employment was the next common issue (38.3%). Around 30% of the cases were assessed to have developmental and / or emotional problems (Table 8).

Table 8: Respondents by presenting problem

<i>Presenting Problem*</i>	<i>n</i>	<i>%</i>
Interpersonal	66	57.4
Employment	44	38.3
Emotional	34	29.6
Developmental	30	26.1
Health	5	4.3
Family	5	4.3
Study / education	4	3.5
Behavioural	4	3.5
Sexual	1	0.9
Others	4	6.1

**may select more than one*

Services rendered

45. There were six components in the services provided in the project, including counseling, assessment and treatment by clinical psychologists, support group, AAT, pet grooming / care training course, and pet grooming / care practice. Services rendered were individually tailored by mutual agreement between the worker and the client. The most frequent services rendered were individual counseling and AAT (Table 9).

Table 9: Respondents by services rendered

<i>Service rendered*</i>	<i>n</i>	<i>%</i>
Individual counseling	111	96.5
AAT	46	41.7
support group	35	30.4
pet grooming / care training	30	26.1
pet grooming / care practice	20	17.4
Assessment / treatment by clinical psychologist	17	14.8
Missing	3	2.6

**may receive more than one service*

46. However, as discussed earlier, not all the program participants had participated in AAT component(s). The ratio of participation in AAT component(s) was around 1:1 (Table 10). However, it was interesting to note that clients with a mental health problem seemed to be most likely to participate in AAT component(s) of the program (over 70% as compared with 30%-44% for those who were withdrawn / semi-withdrawn) (Table 10).

Table 10: Respondents by problem nature by whether services rendered had AAT component(s)

Problem nature	Participation in AAT component(s)							
	No		Yes		Missing		Total	
	n	%	n	%	n	%	n	%
Withdrawn	21	63.6	10	30.3	2	6.1	33	100
Semi-withdrawn	27	54.0	22	44.0	1	2.0	50	100
Mental Health Problem	9	28.1	23	71.9	0	0.0	32	100
Total	57	49.6	55	47.8	3	2.6	115	100

$\chi^2 = 13.039, p=0.011^*$

Goal achievement

47. Baselines of the clients in their psychosocial functioning were also assessed by the worker at intake. The parameters were illustrated in the following table (Table 11).

Table 11: Parameters in assessing goal achievement in the intake / termination form

	Nature of problem	
	Withdrawn / semi-withdrawn	Suspected mental health problems
Psychosocial capacity	Self-esteem / Self-efficacy	Self-esteem / Self-efficacy
	Capacity to set personal goals	Compliance to treatment
	Social network / Communication	Social network / Communication

48. The worker would assess the client both at intake and termination according to the above parameters. The three aspects in psychosocial capacity of each group were assessed using a Likert 5-point scale (1=very low / little; 2=low / little, 3=medium, 4=high / much and 5=very high / a lot). A higher score reflected a higher capacity assessed by the worker. The mean score of each scale at intake and termination were computed and Figures 3 and 4 illustrated the mean score comparison between intake and termination.

49. We can see that all the cases have shown distinctive improvements in all the areas assessed by the workers at termination. At intake, the mean score were similar in the area of self-esteem / self-efficacy and communication / network across the two groups of clients (i.e. withdrawn / semi-withdrawn and those with mental health problems). When assessed at termination, the extent of the improvement in the area of self-esteem / self-efficacy was similar for those who were withdrawn / semi-withdrawn and those with mental health problems. But respondents who had mental health problems were assessed by the workers as having a bigger improvement in their communication skills and networking with the community (Figure 4).

Figure 3: Goal achievement in psychosocial functioning for withdrawn/semi-withdrawn cases

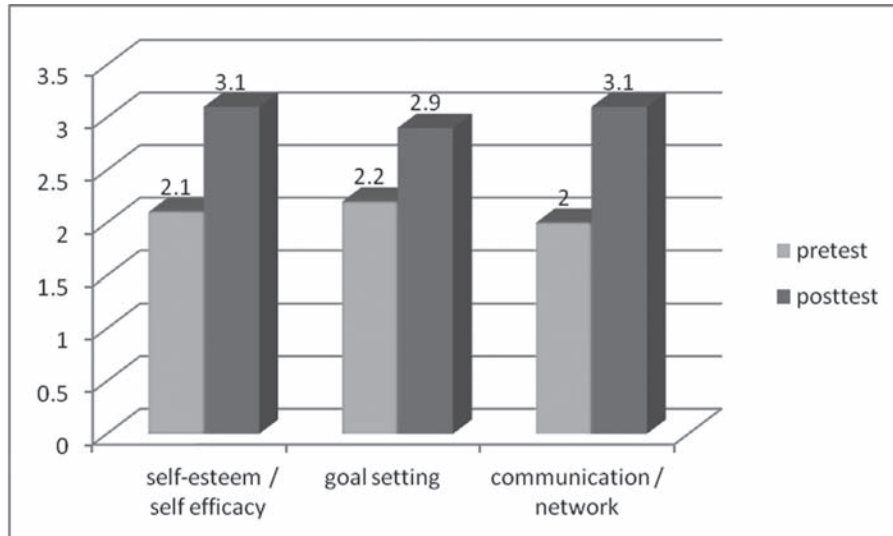
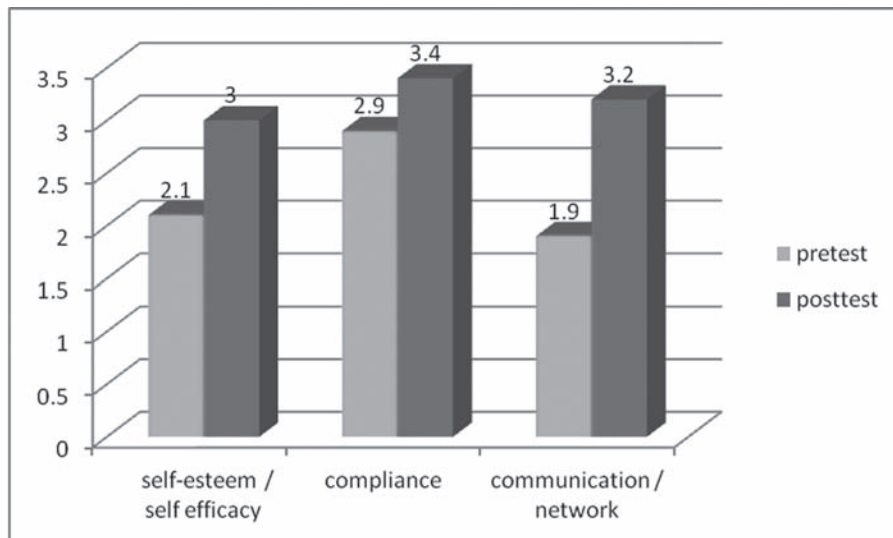


Figure 4: Goal achievement in psychosocial functioning for cases with mental health problems



50. Table 12 compared the mean score at intake and at termination of these two groups of clients and the improvement was found to be statistically significant.

Table 12: Respondents by mean score in psychosocial functioning assessed by worker at intake and at termination

	Mean			SD		95% confidence level	
	intake	term.	diff.	intake	term.	t	Sig.(2-tailed)
Withdrawn/semi-withdrawn							
Self-esteem / self-efficacy	2.1	3.1	+1	0.8	0.9	-9.2	0.00*
Goal setting	2.2	2.9	+0.7	0.8	1.0	-7.1	0.00*
Communication / networking	2.0	3.1	+1.1	0.7	1.0	-11.3	0.00*
Mental health problem							
Self-esteem / self-efficacy	2.0	3.0	+1	0.8	0.9	-6.1	0.00*
Compliance to treatment	2.9	3.4	+0.5	1.0	1.0	-3.2	0.04*
Communication / networking	1.9	3.2	+1.3	0.8	1.6	-5.0	0.00*

* $p \leq 0.05$

51. When the mean scores of cases who had joined one or more AAT component(s) were compared against those who had not participated in any AAT component, it was noted that in general, those who had participated in AAT component(s) had a slightly more distinctive increase in mean score in most of the psychosocial parameters. The exceptional case was for the MH group in their self-esteem / self-advocacy and compliance to treatment. Moreover, the improvement in both groups, as assessed by the worker, were statistically significant (Table 13).

Table 13: Comparison of changes in mean scores for cases with and without dog-related services

		Mean			SD		95% confidence level	
		intake	term.	diff.	intake	term.	t	Sig.(2-tailed)
Withdrawn/semi-withdrawn								
Self-esteem / self-efficacy	Y [#]	2.1	3.3	+1.2	0.8	0.9	-7.3	0.00*
	N	2.1	2.9	+0.8	0.8	0.9	-5.9	0.00*
Goal setting	Y	2.2	3.2	+1	0.9	1.0	-6.2	0.00*
	N	2.1	2.7	+0.6	0.7	1.0	-4.3	0.00*
Communication / networking	Y	2.1	3.5	+1.4	0.7	1.0	-9.0	0.00*
	N	1.9	2.9	+1	0.8	1.1	-7.4	0.00*
Mental health problem								
Self-esteem / self-efficacy	Y [#]	2.0	3.0	+1	0.6	0.9	-4.9	0.00*
	N	2.2	3.2	+1	1.1	1.0	-4.2	0.003*
Compliance to treatment	Y	2.8	3.3	+0.5	0.9	1.0	2.3	0.34
	N	3.1	3.6	+0.5	1.2	0.9	-2.6	0.03*
Communication / networking	Y	1.8	3.2	+1.4	0.7	1.7	-4.1	0.00*
	N	2.2	3.2	+1	1.0	1.0	-3.5	0.009*

[#]=cases that have joint AAT component(s); N=cases that have not joint AAT component

*p≤0.05

Questionnaire survey on programme effectiveness

52. To evaluate the programme effectiveness, a questionnaire was constructed to assess the psychosocial health, as well as the experiences and attitudes towards companion animals of the clients. Based on the project objectives, the questionnaire was designed to measure changes in the self-esteem, social interaction anxiety and the self-efficacy on employment of the clients before and after the intervention.

53. The questionnaire also aimed to explore the experiences and attitude of the clients towards companion animals, questions on the history of companion animal ownership and their attitudes towards the companion animal(s) used in intervention were also included.

54. All the clients who have received services from the project were invited to participate in the questionnaire survey. Consent was sought and the questionnaire was self-administered by the clients at the beginning of the service and at termination. Only clients who have completed both the pretest and posttest were counted as successfully enumeration and a total of 56 cases (48.7% of the total population) were included in this analysis (Evaluation Group (EG)).

Profile of the EG

55. In this group of sample, the male to female ratio was approximately 6.6:3.4, and the age distribution mainly fell into the range of 15-24 (Table 14 &15).

Table 14: EG respondents by gender

Gender	n	%
Male	37	66.1
Female	19	33.9
<i>Total</i>	<i>56</i>	<i>100</i>

Table 15: EG respondents by age

Age range	n	%
≤14	4	7.1
15-19	18	32.1
20-24	25	44.6
25-29	8	14.3
≥30	1	1.8
<i>Total</i>	<i>56</i>	<i>100</i>

56. In terms of education level, over half of them had reached senior secondary school level and around 1/3 had completed junior secondary school level (Table 16). Nearly 90% of them had already completed or have withdrawn from school (Table 17).

Table 16: EG respondents by highest education level reached

Highest level reached	n	%
Primary	2	3.6
Junior secondary	18	32.1
Senior secondary	30	53.6
Post-secondary	4	7.1
College	2	3.6
<i>Total</i>	<i>56</i>	<i>100</i>

Table 17: EG respondents by current employment / education status

Current employment / education status	n	%
Employed	5	8.9
Underemployed	3	5.4
Unemployed	44	78.6
Student	4	7.1
<i>Total</i>	<i>56</i>	<i>100</i>

57. Table 18 illustrated the living circumstances of the EG. A large majority (96.4%) of the respondents was living with their family members and 46.6% were either from a single parent family, living with family member other than their parent, or living alone. 37.5% were the single child of the family.

Table 18: EG respondents by living circumstances

		With siblings		Single child / living alone		Sub-total	
		n	%	n	%	n	%
Residing with family members	Both parent	21	75.0	7	25.0	28	100.0
	Mother only	11	52.3	10	47.6	21	100.0
	Father only	0	0.0	3	100.0	3	100.0
	Others	1	50.0	1	50.0	2	100.0
Living alone		na	na	2	100.0	2	100.0
<i>Total</i>		<i>33</i>	<i>58.9</i>	<i>23</i>	<i>41.1</i>	<i>56</i>	<i>100.0</i>

Withdrawal / mental health status

58. Around 70% of the EG were categorized as either withdrawn or semi-withdrawn clients and 30% had reported to being diagnosed as having a mental health problem (Table 19).

Table 19: EG respondents by withdrawal / mental health status

	<i>n</i>	<i>%</i>
Withdrawn	15	26
Semi-withdrawn	24	42.9
Mental health problem	17	30.4
<i>Total</i>	<i>56</i>	<i>100</i>

59. Among those with a mental health problem, individuals with a diagnosis of depression / anxiety disorder occupied the highest percentage (41.2%), followed by psychosis (23.5%) (Table 20).

Table 20: EG Respondents by type of mental health problem

<i>Diagnosis</i>	<i>n</i>		<i>%</i>
	<i>n=17</i>		
Depression / anxiety disorder	7		41
Psychosis	4		23
Slow learning disorder	2		11.8
ADHA	1		5.9
Borderline personality disorder	1		5.9
Missing	2		11.8
<i>Total</i>	<i>17</i>		<i>100</i>

Participation in AAT component(s)

60. To assess the extent to which the AAT components was critical in engaging this target group, respondents were asked if they would still join the RM Program if there were no AAT component. Results showed that the AAT component was a key attraction for over 20% of the EG respondents. 23% stated that they would definitely not or possibly not joining the RM Program without the AAT component. On the other hand, 26.8% said that they would still definitely join the programme even without the AAT component.

61. 66.1% of the EG respondents had participated in one or more components of the dog-programmes. It was also noted that clients who had experience in pet ownership and those with a more positive attitude towards pets were more likely to participate in pet programmes (Table 21 & 22). There was also a higher percentage of clients with mental health problems who participated in pet programmes (Table 23). However, these associations were not statistically significant (Table 21, 22 & 23, $p \geq 0.05$).

Table 21: EG respondents by history of pet ownership by participation in pet programme(s)

<i>Ever had pet</i>	<i>Participation in pet programme(s)</i>					
	<i>Yes</i>		<i>No</i>		<i>Sub-total</i>	
	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>
Yes	13	76.5	4	23.5	17	100
No	24	61.5	15	38.5	39	100
<i>Total</i>	<i>37</i>	<i>66.1</i>	<i>19</i>	<i>33.9</i>	<i>56</i>	<i>100</i>

$\chi^2 = 1.178, p = 0.278$

Table 22: EG respondents by ACA score

ACA mean score	Participation in pet programme(s)					
	Yes		No		Sub-total	
	f	%	f	%	f	%
Positive ²⁹	28	70.0	12	30.0	40	100
Negative	9	56.3	7	43.8	16	100
Total	37	66.1	19	33.9	56	100

$\chi^2 = 0.964, p = 0.326$

Table 23: EG Respondents by nature of problem by participation in pet programmes

	Participation in pet programme(s)					
	Yes		No		Sub-total	
	f	%	f	%	f	%
Withdrawn	8	53.3	7	46.7	15	100
Semi-withdrawn	14	58.3	10	41.7	24	100
Mental health problem	15	88.2	2	11.8	17	100
Total	37	66.1	19	33.9	56	100

$\chi^2 = 5.452, p = 0.065$

Outcome measures for EG respondents

62. Three scales were used as the outcome measure for the intervention, they were the Rosenberg's Self-Esteem Scale (RSES)³⁰, the Interaction Anxiousness Scale (IAS)³¹ and the Perceived Employability Self-efficacy Scale (PESES)³². Results showed a positive change in the mean score of all the three scales and the changes were statistically significant (Table 24).

Table 24: EG Respondents by change in scores of different scales

	Mean		SD		95% confidence level	
	pre	post	pre	post	t	Sig.(2-tailed)
RSES	15.2	16.6	4.2	5.0	-2.515	0.015*
IAS	47.1	43.9	10.3	10.1	2.574	0.013*
PESES	45.5	49.0	10.7	10.9	-2.890	0.006*

* $p < 0.05$

63. When the outcome measures were analyzed across different problem nature (i.e. withdrawn, semi-withdrawn, mental health problem), positive changes were found in all the scales for all three groups, except in the RSES scale for clients with mental health problem. There was a slight drop of 0.1 in RSES mean score for clients with mental health problem after the RM Program (Table 25).

64. Clients who were classified as 'withdrawn' seemed to be able to benefit most in terms of their self-esteem and perceived employability. There was a statistically significant positive change in the RSES and PESES mean score for withdrawn clients after participating in the RM Program. However, their positive change in IAS score was relatively less than semi-withdrawn clients and clients with a mental health problem. For clients who were semi-withdrawn, they had an all-round increase in the areas measured.

²⁹ Since the scores to a negative statements towards dogs are: strongly agreed = 1, fairly agree = 2 and strongly disagree = 3, taken into account the positively and negatively worded statement, a negative mean score would be 1-17 and a positive score 18-36.

³⁰ Rosenberg's Self-Esteem Scale: Rosenberg, 1965. Mean score ranged from 0-30. A higher score indicates a higher self-esteem

³¹ The Interaction Anxiousness Scale: Leary, 1983. Mean score ranged from 15-75. A higher score indicates higher interaction anxiousness.

³² The Perceived Employability Self-efficacy Scale: Houser & Oda, 1990. Mean score ranged from 15-75. A higher score indicates a higher self-efficacy in perceived employability.

65. However, for the sub-group with mental health problems, the results varied in the outcome measures. This sub-group had shown a relatively high positive change in the IAS, some improvement in their perceived employability but had a slight decrease in their self-esteem. Data in the study did not offer much clue for explanation. One speculation was that the nature of mental illnesses, which may had its biochemical origin, could be very different from the other two groups of clients. In addition, they were likely to be on medication, which may also affect their psychosocial functioning. Comparison of the mean scores for these three groups of clients were illustrated as follows:

Table 25: EG respondents by nature of problems by change in scores of different scales

	Mean			SD		95% confidence level	
	pre	post	diff.	pre	post	t	Sig.(2-tailed)
RSES							
Withdrawn	13.9	16.9	+3	3.2	4.5	-2.828	0.013*
Semi-withdrawn	15.7	17.1	+1.4	4.3	5.1	-1.528	0.14
Mental health prob.	15.6	15.5	-0.1	4.9	5.5	0.168	0.869
IAS							
Withdrawn	45.5	43.1	-2.4	10.7	8.5	0.818	0.427
Semi-withdrawn	47.3	43.7	-3.6	10.7	9.7	1.752	0.093
Mental health prob.	48.4	44.8	-3.6	9.7	12.4	2.028	0.060
PESES							
Withdrawn	41.1	47.5	+6.4	9.1	9.5	-2.361	0.033*
Semi-withdrawn	48.4	51.9	+3.1	10.4	9.7	-1.592	0.125
Mental health prob.	44.8	46.1	-1.3	11.3	13.0	-0.946	0.358

66. Another scale used in the questionnaire was the Attitude Towards Companion Animal Scale (ACA). Although attitude change towards companion animals was not intended as an intervention goal, our understanding on whether change would occur after contact would be useful information in planning AAT program in the future. Since there was a therapy dog on site and the clients were likely to have some contact with the dog disregard of whether they have participated in the AAT components or not, we computed the data for the whole sample population. Results showed that clients had a slightly more positive attitude towards the companion animal after participating in the RM Program although the result was not statistically significant (Table 26).

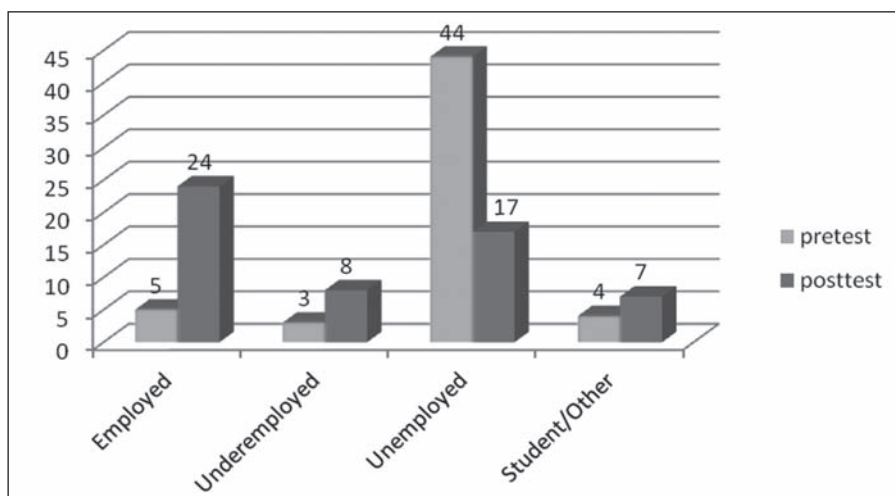
Table 26: EG respondents by change in ACA score

	Mean		SD		95% confidence level	
	pre	post	pre	post	t	Sig.(2-tailed)
ACA ³³	22.5	23.8	9.0	8.6	-1.447	0.154

67. Another result worth noting was the employment status of the clients before and after the RM Program. One of the objectives of the RM Program was to train the work attitude and habits of the clients. Figure 5 showed that the number of participants re-entering into the labour market was obvious. By the time participants had exited the Program, around 1/3 (33.9%) were being employed full time (35 hours or more), and the number of unemployment had dropped from 44 to 17 (i.e. 52 respondents were 15 yrs old and over and were eligible for the labour force, the unemployment rate has dropped from 84.6% to 32.7%).

³³ Attitude towards companion animal: Lakestani et al, 2011. Mean score ranged from 1-36. A higher score indicates a more positive attitude towards companion animals.

Figure 5: Employment status before and after participating in the RM program



68. When the employment status of the participants were analyzed further across the various problem categories, not surprisingly, those who were semi-withdrawn were the most ready to re-enter into the job market (41.7%), and persons with a mental health problem were less likely to do so (23.5%) (Table 27).

Table 27: EG respondents by current employment /education status

Current employment / education status		At intake	Termination	% change within problem category
		n	n	%
Employed	withdrawn	0	5	33.3
	semi-withdrawn	4	14	41.7
	mental health prob.	1	5	23.5
Underemployed	withdrawn	0	2	13.3
	semi-withdrawn	0	3	12.5
	mental health prob.	3	2	-5.9
Unemployed	withdrawn	13	5	-53.3
	semi-withdrawn	18	4	-58.3
	mental health prob.	13	8	-29.4
Student / Other	withdrawn	2	3	6.7
	semi-withdrawn	2	3	4.2
	mental health prob.	0	1	5.9

Outcome measures — EG respondents participated in AAT component(s)

69. When the outcome measures were analyzed against whether the client had participated in AAT component(s), we found that clients who had participated in AAT component(s) had a statistically significant increase in their self-esteem, but the positive change in the area of interaction anxiety and perceived employability were relatively less than those who did not join any AAT component(s). For those who did not join any dog programme, statistically significant changes were found in their perceived employability (Table 28).

Table 28: Respondents by scores of different scales by AAT participation

		Mean			SD		95% confidence level	
		pre	post	diff.	pre	post	t	Sig.(2-tailed)
RSES	yes=37	15.8	17.5	+1.7	4.0	4.6	-2.564	0.015*
	no=19	13.9	14.9	-1	4.5	5.5	-0.911	0.375
IAS	yes=37	46.1	43.2	-2.9	9.9	10.5	1.980	0.064
	no=19	49.1	45.3	-3.8	10.9	9.5	1.706	0.105
PESES	yes=37	47.1	49.8	+2.7	9.6	11.5	-1.811	0.079
	no=19	42.5	47.5	+5	12.3	9.6	-2.435	0.025*

* $p \leq 0.05$

70. Another factor that might affect the outcome was the type of dog programme participated. Table 29 showed the percentage of clients participated in various components. Pet grooming and individual counseling were the most common components participated by the clients. In a few cases, home visit with the therapy dog were also made.

Table 29: EG respondents by participation in dog programme components

Type of dog programme*	f		%
	n=37		
Pet grooming	28		75.7
Individual counseling	27		73.0
Pet caring	22		59.5
Group activity	20		54.1
Home visit	3		8.1
Missing	1		2.7

*may participated in more than one component

71. To further understand the impact of various dog components, we have categorized them into components with a specific therapeutic purpose (Individual counseling and / or home visit) and those focusing on facilitating their programme participation / career training (pet grooming, group activities and pet caring). Among clients who had participated in AAT components, 27 clients have participated in component(s) with specific therapeutic purpose (i.e. individual counseling and / or home visit) and 9 clients only joined visitation activities and / or pet grooming training. From Table 30, we could see that those who have participated in individual counseling / home visit had a relatively greater positive increase in mean score in self-esteem and perceived employability, but relatively less in interaction anxiety as compared with those who only participated in dog activities. The change was statistically significant for the self-esteem score among those who had individual counseling / home visit.

Table 30: EG respondents by outcome score by type of dog programme

	Mean			SD		95% confidence level	
	pre	post	diff.	pre	post	t	Sig.(2-tailed)
RSES							
Therapy (n=27) [#]	15.3	17.1	+1.8	4.3	5.1	-2.342	0.015*
Activity only (n=9) [#]	17.6	18.4	+0.8	2.8	3.3	-0.909	0.39
IAS							
Therapy (n=27)*	47.5	44.6	-2.9	10.5	11.5	1.467	0.154
Activity only (n=9)*	42.3	39.2	-3.1	7.7	6.6	1.421	0.193
PESES							
Therapy (n=27)*	45.3	48.5	+3.2	9.7	12.4	-1.778	0.087
Activity only (n=9)*	51.8	53.2	+1.4	8.3	9.0	-0.487	0.64

[#]the total no. of clients who have joined the dog programme was 37, one with missing data and the number of clients included in this analysis was 27+9=36

* $p \leq 0.05$

Role of the therapy dog / visiting dogs

72. For clients who have participated in dog programmes, a Pet Bonding Scale (PBS) was used to assess their perceived role of the therapy / visiting dogs which was conceptualized into: unconditional acceptance from the animal, feelings of reciprocity in the visit and positive feelings / attachment to the animal. A Likert Scale of 1 to 5 were used with 1=more often true to 5=more often false. A lower mean score indicates a more positive attitude. Results of the responses illustrated in Table 28 showed that the EG respondents felt most positive in their perception that the dog accepted them unconditionally. The presence of the therapy / visiting dog also induced a positive / attachment feeling, and, although still on the positive side, the feeling of reciprocity was relatively less strong among the EG respondents.

73. When we looked at individual statements, the five most strongly felt statements were: (The dog visits / therapy dog make me feel happy) 「犬隻探訪或治療犬活動令我感到愉快」 (mean=1.97); (The visiting dogs / therapy dog accepts me just the way I am) 「來探訪的犬隻或治療犬無條件地接納我」 (mean=2.08); (The dog visits / therapy dog are (not) boring) 「犬隻探訪或治療犬活動令人感到 (不)³⁴ 沉悶」 (mean=2.08); (The visiting dogs/therapy dog take my mind off my trouble) 「來探訪的犬隻或治療犬令我忘掉煩惱」 (mean=2.14); (The visiting dogs/therapy dog do not judge me.) 「來探訪的犬隻或治療犬不會批判我」 (mean=2.31), indicating that the most important roles the therapy / visiting dog played for the EG respondents were: providing unconditional positive regard, inducing a feeling of happiness and a distraction from their worries (Table 31).

³⁴ The original statement was: 「犬隻探訪或治療犬活動令人感到沉悶」 Since this was a negatively worded statement and was recoded in the analysis.

Table 31: EG respondents' responses to PBS

<i>Pet Bonding Scale</i>	<i>Mean</i>	<i>Medium</i>
<i>Unconditional acceptance</i>		
The visiting dogs / therapy dog likes me 來探訪的犬隻或治療犬喜歡我。	2.39	2.0
The visiting dogs / therapy dog is always glad to see me. 來探訪的犬隻或治療犬見到我，總是很高興的樣子。	2.33	2.0
The visiting dogs / therapy dog prefers me to others. 來探訪的犬隻或治療犬對我特別好。	2.58	3.0
The visiting dogs / therapy dog has become my friend. 來探訪的犬隻或治療犬和我已成為朋友。	2.39	2.0
The visiting dogs / therapy dog doesn't judge me. 來探訪的犬隻或治療犬不會批判我。	2.31	2.0
The visiting dogs / therapy dog accepts me just the way I am. 來探訪的犬隻或治療犬無條件地接納我。	2.08	2.0
<i>Subscale score</i>	<i>2.34</i>	<i>2.33</i>
<i>Reciprocity</i>		
I talk to the visiting dogs / therapy dog. 我有對來探訪的犬隻或治療犬說話。	2.47	2.0
I confide in the visiting dogs / therapy dog. 我有對來探訪的犬隻或治療犬傾吐心事。	3.08	3.0
The visiting dogs / therapy dog understands what I say. 來探訪的犬隻或治療犬明白我的說話。	2.69	3.0
The visiting dogs / therapy dog knows when I feel bad 若我不開心，來探訪的犬隻或治療犬是知道的。	2.83	3.0
The visiting dogs / therapy dog knows when I feel happy. 若我開心，來探訪的犬隻或治療犬是知道的。	2.56	2.5
The visiting dogs / therapy dog tries to comfort me. 來探訪的犬隻或治療犬會安慰我。	2.64	3.0
<i>Subscale score</i>	<i>2.71</i>	<i>2.67</i>

Table 31: EG respondents' responses to PBS (cont'd)

<i>Pet Bonding Scale</i>	<i>Mean</i>	<i>Medium</i>
<i>Positive feelings / attachment</i>		
I look forward to getting up in the morning on days when I will see the visiting dogs / therapy dog. 有犬隻或治療犬來探訪的日子，我都會充滿盼望，早上很快便會起床。	3.0	3.0
I tell others about the visiting dogs / therapy dog. 我會告訴別人關於來探訪的犬隻或治療犬的事。	2.86	3.0
I would like to have the visiting dogs / therapy dog come to my home. 我希望來探訪的犬隻或治療犬也可以到我家中。	2.86	3.0
I will remember the visiting dogs / therapy dog after the programme. 活動完結之後，我仍會記著來探訪的犬隻或治療犬。	2.5	2.0
The visiting dogs / therapy dog make me feel better 犬隻探訪或治療犬活動令我心情較好。	2.33	2.0
The visiting dogs / therapy dog are boring. (recoded) 犬隻探訪或治療犬活動令人感到沉悶。	2.08	2.0
I feel attached to the visiting dogs / therapy dog. 我覺得對來探訪的犬隻或治療犬有強烈的感情。	2.56	3.0
The visiting dogs / therapy dog give me energy. 犬隻探訪或治療犬活動令我更有活力。	2.64	3.0
I miss the visiting dogs / therapy dog between visits 我會記掛著來探訪的犬隻或治療犬。	2.47	2.0
I look forward to the visiting dogs / therapy dog sessions. 我期待犬隻探訪或治療犬活動。	2.31	2.5
The visiting dogs / therapy dog makes me feel happy. 犬隻探訪或治療犬活動令我感到愉快。	1.97	2.0
I make the visiting dogs / therapy dog feel happy. 我令來探訪的犬隻或治療犬快樂。	2.53	2.5
The visiting dogs / therapy dog takes my mind off my troubles. 來探訪的犬隻或治療犬令我忘掉煩惱。	2.14	2.0
The visiting dogs / therapy dog helps me feel secure. 來探訪的犬隻或治療犬令我有安全感。	2.53	3.0
<i>Subscale score</i>	<i>2.48</i>	<i>2.75</i>

Qualitative data analysis

74. Qualitative data were collected from reviewing nine case recordings and conducting individual / small group interviews with clients who have participated in the dog programme(s).

75. The cases selected for documentary review were chosen because they were considered representative of clients who had participated in the dog programme(s) with positive experiences. In addition, ten cases who have participated in the dog programme(s) were interviewed either individually or in small group of 2-3 persons to solicit their experiences in the programme, in particular, their perception on the role of the dog. The following themes were identified:

Catalyst for programme participation

76. Having a dog component in the project was definitely a motivating factor for this group of clients. These young people were reported to have stayed at home for several months to over a year, and some found the dog components attractive enough to arouse their interest to know more about the programme. Some participants have stated that if there were no dog component, they would probably not join the programme at all. As one of the focus group participants had said: 「…作為隱青，最不想就是接觸人。若來到又是接觸人的話，吸引力就少，但狗可以慢慢將他們帶出…」 (“... for us who are withdrawn, we really don't like to make contact with others; the programme would be less attractive if we have to face other people. But a dog can slowly bring people out...”). This echoed with our findings in the questionnaire survey that the dog programme component was a key attraction to over 20% of the respondents.

Enhancement of therapeutic environment

Unconditional acceptance

77. Many participants felt that the most helpful element in the RM project was that they felt the visiting dogs could accept them as they are: 「…我會諗：點解好似我咁既人，發發都會同我玩… 又唔會吠我。」 (“... why FatFat would play with someone like me... and he won't bark at me.”). This was particularly important for someone with very low self-esteem and negative experience in their human relationships. Another participant stressed on the perceived genuineness of the dog(s); 「…以前啲人會用啲偏激既手段去欺負你，但狗就好直接，目光好單純。」 (“... people used to bully me, but with a dog, it's different, they are very direct and when they look at you, you can feel that they are genuine...”). These provided examples of the dogs' intuitive behaviours which were often perceived as comforting and accepting.

Facilitate rapport building

78. For many clients, seeing a social worker may be threatening and anxiety provoking. The presence of FatFat was often an ice-breaker, one example given was that the worker would invite the client to befriend FatFat and talked about the interaction as rapport building. The presence of FatFat was also described as helpful in distracting from the feeling of anxiety. It seemed that for some clients, the mere presence of the therapy dog was enough to make them calmer, and providing a distraction from their anxiety. For example, one has described feeling less depressed and her mood improved with FatFat around during counseling session, although when asked what did FatFat do, she described him as just: 「…佢就係瞓响度…有時行來行去…」 (“...he just slept there, sometimes got up and has a stroll...”).

Build up confidence

79. For this group of clients who were often low in self-esteem, the feeling of unconditional acceptance provided by the therapy / visiting dogs helped to nurture confidence. The participants spoke of having a sense of achievement after the pet grooming training session; 「我以前覺得自己照顧自己都唔得，有點可以照顧啲狗？…而家可以親手同佢（狗）沖涼，好有樂趣，好有成功感。」 (“Before, I felt that I couldn’t even take care of myself, how can I take care of dogs? It was highly satisfactory to be able to bath the dog, and a great sense of achievement...”).

80. The direct positive response of the dog often helped to reinforce the sense of achievement. As one participant described: 「…狗好直接，無人咁複雜，你幫佢佢就好直接咁覺得開心，對著你個樣好似表達多謝你咁。」 (“Dogs are very direct, they are not as complex as men. If you helped them, they would showed their happiness directly, as if they wanted to say ‘Thank you’ ”).

As an adjunct in therapeutic intervention

81. Animals are often excellent model for the clients to demonstrate and practice appropriate behaviour because they were often seen as safe and non-critical. More than one clients have said that by observing FatFat and his response to human cues, they were able to learn more about interpersonal relationship. One participant described how the therapy dog has helped him to be more empathetic. 「…以前我收埋自己，好似唔識同人相處，唔識睇眉頭眼額。但見到啲狗既行為同表情，你都可以知道佢地既感覺。… 同發發相處，可以知道人地既感受多啲。」 (“I used to hide myself, not knowing how to relate with others and don't know how to read people's non-verbal gestures... with FatFat, I know how he feels from his behaviour and gesture... I can learn to be more sensitive to other people's feelings”)
82. Some of the clients have to take up the tasks of caring for FatFat, and this has helped them to build up a good working habit and a sense of responsibility. One participants said that it was good to feel being relied on, and 「…有時諗住如過唔準時，發發就無人睇…」 (“... if I'm not on time, no one would be able to take care of Fat Fat.”)
83. To sum up, it was found the participants of the RM Program have shown improvement in their self-esteem, their social anxiety level has reduced and their confidence in their employability have also increased. The differences in outcome measure for those who have participated in the AAT component(s) was in the increase in self-esteem. It was found that those who have participated in one or more AAT components had a relatively more positive improvement in self-esteem and the impact was particularly significant for those who were withdrawn. The visiting dogs / therapy dog have played a significant role in helping the participants felt being accepted as who they are. In addition, the Program also helped the participants in entering / re-entering into the job market.

DISCUSSION AND CONCLUSION

84. The RM Program is the first project in Hong Kong that has incorporated an AAT component in the service model. It is also one of the few services in Hong Kong focusing in serving young people who are disengaged from their social ties. This study has demonstrated that the RM Program was effective in improving the self-esteem, reducing interaction anxiety and increasing the perceived employability of the clients. In fact, post-intervention data has shown that the percentage of those unemployed at intake has dropped from 85% to 33%, indicating that they were able to come out from their withdrawn status and re-engage back into the society again.

An alternative intervention approach for the difficult-to-reach clients

85. In this pilot study, the 'dog' element in the RM Program was shown to be successful to engage some of the difficult-to-reach clients. For some of the clients, without the AAT components, they might not consent to receiving the service at all. This was especially useful for those who feel strained in interpersonal relationship. The dog is perceived to be non-threatening, uncritical and fun to be with; and can serve as a motivating factor for engagement. Furthermore, the introduction of some of the AAT components, e.g. dog visitations and dog grooming could reduce some of the stigma felt by many young people in receiving social service. Social workers of the RM Program would usually introduce these activities first to facilitate rapport building and engagement before clients were invited to the more intensive counseling sessions.

RM Program had varying impact for different clients groups

86. RM Program showed a greater impact on clients who were withdrawn / semi-withdrawn. For this group of clients, positive changes were found in all the three areas measured (i.e. self-esteem, interaction anxiety, and perceived employability). It was particularly encouraging to note the statistically significant positive changes in the self-esteem and perceived employability of the withdrawn clients, indicating a strong association between the service input and the outcome for those who are withdrawn.

87. For clients with mental health problems, the greatest improvement was on the reduction in interaction anxiety. However, service impact was less obvious in the area of self-esteem and perceived employability — almost no change in self-esteem and only slight increase in perceived employability. There was no data on the withdrawn status of clients with mental health problems which has limited our understanding on factors affection the variation in service impact. One speculation is that for people with mental health problems, their self-esteem may be further hampered by the stigma often associated with mentally ill persons, and more intensive intervention targeted at this problem may be required. As for their perceived employability, the mental illness may have impaired their functioning level and being well aware of this impairment, mentally ill persons may have a lower expectation of their employability.

AAT works better in increasing self-esteem

88. In regard to the impact of the AAT components, one of the main themes that has come up consistently from both qualitative and quantitative data was the improvement in self-esteem of the participants. This echoes with findings from the perceived roles of the therapy / visiting dogs and from case interviews where respondents have clearly indicated that they experienced unconditional acceptance from the animal. This is particularly significant for those who are withdrawn since having low self-esteem is one of the core issues facing this target group.

Attitude change with increase contact

89. The study shows that clients who had experience in pet ownership and those having a more positive attitude towards dogs were more likely to participate in dog programmes, but the relationship was not statistically significant. Moreover, it was found that clients' attitude tends to become more positive with more contacts. That is to say, in the formulation of an intervention plan, even for clients who show no initial interest in AAT, the potential benefits may still be worth trying to put this up as an option for intervention.

Conclusion

90. The RM Program, in particular, its AAT components, has provided an alternative model in providing services for withdrawn young people who are usually difficult to engage. The Program, as a whole, was found to be able to improve self-esteem, reduce the social anxiety level and increase the perceived employability of the youth participated. In particular, the AAT component was shown to have the greatest impact in increasing the self-esteem of those who have been disengaged for over three months or more.

91. However, the impact of the AAT component was not very distinctive in the area of social anxiety and perceived employability. As compared with self-esteem, reducing social anxiety and employability may require the acquisition of certain skills which, in this pilot project, may not be the primary focus in AAT.

92. Variations were also found to have an impact on the RM Program, with or without AAT component, on clients who are withdrawn / semi-withdrawn and people with a mental health problem.

93. To conclude, as a pilot project, the RM Program is a viable initiative in providing services for the withdrawn youth. Results have shown that it has helped to improve self-esteem, reduce the social anxiety level and increase the perceived employability of the youth participated. Over half of the participants were able to engage in gainful employment after participation in the Program.

94. The RM Program is distinctive from other service approaches in its incorporation of AAT components. This component is found to be particularly helpful for withdrawn youth who tend to be 'invisible' and shy away from traditional service models. The use of AAT as an agent to facilitate the engagement of the young people and the fluidity of the intervention process are able to accommodate individual preferences and readiness. In addition, the introduction of AAT components such as the dog visitation program or the pet grooming training can take away some of the stigma often attached to receiving social service.

95. At the moment, very little is known about the phenomena of social withdrawal among young people in Hong Kong. One of the reasons being their characteristic 'invisibility', many of them are not known to social service agencies, and indeed, specific service for this target group is very limited. Although in this pilot project, social withdrawal is defined as disengagement from social ties for three months or more, very little information is known about the circumstances of their condition, e.g. onset of the condition, duration. We also need to understand if there is any co-morbidity, e.g. internet addiction. The use of assessment scales (e.g. IAS, could be considered to set the baseline and to help with formulating the intervention plan. It would also be useful to understand further the withdrawal status of those with a mental health problem. Our findings suggested that AAT having a stronger impact on those who are withdrawn, and delineating which condition (mental health problem, social withdrawal) is the primary issue for intervention will help with screening and streamlining the client to appropriate service and intervention plan.

LIMITATIONS

96. The RM Program has adopted a tailored-made multimodal intervention model in formulating the intervention plan with the clients. Therefore, not all the clients receiving this service would participate in the dog components. While this approach has the advantage of being highly dynamic in matching the intervention with the client's individual characteristics and needs, evaluating programme effectiveness becomes highly complex. For example, it was very difficult to isolate the 'AAT factor' since the resident dog was in the centre and all clients had the possibility of exposing to its presence even without joining the dog programme.
97. Another area that may need further exploration was the withdrawal status of those who were diagnosed with a mental health problem. For this group of client, withdrawn behaviour may be a behavioural manifestation of their mental illnesses which might affect our interpretation of the findings.

APPENDIX

An overview of AAT techniques used by case workers of the RM Program

1. To identify the techniques used by the workers in the AAT components, a checklist on the common techniques used and their therapeutic intention was developed based on literature (O'Callaghan, 2008). The checklist was then reviewed by the case workers (6 workers) to ensure that the items have reflected their actual practice. A final list of 14 techniques and 10 therapeutic intentions were developed and workers were then asked to indicate their frequency in using each technique and the major therapeutic intention when that particular technique was used.
2. Workers were asked to rate their frequency in using the technique using a Likert scale with Never = 1, Seldom = 2, Quite often = 3 and Very often = 4. The sum total of each item reflected how common the technique was used among the case workers. The following table illustrated the results:

Rank	Technique	Total Count	Most common TI(s)*
1	Encourages client to interact with therapy animal by touching or petting. 鼓勵服務使用者接觸治療犬 / 探訪犬隻 (例：指出如何可以透過讓治療犬 / 探訪犬隻嗅嗅自己的氣味或輕撫牠而建立關係)	21	A
2	Encourages client to take care of the therapy animal. 讓服務使用者參與照顧治療犬 (例：帶牠外出散步，替牠清潔等)	19	A,C,D, E,F,G,H,
3	Worker shares history or story about the therapy animal to start a conversation. 以治療犬 / 探訪犬隻作為話題，打開話匣子 (例：告訴服務使用者治療犬 / 探訪犬隻的背景，從而鼓勵他 / 她分享自己的經歷)	18	A,B
4	Worker interacts with therapy animal. 社工和治療犬互動 (例：表演把戲)	18	A,J
5	Therapy animal is present without any directive interventions. 讓治療犬陪同服務使用者進行輔導，但沒有特別直接涉及治療犬的活動	16	J
6	Involving the therapy animal in the behavioral/ skills training of the client. 讓治療犬參與服務使用者的行為 / 社交技巧訓練	16	B
7	Worker reflects or comments on client's relationship with therapy animal. 向服務使用者反映或評論他 / 她和治療犬 / 探訪犬隻的相處 (例：和治療犬 / 探訪犬隻相處顯得自然 / 有保留 / 很緊張 / 沒有眼神接觸)	15	A,B,E
8	Worker comments or reflects on spontaneous client animal interactions 即時反映服務使用者和治療犬 / 探訪犬隻的互動 (例：服務使用者說話太大聲，令治療犬 / 探訪犬隻不安，社工可提示，指出其行為對別人的影響。)	15	E,G

9	Encourages clients to perform tricks with the therapy animal. 鼓勵服務使用者和治療犬 / 探訪犬隻玩遊戲 (例：和治療犬 / 探訪犬隻玩拋球 / 接球遊戲，並反映其行為表現)	15	A,D
10	Stories and metaphors with animal themes are shared with client by worker. 和服務使用者討論與犬隻有關的故事及比喻 (例：指出治療犬探訪犬隻也有工作和有其貢獻；有失去前肢的犬隻成功地學懂用後腳走路)	13	D,G
11	Worker utilizes the client-therapy animal relationship. 利用服務使用者和治療犬的關係 (例：若治療犬是你的好朋友，你會和牠分享甚麼心事？)	13	G,I
12	Encourages client to perform commands with therapy animal. 鼓勵服務使用者學習訓練治療犬聽令 (例：讓服務使用者及治療犬為長者表演把戲)	12	D,J
13	Spending time with therapy animal as a reward for progress. 和治療犬相處作為鼓勵正面行為的獎賞	12	H
14	Encourages client to tell therapy animal about client's distress or concerns. 以治療犬 / 探訪犬隻為引子，鼓勵服務使用者向牠傾訴自己的煩惱和心事	10	F

*code for the therapeutic intentions:

A	Building rapport 建立親和感	G	Facilitating insight 加深服務使對自己的了解
B	Enhancing client's social skills 加強服務使用者的社交技巧	H	As a behavioral reward 作為獎賞
C	Enhancing relationship skills 加強服務使用者的人際關係技巧	I	Enhancing trust within therapeutic environment 加強治療環境的信任氣氛
D	Enhancing self confidence 加強自信心	J	Facilitating feeling of being safe in therapeutic environment 加強治療環境的安全感
E	Modeling specific behaviors 示範需要學習的行為	K	Other 其他，請註明
F	Encouraging sharing of feelings 鼓勵服務使用者表達感受		

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中華錫安傳道會社會服務部

九龍慈雲山慈民邨民健樓地下（B 翼及 C 翼）

電話：2324 0111 傳真：2326 7453

電郵：isc@hkzion.org.hk 網址：www.hkzion.org.hk

慈雲山錫安青少年綜合服務中心

九龍慈雲山慈民邨民健樓地下（B 翼及 C 翼）

電話：2324 0111 傳真：2326 7453

慈雲山錫安青少年綜合服務中心分處 青少年就業培訓及創藝發展中心

九龍慈雲山慈正邨正暉樓地下 1 號舖

電話：2324 0113 傳真：2324 0138

恩慈家庭及幼兒互助中心

九龍慈雲山慈樂邨樂安樓地下 C 翼 2 號

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傳真：2326 7453
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