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Use of canine companions for independence as a modality in occupational therapy

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**USE OF CANINE COMPANIONS FOR INDEPENDENCE
AS A MODALITY IN OCCUPATIONAL THERAPY**

A Thesis

Presented to

The Faculty of the Department of Occupational Therapy

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Shelley Annette Paton

December 2000

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ABSTRACT

USE OF CANINE COMPANIONS FOR INDEPENDENCE AS A MODALITY IN OCCUPATIONAL THERAPY

by Shelley Annette Paton

This thesis explores occupational therapists' perspectives on the uses, benefits, and limitations of using Canine Companions for Independence (CCI) as a modality in treatment. Data were obtained through semi-structured interviews of four registered occupational therapists currently utilizing CCI facility dogs to enhance treatment goals and outcomes. The results revealed that these therapists used the CCI facility dogs in several different areas, such as assessment and evaluation; performance areas and activities of daily living; social-emotional skills; coping skills; role acquisition; and behavioral issues. Minimal limitations were found as to the use of CCI facility dogs in treatment sessions with different ages, cultures, and diagnostic groups. This study identifies several advantages of using CCI facility dogs. It also describes the benefits of the intensive training program that is important for both the dog and the health care professional in order to effectively incorporate an animal-facilitated therapy team into treatment planning and intervention.

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Table of Contents

	Page
Chapter One: Introduction.....	1
Purpose of the Study.....	1
Statement of the Problem.....	1
Objectives.....	3
Definitions.....	3
Significance of the Project.....	4
Assumptions.....	4
Chapter Two: Review of the Literature.....	5
The Benefits of Pet-Assisted Therapy.....	5
Pet-Assisted Therapy and Pediatrics.....	5
Pet-Assisted Therapy and Mental Health.....	5
Pet-Assisted Therapy and Socialization.....	6
Pet-Assisted Therapy and Geriatrics.....	7
Pet-Assisted Therapy and Social-Emotional Skills.....	8
Pet-Assisted Therapy and Home Health.....	8
Pet-Assisted Therapy and Occupational Therapy.....	9
The Benefits of Animal-Facilitated Therapy.....	10
Theoretical Perspective.....	12
Chapter Three: Methodology.....	15
Participants.....	15
Setting.....	15
Instrumentation.....	16
Procedures.....	16
Data Analysis.....	16
Chapter Four: Results.....	17
Canine Companions for Independence vs. Pet Visitation Programs.....	17
Therapist Training and Responsibilities for the CCI Facility Dog.....	18
Appropriateness of Animal-Facilitated Therapy.....	20
Facility Clientele.....	21

Animal-Facilitated Therapy in Assessment and Evaluation.....	21
Animal-Facilitated Therapy to Address Areas and Activities of Daily.....	23
Ambulation.....	23
Grooming and Hygiene.....	24
Sensory integration and stimulation.....	25
Cognition.....	25
Strength, Range of Motion, and Endurance.....	26
Social Function.....	26
Social-Emotional and Coping Skills.....	28
Role Acquisition.....	29
Compliance with Treatment and Behavioral Issues.....	30
Possible Drawbacks to Animal-Facilitated Therapy.....	32
Chapter Five: Discussion.....	35
Limitations.....	37
Suggestions for Future Research.....	38
Conclusion.....	38
References.....	39
Appendices.....	41
Appendix A.....	41
Appendix B.....	43
Appendix C.....	45
Appendix D.....	48
Appendix E.....	50

Chapter 1

Introduction

Purpose of the Study

The purpose of the study was to explore and define the use of Canine Companion animals as modalities in occupational therapy treatment. Canine Companions for Independence (CCI), an organization based in California, has customarily furnished assistance dogs for those with disabilities other than blindness. CCI also selects dogs to work with professionals in facilities providing rehabilitation, special education, visitation services, or extended care services. Facility dogs trained by CCI differ from volunteer pet-assisted therapy programs such that the dogs are skilled in commands that, when utilized in conjunction with structured therapies or activities, can promote and enhance various rehabilitation goals and objectives (Canine Companions for Independence, 1999). This study explored the qualitative aspects of using Canine Companions in occupational therapy treatment in order to better understand what features and characteristics of this type of modality are perceived as beneficial from the perspectives of several occupational therapists.

Statement of the Problem

Pet-assisted therapy typically refers to programs in which pet visitation is used in different facilities through the use of volunteers or local humane societies (Roenke & Mulligan, 1998). Most of the research on the use of pet therapy in various settings and with different populations focuses on volunteer programs. The volunteers of pet therapy programs usually bring their own animals that have passed certain temperament

qualifications and health requirements. These dogs, although well trained and obedient, are accompanied and controlled by their owner who is typically not a professional caregiver. The type of training the dog receives may vary due to the fact that each volunteer in the pet therapy program has individual preferences or priorities when training their pet. Some pet owners receive training through a home-study manual in order to become eligible for such programs as the Delta Society's Pet Partners (Wolhfarth, 1997). Some volunteers may bring in their pets to health care facilities and allow the therapist to work with the animal in a therapy session. If the volunteers are consistent, the therapist will eventually become familiar with the animal's behaviors, strengths, and weaknesses, thereby increasing the effectiveness of the therapy session.

In contrast to dogs trained for pet visitation, CCI facility dogs are extensively trained for 6-9 months in advanced obedience and interactive and working commands. CCI also thoroughly trains facility dog handlers, (i.e. the occupational therapist) through a one to two week program in order to acquire the maximum benefit that a facility dog can provide. Not only does the occupational therapist direct the dog's interactions and activities with their client, but he/she is also responsible for the dog's overall care and management outside of the facility. This means that the facility dog permanently resides with the therapist who monitors the dog's health and well being at all times. The occupational therapist is required to participate in a one to two week Team Training placement class in which he/she receives extensive education about the nature of the dog, leadership skills to gain responsiveness, effective canine handling, canine behavior, health management, and facilitation techniques (Canine Companions for Independence, 1999). It

is proposed that the use of CCI facility dogs by occupational therapists in treatment can create a more therapeutic arena for animal-assisted therapy in which a client's goals and outcomes can be enhanced through the use of this type of modality.

Objectives

The main objective in this study was to identify how occupational therapists utilized CCI trained facility dogs in treatment. The use of the dog in assessment, evaluation, planning, and treatment was explored. This study also addressed the therapists' use of the dog to improve a client's activities of daily living, motivation, participation, mood, social interaction, compliance, coping mechanisms, and self-awareness. The occupational therapists ideas and creativity in using the dog in all areas of treatment with a multitude of populations was thoroughly explored. This study was intended to discover the particular benefits of the relationship between the dog and the occupational therapist in producing an effective team approach to treatment. The required training of the dog and the handler, both individually and as a team, was an important distinction in order to ascertain the benefits of the CCI facility dog verses the pet therapy dog.

Definitions

Many terms are used to designate the use of pets in therapy. Many of these terms are used interchangeably throughout the research but all imply the same meaning. Some of the terms used are pet facilitated therapy, animal assisted therapy, pet-assisted therapy, pet therapy, or animal-facilitated therapy. All of these are based upon the interactive dynamics between animals and humans (Darrah, 1996). For this study, the term "pet-assisted therapy" will be used to refer to volunteers utilizing their own family pets and "animal-

facilitated therapy” will refer to the use of a trained service dog as a modality in occupational therapy treatment.

Significance of the Project

Occupational therapists are constantly searching for new, diverse, and unique methods of assisting their clients in achieving their goals. Animal-facilitated therapy appears to hold many qualities that can contribute to enhanced outcomes in treatment sessions. By discovering how occupational therapists utilize CCI facility dogs in treatment, health care facilities will become aware of how this type of therapy might benefit certain clients. Increased awareness and acceptance of facility dogs within health care facilities may, in turn, increase the number of dogs utilized not only by occupational therapists, but possibly by physical therapists, speech therapists, and other rehabilitation professionals as well. This type of modality can add another creative adjunct to treating clients, which can bring about many positive outcomes with a variety of clients.

Assumptions

It was assumed that the participants were, in fact, registered occupational therapists who were currently using CCI facility dogs in treatment. It was also assumed that these therapists would respond truthfully to the questions in the interview.

Chapter 2

Review of the Literature

The Benefits of Pet-Assisted Therapy

Pet-assisted therapy and pediatrics. When working with children, therapists often look for ways to motivate a child to participate in therapy. Canines have been shown to arouse interest in children, offering a new and intriguing dimension to the therapeutic environment. Not only does the introduction of the pet to therapy sessions provide enjoyment, but it elicits motivation and participation as well (Poleshuck, 1997). According to Poleshuck (1997), animals played a variety of roles in the emotional development of the children in this study. The roles that the dog played in children's lives included encouragement to speak or improvement in expressive skills when developmental or emotional difficulties inhibit children from expressing themselves.

Dogs also provided unconditional love and acceptance which could be helpful in a therapeutic session when a disability made the child feel lonely, misunderstood, angry, or embarrassed. Poleshuck (1997) discussed how many children with disabilities displayed maladaptive behaviors such as aggression or self-stimulating behaviors that interfered with their development. She found that therapy sessions involving dogs could help alleviate some of these symptoms, thereby enhancing the likelihood of reaching goals and objectives during the sessions.

Pet-assisted therapy and mental health. For adolescents who were in a psychiatric hospital, Bardill and Hutchinson (1997) found that the presence of a dog in the hospital produced a positive response from the patients. The adolescents reported that the dog

redefined reality and created a “homelike” atmosphere, which was safe and protective. The dog was also noted as touchable, calm, unconditionally accepting, and a catalyst for teaching and learning. The adolescents perceived the dog’s roles to be all of the following: friend, listener, comforter, therapist, and distracter (Bardill & Hutchinson, 1997).

Pet-assisted therapy helped to provide reality orientation for confused or disoriented patients in a psychiatric hospital. Animals provided consistent reactions to clients, continuity in their relationships, and helped focus clients’ attention on the present (Barba, 1995). Animals had also been found to make excellent distractions for individuals who were self-absorbed and for those demonstrating anxiety or hyperactivity (Barba, 1995). Smith (1998) stated that having a dog within a health care facility provided a socially acceptable outlet for the need to touch and be touched. Wolhfarth (1997) discovered that animals have been able to reach people in a psychiatric unit on a very different level of communication than found with other humans. Many of these clients’ verbal communication skills were not clear or intelligible until their focus turned toward the dog. When interacting with the dog, they began to make more sense when speaking (Wolhfarth, 1997).

Pet-assisted therapy and socialization. Studies have suggested that the presence of a dog in group therapy sessions increased social interactions among participants, thereby improving the social environment during an occupational therapy group intervention (Fick, 1992). Providing a comfortable environment to facilitate social interactions could be highly beneficial in achieving therapeutic goals of a group therapy session. Fick (1992) also stated that resident animals in nursing homes not only improved the social climate of

the facility, but also improved feelings of self-worth, independence, and responsibility on the part of the patients. Beneficial changes were also noted in reality orientation, anxiety levels, communication, concentration, attention span, and social engagement during pet visits (Fick, 1992). Many children and adolescents with disabilities also had difficulties in socially interacting with others at age appropriate levels (Poleshuck, 1997). Pet-assisted therapy could assist in initiating communication between peers by increasing the child's self-esteem and giving the child someone to practice conversing with. According to Darrah (1996), social interaction may be dependent upon the client's past experience with animals or related to whether they had previously owned a pet. Darrah (1996) found that people enjoyed discussing the pets that they grew up with and that, by bringing a pet into a group session, clients would initiate conversations with each other regarding their past experiences with raising animals.

Pet-assisted therapy and geriatrics. The use of companion animals is quickly gaining popularity for therapeutic use with older patients in a variety of settings. Activities such as stroking a dog have resulted, over time, in reductions in blood pressure and increases in life expectancy of patients with coronary heart disease (Hoffman, 1991). Some other benefits that certain older persons derived from contact with pets were relaxation, improved morale, and a sense of purpose (Boldt & Dellman-Jenkins, 1992). Zisselman, Rovner, Shmueli, and Ferrie (1996) believe that pet therapy programs with geriatric psychiatry inpatients are essential to promote increased activity, socialization, and a sense of mastery. Darrah (1996) found that pet-assisted therapy in nursing homes had proved to be consistently beneficial with nearly all diseases and conditions that the aging

population typically experienced. Emmett (1997) found that adults in long-term care demonstrated caring behavior in the presence of an animal in situations where they might otherwise have been uncooperative or withdrawn.

Pet-assisted therapy and social-emotional skills. In several cases, the use of pets in therapy had been shown to motivate patients who seemed to have given up or became hopeless due to their current health situation. Where therapists, nurses, or other caregivers were unable to reach a patient, an animal may have been considered as an alternative to facilitate interest or motivation in the rehabilitative process. In a case study by Fila (1991), pet-assisted therapy was successfully used to encourage a geriatric patient with vascular disease to actively participate in his rehabilitation by involving him in the care of an animal on the hospital unit. Fila (1991) noted that "the animal carries a non-judgmental, unconditional acceptance of those with whom it comes in contact within the health care setting" (p. 14). Families and friends of the patient as well as members of the hospital community were all positively affected by the contact with the animal. Counsell, Abram, and Gilbert (1997) found that animals in a hospital's spinal cord injury unit not only brought about a positive reaction from the patients, but from the staff and families as well. They noted there was a large improvement in the morale and general liveliness of the unit when the animals were visiting.

Pet-assisted therapy and home health. Other studies show the effects pet-assisted therapy could have on their owners within the home (Carmack, 1998; Dossey, 1997). The roles and functions of pets within a family vary greatly depending on each family member's individual needs. A pet can allow its owner to experience a wide range of

benefits, from experiencing feelings of worth and emotional healing, to having an unconditional confidant, friend, companion, or therapist. Carmack (1998) discussed family pets as being a major source of social support to people with orthopedic disorders. She found that orthopedic clients who were pet owners felt loved, valued, secure, and needed. From her study of persons with chronic or degenerative illnesses, she proposed that an animal could "buffer and moderate the illness by providing physical, emotional, social, and spiritual benefits" (Carmack, 1998, p. 707). Dossey (1997) noted that pets within a home could assist in smoothing relations and improving family dynamics. Families that received pets noticed that they started to experience more closeness, more time playing together, and less time arguing. Dossey (1997) also stated that pets had the ability to break down barriers between people and brought out the compassionate behavior in everyone.

Pet-assisted therapy and occupational therapy. Currently, there is minimal data available in the literature to substantiate the use of pet-assisted therapy by occupational therapists as a treatment modality to reach planned goals for their clients. In Casey's (1996) study of occupational therapists using pet-assisted therapy, she stated that pets were used as an adjunct to other modes of therapy. This type of therapy could be goal oriented using evaluation and assessment procedures and could be easily adapted to the needs of different clients. It was found to be cost effective and was a unique tool for increasing client motivation. Within a health care facility, the occupational therapist could control the duration, type, and level of activity used by the client during pet-assisted therapy by mindfully planning the treatment session (Casey, 1996).

Occupational therapists who used pet-assisted therapy had the goal of increasing function through meaningful activity, providing individual or group treatment, writing treatment plans and goals, and documenting a client's progress (Poleshuck, 1997).

Poleshuck (1997) stated that because pet-assisted therapy focused on increasing psychosocial, physical, and developmental functioning through meaningful activity, it perfectly matched the objectives of occupational therapy. In support of this idea, other researchers have found ways that dogs helped facilitate improvement of many different areas or activities of daily living (Darrah, 1996; Dossey, 1997). Darrah (1996) found that pet therapy in nursing homes was beneficial for sensory stimulation, increasing social interaction, muscle strength and range of motion, reducing blood pressure and heart rate, and increasing independence. Clients who have had a stroke, head or spinal injuries could practice brushing the dog's hair with the possibility of this skill being carried over to brushing their own hair (Dossey, 1997). Clients with spinal cord injuries could improve coordination, balance, and muscle strength by repeatedly throwing a ball to the dog.

The Benefits of Animal-Facilitated Therapy

There currently exists literature on the use and benefits of pet-assisted therapy in a multitude of settings, although the focus is primarily based on the visitation programs where volunteers bring their family pets to the facilities for social visits. Several studies have been done regarding the treatment of clients within an institution through the use of specially trained service dogs (Smith, 1995; Sherman, 1999). Smith (1995) documented a case where a service/therapy dog was trained to heel with clients who used a cane, walker, or wheelchair. To assist in improving their balance, the dog walked more quickly or more

slowly on command, veered from side to side, or pulled against the leash with varying degrees of force to challenge the client. The therapist gave these cues as needed and evaluated as the client walked with the dog. This same service dog also assisted in speech therapy where it was trained to recognize up to 30 familiar objects. The client, who may have been aphasic due to stroke or head injury, commanded the dog to fetch one of the many items laid out on the floor. The client had to enunciate the word well enough for the dog to understand and carry out the request. If the client was unable to speak, the dog would retrieve the item if the client could mime the correct use associated with the object. For example, if the client held their hand up to their ear, this cued the dog to fetch the telephone (Smith, 1995).

Sherman (1999) described the use of a service dog in an Alzheimer's Special Care Unit where there was a large problem with clients wandering and exiting the premises. The dog was trained to gently push, nudge, and redirect clients away from the fire exits when the clients were found wandering. The clients perceived this behavior as a social contact and a gesture of affection, which resulted in a positive response to the dog's actions. Sherman (1999) reported that prior to the placement of the service dog on the unit there were 120 exit attempts by the clients within a two-week period. Four weeks following the service dog's arrival on the unit, there were only 5 exit attempts within a two-week time span. These are just a few examples of how a service dog can be specially trained to fit the needs of an institution, as well as the needs of the clients and therapists.

Theoretical Perspective

Many professional disciplines have utilized pet-assisted therapy to benefit their clients, such as psychology, nursing, social work, physical therapy, and occupational therapy (Barba, 1995; Bardill & Hutchinson, 1997; Casey, 1996; Darrah, 1996; Hoffman, 1991). This multitude of health related professions utilizing dogs in therapy suggests a variety of theories to propose as the underlying explanations for animal-facilitated therapy. The related theories discussed below are based in several different professions, including sociology and occupational therapy.

One theory that helps to explain the benefits of animal-facilitated therapy is the Social Role Theory, which was proposed by social-psychologist Brim (1966) and sociologist Parsons (1955). This theory states that "a role can be defined as any set of behaviors that has some socially agreed-upon function and for which there exists an accepted code of norms" (Darrah, 1996, p. 108). These social roles contain four dimensions: the number of roles a person has; the intensity of those roles; the pattern of participation in those roles over time; and the degree of structure those roles impose (Netting, Wilson, & New, 1987). The use of an animal during treatment may facilitate the acquisition of an additional role for the client (Darrah, 1996). As mentioned earlier, the animal can foster a sense of responsibility, facilitate feelings of control, and help the client replace the feelings of role loss that often accompanies a new disability. When one experiences a new disability, whether it is physical or emotional, the roles that one previously took on usually change drastically. By having the client assist in caring for the dog, the client can be empowered through the role of caregiving and temporarily cease the

role of care receiver. An occupational therapist can evaluate the client's role loss and, through the use of an animal, effectively design the animal-facilitated therapy toward regaining that role.

The basic premises of the Model of Human Occupation (MOHO) focus on the motivation for occupation, the patterning of occupational behavior into habits and routines, and the influence environment has on occupational behavior (Kielhofner, 1985). Roles are also highlighted by MOHO as being important in providing individuals with a social identity and a sense of the responsibilities associated with that identity. Individuals' roles can influence the way they interact with others, the daily tasks they perform, and when they perform these tasks, leading to a higher state of occupational health. An animal in therapy can provide regularity and structure, which in turn can increase an individual's sense of fulfilling a role. MOHO also emphasizes volition as a motivator for occupational behavior. Kielhofner and Forsyth (1997) state that "volition provides us with a framework for the interpretive process of making sense of experience" (p. 105). Many clients have previously experienced owning an animal or having a positive experience with an animal at some point in their lives. This experience can enhance interest and increase motivation for participation in treatment. On the other hand, a negative experience with dogs or cultural values and beliefs that view dogs negatively can hinder a client's comfort and acceptance of the facility dog's presence during treatment.

Darrah (1996) discusses the Social Exchange Theory as it relates to pet-assisted therapy. This theory suggests that people continue to engage in relationships as long as the benefits gained outweigh the costs (Netting, et al., 1987). Pets provide unconditional love,

companionship, safety, sensory stimulation, and acceptance in return for minimal attention from the client. This relationship experience can increase motivation, comfort, and relaxation during treatment sessions, which in turn enhances the therapeutic outcome. When clients feel that their efforts have easily produced a positive outcome from an animal, they may continue or may increase their efforts in order to continue to receive positive feedback from the animal.

Chapter 3

Methodology

Participants

The participants consisted of four registered occupational therapists currently working in a health care facility who utilize a CCI facility dog in treatment. The therapists' years of experience in occupational therapy practice ranged from 7 to 25 years. Their years of experience using a CCI facility dog in treatment ranged from 3 to 7 years. The facilities in which the therapists worked were as follows: hospital inpatient unit, hospital outpatient unit, hospital spinal cord injury unit, and acute psychiatric inpatient unit. These therapists had sole responsibility for the CCI facility dog during treatment as well as outside of the facility. The first participant was recruited through informal inquiries over the telephone. This therapist assisted the researcher in recruiting the participation of the other three therapists. Each participant's rights were protected through the San Jose State University Human Subjects-Institutional Review Board as stated in the receipt of approval for conducting this research (Appendix A). A signed agreement to participate in research explaining the basic concepts of the study was obtained from each participant (Appendix B).

Setting

The tape-recorded semi-structured interviews took place at the facility in which each therapist currently worked or within their home. Permission from the facilities to interview on the premises was obtained (Appendix C). The environment was moderately quiet with minimal distractions (i.e. a conference room or private office).

Instrumentation

The interview consisted of 19 open-ended questions (Appendix D) exploring the occupational therapists' views, methods, practices, and beliefs regarding the use of CCI trained dogs in treatment. An audiotaping of each interview was made in order to review and document all information disclosed during the interview. Once transcribed, these audiotapes were destroyed.

Procedures

Each participant was interviewed for approximately 45 minutes to an hour to obtain their perceptions on the benefits, uses, and limitations of using a CCI facility dog as a modality in occupational therapy. These interviews were audio taped and then transcribed using a word processing program.

Data Analysis

The transcripts were analyzed via coding and retrieving (Coffey & Atkinson, 1996). Relevant information from the transcripts was noted and examples of these phenomena were collected. These phenomena were analyzed in order to find commonalties, differences, patterns, and structures. Themes were generated from information that repetitively appeared in the data. Peer debriefing by an experienced qualitative researcher was used to validate the coding strategy. In order to enhance the credibility of the data, a participant was asked to review the researcher's results and discussion and comment on the conclusions.

Chapter 4

Results

Seven major themes emerged from the data, leading to a more in-depth understanding of CCI facility dogs, how CCI facility dogs are utilized as a modality in occupational therapy treatment, and why the therapists perceive that this modality has the potential to benefit a wide range of clients in different health care facilities. Each of these themes is described in more detail below.

Canine Companions for Independence vs. Pet Visitation Programs

The participants in this study were asked to describe why they chose to incorporate a trained service dog from CCI rather than utilize a pet visitation program where volunteers brought their dogs in during a treatment session with a client. The participants stated that the CCI training provided a level of control that allowed them to safely manage the dog at all times. Additionally, because of their intense training, these dogs were completely comfortable around hospital beds, tubes, wheelchairs, distractions, and in public places, loud environments, and unpredictable situations. For example, one occupational therapist commented,

These dogs are not afraid to be on top of tables. A typical dog, you take them to the vet, they get on a table or a high thing, and they can't turn around. That is a specific training skill for these type of dogs; being on something tall like this and actually being able to do a turn, lay on the table, head hanging off. They're not afraid.

Another characteristic that influenced the occupational therapists' use of a CCI facility dog was the consistency of having the dog with them at all times. The use of the dog as a modality in treatment became a routine with the clients rather than a once per

month social visit. The participants also mentioned that, by utilizing Canine Companions for Independence as the sponsoring agency from which the dog was obtained, the therapist was not held personally responsible for the agency's protocols, decisions, and training. This allowed the therapists to feel more comfortable with employing the CCI facility dog because CCI supplied the modality. A higher authority took this modality beyond pet visitation to incorporate another type of treatment team.

Therapist Training and Responsibilities for the CCI Facility Dog

Each therapist described the training course they attended through Canine Companions for Independence. This training was required in order to acquire practice with handling instructions, comprehensive training about the nature of the dogs, and the relationship of their working responsiveness to the therapists' expectations and endeavors. The therapists were all required to maintain their dog's hygiene, including frequent bathing and teeth cleaning. Some of the skills that the therapists obtained from the training course were clearer communication skills, the ability to know and set limits more consistently, increased responsiveness, and improved control over the animal and over situations in which the animal was introduced. CCI regularly followed up on the therapists' progress through retraining and refresher courses, on-site evaluations, graduate workshops, and progress reports.

One therapist explained how she not only had to get the dog to follow a command for her, but she also had to command the dog to do something for her clients as well. The dog waited for a command and expected the therapist to tell it what to do, therefore the therapist had to provide the structure the dog was accustomed to. Two of the therapists

commented that there were times when people questioned the therapists' control and handling of the dog, implying that the dog was not allowed to be a dog and was working too hard. One therapist handled this situation as described below:

The few times that people have come up and challenged me in that kind of situation, I'll tell them that he loves to work and I'll show you. I'll drop something and [the dog] pounces on my keys and brings them back with a big smile on his face and wagging. And I say...bring it here. Give. Good boy! And you can just see the happiness in him...and he's happy because he's with me, too. And just because he's quiet right now is just because he knows that it's a quiet time. But there are times when he knows it's ok to let loose and then I'll say...release! And he just goes bonkers...and they now see he can still have fun but he knows that there's a time just like for you and me when we have to be working and we have to do certain things and that there's also plenty of play time, too.

Another therapist spoke of how she explained the facility dog's role:

[The dogs] know what is required of them and they understand that they are to be following the direction of the person that is leading. And they know that they are here for a purpose to do this activity and it could be just to see this person...or to lay there while they are being brushed. But it's very clear that they have a job to do at this point in time and it's not to be goofy...And right now they have to lay here with their head in their lap while this patient pets them...So there's a clear time line and as to when it's time to work and when it's time to play. So that's the clear communication between the two [of us].

The training of both the facility dog and the therapist helped to delineate the roles of the animal-facilitated therapy team.

Another characteristic of the specialized training that the therapists discussed was the wide variety of commands that the dog was familiar with in order to assist people with their daily activities. Some of the skills these dogs were trained in were picking things up, carrying items, turning on lights, taking socks off, and pulling things such as covers off a bed. By having the dog demonstrate these commands on the hospital units, many clients

were able to see what types of tasks a service dog could carry out and assess whether a service dog was something that would be useful for them.

Appropriateness of Animal-Facilitated Therapy

The participants in this study discussed how they were able to decide whether it was appropriate to use the CCI facility dog with a particular client. All of the therapists stated that they always questioned clients regarding their interest in using the dog in treatment. Every client was given a chance to respond and no assumptions were made until the clients had given feedback on their interest in incorporating the dog in a session. Past experiences with animals and cultural issues were common themes for determining the appropriateness of utilizing animal-facilitated therapy. If a client had been bitten in the past or was fearful of the animal, then the dog was most likely not introduced to the client. One therapist mentioned how she dealt with clients who were fearful yet still wanted the dog participating in their treatment session:

He does one [command] where I tell him to go to sleep and I rub his eyes and his eyes close. So, instantly he's not scary anymore with his eyes closed. And then he'll let whoever do just about anything to him...Babies, infants...We'll put them on the floor on top of him and we'll let them explore. And he'll do a great down stay.

Although the four therapists were from different therapeutic settings, similar characteristics were discussed regarding choosing the CCI facility dog as a modality in conjunction with other modalities. Utilizing the dog as a modality allowed the clients to work with an object that actually responded and provided immediate positive feedback, whereas many of the modalities occupational therapists used in treatment were inanimate objects. While clients in the psychiatric unit were told that it was not appropriate to touch others, the dog was something they could touch anywhere, hug, and pull on. The therapist

stated that the dog also brought about more enthusiasm and motivation for clients to participate in therapy and had a calming effect on clients during a treatment session.

Facility Clientele

The therapists in this study identified the types of clients that they worked with in utilizing animal-facilitated therapy. The therapists' clientele consisted of cerebral vascular accident (stroke), neurological involvement, head injury, mental illness, physical disability, muscular sclerosis, spinal cord injury, orthopedic conditions, amputation, and burns. The therapists were also able to incorporate animal-facilitated therapy into treatment of people of all ages, such as pediatrics, adolescents, adults, and geriatrics.

Animal-Facilitated Therapy in Assessment and Evaluation

All of the occupational therapists discussed how they were able to use the CCI facility dog during assessment and evaluation of their clients. This could include initial assessments upon client confirmation to incorporate the dog, as well as follow-up progress summary evaluations. The therapist in the spinal cord injury unit noted that just having the dog present during an assessment, even if it wasn't directly involved in the assessment itself, seemed to help to calm the clients. Within all of the settings, physical assessments utilizing the CCI dog were performed on such clients in areas involving range of motion, visual tracking, and balance skills. When looking at range of motion, one therapist working in the hospital setting assessed a child with severe burns and found that the child was fearful of the therapist's evaluation procedures. When asked how the therapist incorporated the dog in the assessment, she stated:

I might use [the dog] when I do an assessment on a child because I can get the child to participate and move much more by playing with him, or petting him, or

grooming or crawling around with him. I can see more of what their actual available movement is than if I was trying to range them and, of course, they're afraid of me and they are focused on the pain.

Another therapist in the hospital setting assessed balance skills and reactions by having the dog gently nudge a client who was sitting on the mat. She described this evaluation as follows:

They can sit on the mat and practice their propping and the first time [the dog] jumps up on them you see this fear race through them. It's like, oh he's going to knock me over! And he knocks them over and they realize it's ok and I can get back up. And pretty soon it's a big game. Here comes [the dog], look out! And they learn how to sit up. He doesn't knock them over hard. He can judge how much and he'll go from person to person and the people who he knows have better balance, he'll challenge them more. And when somebody is newer with the task, he's much gentler with them and maybe he'll just come up and he'll bump up against them. Where, if he knows when you are really good at it, then he'll lay in your lap and try to knock you over.

The therapists also assessed cognition by using the CCI facility dog. The therapists spoke of skills addressed during evaluations, such as sequencing, short and long-term memory, and problem solving. To test a client's memory and sequencing abilities, the therapists would ask their clients to remember a string of commands to be given to get the dog to do what they wanted, i.e. sit, lay down, and stay. The therapists would then assess whether or not the client could remember the same sequence of commands in the correct order five minutes later to assess for short term memory, and assess recall the next week for long term memory. Problem solving skills were also assessed. If the client had forgotten and was unable to recall the exact commands, could they figure out how to get the dog to perform the tasks another way?

To evaluate a client's caregiving skills, the therapists would request that the client perform grooming and hygiene activities on the dog. In order to decide if clients were

ready to go home and resume care of their children or pets, the therapists would have them perform tasks for the dog similar to what they would do for their child at home, i.e. brush the dog's teeth, clean it's ears, and give it a bath. The therapist in the psychiatric setting stated:

It's very similar in what you have to do with the kids when the dog doesn't want to do it. How do you redirect them? What are the coping skills that you use? Do you become man handling? Do you become verbally abusive? Do you become strong armed? Or do you abandon it? If they abandon it, then they are going to abandon it with their children...And then I also assess aggressiveness. Sometimes you avoid those kind, but if they start to push on him when he doesn't listen, you could imagine that might be what they do to their child. Are they sensitive to what the dog is telling them with nonverbal communication?

These questions helped the therapist to identify the client's coping skills during caregiving activities as well as assisted the therapist in planning the amount of independence or supervision needed by the client upon discharge.

Animal-Facilitated Therapy to Address Areas and Activities of Daily Living

The primary focus of occupational therapy intervention involves addressing a client's performance areas of self-care, work, and leisure. Within these areas are many activities of daily living (ADL's) which help the client function on a day-to-day basis. The therapists in this study were able to incorporate the CCI facility dog in treatment sessions focused on a variety of these ADL's. Each of the ADL's discussed by the therapists are described in detail below.

Ambulation. The therapists in this study frequently described how the dog was used to increase ambulation in clients with spinal cord injuries, traumatic brain injuries, cerebral vascular accidents, burns, or other conditions which affect ability to ambulate. Three of the therapists noted that using the CCI facility dogs during ambulation was

important because it gave the client something else to think about. Clients were asked to hold the dog's leash and have the dog heel next to them in order to give them something purposeful to do while walking. It was noted by the therapists that, by including the dog in ambulation activities, the clients tended to walk a little longer or a little farther. The dog was viewed as a motivating factor in the treatment sessions. The therapist in the hospital inpatient setting worked on ambulation with a pediatric client. She commented,

A girl I worked with was cortically blind. She had a great deal of difficulty. So, with [the dog], the little girl would walk while holding onto him. She was about 6 years old. So she would put her arm on him so she knew she felt safe with him. She didn't feel safe with us but she would walk with him.

In situations where a client was fearful of working on increased ambulation, the dog was able to motivate the client and give him/her a feeling of comfort.

Grooming and hygiene. Having the clients assist in brushing the dog, cleaning its ears, or brushing its teeth were common treatment methods utilized by the occupational therapists. In order to have the clients work against gravity, the dog would be placed on a table in order to bring the client's shoulder to 90 degrees of flexion while brushing the dog's coat. Furthermore, by having the dog on the table and the clients standing around the table, standing tolerance and socialization were also addressed during the grooming and hygiene activities. If, due to a stroke or other neurological impairment, the client demonstrated neglect of one side of the body, the therapist would place the dog on the affected side during grooming activities to force the client to look over to that side. Strength, range of motion, and endurance were also increased through combing the dog's hair, in hopes that these underlying abilities could support their own self-care activities at home.

Sensory integration and stimulation. Another area addressed by therapists using animal-facilitated therapy was sensory integration. The occupational therapists worked with infants, children, and adults who all demonstrated sensory integrative dysfunction. For children with tactile hypersensitivity, the therapist in the hospital outpatient setting utilized the dog to decrease the child's sensitivity to tactile stimulation. One of the therapists explained how she addressed sensory integrative issues, such as tactile defensiveness and auditory sensitivity, below:

Because she had a sensory issue, she didn't want to touch anything but she was willing to work with [the dog]. First we started with some of the rougher spots on him, then gradually worked to the softer spots. She didn't like loud noises, so we started off teaching her that she could make [the dog] talk. I would take him across the patio to the other end and she taught him to bark using the hand signal and she thought that was great. And we slowly brought him closer to her so that soon they were really close and the loud noise didn't startle her. At that point, we could start working with her in the gym environment where there was a lot of noise and a lot of stuff happening. Before, she would shut down and wouldn't work with us.

In the psychiatric setting, many of the clients experienced sensory deprivation because they were not allowed to touch each other or the staff. They also experienced difficulties with body awareness and proprioception. The clients needed to touch something in order to know where their body parts were in space. On a "no-touch unit," it was difficult for these clients to gain awareness of these sensory systems. By bringing the dog onto the unit where they were constantly reminded of inappropriate touching of peers, these clients were able to touch, pet, and cuddle with a live animal.

Cognition. The therapists frequently discussed a variety of cognitive problems that were addressed using animal-facilitated therapy. Problem solving skills were a common area addressed by the therapists throughout this study. One therapist in the hospital

inpatient setting was able to assist her clients in increasing their problem solving skills and short term memory by having the client take the dog out for a walk and then asking them to retrace their path and find their way back to where they started from.

Strength, range of motion, and endurance. The therapists discussed a variety of ways the CCI dogs were utilized to increase a client's functional movements. Brushing the dog or throwing a ball for the dog was used frequently to motivate the clients to participate in gross motor activities. For some clients who had increased tone, the therapist would teach the client to inhibit their tone and normalize their whole extremity while doing a functional activity. This activity might include bending and reaching to pick up the dog's food, filling the bowl, and placing it back down on the floor, while at the same time inhibiting tone in the affected extremities. Strength, range of motion, and standing tolerance were addressed by placing the dog on the table and having the clients stand at the table while brushing or petting the dog. Often, the therapist would ask the client to use their weaker or affected arm during these activities in order to increase strength and range of motion in that arm.

Social function. One of the main areas that all of the therapists discussed as being important was how the dog increased socialization and appropriate social interactions among clients. One of the therapists stated that "having the dog increases social skills because people focus on the dog and not their disability." Bringing the dog into a group session caused the clients to reminisce about pets they had in the past, which increased the communication among the clients participating in the group. If a client became sad due to remembering the loss of a pet, other clients would often console the dispirited client. It

was noted that, in situations where clients never spoke at all, introducing the dog to the nonverbal clients often helped to initiate a conversation.

The therapist in the psychiatric setting explained how many of her clients became loud and socially inappropriate. When it became difficult to calm the group, she told the clients that the dog's ears were very sensitive when every one was speaking to the dog simultaneously. She asked them to think about how confusing that must be for the dog and how that must affect his behavior. Because the clients wanted to come back and experience the animal-facilitated therapy group again, they tended to quiet down and moderate their social interactions.

The therapist in the psychiatric setting also stated that, by incorporating the dog in a social skills group, each client was more likely to receive an equal amount of attention from the dog when the therapist may not have been able to work directly with each client. This therapist explained that,

If I let [the dog] go around the room and visit clients in group, he will spend a certain amount of time with each client. If I call him back and put him back on the leash and then later let him go visit with the clients again, he remembers who he hadn't visited with yet and starts there. He knows exactly who he has seen and he limits the amount of time with each client. I don't even do that good of a job myself sometimes. If I'm in group, walking around, I might miss somebody. I couldn't believe that about him.

Some of the therapists participated in community outings with their clients. When a client was out in the community for the first time in a wheelchair or was having difficulty with getting their speech back, many times they were ignored or avoided in public. By having the dog heel next to these clients, socialization with others increased due to the many questions people had regarding the dog. All of the therapists stated that people who

normally would have ignored them stopped and asked them questions about the dog, thereby initiating a social interaction. One therapist stated, "people who have never spoken to me start talking to [the dog]. People that are very stoic and not really animated people will be on the floor rolling around with him and talking to him."

Whether or not the dog was actually incorporated into a group session, the presence of the dog during treatment sparked conversations among the participating clients. The dog was recognized as a "social comfort" and that, by having him sleeping nearby, the clients were able to relax more during group. The presence of the dog on the spinal cord injury unit was recognized as another addition to the gym's general liveliness and many clients and staff members discussed the dog's roles on the unit during their occupational and physical therapy sessions.

Social-emotional and coping skills. Another characteristic of animal-facilitated therapy that the therapists in this study appreciated was the element of happiness that the dog brought onto each unit. The dog simply made people smile and temporarily forget about their disability. For those who were experiencing depression and/or withdrawal, whether it be from dealing with a new disability to being clinically depressed, snuggling with the dog helped clients of all ages feel better. On the outpatient unit in the hospital, the therapist commented,

I think that, with most of my [clients], they're all depressed because they're dealing with a new disability or a loss. And so [the dog] is the warm fuzzy there for them and he's that instant acceptance. Their family may be deserting them or they don't have any family. Who's going to help them? And there is no one to snuggle and love them but [the dog] can do that and he makes them feel better that way.

The therapist on the spinal cord injury unit described how the dog helped improve the mood of one particular client:

I had one patient who, one day, was super depressed, talking suicide, and acting out a lot. I completely got her off the subject by asking her to watch [the dog] for me. I said, you know, I need somebody to watch [the dog]. Can you watch him? She totally changed. Now life was ok. She had a mission that he was going to get in bed with her and lay with her and it totally changed her affect...He's really affectionate and he'll just crawl up and lay under their arm and put his head across their chest.

The therapists also noted the benefits for the staff by having the dog present in the facility. The employees in the hospital enjoyed taking the dog for walks when they became stressed at work. All of the therapists in this study reported that many people who were exposed to the dog were cheered up and immediately felt better. In all of the facilities, the dog's presence was well known by both the staff and the clientele. One therapist spoke of how she was regularly asked to visit different units throughout the hospital for animal-facilitated therapy:

I've been asked to go into the labor and delivery room...and [the staff] says [the client] wants to see [the dog]. So I have gone in with women who are in labor and [the dog] has gotten on the bed with them and just been next to them at the same time. So a lot of people will see me too and they know my pager number, so they will page me and I will always try and make [the dog] available.

This was just one example of how the dog was able to provide an extended benefit which could affect many different disciplines and clients within a health care facility.

Role acquisition. Each therapist in this study mentioned the importance of facilitating the return of a role to a client who has lost many of their social, emotional, as well as physical roles due to an illness or a new disability. To incorporate the dog into treatment, the therapist had their client assist in caring for the dog, thus giving them a

feeling of responsibility. One of the therapists asked her client to remember to give the dog fresh water every time they came in for a treatment session. Several of the therapists mentioned that they would have a client "dog-sit" for them and, by having them watch over the dog, the client felt they had a role to play in the care of the dog.

In the psychiatric setting, the therapist was able to provide the clients with some responsibility and control as well. She spoke of how the clients benefited from this responsibility:

It makes them feel really good to tell something else what to do because, where they are at, everybody is telling them what to do. So they get to practice their caregiving skills on something else. You know, we're always doing to them so they often feel like they have nothing to give anybody else. So the fact that they cleaned his ears, the fact that they were able to do something for somebody else, makes them feel needed.

The therapists in this study all believed that, by having the client participate in the dog's care and maintenance, the client was able to feel some control, responsibility, and success in caring for something else rather than being cared for by everyone else. In the hospital inpatient unit, where everybody always asked the client to do something, it was also reassuring and comforting for the clients to know that the dog didn't need or demand anything from them. By incorporating the dog in treatment with their clients, the therapists stated that they were able to temporarily release their clients from the role of a patient and give them a more empowered role. The client's role might have simply been to pet the dog, which in turn gave the client positive feedback from the dog. The dog's role, in this situation, was to provide a social comfort and support.

Compliance with treatment and behavioral issues. Another area in which the CCI facility dog was able to be beneficial was in alleviating maladaptive behaviors or non-

compliance with treatment. A client who had to deal with the emotional pain of a new disability or the physical pain of an injury might demonstrate inappropriate behaviors or refusal to participate in treatment. The therapist in the spinal cord injury unit, who also frequently worked on the burn unit, spoke of working with a young girl who had difficulties participating in treatment:

This little girl was totally focused on her pain medication. She was a burn patient who needed her pain meds (it wasn't time for them again) and was screaming. And I said, you know, let's just go for a walk. I took her outside with [the dog] and she was out there playing. I mean, stretching her arm with no pain meds, and forgot about the pain. She said, do we have to go back in yet? This is so fun! I would never have gotten her to move by myself. I couldn't have done it.

Fear was mentioned as another reason that a client might refuse to participate in activities during therapy. The therapist in the hospital outpatient unit stated,

People are often fearful of bending forward, especially after having a stroke or some kind of neurological involvement. Well, if you don't want to bend forward, let's pet [the dog] for a while first. Let's put this brush on and you can brush him for me, right here. And of course...he'll get his butt rubbed with the brush. And before they know it, they're bending forward and I'll say, look what you've been doing! I'm so proud of you! And they'll be proud of themselves, too.

Incorporating the dog in treatment helped the client momentarily forget about their fears in order to be successful with activities during the therapy session. Another therapist discussed a client in the intensive care unit:

There was a man in ICU who didn't want to sit up; who was afraid to sit up because he thought he was going to pass out. But the only way I made him sit up was so that he could play ball with [the dog]. So here in the ICU he's throwing the ball. A sheepskin ball. But it got him to interact and not be so afraid of sitting up.

In the psychiatric setting, frequently the clients would not listen to the therapist during a group activity and their behavior would become inappropriate. By discussing with the clients the social consequences of the dog's misbehavior, the clients began to

understand the repercussions of their own inappropriate behaviors. The therapist described how she used the dog to address these negative behaviors:

If the dog doesn't listen, there's consequences. He does not get to play ball. So what [the clients] get to see is something else get consequences for inappropriate behavior. They're restrained, contained, and medicated. They feel that they are the only ones that this is happening to. So when they see the dog corrected, when they see the dog contained and restrained with the leash, I'll ask if they know why. They'll say, yes because he's not listening. And we apply that to the same modalities we use on the unit for containment.

Through this type of example, the clients were able to see how their behavior, if unacceptable and socially inappropriate, could result in the same type of consequences such as restraints and isolation in order to regain control of the clients.

For clients who were unmotivated to participate in therapy, the therapist in the psychiatric setting would use the dog to get the client's attention. She described her strategy as follows:

I really tuned in to [clients] that would not get out of bed to come to group. I would have the dog open the door and bark because I wanted to see if I could have a startle response because they stay in their bed. They might be catatonic and I wanted to see if at least I could get some kind of response from them. So, basically a lot of the idea was to get those that would not come to group targeted. You are trying to find the motivation level...a motivation modality for them.

Most of the therapists commented on how the dog worked as a motivation to participate in therapy when they themselves had difficulties arousing interest in their clients.

Possible Drawbacks to Animal-Facilitated Therapy

The therapists in this study identified a few situations that proved difficult to incorporate the CCI facility dog during treatment. Several of the therapists suggested that for clients who were easily distractible it was not advisable to have the dog present during the session. Some clients had difficulty concentrating on the activity and repeatedly

looked at the dog when their focus was supposed to be on the task at hand. Other clients just wanted to play with the dog rather than engage in a structured activity. The dog could also be a distraction if it did not follow the therapist's commands. The therapist in the hospital inpatient setting explained,

[The dog] is at times not necessarily following the command directly or is being a dog in a certain respect. If you're brushing him and he's rolling over, sniffing...they're not robots. They're living, breathing creatures that respond to stimuli and, at certain points in time, they're going to move. They're going to startle. They're going to do something that's going to throw off someone's balance, sense of control, or concentration. You're in the middle of an activity and someone comes down the hallway and the dog turns, and they've lost their train of thought. But you know, that's real life in that, they're at home in the kitchen, the phone rings, and they've lost track of what they were doing at the stove in that moment of time, too.

Although the dog could foster distractions, the therapists noted that these distractions helped to make the clients' activities more realistic and life-like because there were going to be many distractions at home or in the community. Another therapist stated that in the psychiatric setting she brought the dog to a group where the dog would not necessarily be incorporated into the actual group activity. The purpose of bringing the dog was for it to be a distraction and provide an extra stimulus so that the clients had to work on their impulse control.

The therapists had the responsibility of simultaneously attending to the dog's behavior as well as remaining focused on their client during a treatment session. This could become a challenge at times. Therapy could be interrupted due to the fact that the dog might have been in an unsafe place and had to be moved. The therapists were constantly making sure the dog was out of other's way and safe because there were carts,

wheelchairs, walkers, staff members, and other moving objects that might have injured the dog if he was not in an appropriate place.

The therapists advised that it might not have been appropriate to incorporate the dog in treatment with clients who had open wounds due to the fact that the dog might have sniffed or licked the wounds. For clients who were in isolation due to an infection that was easily spread from one person to the next, it was ill-advised to introduce the dog into the treatment session. Also, it was recommended that clients who had been in isolation due to aggression or violence might not have been the best participants for animal-facilitated therapy at that time. Other reasons cited for not incorporating the dog in treatment were client allergies and lack of interest on the part of the client.

Chapter 5

Discussion

This study explored the occupational therapists' perspectives on the therapeutic use of CCI facility dogs as a modality in treatment. Many themes were derived from the shared information, which exemplified the diversity and complexity of activities in which these dogs could be utilized. It was found that the occupational therapists participating in this study perceived that animal-facilitated therapy had many benefits in the health care arena. The use of the CCI facility dog by the occupational therapist in a team approach to treatment increased the number of ways the dog could be incorporated into all levels of therapy. As stated above in the results, these CCI facility dogs were utilized in assessment and evaluation; performance area and ADL treatment; social-emotional and coping skills enhancement; facilitation of role acquisition; and modification of behaviors.

Animal-facilitated therapy with CCI may have been effective and beneficial for several reasons. One reason may be the extensive training of both the dogs and the therapists, which accounted for the safe handling, canine control, and behavior maintenance. Another reason may be the occupational therapists' clinical experience and their abilities to use a higher level of reasoning processes in order to judge the appropriateness of incorporating the CCI facility dog in treatment. Through experience and knowledge of task analysis and many different diagnostic groups that they serve, these occupational therapists were best able to control the level of involvement of the dogs in therapy, and adapt the dogs' abilities to their client's needs. Seeing that the dog was well behaved and in control, clients may have been more inclined to have the dog passively

present or actually incorporated into treatment. Utilizing these dogs as a modality in therapy provided social and motivational factors in treatment activities. This opened up new avenues for assessments, evaluations, and interventions.

There appeared to be very few limits to the use of a CCI facility dog in treatment. One of the main reasons why occupational therapists' use of the dog in treatment might have been limited was their own creativity and imagination. Other, more tangible reasons for not incorporating the dogs in treatment were infection precautions, open wounds, allergies, lack of interest, or aggressiveness on the part of the client.

The dogs were usually somehow incorporated into most of the participant's treatment sessions, whether it was directly involved with the client working on their ADL's (i.e. specific modality) or just laying nearby to provide a safe and comfortable environment (i.e. milieu affect). The consistency of having the dogs at the facilities gave clients something to look forward to while recovering from the conditions that required their admittance to the facilities. These clients knew that, if they were feeling lonely, depressed, or unaccepted, they could have the dog attend their therapy sessions or visit them during another time during the day.

Finally, these dogs had been chosen by CCI as appropriate for facility dogs because of their natural ability to gravitate toward clients who had disabilities, illnesses, or other conditions that required therapy. The CCI dogs had the desire to work and enjoyed being successful with carrying out their duties and commands. The facilities' clientele tended to gravitate toward the dogs as well because the dogs were good motivators, who were unique, intriguing, and fun. By incorporating the CCI facility dog into treatment, the

therapy sessions became more gratifying and meaningful. The CCI facility dog was another modality to be used in conjunction with other modalities that could provide many positive outcomes to enhance treatment. In addition to being a specific treatment modality, the CCI facility dogs also had a generalized positive affect on the environment simply through its presence at the health care facility. This modality may not be appropriate for all occupational therapists, but this study can increase the acceptance of having a CCI dog within a facility for therapeutic purposes.

Limitations

There were several limitations related to this study. The first problem involved the small sample size. Because there were only four occupational therapists in the San Francisco Bay Area and Santa Clara County who currently utilized Canine Companions for Independence facility dogs as a treatment modality, the information obtained may not have been relevant for all other rehabilitative therapists in other areas. Because of the small sample size, an exhaustive description of how therapists use CCI dogs in treatment was not gathered, which in turn did not allow the researcher to address the full breadth of this phenomenon. Also, because there were only four individuals in the sample, the facilities in which they worked and the populations with whom they worked were variables that could not have been predicted or altered. Due to the participants' full time responsibility and "ownership" of the CCI dog, there was a potential for bias and they might not have been able to provide a fully objective assessment of the dog's role. This bias might not have existed in these four participants, although it could not be controlled for with the methodology used in this study.

Suggestions for Future Research

Canine Companions for Independence was the primary training agency for the facility dogs utilized by the participants. There are many other agencies across the country that train service dogs for people with disabilities as well as for use by health care professionals. These agencies and their training program could be researched in a similar manner. Further research needs to be conducted in different geographical areas with varying training agencies in order to obtain the full scope of how these service dogs can benefit occupational therapy treatment. It is also suggested that further research be done regarding the use of CCI facility dogs in treatment to obtain data regarding actual improvements in client functioning post-treatment sessions utilizing animal-facilitated therapy. Also, further study could be performed on the benefits of using CCI facility dogs in different settings and with different populations such as in community-based settings, school-based programs, home health, hospice, or early intervention programs.

Conclusion

Animal-facilitated therapy using CCI facility dogs, as an adjunctive to other forms of therapy, is an occupational therapy intervention that is utilized with varied client populations in varied settings. Occupational therapists who use these well-trained service dogs as a modality in treatment perceive them as being extremely diverse, flexible, and adaptable to many different goals and activities.

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Appendix A
San Jose State University
Human Subjects-Institutional Review Board
Approval Letter

San José State
UNIVERSITY

Office of the Academic
Vice President
Associate Vice President
Graduate Studies and Research
One Washington Square
San José, CA 95192-0025
Voice: 408-924-2480
Fax: 408-924-2477
E-mail: gstudies@webos.sjsu.edu
<http://www.sjsu.edu>

TO: Shelley Paton
498 Rio Grand Court
Morgan Hill, CA 95037

FROM: Nabil Ibrahim, N. Ibrahim
AVP, Graduate Studies & Research

DATE: May 8, 2000

The Human Subjects-Institutional Review Board has approved
your request to use human subjects in the study entitled:

**"Examination of the Therapeutic use of Canine
Companions as a Modality in Occupational
Therapy Treatment"**

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Nabil Ibrahim, Ph.D., immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that all subjects need to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate, or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at
(408) 924-2480.

The California State University:
Chancellor's Office
Bakersfield, Chico, Dominguez Hills,
Fresno, Fullerton, Hayward, Humboldt,
Long Beach, Los Angeles, Maritime Academy,
Monterey Bay, Northridge, Pomona,
Sacramento, San Bernardino, San Diego,
San Francisco, San José, San Luis Obispo,
San Marcos, Sonoma, Stanislaus

Appendix B
Agreement to Participate in Research

Agreement to Participate in Research

Responsible Investigator(s): Shelley Paton

Title of Protocol: Examination of the Therapeutic Use of
Canine Companions for Independence as a Modality in
Occupational Therapy Treatment

1. I have been asked to participate in a research study investigating the use of Canine Companions for Independence (CCI) animals as a treatment modality during occupational therapy treatment sessions.
2. I will be asked to participate in an interview at my current facility or within my home for a duration no longer than 2 hours where the researcher will be utilizing an audio tape recorder and field notes to chronicle the information being disclosed during the interview.
3. No risks are anticipated to occur during this research study.
4. The benefits of this research study include increased recognition and awareness of the benefits of CCI dogs in occupational therapy.
5. The results of this research may be published but no information that could possibly identify me will be released.
6. Questions regarding the research may be addressed to the principle investigator: Shelley Paton at (408) 779-6792. Comments or complaints about this research study may be presented to the Department Chair, Gordon Burton, Ph.D., OTR at (408) 924-3074. Questions about research, subjects' rights, or research-related injury may be presented to Nabil Ibrahim, Ph.D., Associate Vice President for Graduate Studies and Research, at (408) 924-2480.
7. No service of any kind, to which I am otherwise entitled, will be lost or jeopardized if I choose to not participate in the study.
8. My consent is given voluntarily. I may refuse to participate in the study or in any part of the study. I may withdraw from the study at any time without prejudice to my relations with San Jose State University or any other participating institutions.
9. I have received a signed and dated copy of the consent form.
 - **The signature of a subject on this document indicates agreement to participate in the study.**
 - **The signature of a researcher on this document indicates agreement to include the above named subject in the research and attestation that the subject has been fully informed of his/her rights.**

Signature

Date

Investigator's Signature

Date

Appendix C
Letters for Permission to
Conduct Research at a Facility

Alta Bates
MEDICAL CENTER
REHABILITATION CENTER

March 6, 2000

This is to certify that Shelly Paton has permission to interview at Alta Bates Medical Center. It is with the understanding that this interview is for the purpose of her research thesis on the topic of animal assisted therapy in Occupational Therapy treatment.

Sincerely,

Herb Wiseman OTR, Clinical Education Coordinator

Herb Wiseman, OTR
Clinical Education Coordinator

*Dedicated to the Health
of the Whole Community*

March 11, 2000

To Whom It May Concern:

This letter is to confirm the approval for Shelley Paton to conduct research at our facility. We are aware of Ms. Paton's research and allow access to potential participants as outlined in the study's protocol. The participant(s) will be participating in an interview researching the use of Canine Companions for Independence as a modality in occupational therapy treatment.

Sincerely,

Appendix D
Semi-Structured Interview Questions

1. What initially made you interested in using a CCI dog in treatment?
2. Why did you select a CCI dog as a modality in occupational therapy treatment?
3. How do you decide when it is appropriate to use your dog with a particular client?
4. How is your CCI dog initially introduced to a new client?
5. How is your CCI dog used when assessing the skills/abilities of your client?
6. How is your CCI dog used during treatment sessions to improve a client's social skills?
7. How is your CCI dog used to improve a client's activities of daily living?
8. How is your CCI dog used to improve a client's affect/mood?
9. How is your CCI dog used to improve a client's compliance/adherence to treatment?
10. How is your CCI dog used to improve a client's coping mechanisms?
11. How is your CCI dog used to improve a client's self-awareness?
12. How is your CCI dog used in individual/group treatment sessions?
13. How is your CCI dog used for different populations (i.e. ages, cultures, diagnoses)
14. What does your CCI dog introduce into the situation that is therapeutic or, in some cases, not therapeutic?
15. How do the extensive training of your dog and your comprehensive handling work together to provide an effective team approach to treatment?
16. How does the use of a dog that you are personally responsible for affect the therapeutic quality of the treatment session?
17. How does the client's relating to your dog affect your self-image and sense of competence as a therapist?
18. How does the use of you CCI dog affect your attitude toward your client?
19. Is there anything else about your CCI dog that you would like to share?

Appendix E
Research Approval Letter from
Canine Companions for Independence

"Exceptional Dogs for Exceptional People"

January 30, 2000

To whom it may concern:

This letter is to officially confirm the approval of Shelly Paton's research project. Ms. Paton's proposal to study several pre-selected CCI Facility dog teams was reviewed and approved by CCI's Research Committee, which is comprised of several CCI managers, board members and community members:

Please feel free to contact me if you have any questions.

Sincerely,

Clark Pappas
National Program Director
Canine Companions for Independence

☐ National Headquarters &
Northwest Regional Center
PO Box 446
Santa Rosa, CA 95402-0446
(707) 577-1700 Voice
(707) 577-1756 TDD

☐ Southwest Regional Center
PO Box 4568
Oceanside, CA 92052
(760) 754-3300 Voice
(760) 754-3308 TDD

☐ North Central Regional Center
4989 State Route 37 East
Delaware, OH 43015-9682
(740) 548-4447 V/TDD

☐ Southeast Regional Center
PO Box 547511
Orlando, FL 32854-7511
(407) 834-2555 V/TDD

☐ Northeast Regional Center
PO Box 205
Farmingdale, NY 11735-0205
(516) 694-6938 V/TDD

www.caninecompanions.org