

Animal-Assisted Therapy in Occupational Therapy

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Abstract

There are many ways to incorporate animal assisted therapy (AAT) into occupational therapy (OT) practice, including facilitating client motivation, participation, companionship, addressing activities of daily living (ADLs) including grooming, bathing, feeding, and dressing, as well as the role of pet caretaker as an instrumental activity of daily living (IADL). While the values and goals that guide both AAT and OT seem to align in various ways, literature speaking to this unique blend of therapy and the benefits it has on client outcomes and work environment are limited. To highlight gaps in knowledge, and to inform suggestions for field advancement, a nonsystematic review of the literature was conducted. A total of nine publications were chosen regarding the use of AAT in OT including standards and best practices. Analysis of these publications showed that best practices are difficult to locate and are suggestive in nature rather than standardized. To further investigate this area of interest, five OT professionals were recruited for an interview via Pet Partners newsletter. The findings from the interviews indicated that professionals desperately want standardized resources for guidance when implementing AAT into their OT practice, as well as increased exposure in didactic OT programs and continuing education courses to inform professionals on the benefits of blending AAT and OT.

Keywords

animal-assisted therapy (AAT), occupational therapy (OT), animal-assisted intervention (AAI), therapy dog, canine-assisted therapy, best practice

Introduction

Animal Assisted Interventions (AAI) is an ever-evolving practice dating back to the early 1960s, experiencing a rise in credibility, standardization, and popularity due to the available research involving the human-animal bond. While AAI is an all-encompassing term including Animal Assisted Therapy (AAT), Animal Assisted Activities (AAA), and Animal Assisted Education (AAE), for the purposes of this paper, the focus will primarily be on that of AAT. AAT is a goal-oriented, planned, structured, and documented therapeutic intervention directed by health and human service providers as part of their profession. Possible practitioners who can implement AAT in their practice include physicians, certified therapeutic recreation specialists, nurses, social workers, speech therapists, mental health professionals, physical therapists, and occupational therapists.

The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. OT is unique in its holistic view of their clients and patients; occupational therapists personally interview each of their clients, patients, and or their caregivers to learn about what is most important to them; this includes their goals, values, beliefs, roles, and all of the things they need and want to do on a daily basis to achieve optimum independence, despite illness, ailment, or progressing age.

There are many ways of incorporating AAT into OT practice, including facilitating client motivation, participation, companionship, addressing activities of daily living (ADLs) including grooming, bathing, feeding, and dressing, as well as the role of pet caretaker as an instrumental activity of daily living (IADL). It is stated that OT professionals prefer the incorporation of canines for AAT largely due to a dogs' friendly, sympathetic, obedient, and playful personality. Dogs are considered to have great potential to improve the physical, cognitive, functional, and social skills of individuals to enhance independence and autonomy when completing activities of daily living (Figueiredo et al., 2021).

While the values and goals behind both AAT and OT seem to align in many ways, resources speaking to this unique blend of therapies and the benefits it has on client outcomes and overall workplace environment are limited in the current literature and didactic coursework. This paper consists of a literature review of current publications seeking to identify facilitators and barriers when implementing AAT in OT settings, and current best practices; as well as a summary of interviews conducted with occupational therapy professionals

identifying their resources utilized when implementing an AAT program in the clinical setting, best practices utilized, and suggestions for future advancement of the field.

Literature Review

Method

This review was performed as a nonsystematic review of the literature regarding the current best practices and incorporation strategies of AAT into OT settings. Methodology employed was largely based upon knowledgeable selection of current, high-quality articles on the topic.

Inclusion and Exclusion Criteria

In this nonsystemic review, papers published within the last six years (from 2017 until 28 February 2022) were included to ensure a complete overview of the most current literature. As well as, literature reviews, qualitative studies, case studies, and organizational publications were considered for inclusion. Only articles reporting on the therapeutic interventions of AAT and OT were included, while studies concerning other fields such as physical therapy, speech pathology, and counseling were excluded.

Search Strategy

For this review, published literature was selected from two databases including Google Scholar and the Cumulative Index to Nursing and Allied Health Literature (CINAHL). Key terms utilized for identification of related literature included “Animal assisted therapy”, “Occupational therapy”, “Animal assisted intervention”, “Therapy dog”, and “Canine assisted therapy”.

Data Collection

A total of nine publications were selected for review. Of the nine publications selected, all were published between 2017 and 2022. Four of the nine publications discussed best practices and standards within the field of AAT solely, while the remaining five publications discussed the blend of OT and AAT, best practices, and suggestions for field advancement. Of the nine publications reviewed, three were identified as OT organizational publications: one published in the *Brazil Journal of Occupational Therapy*, one published in the *Australian Journal of Occupational Therapy*, one published in the *International Journal of Occupational Therapy*, and one published in the *American Journal of Occupational Therapy*. Country of publication was not considered for inclusion criteria due to the limited sources available regarding best practices in the field of AAT and OT, therefore all organizational publications were considered for review to ensure a comprehensive review of best practices.

Results

Occupational Therapy and Animal-Assisted Therapy

There are minimal publications available exploring AAT through an OT lens, however, there are many ways the two fields seamlessly blend when investigated from an OT perspective. When looking at the approaches to OT intervention, the utilization of AAT to facilitate reaching therapeutic goals may include areas of promotion, remediation/restoration, maintenance, or prevention. In OT, AAT is considered a preparatory method that is selected to support the development of performance skills and performance patterns to enhance occupational engagement (Andreasen et al., 2017). AAT is often used for people who have physical, social, emotional, and or cognitive needs, and much like OT can be beneficial with many diagnoses such as cerebral palsy (CP), attention deficit hyperactivity disorder (ADHD), intellectual disabilities, epilepsy, autism, dementia, sensory integration disorder, spinal cord injury (SCI), traumatic brain injuries (TBI), and cancer to list a few. (Goddard & Gilmer, 2015). The combination of OT and AAT is commonly utilized to address performance skills such as fine and gross motor skills, communication, psychosocial skills, sensory processing, cognitive skills, and processing skills (Andreasen et al., 2017). While it is suggested that AAT interventions as simple as a canine being present in the room for a therapy session may have beneficial outcomes when reaching therapeutic goals, building rapport, and increasing motivation, AAT can also be implemented in utilizing goal directed planned, and purposeful activities.

Motivation is a key factor in successfully implementing therapeutic interventions and facilitating progression towards OT goals. According to Hill et al., (2020), both the skill of the therapist and the incorporation of a therapy dog are identified as facilitators to enhancing client engagement in therapy sessions. In this publication, OTs discussed how the relationship formed between clients and the therapy dog appeared to act as a bridge and assisted in breaking down barriers for the client to be able to build rapport more effectively with the therapist. In turn, this enhanced relationship allows the therapist to progress onward to goal-directed therapy faster in session than without a therapy dog present.

While there are many benefits to incorporating AAT in OT practice, there are also significant barriers in doing so. As stated in Shue et al., (2018), the most significant barrier to obtaining education and meeting qualifications for animal-assisted occupational therapy is lack of access and/or awareness of AAT courses, followed closely by lack of time and funding for continuing education. Furthermore, Hill et al., (2020) highlights barriers such as the need for further research and training with an OT focus and networking opportunities for professionals. Due to minimal training, clinical support, and networking opportunities, canine-assisted occupational therapy could be rather isolating without such support in place.

Best Practices

As evidenced in the current publications, the field of AAT has evolved immensely, and so has the need for specific guidelines and standards of practice to enhance the well-being and welfare of the animals involved in intervention. Although there is a need for increased standardization in the field, there are best practices in place mentioned in the literature. According to Hill et al., (2020), the minimal standards for the conduct of animal-assisted interventions is that the handler-canine team must complete face to face, specialized training, and assessment. Winkle et al., (2018) states that a therapist must obtain extensive education and training in AAT and dog behavior training. She states that it is also important to work with your dog on basic obedience and social skills, and then to participate in simple animal assisted activities (AAA) for both the therapist and the canine to gain advanced skills.

During this process it is necessary to evaluate the canine for any red flags that may hinder their appropriateness for AAT intervention. Santaniello et al., (2021) states that there is an overall lack of standardized selection criteria for dogs involved in AAT, however, Winkle et al., (2020) details the evaluation and selection process in the publication *Dog Welfare, well-being and behavior: considerations for selection, evaluation and suitability for animal-assisted therapy*. It is stated within this publication that common assessments utilized for canine assessment are the Canine Behavioral Assessment and Research Questionnaire (C-BARQ), Positive and Negative Activation Scale, and Canine Frustration Questionnaire. Within the evaluations, the canine may be expected to accept remaining on a leash with limited ability to roam freely, avoid vocalizations such as barking, work only under the direction of the handler, be touched by unknown individuals on sensitive areas such as their feet or tails, receive no food rewards during visits, concede to social pressure of individual groups, and be evaluated and provide visits in novel environments with people they do not know. This publication also states that reevaluation should occur at any time there is a change in population, environment, activity type, after prolonged periods out of session, and at least once a year. Winkle et al., (2020) states that if the therapist wanting to implement AAT in their practice is a novice, he or she must be mentored by an experienced AAT mentor for guidance and to ensure the safety of the dog, therapist, and potential clients. AAT should be avoided in food preparation, medication, and infection-sensitive areas of the facility, and the therapist should develop policies and procedures for risk management and infection control for implementation in the facility (Winkle et al., 2018).

Among the best practices addressed in current publications, many of them concern the general welfare of the animals that are incorporated into therapy sessions. It is not only best

practice but most effective and ethical to train dogs utilizing a positive reinforcement training method (Hartwig et al., 2019). According to Winkle et al., (2018), the dog must be introduced to the therapy setting and to the clinical population prior to therapy implementation. During the sessions, the dog must be free from hunger or thirst, fear, or distress, and can express normal animal behavior; the dog must have access to food, water, and toileting before and after sessions. Regarding the duration of treatment sessions, it is best practice that AAT sessions be no longer than one hour in duration, with at least a thirty-minute rest break between sessions. There is a lack of consistency or transparency regarding how long treatment sessions should be regarding animal welfare, however, in a more recent publication, it was again recommended that AAT sessions be contained to one hour or less (Serpell et al., 2020). Lastly, to ensure optimum safety for the animals, handlers, and clients, it is best practice that the animal to be incorporated undergo rigorous health requirements including vaccinations, fecal testing, and approval from a veterinarian that the animal's health is appropriate for visitation; the overall health and grooming routines of the animals are important for limiting the risk of zoonotic disease transmission (Jalongo et al., 2018).

As evidenced in the current publications, there are also recommended best practices regarding logistics or procedures for implementing AAT in a professional setting. When wanting to implement an AAT program in a therapeutic setting such as OT, the practitioner should prepare a proposal with current literature, scope of proposed program, process for referrals, human and animal qualifications, and client screening measures. It is also important to have risk management tools in place, and to develop policies and procedures for risk management and infection control within the setting (Winkle et al., 2018). To ensure the safety of the practitioner's license, and that of their employer, the handler should have liability insurance coverage in place for the dog/handler teams while visiting as volunteers or conducting therapeutic sessions (Jalongo et al., 2018). When implementing AAT as an OT practitioner, it is best practice to always obtain caregiver consent in situations where a caregiver is present, and to ensure that interventions remain goal specific and measurable, and most importantly that sessions are practiced within the OT guidelines.

Lastly, it is viewed as best practice to screen all clients for appropriateness of AAT intervention and identify potential risk factors including but not limited to allergies, medical and mental health conditions, prior animal history such as traumatic events or fear of animals, and participation in AAT. If a client has met the inclusion criteria for receiving AAT services and has been participating in such therapeutic sessions, it is mandatory that AAT services are terminated if they no longer support the client's goals (Shue et al., 2018).

Professional Interviews

Recruitment Process

To further investigate the current best practices and to inform future suggestions for field advancement, occupational therapy professionals who integrate animals into their practices, or are interested in doing so, were sought for the interview process. The inclusion criteria for professionals eligible for interview were occupational therapy professionals who incorporate animals into practice or are interested in doing so and have begun the process of program development. Participants were recruited via Pet Partners newsletter and given contact information to volunteer for participation. A total of sixteen professionals volunteered for the interview process, while five were selected, all of which met the minimum criteria. Of the five professionals chosen for interview, the settings in which they either implemented AAT or experienced the incorporation of AAT included outpatient pediatrics, acute care pediatrics, pelvic-floor health pediatrics, home-school based, physical dysfunction, mental health, geriatrics, memory care, neurological conditions, and farm-based occupational therapy. Of the wide variety of animals that can be incorporated into therapy, the five professionals had experience largely with canines, and brief knowledge with animals including rabbits, donkeys, horses, chickens, goats, and camels. Based on level of experiences and knowledge, the interviews focused primarily on the incorporation of canines into OT practice.

Interview Process

The five professional interviews were conducted via online platforms including email, zoom, and Microsoft teams. All five participants gave vocal consent for the interview to be recorded for interviewer's reference. Participants were informed that if any of their responses were published in the final paper, all responses would be deidentified. The interviews consisted of twelve questions to guide conversation regarding the settings they incorporate AAT, the process they underwent when creating policy and programs for AAT in their settings, the benefits AAT has on their clients and their work environments, and suggestions for field advancement.

Results

Best Practices

Throughout the five professional interviews, many commonalities regarding best practices in OT when incorporating AAT interventions were present. Of the professionals interviewed that have pioneered both policy and programs for integrating canines into their therapy



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settings, each had their canines registered through an organization such as Pet Partners or an organization similar in nature and have since had their canines re-evaluated annually. When approaching the early stages of AAT implementation, the professionals also spoke to the importance of familiarizing the canine with the environment prior to initiating therapy sessions as to limit the level of unfamiliarity which can in turn compromise the welfare of the canine. Amongst the five professionals' experiences, there was consistency regarding the frequency and duration of AAT sessions; OT and AAT sessions are no more than an hour long, on occasion only fifteen to twenty minutes of active work for the canine, immediately followed by a rest break. It was also noted that scheduling clients can act as a barrier when implementing AAT into OT sessions due to some clients receiving the service and others not. The professionals expressed the importance of focusing on scheduling clients who utilize AAT services on the same day as to limit the amount of time the canine and handler may be separated in the clinic. Of the five professionals, all expressed the importance of prioritizing animal welfare by providing a restful space, food, water, and the time and space for toileting throughout the canines' workday; one professional even noted prioritizing taking her canine for two walks throughout the workday for time outside, rest, and option to toilet if needed.

There are many client factors to consider when deciding who is best suited to receive AAT services. The professionals noted that it is important to consider client allergies to animals, their perception of animals, specifically if they have a fear of animals or if they are at all interested in animals, and importantly, their cultural beliefs regarding animals. Lastly, the majority of the five professionals spoke to the importance of remaining within the OT scope of practice when implementing AAT; specifically, terminating services when they are no longer speaking to the needs of the clients, and noting the incorporation of AAT as a treatment modality rather than the treatment itself when documenting for insurance purposes.

Benefits of Incorporating AAT into OT

Noted both in the current publications, and throughout the professional interviews, were the many benefits to both the professionals and the clients of integrated AAT and OT services. Many of the professionals interviewed spoke to the positive change in the work environment facilitated by having a canine present. One professional stated “the way that staff, patrons, and patients within the facility all light up when you walk into the building with a dog just completely changes the entire dynamic of the environment.”

One professional also brought to attention the benefits incorporating AAT has on the practitioner due to the overall enhanced therapy experience that allows therapists to

address client goals more quickly, and the quicker progression clients have towards their goals in return. One therapist highlighted the dog's ability to act as a bridge between the client and therapist, to build rapport more efficiently with the clients, as also evidenced in the literature review. Lastly, another therapist stated, "incorporating AAT into my practice allows me to have a new and innovative way to engage and motivate clients to participate and progress toward their therapy goals".

Barriers to Incorporating AAT into OT

There are many barriers' professionals encounter when wanting to integrate AAT into OT practice. Throughout the interviews conducted, all five OT professionals spoke to the barriers they encountered when wanting to begin incorporating AAT services, and common themes were present. Largely, the professionals highlighted the limited resources for professionals on how to get started, and the lack of one cohesive resource to guide professionals in the right direction. Many of the professionals spoke to the need for an association geared towards the incorporation of animals for therapy in professional settings, and expressed that Pet Partners' newly established sister organization, Animal-assisted Intervention Professionals (AAAIP) will be a great addition to the field for addressing such barriers.

One of the professionals stated that they had to act as a pioneer for themselves when doing research, creating a proposal, and learning best practices when they began implementing AAT into their OT practice, due to the lack of exposure, advocacy, and resources available for this niche field. While some professionals interviewed voiced that getting buy-in from their employers to implement AAT services was not a barrier largely due to their employers past experiences with AAT, a few professionals expressed the difficulty they had when achieving buy-in for program implementation with their employers. One therapist highly recommended having the research compiled, having policies created, and creating a cohesive presentation to achieve buy-in, however, due to limited resources and standards, this can be hard to achieve.

Suggestions for the Field

As the integration of AAT is steadily growing in professional settings such as OT, so is the need for increased standardization regarding certifications, best practices, and continuing education courses. As evidenced by the current publications, there is a gap in knowledge when it comes to standardizing best practices for therapists who are wanting to implement AAT into their practice, as well as how to remain within their scope of practice. This gap in knowledge and lack of current resources was a common theme spoken to by the professionals interviewed. It was stated that for the field to gain exposure, and reach a new

level of advocacy, professionals need a comprehensive resource to access when wanting to get started with integrating AAT services into their practice, as well as to act as a guiding force when learning how to implement AAT and remain within their scope of practice. There is a need for increased standardization and awareness of standards to ensure the safety and welfare of therapy animals, and for therapy professionals. One professional stated that increased awareness of safety considerations when deciding whether implementing AAT would be a good fit in their practice is also important for ensuring animal safety and welfare.

Included in enhancing standardization, the professionals also spoke to the need for increased training and mentorship within the field. It was recommended in the literature that a novice handler seek the mentorship of an experienced professional for guidance before implementing AAT services in their practice. However, of the five professionals interviewed, only one was able to locate and utilize an experienced mentor when implementing an AAT program in their facility. Another professional expressed that if an easily accessible and experienced mentor were available when they were researching AAT and creating policies and programs for their facility, they would have been willing to pay money for such service.

The professionals all expressed excitement for the Association of Animal-assisted Intervention Professionals (AAAIP) stating that this shift in focus for the field of AAT was inevitable as many professionals are currently, or wishing to implement services into their practice, and they hope that having such association will assist in increasing standards and best practices. As a resource, one professional suggested that having a board of professionals who are on the ground doing the work to act as a guide for fellow practitioners would have great benefits for guiding professionals who are wanting to get started, and pioneering future advancements in the field. There is a need for increased opportunity for advocacy from professionals who have done the work to implement AAT programs in their settings, and this resource is far and few between for professionals seeking guidance in the initial stages of research and implementation. One professional recommended that within AAAIP, a board of members from varying professional settings be created to provide best practices and standards from each professional field to act as a resource to other professionals who are wanting to implement AAT services, as well as to advocate for each professional field regarding the standards, and necessary advancement for each field.

Aside from standardization in certification and best practices, there is also a need for increased exposure, advocacy, and education speaking to the blend of AAT and OT. Of the five professionals interviewed, one professional had received a short lecture on AAT in their respective OT program, while the remaining four professionals all stated that they wished

this resource had been available to them during their education. If the incorporation of AAT services was addressed within didactic OT programs, professionals would have greater awareness of the blend of therapies and may have an easier time establishing programs if they had basic knowledge on how the services interact, and what resources are available to them to get started with implementing AAT. In conjunction with offering information about AAT within didactic programs, it would be beneficial to have continuing education courses regarding changes in standards, best practices, and research. Much like OT, AAT is an ever-evolving field as research continues to flourish, and best practices adapt to meet the needs of its population, therefore, practitioners who are currently implementing AAT would benefit from opportunities to refresh their knowledge to increase the safety and welfare of the therapist, the animal, and their clients.

Lastly, the professionals stressed the desire and need for increased research focusing on the benefits of AAT in OT practice. In time, research regarding AAT has become abundant, however, as AAT is increasingly incorporated into professional settings, the need for research and publications speaking to the benefits in each setting is necessary. Professionals need resources to justify the blend of services in their prospective settings to achieve buy-in from employers. OT is a profession that prides itself on implementing evidence-based practice; every intervention and therapeutic technique is chosen for each individual client based on their unique client factors, evidenced in the research to address specified goals. Therefore, research speaking to the benefit of AAT in the OT setting would allow professionals to advocate for the service for their clients and to advance therapeutic intervention.

Conclusion

The results of the nonsystematic review of the literature highlighted the need for increased research and publications focusing on the incorporation of AAT into OT through an OT lens. Professionals would benefit from such resources to increase standardization in best practices to enhance the safety and welfare of the professionals, their animals, and their clients. Additionally, increased exposure in research, didactic programs, and continuing education courses would create increased evidenced-based practice and allow professionals who have been implementing AAT into their OT practice to advocate for the field and act as a guiding figure to fellow professionals wanting to learn more about the topic. As the field of AAT continues to flourish within professional settings such as OT, the need for increased standardization, research, and advocacy will also grow.

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